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## Effect of Employee Biographical Characteristics and Social Relationships on Psychological Well-Being among Medical Professionals in Hospitals in Baringo County, Kenya

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### **Abstract:**

*Studies have shown that social support essentially predicts the outcome of physical and mental health for everyone. Social support has been found to improve a person's well-being and is a major factor in preventing negative symptoms such as depression and anxiety from developing. The main objective of this study was to establish the effect of social relationships on the psychological well-being of medical professionals in hospitals in Baringo County. The specific objectives of the study were as follows: To determine the effect of relationships with supervisor on psychological wellbeing; to determine the effect of relationships with patients and their families on psychological wellbeing; to determine the effect of relationships with colleagues on psychological wellbeing. The study population comprised of doctors, nurses and clinical officers from four sub county hospitals within Baringo County, Kenya. A correlational research design survey was conducted and Purposive sampling was used to select the four (4) hospitals as they had the largest staff population as compared to the health centres. Stratified random sampling was used to select the respondents of the study, consisting of 22 doctors, 36 Clinical officers and 106 nurses forming a total sample of 164 employees. Data was collected using questionnaire method and data obtained was processed using the Statistical Package for Social Sciences (SPSS). Both descriptive and inferential statistics were used in data analysis; that is, Frequencies, means, standard deviation and Percentages which were presented in tables and charts. Pearson's Correlation analysis and Regression analysis were used to test the study hypotheses. The results of the multiple regression analysis showed that the relationship with patients and their families, and relationship with colleagues were the only significant predictors of employee psychological well-being. This suggests that employees who dealt with patients and their family members were stressed when dealing with unreasonable demands or abuse from patients and their families and also employees treated with disregard by supervisors or colleagues resulted to poor psychological wellbeing. The study recommends that improving medical professionals' psychological well-being requires professional counselling and social support in order to understand and cope with the unreasonable demands, expectations of patients, their relatives and toxic relations with colleagues. Hospital management should create a hospital support system in order to manage the physical, social and psychological effects of work-induced stress on workers. Further studies should be carried out to investigate other occupational related variables that may influence employee psychological wellbeing. Also, similar study should be broadened to medical professionals in other counties in Kenya.*

**Keywords:** Biographical characteristics, Psychological well-being, Social support, Supervisor, Colleagues, Patients

### **1. Introduction**

Occupational or work-related stress refers to the adverse reaction people have to excessive pressures that can lead to physical and/or mental ill health (Rees, 1992). It has two major dimensions, namely, physiological stress and psychological stress (Ismail, Yao & Yunus, 2009). While physiological stress is caused by various stressful triggers at the workplace which cause reactions to the body such as headaches, migraines, abdominal pains, fatigue, heart palpitation, sleep disturbance as well as changes in eating, drinking, sleeping and smoking habits, psychological stress is as an emotional reaction to factors in the workplace that cause anxiety, depression, burnout, hostility, anger, irritability and frustration among others.

Consequently, occupational stress impacts the health and psychological well-being of workers which affects their attitude to work, leads to high absenteeism, poor morale, high staff turnover, reduced efficiency and declining job performance (Brandy and Cox, 2002; Elliott & Daley, 2012). The issue of occupational stress has attracted the attention of organizational behaviorists due to the fact that various problems that employees face emanate from work place experiences (Akintayo, 2012). Extensive research has shown that medical personnel are the most vulnerable to stress in the workplace which would be attributed to the nature of their work that is widely acknowledged to be stressful, dangerous, and emotionally demanding (Jones, Janman, Payne, and Rick, 1987; Adu, 2004).

Cox and Griffiths (1995), asserted that psychological ill-health are those aspects of the design, organization and management of work that have the potential to cause physical, psychological or social harm. This co-relates significantly with life events and daily activities such as financial situation, job performance, family conflict, schooling, death and other events. Sullivan (1993) suggests that although the incidence of accidents is higher within medical officers, their potential to exhibit extreme levels of aggressive and disturbed behaviours are arguably greater. Medical professionals are often assumed to be at greater risk of occupational stress due to their constant exposure to disturbing social issues, and dealing with clients with extreme challenging behaviours, severe personality disorders, and enduring mental health problems (Thorpe, Righthand, & Kubick, 2001; Bowers, 2005).

Studies have shown that the presence of non-work stress and work stress create strain in workers, and these influence their morale and psychological well-being negatively (Lester & Brower, 2001; Perdine, Bill & Clement, 1997). When the working environment is perceived to be conducive, there is less stress while psychological well-being is greatly enhanced (Dunhem, 1992; Parkes, 2002). In the United Kingdom, occupational stress is one of the greatest occupational health problems and is estimated to cost organizations four billion pounds annually in associated sickness and absentee costs (Gray, 2000). According to Decker and Webb, (1994) and Felton and Cole (2010) stressful work life was related to receiving psychiatric care, and that in the United Kingdom, the sum of incapacity for men suffering from psychoneurotic and personality disorder, nervousness, migraine headaches, and smoking accounted for 22.8 million work days lost.

### *1.1. Statement of the Problem*

The longstanding occupational challenges that have afflicted medical services in Kenyan public hospitals include shortage of medical staff and inadequate budgetary allocation resulting in shortage of drugs, inadequate facilities and equipment while currently, the devolution of health care services including salaries have further added to the woes of public health services (Baringo County Integrated Development Plan, 2013-2017). It has been pointed out that people working in occupations where they are expected to deal with the problems of others, especially health care, and law enforcers may suffer more stress than people do in other professions (Finn and Tomz, 1998). This implies that medical employees' constant exposure to stress can be destructive in terms of the quality of their work and their physical and mental state and for the organization where they work (Maslach, 2003). Studies have been published on occupational stress (Doan et al, 1995; Baba, 2012) among different cadres of medical professionals in various categories of public hospitals in Western culture countries, where the working conditions are more superior to those found in public hospitals whereas few of such studies have been done in Kenya, but none in Baringo County (Anna, Pegg & Tores, 2005). This study fills this gap by examining the effect of occupational stress on employee psychological well-being in sub-county hospitals and health care centres within Baringo County, Kenya.

In addition, various studies have been carried out to determine the effect of occupational stress on various work attitudes such as job satisfaction, organisational commitment and turnover intentions of nurses (Seaward, 2005; Newell, 2002; World Health Organization, 2005). However, limited studies have been done to determine the effect of occupational stress on psychological well-being of all medical professionals (Stacciarini et al., 2004). The purpose of the study was to investigate the effect of occupational stress on the psychological well-being of medical professionals in hospitals in Baringo County, Kenya.

## **2. Literature Review**

### *2.1. Psychological well-being*

Carol Ryff (1989) defines psychological well-being in two perspectives. The clinical perspective defines well-being as the absence of negative conditions and the psychological perspective defines well-being as the prevalence of positive attributes. In the paper, she affirms that positive psychological definitions of well-being generally include some six characteristics most prevalent in definitions of well-being, which are: the active pursuit of well-being, a balance of attributes, positive effect of life satisfaction, pro-social behaviour, multiple dimensions, and personal optimism.

According to Dondo (2006) some of the physical and psychological diseases associated with stress are, autism, a condition in which a stressed person may start regressing and do things below his expected behavior, e.g. he may develop poor communication abilities. The person may prefer loneliness or become withdrawn from others. Schizophrenia is another psychological disorder associated with loss of contact with reality resulting into poor reception, emotional deviation, motor abnormalities and lack of concentration in work or business. Psychosomatic conditions, which are physical symptoms which affect a person include headache, backache, general aches and pain whose causes are not generally easily diagnosed. Others are anorexia nervosa, bulimia and other common diseases that include hypertension, high blood pressure, restlessness and heart attack. There are several factors that may influence psychological well-being of workers exposed to particular hazards (Allen, 1987).

For people who are closely involved with patients, their well-being is critical because of the influence they may have on the health of the patients. They are also themselves at risk of psychological stress because of their emotional involvement with the patients (WHO Guidelines for Counselling about HIV Infection and Disease, 1990). Medical professionals who deal with patients or those with terminal diseases on a day-to-day basis often suffer psychological distress. Emotional involvement with the patient and the frustration at the lack of effective therapy or equipment can place medical workers at risk of depression, withdrawal and, in extreme cases, suicidal tendencies.

### *2.2. Demographic Characteristics*

Researchers have identified stress-generating factors that relate to demographic characteristics. Demographic characteristics such as age, socio-economic status and educational background have been found to have a negative relationship with stress (Finkelstein,

Kubzansky, Capitman, & Goodman, 2007; Gallo & Matthews, 2003). These studies found that older people experienced less stress, while people with lower levels of education and those at lower socio-economic levels experienced higher levels of stress. Further, people with higher education levels were found to be more optimistic and had more resources to cope with stressful situations than those with a lower level of education.

### 2.2.1. Marital Status

Studies have found significant relationship between marital status and stress (Luecken et al., 1997; Preston 1995; Thoits, 2006). Married working women with one or more children have been found to experience higher stress levels than either single men or women, or married men and women without children. The higher stress levels among married working women with children has been attributed to the multiple and complex roles that these women have to perform.

### 2.2.2. Gender

Hochschild (1989) reported that working women experience more stress levels than employed men since they spend more time on work and family activities than men, and carry a heavier load of responsibilities and tasks. In addition, women perform a much greater proportion of child care and household responsibilities than men, even when they practice high-status professions or hold high-income managerial positions (Apostal & Helland, 1993; Demo & Acock, 1993; Jamieson, 1998). Vagg & Spielberger (1998) found that men and women differed in terms of the factors that cause occupational stress. The study found that women reported high occupational stress as a result of competition for advancement, performing tasks unrelated to their job descriptions, performing the duties of other employees, receiving inadequate salary, and having insufficient personal time. In contrast, men experienced stress more severely and frequently when they did not participate in policy decision making, when they shared negative attitudes towards the organization and when conflicts arose between departments in the organization. Further, men also identified having to work overtime, dealing with crisis, and having insufficient personnel to perform their duties as stress facilitating factors.

### 2.2.3. Age

Studies have found conflicting results on the relationship between age and occupational stress. For instance, Vokić & Bogdanić (2008), in a study of employees in a Croatian enterprise, found that older people experienced higher levels of stress as compared to younger employees. On the other hand, Dua (1994) found that younger employees experienced higher stress levels than older employees. Shen, Cheng, Tsai, Lee & Guo (2005) in a study of nurses in Taiwanese psychiatric institutions, found that occupational stress was highest among nurses aged 25-35 years and stress levels decreased with increasing age. Antoniou (2006), in study of teachers in Greek Schools, found that younger teachers experienced higher levels of stress and burnout as compared to older teachers. The study found that teachers in the beginning of their career invested all their energy in their job in order to achieve their initial objectives, while simultaneously dealing with a number of stressful and intense demands from their environment.

### 2.2.4. Education

Finkelstein, Kubzansky, Capitman & Goodman (2009) reported that employees with higher levels of education were more optimistic and have more resources to cope with stressful situations than employees with lower levels of education. Galanakis, Stalikas, Kallia, Karagianni & Karela (2009) found that young (18-30 years) married women with lower levels of education had higher stress levels as compared to older (41-50 years) single and married men with higher levels of education.

## *2.3. Social Support Factors*

A general theory that has been drawn from many researches over the past few decades postulate that social support essentially predicts the outcome of physical and mental health for everyone (Journal Citation Reports, 2012). The absence of social support shows some disadvantage among the impacted individuals. In most cases, it can predict the deterioration of physical and psychological health among the victims. Knowing that they are valued by others is an important psychological factor in helping employees to forget the negative aspects of their lives, and thinking more positively about their working environment. Social support helps improve a person's well-being and is a major factor in preventing negative symptoms such as depression and anxiety from developing (Cutrona, Russell, & Rose, 1986).

Osibow & Davis (1988) have proposed that social support resources moderate relationships between occupational stress and psychological strain. The study found that a person suffering from work related stress can help themselves in a number of ways including, making changes at work in order to reduce the stress levels by themselves or with cooperation with others; talking over their concerns with the employer or human resources manager; or seek professional counselling from a psychologist; or one may need to consider another job or career change. Cutrona, Russell & Rose (1986) found that social support and physical health were two very important factors that help the overall well-being of the individual.

Based on the literature, the following hypotheses were proposed:

- H<sub>01</sub>: There are no differences in social relationships and psychological well-being based on demographic characteristics, namely: age, gender, marital status, level of education, job category and professional cadre.
- H<sub>02</sub>: The relationships with supervisors do not have any significant effect on psychological well-being
- H<sub>03</sub>: The relationships with patients and their families do not have any significant effect on psychological well-being
- H<sub>04</sub>: The relationships with colleagues do not have any significant effect on psychological well-being
- H<sub>05</sub>: The combined effects of employee demographic characteristics do not have any significant effect on employee psychological well-being.

### 3. Method

This research paper is based on correlation research design study from a random sample of employees from four sub county hospitals in Baringo County, Kenya. The population of the study consisted of all 279 employees working in the four sub county hospitals. Questionnaires were distributed to a sample of 164 employees in the following categories: Nurses, Clinical officers and Doctors through a 'drop and pick' method. From the 164 hospital employees who participated in the study, 162 responded to the survey on an overall response of 98.78 %. The distribution of the respondents is presented in Table 1 below:

Variables	Frequency	Percent %
<b>Gender</b>		
Male	87	54
Female	75	46
<b>Age</b>		
Below 35 years	55	34
35-44 years	83	51
45 years and above	24	15
<b>Marital status</b>		
Single	41	25
Married	83	51
Widowed/Divorced/Separated	38	24
<b>Level of education</b>		
Diploma and below	111	68.5
Undergraduate degree	43	26.5
Master's degree	8	5
<b>Professional cadre</b>		
Nurses	99	26
Clinical officers	42	13
Doctors	21	61

Table 1: Summary of demographic characteristics of the respondents

#### 3.1. Measurement of the Variables

Following extensive review of the literature, the questionnaire to collect data for the study was developed and measured on a 5-point Likert scale from strongly agree to strongly disagree, where point-1 indicate Strongly Disagree, 2 - Disagree, 3 – Uncertain, 4 - Agree and 5 - Strongly Disagree. Cronbach's alpha reliability coefficients were computed for each variable and the results showed acceptable reliability for all measures as follows: psychological well-being ( $\alpha = 0.709$ ); relationship with supervisors ( $\alpha = 0.795$ ); relationship with colleagues ( $\alpha = 0.704$ ) and relationship with patients and their families ( $\alpha = 0.712$ ). The demographic characteristics are as follows: age, gender, marital status, level of education and professional cadre

### 4. Results

The testing of hypotheses was subjected to statistical analysis as shown below. Independent samples t-tests and one-way Analysis of Variance (ANOVA) was carried out to test Hypothesis One. Pearson Correlation analysis was carried out to test Hypothesis Two. Finally, multiple regression analyses were conducted to test Hypothesis Three:

#### 4.1. Results of Independent samples t-tests and one-way Analysis of Variance (ANOVA)

- $H_{01}$ : There are no differences in social relationships and psychological well-being based on employee demographic characteristics, namely: age, gender, marital status, level of education and job cadre

##### 4.1.1. Gender

Variables	Gender	N	Mean	Std. Deviation	t-value	Sig.
Relationships with supervisor	Male	75	17.15	4.724	1.539	.126
	Female	87	16.01	4.647		
Relationships with patients and their families	Male	75	6.05	1.723	.446	.656
	Female	87	5.92	2.047		
Relationships with colleagues	Male	75	5.41	1.693	3.892	.000
	Female	87	4.39	1.645		
Psychological well-being	Male	75	23.16	4.004	-.588	.557
	Female	87	23.56	4.625		

Table 2: Results of Independent Samples t-test exploring differences in social relationships and psychological wellbeing based on gender

The results in Table 2 show that, with the exception of relationship with colleagues, the mean scores of relationship with supervisors, relationships with patients and their families and psychological well-being did not differ significantly among male and female respondents ( $p > 0.05$ ). The analysis has shown that male respondents have higher mean scores ( $M = 5.413$ ) than female respondents ( $M = 4.391$ ,  $p = 0.000$ ). This suggests that male employees were more satisfied with relationship with colleagues than female employees.

#### 4.1.2. Marital status

Variables	Marital Status	N	Mean	Std. Deviation	F-ANOVA	Sign.
Relationships with supervisor	Single	41	16.88	4.16	2.833	.062
	Married	83	17.08	5.30		
	Widowed/Separated/Divorced	38	14.97	3.44		
Relationships with patients and their families	Single	41	5.46	1.90	2.090	.127
	Married	83	6.18	1.80		
	Widowed/Separated/Divorced	38	6.11	2.05		
Relationships with colleagues	Single	41	4.59	1.48	5.048	.007
	Married	83	5.27	1.70		
	Widowed/Separated/Divorced	38	4.29	1.89		
Psychological well-being	Single	41	24.73	3.76	3.595	.030
	Married	83	22.58	4.43		
	Widowed/Separated/Divorced	38	23.66	4.42		

Table 3: Results of ANOVA exploring differences in social relationships and psychological well-being based on marital status

The results in Table 3 shows that the mean scores of relationships with supervisors and relationships with patients and their families did not differ significantly on the basis of marital status ( $p > 0.05$ ). The analysis has shown that there was statistically significant differences in the mean scores of relationships with colleagues on the basis of marital status ( $F = 5.048$ ,  $p = 0.007$ ). The results have shown that the mean scores for single employees ( $M = 4.59$ ) and Widowed/Separated/Divorced ( $M = 4.29$ ) were significantly lower than that of employees who are married ( $M = 5.27$ ). This suggests that employees who are married were satisfied with their relationship with their colleagues as compared to single and Widowed/Separated/Divorced employees. Further, the mean scores of psychological well-being differed significantly on the basis of marital status. The mean scores have shown that single employees ( $M = 24.73$ ) had significantly higher mean scores than married ( $M = 22.58$ ) and Widowed/Separated/Divorced ( $M = 23.66$ ,  $t = 3.595$ ,  $p = 0.030$ ).

#### 4.1.3. Level of education

Variables	Level of Education	N	Mean	Std. Deviation	F	Sig.
Relationships with supervisor	Diploma	111	17.25	4.554	6.085	0.003
	Bachelor Degree	43	14.47	4.702		
	Master's Degree	8	17.75	3.732		
Relationships with patients and their families	Diploma	111	6.23	1.756	7.759	0.001
	Bachelor Degree	43	5.12	1.991		
	Master's Degree	8	7.25	1.832		
Relationships with colleagues	Diploma	111	4.88	1.767	0.533	0.588
	Bachelor Degree	43	4.93	1.737		
	Master's Degree	8	4.25	1.389		
Psychological well-being	Diploma	111	22.51	4.027	13.055	0.000
	Bachelor Degree	43	24.51	3.942		
	Master's Degree	8	29.38	4.897		

Table 4: Results of ANOVA exploring differences in social relationships and psychological well-being based on the level of education of the respondents

The results in Table 4 shows that the mean scores for the relationships with colleagues did not differ significantly on the basis of the level of education ( $p > 0.05$ ). The analysis has shown that the mean scores of the relationship with supervisors differed significantly on the basis of the level of education ( $F = 6.085$ ,  $p = 0.003$ ). Respondents with Master's Degree ( $M = 17.75$ ) and Diploma ( $M = 17.25$ ) had higher mean scores than Bachelor's degree holders ( $M = 14.47$ ). The analysis also shown that there was statistically significant differences in the mean scores of relationships with patients and their families among three levels of Education ( $F = 7.759$ ,  $p = 0.001$ ). Employees who are Diploma holders ( $M = 6.23$ ) and Masters Holders ( $M = 7.25$ ) had significantly higher mean scores than employees who have Bachelor's degree ( $M = 5.12$ ). Finally, the analysis has shown that there was statistically significant differences in the mean scores psychological well-being among the three levels of Education ( $F = 13.055$ ,  $p = 0.000$ ). Employees who are

Master's Degree holders ( $M = 29.37$ ) had significantly higher mean scores than Bachelor's degree holders ( $M = 24.51$ ) and Diploma holders ( $M = 22.50$ ).

#### 4.1.4. Age

Variables	Age of the respondents	N	Mean	Std. Deviation	F	Sig.
Relationships with supervisor	Below 35 Years	55	16.33	4.105	0.107	0.899
	35-44 years	83	16.59	5.039		
	45 years and above	24	16.83	4.949		
Relationships with patients and their families	Below 35 Years	55	5.29	2.006	7.306	0.001
	35-44 years	83	6.49	1.756		
	45 years and above	24	5.79	1.641		
Relationships with colleagues	Below 35 Years	55	4.53	1.741	3.170	0.045
	35-44 years	83	4.88	1.641		
	45 years and above	24	5.58	1.909		
Psychological well-being	Below 35 Years	55	24.47	4.434	5.956	0.003
	35-44 years	83	23.36	4.154		
	45 years and above	24	20.92	3.866		

Table 5: Results of ANOVA exploring differences in social relationships and psychological well-being based on the age of the respondents

The results in Table 5 show that there were no significant differences in the mean scores of relationship with supervisors based on the age of the respondents ( $p > 0.05$ ). The analysis showed that there was statistically significant differences in the mean scores of relationships with patients their families based on the three age groups ( $F = 7.306$ ,  $p = 0.001$ ). The analysis showed that employees aged below 35 years ( $M = 5.29$ ) had significantly lower mean scores than employees aged 45 years & above ( $M = 5.79$ ) and 35-44 years ( $M = 6.49$ ). The mean scores for relationship with colleagues shows that employees aged 45 years and above ( $M = 5.58$ ) had higher mean scores than respondents aged 35-44 years ( $M = 4.88$ ) and those below 35 years ( $M = 4.53$ ). Finally, employees aged below 35 years ( $M = 24.47$ ) had higher mean scores for psychological well-being than respondents aged 35-44 years ( $M = 23.36$ ) and 45 years and above ( $M = 20.92$ ).

#### 4.1.5. Job cadre

Variables	Professional cadres	N	Mean	Std. Deviation	F	Sig.
Relationships with supervisors	Nurse	99	16.48	5.00	2.519	0.084
	Clinical Officer	42	17.55	4.61		
	Doctor	21	14.76	2.57		
Relationships with patients and their families	Nurse	99	5.99	2.02	.687	0.504
	Clinical Officer	42	6.17	1.77		
	Doctor	21	5.57	1.54		
Relationships with colleagues	Nurse	99	4.63	1.74	3.225	0.042
	Clinical Officer	42	5.05	1.72		
	Doctor	21	5.62	1.60		
Psychological well-being	Nurse	99	23.57	4.57	0.685	0.506
	Clinical Officer	42	22.71	4.22		
	Doctor	21	23.81	3.41		

Table 6: Results of ANOVA exploring differences in social relationships and psychological well-being based on the job cadre of the respondents

The results in Table 6 shows that the mean scores for relationships with supervisor, relationship with patients and their families and psychological well-being did not differ significantly on the basis of job cadre ( $p > 0.05$ ). The analysis has shown that there were statistically significant differences in the mean scores of relationships with colleagues among the three job cadres ( $F = 3.225$ ,  $p = 0.042$ ). The results have shown that the mean scores for Doctors ( $M = 5.62$ ) and Clinical Officers ( $M = 5.05$ ) were significantly higher than that of Nurses ( $M = 4.36$ ). This suggests that nurses were dissatisfied with their relationship with the doctors and Clinical Officers.

## 4.2. Results of Pearson Correlation Analysis

Variables		Relationships with supervisor	Relationships with patients and their families	Relationships with colleagues	Psychological well-being
Relationships with supervisor	Pearson Correlation	1	.452**	.143	-.021
	Sig. (2-tailed)		.000	.069	.794
	N	162	162	162	162
Relationships with patients and their families	Pearson Correlation	.452**	1	.076	-.181*
	Sig. (2-tailed)	.000		.334	.021
	N	162	162	162	162
Relationships with colleagues	Pearson Correlation	.143	.076	1	-.309**
	Sig. (2-tailed)	.069	.334		.000
	N	162	162	162	162
Psychological well-being	Pearson Correlation	-.021	-.181*	-.309**	1
	Sig. (2-tailed)	.794	.021	.000	
	N	162	162	162	162

\*\* . Correlation is significant at the 0.01 level (2-tailed). \* . Correlation is significant at the 0.05 level (2-tailed).

Table 7: Pearson's Correlation Analysis exploring the effect of social relationships on job employee psychological wellbeing

- H<sub>02</sub>: Relationships with supervisors do not have a significant effect on employee psychological well-being among medical professionals in Baringo County, Kenya.

The correlation analysis has shown that there was a weak, insignificant relationship between relationship with supervisors and psychological well-being ( $r = -0.021$ ,  $p > 0.05$ ). This suggests that relationships with supervisors did not have a significant effect on psychological well-being.

- H<sub>03</sub>: Relationships with patients and their families do not have a significant effect on employee psychological well-being among medical professionals in Baringo County, Kenya.

The correlation analysis has shown that there was a weak, significant negative correlations between relationships with patients and their families and psychological well-being ( $r = -0.181$ ,  $p < 0.05$ ). This suggests that employees who dealt with patients and their families had poor psychological well-being due to abuse and unreasonable demands from the patients and their relatives.

- H<sub>04</sub>: The relationships with colleagues do not have a significant effect on employee psychological well-being among medical professionals in Baringo County, Kenya.

The correlation analysis has shown that there was a weak, significant negative correlation between relationship with colleagues and employees psychological well-being ( $r = -0.309$ ,  $p < 0.05$ ). This suggests that psychological well-being was negatively affected by poor relationships among the colleagues. This is consistent with the results of One-Way ANOVA in Table 6 which showed that nurses were dissatisfied in their relationships with the doctors and clinical officers. A possible explanation is that due to the high hierarchical position that doctors and clinical officers have in the health services as compared to nurses, it is likely that this disparity may result in toxic work relations

## 4.3. Results of Multiple Regression Analysis

- H<sub>05</sub>: The combined effects of employee biographical characteristics and social relationships do not have any significant effect on psychological well-being among medical professionals in Baringo County, Kenya.

Hypothesis Five was tested using multiple regression analysis.

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	26.258	2.369		11.082	.000		
Age of the respondents	-1.344	.475	-.209	-2.827	.005	.833	1.200
Gender	-.392	.617	-.045	-.635	.526	.898	1.113
Marital Status	.038	.463	.006	.082	.934	.813	1.231
Job category	-.818	.462	-.135	-1.769	.079	.781	1.281
Level of Education	3.131	.561	.416	5.586	.000	.818	1.222
Relationships with supervisor	.139	.073	.151	1.909	.058	.724	1.381
Relationships with patients and their families	-.378	.178	-.165	-2.128	.035	.752	1.331
Relationships with colleagues	-.616	.184	-.247	-3.343	.001	.831	1.203

Table 8: Results of multiple regression analysis establishing the combined effects of demographic characteristics and employee psychological well-being  
a Dependent Variable: Psychological well-being

Model	R	R Square	Adjusted R Square	F-ANOVA	Sig.
1	.553 <sup>a</sup>	.306	.269	8.418	0.000

Table 9: Model Summary

a .predictors:(constant), Relationships with colleagues, Level of Education, Marital status, relationships with patients and their families, Gender, Age of respondents, Profession, Relationships with supervisor

The model summary of the regression analysis in Table 9 shows that demographic characteristics and social relationships accounted for 30.6% of the variance in psychological well-being among medical professionals in Baringo County (R square = 0.306). This shows that 69.4 % of the variance in employee psychological well-being was explained by factors not in the study. The negative standardized beta coefficients indicate that Age of respondents ( $\beta = -0.209$ ,  $p = 0.005$ ), level of education ( $\beta = 0.416$ ,  $p = 0.000$ ), relationship with patients and their families ( $\beta = -0.165$ ,  $p = 0.035$ ) and relationship with colleagues ( $\beta = -0.247$ ,  $p = 0.001$ ) were the only significant predictors of psychological well-being. The negative beta coefficient for age suggests that younger employees had better psychological well-being than older employees. The positive better coefficient for education suggests that employees having high level of education had better psychological wellbeing than who had low level of education. The negative coefficient for relationship with patients and their colleagues suggests that employees who dealt with patients and their families had poor psychological wellbeing. And the negative coefficient for relationship with colleagues suggests that psychological wellbeing was affected by poor relationships among colleagues.

## 5. Discussion

The general objective of this study was to determine the effect of demographic characteristics and social relationships on psychological well-being of medical professionals in hospitals in Baringo County. The findings of the study are discussed below:

### 5.1. Gender

The analysis showed female employees had lower mean scores for relationship with colleagues than male employees. Studies have shown that women experience more stress levels due to the multiple roles they play which include being a mother, wife, employee and housekeeper unlike their male colleagues (Cooper & Payne, 1988; Hochschild, 1989). Galanakis et al. (2009) reported that working women typically spend more time on work and family activities than men, and carry a heavier load of responsibilities and tasks. In addition, they perform much greater proportion of child care and household responsibilities than men, even when they practice high-status professions or hold high-income managerial positions. Vagg & Spielberger (1998) further noted that women's stress levels may be due to women competing for advancement against their male colleagues and performing duties of other employee, thus straining relationships with their male colleagues. These stressors may therefore contribute to strained relations that female employees have with their male colleagues.

### 5.2. Marital Status

The analysis has shown that married employees were more satisfied with relationship with colleagues than single and widowed/separated/divorced employees. Further, the results showed that single employees had higher mean scores for psychological well-being than married and widowed/separated/divorced employees. Studies have shown that married working women with one or more children experience higher stress levels than both single men or women, and married men and women without children because of the multiple and complex roles that married women have to perform (Cooper & Payne, 1988; Davidson & Fielden, 1999).

### 5.3. Age

The analysis showed that younger employees aged below 35 years were more dissatisfied with relationship with patients and their families than employees aged 35 years and above. It is possible that older medical professionals who may have amassed longer working experience than younger employees may have developed better coping mechanisms in dealing with abuse and toxic relations with patients and their relatives. Further, older employees aged 45 years and above were more satisfied with the relationships with colleagues than younger employees. It is possible that older workers have better relations with their colleagues due to longer work experience than young employees. Finally, younger employees had higher psychological well-being than older workers. This is consistent with Vokić & Bogdanić (2008) study which found that older employees experienced higher levels of stress as compared to younger employees.

### 5.4. Education

The analysis showed that master's degree and Diploma holders were more satisfied with their relationship with patients and their families and relationship with colleagues than Bachelor's degree holders. This may be explained by the fact that master's holders may already occupy supervisory positions while the Diploma holders may be contented with the positions they hold due to their low education level unlike Bachelor degree holders who may be discontented with unfulfilled expectations from their jobs resulting to toxic relations in the workplace due to frustrations.

Finally, master's degree holders had higher levels of psychological well-being than Bachelor's degree and Diploma holders. It is possible that master's degree holder occupy higher positions which are more challenging, exciting and with better pay than employees with lower levels of education.

### 5.5. Job Category

The analysis showed that nurses had lower mean scores for relationship with colleagues than doctors and clinical officers. It is possible that due to their high hierarchical position in the medical profession, doctors may perceive nurses to be subordinate to them and thus treat them with lack of respect and courtesy resulting in toxic relations. Rothmann, van der Colff & Rothmann (2006) reported that when nurses feel helpless towards their patients, they tend to experience a lot of negative feelings which erupt against their colleagues or their superiors.

### 5.6. Relationship with Supervisor

The analysis showed that relationships with supervisor did not have a significant effect on psychological well-being. These finding is contrary to Gilbreath & Benson (2004) in a study of work and stress which found that social support at work affected psychological well-being because employees whose supervisors were more supportive and considerate tended to have better mental health, while employees who describe their supervisors in negative ways were more likely to have poor health.

### 5.7. Relationship with Patients and Their Families

Relationships with patients and their families had significant negative correlations with psychological well-being. This suggests that employees who dealt with patients and their families had poor psychological well-being due to abuse and unreasonable demands from their relatives. This is consistent with study by Mooney et al (2008) which found that nurses experienced confusion when dealing with patient's relatives or family members. Similarly, Peter & Laura (2008) found that health professionals dealing with diseases like cancer which involves communication issues such as imparting information, communicating hope, and sharing information with the family members can be quite stressful. Rothmann et al. (2006) reported that nurses experienced higher stress levels as they have to deal with complex issues such as death of a patient with whom they have developed a close relationship, watching a patient suffer, making a mistake when treating a patient, communicating with a patient and their families about death and disagreement with a medical practitioner or colleague concerning the treatment of a patient.

### 5.8. Relationship with Colleagues

The analysis showed relationship with colleagues had significant negative correlation with employee's psychological well-being. This suggests that psychological well-being was negatively affected by poor relationships among the colleagues. This is consistent with the results of One-Way ANOVA in Table 4.6 which showed that nurses were dissatisfied in their relationships with the doctors and clinical officers. A possible explanation is that due to the high hierarchical position that doctors and clinical officers have in the health services as compared to nurses, it is likely that this disparity may result in toxic work relations. This is consistent with Brunetto, et al (2013) who reveals that poor relationships with colleagues in an organization affect employee psychological well-being.

Also Alberta Learning Information Service (2013) states that abusive behavior among nurses is a significant problem within the profession and is recognized as a major occupational stressor or psychological hazard in the workplace since it creates a toxic environment with serious consequences to victims, bystanders, organizations and patients.

## 6. Limitations of the Study

The study has its limitations. The study was focused on only four (4) hospitals in Baringo County. This means that generalisations of the findings to other health facilities in Baringo County and other Counties in Kenya were done with caution. Secondly, the data was collected using self-report questionnaires which are dependent on the honesty and emotional state of the respondents, which may bias the results. Thirdly, the study was based on cross-sectional research design which means that data was collected at one point in time.

The study therefore was not able to establish the long term effect of social support on employee's psychological well-being. Future studies should consider longitudinal research design.

## 7. Conclusion

The purpose of this study was to determine the effect of employee biographical characteristics and social relationships on psychological well-being among medical professionals in Baringo County, Kenya. The analysis showed that there were significant differences in the mean scores of social relationships and psychological well-being based on employee biographical characteristics namely; gender, marital status, age, education and job cadre. The results of the correlation analysis showed that relationship with supervisors did not have a significant effect on psychological well-being. On the other hand, relationship with patients and their families and relationship with colleagues had significant negative effect on psychological well-being. Finally, the results of the multiple regression analysis showed that age, education, relationship with patients and families and relationships with colleagues were significant predictors of psychological well-being among medical professionals.

## 8. Recommendations

In view of these findings, the following recommendations are therefore suggested:

Organizations that employ nurses should implement programmes to reduce stress because of staff issues and job demands. If these stressors are allowed to continue unattended, they can have negative impact on employee psychological wellbeing. Specifically, hospital management should create a hospital social support system in order to manage the social and psychological effects of work-induced stress on employees. In addition, counselling services need be introduced in the hospitals in order to provide therapeutic services so as to reduce the effect of work-related stress on workers' health and welfare. This will also enable employees to understand and cope with the unreasonable demands, expectations of patients, their relatives and toxic relations with colleagues.

In order to reduce the impact of stress on employee psychological well-being, it is recommended that stress management programmes should include the proactive identification of stressors as well as the evaluation of these stressors in terms of severity and impact. Standardized and validated measuring instruments should be used and the exercise should be performed frequently. Early identification of stress risks can provide for the proactive management of risk groups, customized interventions (versus generic interventions), and more effective stress risk control. Linking stress to burnout, engagement, ill-health and commitment could further stress management towards proactive, preventative and promote health and wellness care in the environment.

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