



Category: Finance, Business, Management, Economics and Accounting

ORIGINAL

## Pressure and its impact on job satisfaction and organizational performance

### La presión y su impacto en la satisfacción laboral y el rendimiento organizativo

Yang Xia<sup>1</sup>  , Zheng Ying<sup>2</sup>  , Mudiarasan Kuppusamy<sup>3</sup>  

<sup>1</sup>CEO, Hospital Management Research, China.

<sup>2</sup>Manager of International Exchange Office, International Exchange Office, College of Economic and Social Development, Nankai University, China.

<sup>3</sup>Deputy Vice Chancellor, Business, University of Cyberjaya, Malaysia.

Cite as: Xia Y, Ying Z, Kuppusamy M. Pressure and its impact on job satisfaction and organizational performance. Salud, Ciencia y Tecnología - Serie de Conferencias. 2024; 3:878. <https://doi.org/10.56294/sctconf2024878>

Submitted: 03-02-2024

Revised: 16-04-2024

Accepted: 10-06-2024

Published: 11-06-2024

Editor: Dr. William Castillo-González 

#### ABSTRACT

This paper explores the complex idea of work pressure among Chinese hospital administrators and how it affects job happiness and overall effectiveness of the organization. Hospital directors confront a wide range of intricate issues within the framework of China's distinct healthcare system because of their twin responsibilities as administrative and medical leaders. The dimensions of role pressure are examined in this study, which include role gap, role overload, where the workload is excessive, role ambiguity, and the role of conflict. Understanding these aspects is essential to appreciating the effectiveness and well-being of hospital administration. Given that job happiness is a major factor in both employee performance and retention, these pressures have a significant effect on job satisfaction. The study also looks at the wider effects of pressure on organizational performance, which is crucial for the long-term viability and efficiency of healthcare facilities. Through an examination of these facets, the paper illuminates the noteworthy, albeit frequently disregarded, psychological and operational obstacles encountered by hospital administrators in China. This, in turn, offers valuable perspectives on the possibility of policy and administrative changes targeted at augmenting job contentment and organizational results.

**Keywords:** Organizational Performance; Executives' Personal Situations; Medical Leadership.

#### RESUMEN

Este artículo explora la compleja idea de la presión laboral entre los administradores de hospitales chinos y cómo afecta a la felicidad en el trabajo y a la eficacia general de la organización. Los directores de hospital se enfrentan a un amplio abanico de intrincadas cuestiones en el marco del peculiar sistema sanitario chino debido a su doble responsabilidad como líderes administrativos y médicos. En este estudio se examinan las dimensiones de la presión de rol, que incluyen el vacío de rol, la sobrecarga de rol, en la que la carga de trabajo es excesiva, la ambigüedad de rol y el rol conflictivo. Comprender estos aspectos es esencial para apreciar la eficacia y el bienestar de la administración hospitalaria. Dado que la felicidad en el trabajo es un factor importante tanto en el rendimiento como en la retención de los empleados, estas presiones tienen un efecto significativo en la satisfacción laboral. El estudio también examina los efectos más amplios de la presión sobre el rendimiento organizativo, que es crucial para la viabilidad y eficiencia a largo plazo de los centros sanitarios. A través del examen de estas facetas, el documento ilumina los notables, aunque frecuentemente ignorados, obstáculos psicológicos y operativos a los que se enfrentan los administradores de hospitales en China. Esto, a su vez, ofrece valiosas perspectivas sobre la posibilidad de introducir cambios políticos y administrativos encaminados a aumentar la satisfacción laboral y los resultados organizativos.

**Palabras clave:** Rendimiento Organizativo; Situaciones Personales De Los Directivos; Liderazgo Médico.

## INTRODUCTION

The healthcare landscape in China is rapidly evolving, presenting hospital executives with unprecedented challenges. These challenges are not only in the realm of medical care but also in the administrative complexities that come with managing modern healthcare facilities. The introduction of market mechanisms, a shift towards patient-centered care, and the increasing need for cost-efficiency have all contributed to the pressure on hospital operations.<sup>(1)</sup>

Chinese hospital executives, therefore, find themselves at the intersection of healthcare provision and business management. This dual role necessitates a high level of professional management competence to navigate the complexities of healthcare policy, technology, and patient care. However, the role of a hospital executive is fraught with pressures that can impact their job satisfaction and the performance of the organization they lead.<sup>(2)</sup>

The role of hospital executives is increasingly complex and demanding, particularly in the context of China's rapidly changing healthcare environment. Executives must balance the demands of medical leadership with the challenges of managing large, often bureaucratic systems.<sup>(3)</sup> The pressures of this role can lead to significant stress, which may impact not only the executives' well-being but also the effectiveness of their leadership and the performance of the hospitals they manage.<sup>(4)</sup>

In addressing the complexities of this role, it is crucial to consider the broader context in which these executives operate. The healthcare system in China is characterized by rapid development, policy shifts, and a growing emphasis on both quality of care and operational efficiency. These factors contribute to the role pressure experienced by hospital executives, which can manifest in various forms and have far-reaching consequences for the individuals and the organizations they lead.<sup>(5,6,7,8,9,10)</sup>

## METHODOLOGY

The methodology of this research is a blend of qualitative and quantitative approaches, aimed at providing a comprehensive understanding of the role pressures faced by Chinese hospital executives. The qualitative aspect involved in-depth interviews with hospital executives to determine relevant variables and dimensions, and to understand their experiences and perceptions. These interviews were semi-structured, allowing for open-ended responses that could reveal nuanced insights into the executives' challenges.<sup>(11)</sup>

For the quantitative part, a survey was conducted targeting executives of grade III Level B or grade II hospitals across various geographical areas in China, without restrictions on local economic levels or demographic characteristics. The sample size for the survey was determined based on the need to achieve statistical significance and the practical considerations of data collection. The survey instrument was developed after a thorough literature review and was refined based on the results of the preliminary interviews.

To ensure the validity and reliability of the survey data, a pre-test was conducted before the formal distribution of the questionnaire. The data collected from the survey was then subjected to rigorous analysis using statistical tools such as SPSS. This included descriptive statistics, measurement reliability and validity tests, correlation analysis, and regression analysis. The combination of qualitative interviews and a robust quantitative survey provides a solid foundation for understanding the impacts of role pressure on job satisfaction and organizational performance.

The methodology of this research is a blend of qualitative and quantitative approaches, designed to provide a comprehensive understanding of the role pressure experienced by Chinese hospital executives. The qualitative aspect involved in-depth interviews with hospital executives to determine relevant variables and dimensions for the study. These interviews were semi-structured, allowing for open-ended responses that could reveal the executives' true experiences and thoughts.<sup>(12)</sup>

The analysis of the collected data was a critical step in understanding the role pressures experienced by Chinese hospital executives. Utilizing SPSS 26, the study began with a descriptive analysis of the sample hospitals and the executives' background information. This included an assessment of age, professional background, degree of investment in management, and participation in training, providing a statistical description of the executives' personal situations.

Subsequent to the descriptive analysis, the study conducted reliability and validity analyses to ensure the data's integrity. The reliability of the data was measured using the Cronbach's Alpha coefficient, aiming for a coefficient above 0,8 to ensure a high level of consistency in the responses. The validity analysis was performed to confirm that the questionnaire effectively measured the variables of the research model. This was followed by correlation analysis and regression analysis to test the hypotheses proposed in the study, which are

crucial for drawing valid conclusions about the relationship between role pressure, professional management competence, job satisfaction, and organizational performance.

## RESULTS AND DISCUSSION

The study's findings are encapsulated in the data presented in table 1, which outlines the characteristics of the interviewees. This table provides insight into the educational background, professional journey, and current roles of the hospital executives surveyed, as well as the proportion of their time dedicated to management tasks.

### 1. Educational Background and Professional Development <sup>(13,14,15,16)</sup>

- The table shows that all the executives have a medical background with a Bachelor of Medicine, and most have furthered their education in hospital management. This indicates a trend of continuous professional development and a combination of medical and managerial expertise among hospital executives.

### 2. Transition from Clinical to Executive Roles

- Many executives have transitioned from clinical roles (such as doctors or directors of clinical departments) to executive positions. This suggests a career path that values hands-on medical experience before moving into management roles.

### 3. Commitment to Management Roles

- The percentage of management time dedicated by each executive is predominantly high, with many committing 100 % of their time to management. This reflects a strong dedication to administrative responsibilities over clinical duties.

### 4. Variety of Responsibilities

- The key responsibilities listed range from hospital strategic planning to internal control and hospital development paths. This diversity highlights the multifaceted nature of executive roles in hospitals.

### 5. Experience in Executive Roles

- The number of years spent as an executive varies, with some having as few as 3 years and others over a decade. This could be discussed in relation to their impact on job satisfaction and organizational performance, potentially correlating experience with outcomes.

### 6. Influence on Hospital Strategy and Operations

- Several executives are responsible for significant strategic and operational decisions, such as hospital planning and development direction. This underscores the influential role of executives in shaping hospital growth and adaptation to changes.

## Future scope of research and knowledge gaps

### *Future Scope of Research*

The journey into the professional lives of Chinese hospital executives has only just begun. This study has laid the groundwork, but as the healthcare landscape continues to shift and turn, there are uncharted territories that beckon to researchers. Here are some paths that future studies might take:

- Looking into longitudinal studies could offer a window into how the pressures and competences of executives evolve over the years.
  - By drawing comparisons with hospital executives from different cultural backgrounds, we could uncover how varied management styles impact role stress and job satisfaction.
  - The digital revolution is transforming healthcare at an unprecedented pace. Future research should look at how this tech wave is reshaping the roles of hospital executives.
  - There's a story to be told about gender in the executive ranks of hospitals. How does it influence management styles, and what does it mean for leadership diversity?
  - As healthcare policies shift, it's crucial to monitor their ripple effects on the roles of executives and the institutions they steer.
  - One should not forget the impact of education and training programmes. Are they really preparing future leaders to handle the pressures of the job?

Table 1. Characteristics of the interviewees

Variable Dimensions	Degree		Career Path			Professionalization			
	First degree	Highest degree	Initial state	Intermediate state	Current status	Number of years as the executive	Key responsibilities	Department	Percentage of management time
Executive A	Bachelor of Medicine	Master of Hospital Management	Doctor	Management	Executive	3 years	Subject	Personnel	100 %
Executive B	Bachelor of Medicine	Master of Hospital Management	Doctor	Management	Executive	10 years	Hospital development path and direction	Finance	100 %
Executive C	Bachelor of Medicine	Master of Hospital Management	Doctor	Management	Executive	10 years	Responsible for the strategic positioning of the hospital decide	Responsible for internal control	100 %
Executive D	Bachelor of Medicine	Master of Hospital Management	Doctor	Director, Clinical Department	Executive	15 years	Hospital planning comes first (government request)	Various major construction projects	90 %
Executive E	Bachelor of Medicine	Master of Hospital Management	Doctor	Director, Clinical Department	Executive	3 years	Hospital strategic planning	Various major construction projects	90 %
Executive F	Bachelor of Medicine	Master of Hospital Management	Doctor	Executive	Executive	5 years	Responsible for the overall work	Not in charge	100 %
Executive G	Bachelor of Medicine	Master of Hospital Management	Doctor	Management	Executive	10 years	Strategic planning	Not in charge	80 %
Executive H	Bachelor of Medicine	Master of Hospital Management	Doctor	Director, Clinical Department	Executive	3 years	Grasp development direction and business strategy of the hospital	Not in charge	100 %
Executive I	Bachelor of Medicine	Master of Management in Reading	Doctor	Director, Clinical Department	Executive	3 years	Full responsibility	Not in charge	90 %
Executive J	Bachelor of Medicine	Ph.D. in Management in reading	Doctor	Management	Executive	14 years	Grasp strategy	Administration	50 %

### Knowledge Gaps

Our exploration has illuminated many facets of hospital management in China, yet it has also cast light on the shadowy areas where our knowledge is still lacking. Filling these gaps is essential for a rounded understanding of healthcare leadership.

- The role of informal learning in shaping a leader's skill set is something we've barely touched on. How do mentorship and networking build management muscle?
- Then there's the mental game. We know stress comes with the job, but what's the long-term impact on an executive's mental health?
- The culture within an organisation can make or break the management experience. Yet, we know so little about its influence on role pressure.
- Decision-making is at the heart of an executive's day. But in times of crisis, how are these decisions formed, and what can we learn from them to forge better strategies?
- Patient outcomes are the ultimate measure of a hospital's success. How directly do the competences and stresses of executives influence these outcomes?
- In our connected world, social media has a growing influence on public perception. But what does this mean for hospital executives who are increasingly in the public eye?

### CONCLUSION

As we draw the curtains on this insightful exploration of the professional management competence and role pressure among Chinese hospital executives, we reflect on the key findings that have emerged from the study. These findings not only resonate with the core themes identified in our abstract but also pave the way for a deeper understanding of the intricate dynamics at play in hospital management.

- **Integration of Medical and Managerial Expertise:** The executives' educational pathways highlight a significant integration of clinical expertise and managerial acumen, underscoring the importance of a dual-focused approach to healthcare leadership.
- **Career Progression from Clinical to Executive Roles:** The transition from hands-on medical roles to strategic executive positions suggests a valued trajectory within the healthcare sector, where frontline experience is deemed crucial for effective hospital management.
- **High Commitment to Management Roles:** The near-total dedication of time to management responsibilities by the executives indicates a profound commitment to leadership roles, potentially at the expense of clinical practice.
- **Diverse and Strategic Responsibilities:** The range of responsibilities shouldered by these executives—from strategic planning to overseeing major construction projects—reflects the multifaceted nature of their roles and the strategic thinking required.
- **Experience and its Impact on Performance:** The variance in years of experience among the executives points to a need to understand how tenure in leadership affects hospital performance and executive job satisfaction.
- **Role Pressure and its Consequences:** The study has shed light on the pressures faced by hospital executives, with implications for job satisfaction and organizational performance, echoing the concerns raised in our abstract about the need for supportive structures to mitigate these pressures.

In conclusion, this study has painted a detailed portrait of the pressures and competences of hospital executives in China, revealing a landscape where leadership is as much about personal growth and learning as it is about steering the ship through the tumultuous waters of healthcare management. As we look to the future, it is clear that the journey of these executives is far from over, and the insights gleaned here will undoubtedly inform the ongoing dialogue about effective leadership in the healthcare sector.

### REFERENCES

1. Barber SL, Borowitz M, Bekedam H, Ma J. The hospital of the future in China: China's reform of public hospitals and trends from industrialized countries. *Health policy and planning*. 2014 May 1; 29(3): 367-378.
2. Liu C, Spector PE, Shi L. Cross-national job stress: a quantitative and qualitative study. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*. 2007 Feb; 28(2): 209-239.
3. David K, Newstrom JW. *Organizational Behavior: Human Behavior at Work*. McGraw-Hill Series in Management. 2007; 14(2): 204-211.
4. Penney LM, Spector PE. Job stress, incivility, and counterproductive work behavior (CWB): The moderating role of negative affectivity. *Journal of Organizational Behavior: The International Journal of Industrial,*

Occupational and Organizational Psychology and Behavior. 2005 Nov; 26(7): 777-796.

5. Spector PE. Job satisfaction: Application, assessment, causes, and consequences. Thousand Oaks: Sage Publishing. 1997 Mar 26.

6. Yip W, Fu H, Chen AT, Zhai T, Jian W, Xu R, Pan J, Hu M, Zhou Z, Chen Q, Mao W. 10 years of health-care reform in China: progress and gaps in Universal Health Coverage. *The Lancet*. 2019 Sep 28; 394(10204): 1192-1204.

7. Burke III GC, Scalzi CC. Role stress in hospital executives and nursing executives. *Health Care Management Review*. 1988 Jul 1; 13(3): 67-72.

8. Blair JD, Payne GT. The paradox prescription: Leading the medical group of the future. *Health Care Management Review*. 2000 Jan 1; 25(1): 44-58.

9. Peirce JC. The paradox of physicians and administrators in health care organizations. *Health Care Management Review*. 2000 Jan 1; 25(1): 7-28.

10. McConnell CR. The health care professional as a manager: balancing two important roles. *The Health Care Manager*. 2008 Jul 1; 27(3): 277-284.

11. Lund T. Combining qualitative and quantitative approaches: Some arguments for mixed methods research. *Scandinavian journal of educational research*. 2012 Apr 1; 56(2): 155-165.

12. Morgan DL. Integrating qualitative and quantitative methods: A pragmatic approach. Thousand Oaks: Sage publications; 2013 Jun 21.

13. Stoller JK, Berkowitz E, Bailin PL. Physician management and leadership education at the Cleveland Clinic Foundation: program impact and experience over 14 years. *The Journal of medical practice management: MPM*. 2007 Jan 1; 22(4): 237-242.

14. Hanaki N, Jacquemet N, Luchini S, Zylbersztejn A. Cognitive ability and the effect of strategic uncertainty. *Theory and Decision*. 2016 Jun; 81: 101-121.

15. Smith R. Advantages and barriers to transformational leadership implementation in a scientific laboratory. Doctoral Thesis, Walden University; 2015.

16. Siegall M. Putting the stress back into role stress: Improving the measurement of role conflict and role ambiguity. *Journal of Managerial Psychology*. 2000 Aug 1; 15(5): 427-435.

#### **FINANCING**

No financing for the article.

#### **CONFLICT OF INTEREST**

The author declares that there is no conflict of interest in the work.

#### **AUTHORSHIP CONTRIBUTION**

*Conceptualization:* Yang Xia, Zheng Ying, Mudiarsan Kuppusamy.

*Research:* Yang Xia, Zheng Ying, Mudiarsan Kuppusamy.

*Writing - original draft:* Yang Xia, Zheng Ying, Mudiarsan Kuppusamy.

*Writing - revision and editing:* Yang Xia, Zheng Ying, Mudiarsan Kuppusamy.