UNDERSTANDING THE EFFECT OF OCCUPATIONAL STRESS ON EMPLOYEE PERFORMANCE AT COVID-19 TREATMENT CENTERS

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ABSTRACT

The study examined the effect of occupational stress (OS) and burnout on employee performance within the context of the COVID 19. The study is premised on the idea that the COVID 19 epidemic could have increased occupational stress and burnout among health workers in Nigeria. Employing the survey research design approach, 1000 questionnaires were distributed to respondents in the health service sectors. The SPSS statistical tool for analysis was utilized in the study. The study reveals that occupational stress was more prevalent than burnout among employees at the COVID 19 treatment centers. The study also revealed that occupational stress is a significant predictor of employee performance. Furthermore, supervisory support activities were found to mitigate the effect of stress among the studied employee. The implication of this is that occupational stress and supervisory support activities are significant drivers of employee performance. The study recommends that health service firms, both private and public in Nigeria, invest in training and development to enhance employee's ability to cope with stressful situations while acting as supporters to increase their performance through increased supervision.

Keywords: Occupational stress; Burnout; Employee performance; COVID-19.

INTRODUCTION

The coronavirus disease (COVID-19) is a highly contagious and pathogenic viral infection caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in Wuhan, a city in Hubei Province, China, in December 2019 (Elhadi et al., 2020). On February 11, 2020, The World Health Organization (WHO) assigned the novel coronavirus its official name: COVID-19. And COVID-19 was officially acknowledged as a global pandemic. Nigeria, however, recorded her first case on February 27, 2020. By February 2021, the WHO had documented about a hundred and ten reported cases of COVID-19.

Burnout is a psychological syndrome emerging as a delayed response to chronic interpersonal stressors on the job (Leiter & Maslach, 2016). Feeling of emotional exhaustion, depersonalization, cynicism, and low personal accomplishments are the most common signs of burnout. Over the years, burnout has been identified as an occupational hazard for a number of human-centered professions such as; healthcare, education, and human services. These occupations rely on establishing service or therapeutic relationships with their customers, which require a constant and moderate level of emotional and personal contact. As engaging and rewarding as these relationships might appear to be, they also could be stressful. The current COVID-19 pandemic has subjected healthcare workers around the globe to multiple stressors,

with the risk of infection, the economic impact, and also social isolation with demanding working conditions and longer shifts.

Due to the ongoing COVID-19 pandemic, the healthcare industry is facing an 'out of the blue' burden, with healthcare workers at the forefront providing the necessary services. Research shows that the healthcare workers who are responsible for the diagnosis and management of COVID-19 are at risk of both psychiatric disturbances and mental health deterioration (Lai et al., 2020). It was reported by Orr (2020) that while these healthcare workers are at the forefront of providing essential services, they've experienced an increase in harassment, psychological trauma, physical violence, and burnout rate. Prior to the breakout of the COVID-19 virus, the healthcare system in most developed countries was already experiencing an increase in burnout (Bradley & Praveen, 2020). The COVID-19 pandemic, however, might have aggravated a pre-existing problem that existed within the overloaded healthcare system, further worsening the effects of burnout (Lasalvia et al., 2021).

Problem Statement

COVID-19 has brought with it panic and chaos over the last year, with a mix of uncertainty since it first broke out in late 2019. And since its official recognition as a pandemic, the healthcare system has taken serious measures to contain the spread, with many hospitals having to go beyond their normal limits by improvising. This excessive patient entry leaves healthcare professionals in the pole position of the pandemic. Various researchers have carried out studies exploring the impact and effects of COVID-19 on the mental and physical wellbeing of healthcare professionals. However, little has been done to investigate the level of occupational stress and burnout brought about as a result of COVID-19 among healthcare workers in Nigeria. The majority of the prior researches on the impact of COVID-19 to healthcare professionals have mostly focused on developed countries with the more advanced healthcare system rather than the still-developing state of the Nigerian healthcare system.

By exploring the impact of the COVID-19 virus on the level of occupational stress and burnout on the Nigerian healthcare system, we can also get an insight into how the pandemic was handled in the country, and also gives us a little idea of how other African countries managed the pandemic. Regarding the overall effect the pandemic has had on African countries. There has been limited literature to have explored this aspect.

This study will also examine the rate of burnout, as caused by the pandemic, and before the occurrence of the pandemic breakout. Unfortunately, it is a case that has drawn various investigations over the years. Burnout, in this context, however, refers to the workplace, but the feeling of being chronically stressed can spill over to the personal life. While this study investigates the present rate of burnout, it will also serve as a means of raising more awareness of the phenomenon. Burnout having a profound effect on the worker's mental and physical state, and when left untreated or managed, it can result in the worsening or exacerbation of symptoms. Burnout is known to be linked with; exhaustion, depression and anxiety, insomnia, and in some people, it can lead to frequent illnesses. These effects of burnout and occupational stress will eventually have an impact on the workers' efficiency. So, this study will also shed more light on a key staff management practice.

RQ1: Which was more prevalent among health workers, occupational stress or burnout

RQ2: To what degree did occupational stress influence employee performance?

RQ3: Do supervisory support activities mitigate the influence of stress on employee performance?

LITERATURE REVIEW

Duarte et al. (2020) defined burnout as a state of physical, emotional, and mental exhaustion, which is the result of involvement long term in work situations that are emotionally draining and challenging. Burnout is experienced by someone with a high level of physical, emotional, and psychological fatigued. The purpose of this study is to evaluate the relative contribution of socio-demographic as well as mental health variables on the three burnout dimensions of Health care workers facing the covid-19 pandemic. The research design used in this study was a cross-sectional web-based study that examined health care workers living in Portugal. Using snowball technique, through social networks, a survey was spread, which was supported by healthcare workers as well as professionals. The results gotten from the study of 2008 subjects that completed the survey revealed that gender, marital status, salary reduction, and parental status were seen to be factors that were significant to personal burnout. Work-related as well as personal burnout was associated significantly with health problems and contact with infected people directly. Additionally, linked with all three dimensions are frontline working positions; increased levels of all burnout dimensions were significantly linked with depression in health care workers and higher levels of stress. Further associated with lower levels of all burnout dimensions in the results gotten in this study was resilience as well as a higher level of satisfaction with life. The conclusion gotten from the study is that all the three burnout dimensions were linked with a specific set of covariates. There should be consideration given to these three dimensions, which is essential when burnout prevention programs are designed for health care workers.

Cordioli et al. (2019) in their study, conceptualized stress from an interactionist model, which took into consideration the relationship between the environment and a group of people. The authors defined stress as any stimulus which emanates from the internal or external environment that exceeds the adaptation sources of an individual or social system. Professionals in the context of this study are liable to occupational stress due to physical, psychological, and social risks at work (Justo, 2010). The purpose of the study is to evaluate the levels of occupational stress as well as engagement among the primary health workers in a small municipality in the countryside of Sao Paulo. The research design in the study involved a descriptive, quantitative, correlational, and cross-sectional design. The research was carried out using a non-probabilistic convenience sample that included eighty-five workers from the primary health care units in Adamantina, Sao Paulo. The results gotten from the study revealed that there were more women working as primary health care workers; work engagement was classified in all dimensions. Furthermore, in the study, occupational stress and work engagement had a negative correlation. The study concluded that workers' level of work engagement is high, which implied that more than one-third significantly had occupational stress. The study also reached a conclusion that workers with levels of occupational stress that are significantly higher tended to have lower work engagement.

Wushe & Shenje (2019), in their article, defined Occupational stress wide-ranging term as meaning the different pressure types, both psychological and physiological, that employees feel and handle at their workplace. Occupational stress included physical or emotional factors

that bring about employee's mental and body imbalances at their workplace (Abebe & Alemseged, 2016).   The work is hinged on the transactional stress model, which has the assumption that cognitive appraisals have an essential role to play in the employee's stress processes. In the methodology, a descriptive research design was used to collect primary data from respondents, while probability sampling techniques, specifically stratified sampling, were used in the study from respondents in three hospitals. The findings from the study revealed a negative relationship between the increase in inflexibility in work hours and job performance. Additionally, a negative relationship between work overload and job performance was revealed by the findings. The study concluded that findings from the stress factors which affect the performance of the health care workers could be used to improve the performance of the health care workers through the provision of an adequate environment and the development of good strategies. The study recommended that jobs that make employees feel overwhelmed should be redesigned by public health care hospitals that would assist in the reduction of workloads, and it will be evenly distributed.

Rahid & Talib (2015), in their study, explained that occupational stress had been mentioned as a significant health problem among most occupational groups. Stress is a psychological construct experienced by people every day (Quick, Nelson & Quick, 2001). The aim of this study is to examine the nature and levels of role stress experienced by doctors in government hospitals across gender, experience, specialization, and geographical areas in India, including the different coping mechanisms the doctors adopted in dealing with stress at the workplace. In the methodology, psychometric instrument, Organizational Role Stress Scale (Pareek, 1983) as well as a semi-projective instrument, Role Pics (Pareek, Devi & Rosenzweig, 1968) which was administered to 334 doctors working in public hospitals to obtain data in relation to role stress as well as coping styles. The results gotten from the study revealed that female doctors experience more stress than male doctors. Looking further from the angle of geographical areas, the doctor's stress score in a disturbing ambiance is higher significantly than doctors in a peaceful ambiance. Furthermore, there existed a difference in nature as well as quantum role stress among doctors that belong to different experience groups and specializations. Additionally, in the study, the use of 'Role Pics' showed that doctors in the majority adopted a defensive mode of coping, which is known as avoidance coping, and another coping style known as impressivist coping.

Distaso & Shoss (2020) in their study, referred to workload as the amount or difficulty of job tasks that an employee has at a given period of time. The relation between workload and wellbeing is supported theoretically by resource-based stress theories such as the Conservation of Resources theory (Hobfoll, 1989). The Conservation of Resource (COR) theory was extended in the study by hypothesizing that the changes anticipated in workload can be seen as an opportunity in the future to recover from the current workload (workload decrease anticipation) or as a threat in losing resources (workload increase anticipation) and the anticipated workload changes that keep the current workload moderated (emotional strain relationship). The aim of the study examined how changes in workload anticipation influenced emotional strain that was as a result of the current workload—the use of employees as a sample of the study in the engagement of works that is project-based. The findings gotten from the study revealed that stressor-strain relations might be influenced by an anticipated change in stressor conditions. This implies that employees most likely will endure conditions that are stressful if they see a proverbial 'light at the end of the tunnel.'

Khan mohammadi et al. (2020) in their study, explains occupational stress as one of the predictors of psychological and physical complications among nurses in which major causes of stress in nurses who work in coronavirus wards included lack of pharmacotherapy, high working pressure, and the rate of transmission of coronavirus. Resilience can be defined as the process of coping with events that are stressful (Deldar et al., 2018). The purpose of the study was to investigate the relationship between resilience as well as occupational stress among nurses in coronavirus wards. The study used a cross-sectional descriptive study to examine as well as select 150 nurses that had been working in coronavirus wards for at least a month using sampling methods that were available. The data collection instruments were the Demographic Questionnaire, the Connor and Davidson Resilience Questionnaire, and French's Expanded Nursing Stress Scale (ENSS). The findings from the study revealed through the use of Spearman's correlation coefficient test showed a significant and inverse relationship between occupational stress and resilience of nurses. The authors concluded in their study that nurses in the coronavirus ward highest stressor were the uncertainty about patients, treatments given as well as their families. The more nurses' resilience increases, so does their occupational stress. The study recommended that for nurses' empowerment against stress, resilience, in nursing education, resilience should be taken into account.

Zhu et al. (2020), in their study "COVID-19 in Wuhan: Immediate Psychological Impact on 5062 Health Workers' aimed to assess the immediate psychological effects on Health Workers (HWs) at Tongji Hospital in Wuhan, China. The methodology involved the use of online questionnaires (Feb 8-10, 2020) using a single centered survey of Health Workers. The authors used Patient Health Questionnaire-9 (PHQ-9), Event Scale-Revised (IES-R) as well as Generalized Anxiety Disorder 7-item (GAD-7), respectively. The authors designed a questionnaire to assess the effect of the psychological protective measures taken by Tongji Hospital. The identification of predictors of depression, anxiety, and acute stress was achieved through the use of multivariate logistic regression. The authors concluded from the results gotten from the study was that the HWs during the COVID-19 period that is susceptible to stress are those who have had a history of mental disorder, depression/anxiety, women, and those who have had a working experience that exceeds ten years, as well as family members/relatives that are suspected/confirmed to be susceptible to stress. The study recommended that the implementation of psychological protective measures by the hospital could be of great assistance.

Zaki et al. (2020) in their study, defined mental health as a dynamic state of internal equilibrium which enables the abilities of individuals to be used in harmony with the universal values of society. The authors aimed in the study to investigate the prevalence as well as identify the potential factors that contribute to health care workers' mental health issues at the Northern Area Armed Forces Hospital-Kingdom of Saudi Arabia (NAAFH-KSA). A cross-sectional study through the use of a screening survey questionnaire was conducted among the respondents in NAAFH-KSA. Furthermore, in the study, the authors assessed the feelings, psychological impacts, fear of developing COVID-19, feelings as well as PTSD symptoms through the use of impact of the Impact of Events Scale-Revised (IES-R). The findings showed that the staff that was examined possessed high levels of features of depression in addition to anxiety, and these features correlated positively with their Post-Traumatic features measured by the IES-R while their duty was impacted by COVID-19, and they were also affected financially. The study concluded that there are groups that are vulnerable and susceptible to psychological distress. The

authors recommended that psychological support could also be included as part of counseling services as well as support systems development among colleagues.

Andronic (2014) in their article, defined stress by Hans Selye as the sum of responses that are non-specific to any request from the body, which leads to adaptation. The authors further expanded on the term 'Burnout' which is actually a result of emotional, psychological as well as physical fatigue and is most often the background of low social support in cases of ambiguity of the role and presence of conflicts at work (Legeron, 2003). Stressors or stressors factors are events, internal or external situations or environmental conditions, intense or frequent enough to require adaptive responses of the individual. The methodology used in this study was the review of various literatures. Among the potential sources of stress and stress, factors are physical disease or mental condition, physical abuse, emotional, difficult financial situation, job loss, trouble communicating with colleagues, too much responsibility, family communication problems, divorce, friends - conflicts with friends, lack of social support networks, natural disasters - earthquake, flood, self - confidence in itself, dissatisfaction with physical appearance, economic climate - social policy (Baban, 2001). The study concluded that the studying, identification as well as combating of stress is an extremely important issue in human capital. Furthermore, it was stated in the study that the development of a strategy that is effective for stress management is an endeavor. In any organization, developing an effective strategy for stress management is a complex endeavor that involved the working of an interdisciplinary team made by psychologists, specialists in occupational and mental health, and not in the slightest managers.

Si et al. (2020) in their work, determined that various factors during the C0VID-19 pandemic can arise from adverse psychological outcomes such as a high level of mortality, inadequate medical supplies, uncertain quarantine duration, stigma, fear of infection, discrimination, and so on (Brooks et al., 2020). This study aimed at investigating the presence of adverse psychological outcomes, depression, anxiety, PTS which medical care workers experienced during the COVID-19 pandemic. The methodology used was the distribution of questionnaires to respondents, which included clinical as well as administrative staff were recruited from hospitals located in the seven geographical regions of China, which are the north, south, east, west, southwest, central and northeast part of China. This study measured psychological outcomes through the Impact of Event Scale-6 (IES-6), Depression, Anxiety and Stress Scale (DASS), as well as psychological factors that are related such as social support, perceived threat in addition to coping strategies. In the identification of perceived threats, Exploratory Factor Analysis was performed while multi-regression analysis was carried out to determine the adverse psychological outcomes. In the results gotten from the analysis in this study, it was found out that nurses were most likely to be anxious than other staff in medical care during the COVID-19 pandemic. The study concluded that prevalent among the medical care workers in China during the COVID-19 pandemic are adverse psychological symptoms. The authors recommended that adverse psychological symptoms should be well checked, and correspondingly, preventive measures should be developed, which would be advantageous in the decrease of psychological outcomes that are negative.

Prior studies in this field have backed the claim that physicians and healthcare workers are at a higher risk of experiencing burnout owing to their exposure to emotional pressure that surpasses that experienced in other professions (Bianchi, Schonfeld, & Laurent, 2015). A notable effect of burnout in physicians can be noticed in their efficiency and work satisfaction, with both experiencing a reduction. Burnout in healthcare workers can also be linked to an increased risk

of medical errors, which can negatively impact the well-being of the patients (Hewitt et al., 2020). Burnout among medical professionals seems to be a key predictor of ensuing suicidal ideation, even without symptoms of depression (Dyrbye et al., 2008). Evidence from the study carried out by Melamed et al. (2006) showed that burnout has a deleterious effect on physical wellbeing. For developing countries such as Nigeria, common factors known to bedevil the healthcare system include occupational stress and burnout. Lasebikan & Oyetunde (2012) evaluated the prevalence and associated factors of burnout among nurses in a Nigerian general hospital. They found burnout to be highly prevalent among the healthcare workers in these hospitals.

Exploring the influence of the pandemic on the rate of burnout and occupational stress among healthcare professionals in Nigeria can help obtain an insight into the state of the healthcare system prior to the pandemic and the state it is in now during the pandemic. As previously stated, healthcare sectors of developing countries like Nigeria are mostly bedeviled with occupational stress and burnout. Pre-existing researches have explored the level of occupational stress, burnout, and psychological distress among healthcare workers in Nigeria, but none is yet to explore the impact of the COVID-19 pandemic on the physical and mental wellbeing of healthcare professionals in Nigeria. It helps to highlight and understand what needs to be done to reduce the stress and burnout that healthcare workers generally have to work through.

Based on the objectives and the gaps identified in the existing literature, the following hypotheses are formulated:

HA1: Occupational stress is a significant driver of employee performance.

HA2: Supervisory support activities mitigate the influence of stress on employee performance.

METHOD

The survey research design was adopted in this study. Authors with similar objectives (Wushe & Shenje, 2019; Cordioli et al., 2019; Duarte et al., 2020) employed this design to access information from selected respondents. Lagos State, which is the region with the highest number of COVID 19 cases, would be used as our theatre of study. The COVID 19 isolation centers in Lagos, which are 8 in number, are the focus of this study. Infectious Disease Hospital (IDH), 1 and 2, Yaba, Lagos University Teaching Hospital (LUTH), Armour, Paelon, Vedic, Lagos State University Teaching Hospital (LASUTH), and Federal Medical Centre, Ebute Metta (The Guardian, 2021). The staff is placed at 2375 for the total of 500 hospital bed capacity in the eight treatment centers.

A multistage sampling technique would be adopted in the study because it allows the researcher to overcome the limitations of random sampling, especially because of the huge sample size. There are doctors, nurses, technicians, and auxiliary and administrative staff who all work within the selected COVID 19 treatment centers. The multistage sampling as used will allow data to be collected from the desired group, which are those staff that is hypothesized to be exposed to stress. Doctors, nurses, laboratory technicians, administrative staff, and auxiliary staff are all ideal candidates for work stress as a result of the COVID 19 outbreak in the study area. The raosoft online sample size estimator is used to determine the sample size for this study. The confidence level was set at 95%, while the margin of error was set at 2.5% margin of error. The

estimated sample size is 934, which was approximated to 1000. The approximation considers the possibility of non-response from some respondents and the issue of questionnaires not properly being filled. Researchers such as Hair et al. (2010), consider a sample size ≥of 400 to be adequate. This sample size ensures that sampling error is limited. The questionnaire is used to collect primary data in this study from the employees of the selected treatment centers. The study was carried out in Lagos State, Nigeria, because it is the epic center of the COVID 19 epidemic in Nigeria. The research instrument was administered at the different treatment centers using the help of qualified research assistants who worked as a team under the leadership of the researcher. The questionnaire administered was designed in a 5-point Likert-type scale instrument. The questionnaires were divided proportionately in line with the number of bed capacity at each treatment center. Nine hundred questionnaires were returned and were considered good for analysis. To measure occupational stress, ten items were adapted from (Frantz & Holmgren, 2019). To measure burnout, 15 items were adapted from (Schaufeli, Desart, & De Witte, 2020). To measure supervisory support, ten items were adapted from (Wang, 2014). To measure employee performance, 12 items were adapted from (Koopmans 2015). Face and construct validity was used to ascertain the validity of the research instrument, while test-retest was used for ascertaining reliability. Construct validity was ascertained with the help of confirmatory factor analysis (CFA).

It is possible that the data collected might not represent what the researcher intends to find in the study population. This is one of the importances of carrying out the test of goodness of fit. The test will show if there is a significant discrepancy between the values that are theoretically expected and the values observed in the data. Evidence in different research papers shows that researchers use some popular indices to examine the goodness of fit. In this study, four different tests are used to examine the goodness of fit, namely chi-square statistics (CMIN), The comparative fit index (CFI), the Incremental Fit Index (IFI), and The Root Mean Square Error of Approximation (RMSEA). CMIN is used in this study because the researcher is interested in knowing if the relationship between the study variables is genuine or as a result of chance. The CFI is used because the researcher intends to know if the observed relationship between the study variables is because of the large sample size or because there is an actual relationship. The CMIN does not adjust for the sample size effect. The Incremental Fit Index (IFI) is similar to the CFI but different because it adjusts for both sample size and degree of freedom. The RMSEA is used because the outcome of the goodness of fit test may not reveal a perfect fit with the hypothesized model. As a result of the possibility of such a scenario, the RMSEA test is used because it makes use of an approximating technique that focuses on approximate fit as opposed to a perfect or exact fit. The outcome of the test of goodness of fit carried out on the study data shows an RMSEA of 0.025, which is considered good (Kline, 2005). The CMIN value of 3.62 is also considered acceptable and showing that there is a good fit between the observed outcome and the study model (Hair et al. 2006). The CFI value of 0.914 is also considered acceptable according to (Garson 2007), as well as the IFI of 0.881 (Byrne, 2011). The construct reliability for the study variables is within the acceptable range as well as the average variance extracted shown in the Table 1.

Figure 1 shows that occupational stress is more prevalent than burnout among the staff of the selected treatment centers. High levels of stress were reported by the workers, while a few reported that they experienced burnout. 30% of the study participants reported having experienced burnout. This is not surprising because with burn out the management had to look for replacement staff. With elevated levels of stress, the staff was able to discharge their duties.

This is in tandem with the works of Cordioli et al. (2019) who found that more than one-third of the people surveyed had occupational stress. The data for this study was collected from COVID 19 treatment centers, and this was reflected in the high levels of occupational stress as well as burnout recorded in this study. Out of the 900 staff sampled, 270 experienced burnout demonstrated by the inability to work after suffering from exhaustion. 670 staff suffered from occupational stress but continued to work during the outbreak of the COVID 19 epidemic in the state. Out of the 270 who experienced burn out 75% were females, while males were 25%. Also, more females reported increased levels of occupational stress during the breakout of the COVID 19 epidemic in the state. This is in tandem with the study carried out by Cordioli et al. (2019) who found more women to be working in the health sector when compared to males. Zhu et al. (2020) also found more women were susceptible to stress following the outbreak of the COVID 19 epidemic in Wuhan, China. Rahid & Talib (2015) also reported that more female doctors reported increased levels of occupational stress when compared to males. Women are responsible for house chores such as cooking and cleaning in most homes in Nigeria, and this cultural uniqueness may be responsible for the increased levels of stress reported by women in this study.

TABLE 1
CONSTRUCT RELIABILITY FOR THE STUDY VARIABLES

Measurements	Construct reliability	Average variance extracted
Occupational stress	0.867	0.761
Burn out	0.745	0.651
Supervisory support	0.821	0.730
Employee performance	0.750	0.601

Goodness-of-fit indices: CMIN = 3.62; CFI = 0.914; IFI = 0.881; RMSEA = 0.025

RESULTS

Prevalence of occupational stress and burn out

- Occupational stress
- Burn Out

30%

70%
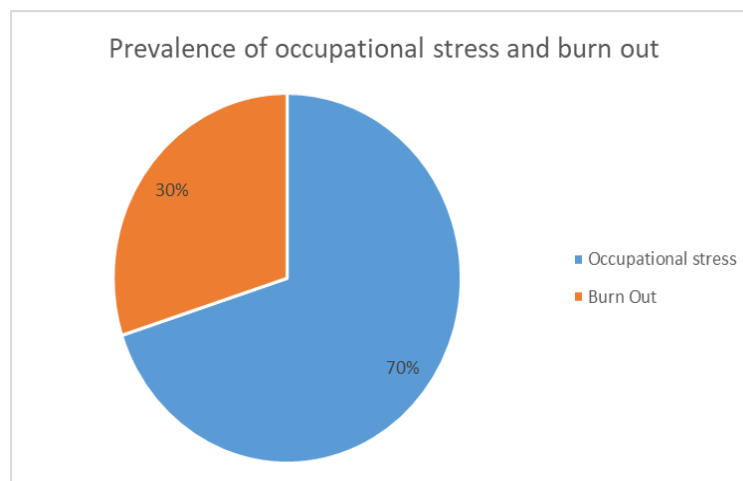
FIGURE 1

PREVALENCE OF OCCUPATIONAL STRESS AND BURNOUT

		EP			
Variable	**β**	**SE**	**β**	**t-stat**	**p**
Occupational Stress	-0.652	0.071	0.636	9.147	0.000
R^2		0.545			
F		11.2** (p = 0.000)			
Collinearity Statistics		1.701			

**TABLE 2
OCCUPATIONAL STRESS CAN INFLUENCE EMPLOYEE PERFORMANCE**

Some important information is presented in table one that is useful for determining if occupational stress is a significant driver of employee performance. The results in Table 2 show that 54.5% (R2 = 0.545) of variation in EP is brought about by occupational stress, while 45.5% of the variation is determined by other factors. The unstandardized β reveals that for every unit increase in occupational stress, employee performance reduces by 0.652 units keeping all other explanatory variables constant. The t-statistics value (t = 9.147, p = 0.000) reveals that occupational stress is a statistically significant predictor of employee performance. The F-stats (F = 11.2***) reveal that the model is a good fit. Therefore, the null hypothesis (H0) is rejected, and the alternative is accepted, i.e., occupational stress (OS) is a significant driver of employee performance (EP).

**TABLE 3
SUPERVISORY SUPPORT ACTIVITIES REDUCE OCCUPATIONAL STRESS**

		OS			
Variable	**β**	**SE**	**β**	**t-stat**	**p**
SSA	-0.703	0.071	0.761	13.707	0.000
R^2		0.602			
F		16.6** (p = 0.000)			
Collinearity Statistics		1.851			

Some important information is presented in table two that is useful for determining if Supervisory support activities can reduce occupational stress. The results in Table 2 shows that 60.2% (R2 = 0.602) of variation in occupational stress (OS) is brought about by supervisory support activities, while 39.8% of the variation is determined by other factors. The negative β value reveals that for every unit increase in supervisory support activities, occupational stress reduces by 0.702 units keeping all other explanatory variables constant. The t-statistics value (t = 13,707, p = 0.000) reveals that supervisory support activities is a statistically significant predictor of occupational stress. The F-stats (F = 16.6***) reveal that the model is a good fit. Therefore, the null hypothesis (H0) is rejected, and the alternative is accepted, i.e., supervisory support activities (SSA) are a significant driver of occupational stress (OS).

DISCUSSION

Study findings show that occupational stress is more prevalent when compared to burnout among the staff of the selected treatment centers. High levels of stress were reported by the workers, while a few reported that they experienced burnout. 30% of the study participants reported having experienced burnout. This shows a high level of fatigue and prolonged stress due

to the challenges of coping with the COVID 19 epidemic. The findings are consistent with Cordioli et al. (2019), who found that more than one-third of the people surveyed had occupational stress. The study shows that occupational stress is a reality in the Nigerian healthcare system. This may be as a result of staff shortages or as a result of poor training. Future researchers can examine the causes of occupational stress in the study area. Study findings also reveal that employee performance was reduced as a result of occupational stress. This is in line with the study models and also findings in previous studies. Wushe & Shenje's (2019) study findings revealed a negative relationship between the increase in inflexibility in work hours and job performance. Additionally, a negative relationship between work overload and job performance was revealed by the findings. This means that as health workers get exposed to increasing levels of stress, work performance may begin to decline. Supervisory support activities were found to be capable of reducing occupational stress in the study area. This is in line with evidence in previous studies such as (Havermans et al., 2018) revealed that supervisors were able to help employees manage work stress, especially when the employee communicates with the supervisors that support is needed. This shows that employees may fail to receive the needed supervisory support if they are expecting the supervisor to initiate support. This also means that employees should always communicate needs to supervisors instead of assuming that the supervisor will be reluctant to help. Yang et al. (2016) found that supervisor support had a significant direct negative effect on job stress. This means that an increase in supervisor support results in a decrease in job stress.

CONCLUSIONS AND RECOMMENDATIONS

The study examined the effect of occupational stress (OS) on employee performance (EP). They are premised on the idea that OS affects EP negatively while supervisory support activities (SSA) mediates the relationship between OS and EP. The study employed the survey research design to achieve the study's objectives. Study findings show that OS significantly reduces EP while SSA was able to reduce OS. OS influences EP the same way OS is influenced by SSA. This study establishes that there is an inverse relationship between SSA and OS with increasing levels of supervisory support activities resulting in reducing levels of occupational stress. Based on the findings of this study, it is recommended that health service firms should invest in training and development as this will help to develop the capacity of employees with regard to occupational stress management. Both supervisors and frontline staff reported high levels of occupational stress, with frontline staff accounting for the majority of the cases of burnout. This shows that both supervisors such as doctors and frontline staff such as nurses require training with regards to stress management and effective coping strategies.

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