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Investigating the Influence of Individual and Organizational Doctors on Job Performance among Nurses in Public Sector Hospitals of Karachi

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Abstract

Purpose: *The aim of this study was to design the model which describes the job performance of nurses based on individual and organizational factors. It shows the causal relationship between four independent variables: occupational stress, turnover intention, supervisor support and working environment, one moderating variable: self-efficacy and one dependent variable: job performance and its impact on job performance.*

Method: *The quantitative approach was adopted for this research study, the convenience sampling technique was used in this study, investigation was administered through a questionnaire considering 300 nurses professionally, employed at Karachi's renowned tertiary care centers. This questionnaire assessed six distinct variables: job performance, working environment, occupational stress, supervisor support, self-efficacy, and turnover intention. The present study used Smart-PLS 0.4.*

Results: *The results of structural model confirmed that occupational stress negatively affects job performance (β=-0.464 t=6.319<0.05). Turnover intention negatively affects job performance" (β= -0.422 t=5.891<0.05). Supervisor support "positively affects job performance" (β= 0.309 t=2.680, 0.000). And working environment "positively affects job performance" (β= 0.356 t=7.832, 0.000). We found support for all indirect hypothesis except hypothesis 6 (H6) the "moderating effect of self-efficacy on turnover intention and job performance" ((β= -0.208 t=1.258>0.05).*

Implications for nursing management: *To enhance job performance in the nursing department, the management of the care centers can update organizational work practices, modernize policies to create better work-life balance, initiate support from the supervisors, and invest in counselling of the nurses individually.*

Keywords: *working environment, occupational stress, supervisor support, turnover intention, job performance, nursing department*

Introduction

In today's dynamic environment, there has been a lot of attention given to the employee performance especially health services such as hospitals because it considered as a backbone of every successful organization. Human resources are an asset of the organization and important source of growth for any organization (Drouin-Rousseau et al., 2024). Satisfied employees are more productive and positively influence on organizational outcome which, in turn, enhances over all organizational performance (Karabati, Ensari, & Fiorentino, 2019). There are many aspects that influence the performance of employees, such as positive organizational factors like supportive culture, work ethics, clear communication, recognition for one's achievement and appreciation can boost employee's performance and overall organizational efficiency. On the contrary, negative factors such as, poor communication, lack of clarity in goals, occupational stress, lack of supervisor support, and disruptive work environment lead to demotivate employee resulted in decline of performance of employees (Indrayani et al., 2024). Performance is seemingly diminishing in public sectors globally, as focus has shifted towards higher efficiency and output, without any increase in the input (Nabukeera, Ali & Raja, 2014). Overall, there is a worldwide eagerness rising for efficiency, bringing about a need for mechanisms and systems to evaluate the public organizations and their performance (Nabukeera, Ali & Raja, 2014).

Any established organization views their workers as the main source of productivity and outcome (Lashchinger, Shamian & Thomas, 2005). When it comes to healthcare, nurses are the sources of productivity for the system, as they are the communication bridge between a

doctor and their patient, along with being providers of any necessary healthcare activities (Chase, 2010, Pahi, 2020). Job performance is a globally recognized phenomenon in healthcare professions, especially for nurses because of their challenging job. Nurses compose the largest part of the health care workforce (Tyson & Pongruengphant, 2004). Now a days, health care industry face three major challenges: access to care, quality of care and cost of care. This requires transformation of health care organizations. These challenges cannot be met without the involvement and excellent performance of health care professionals. Multiple reports pertaining to the healthcare industry have shown that stability on a personal as well as organizational level can affect different aspects, such as: absenteeism, turnover, dedication, gratification, stress, and efficiency (Basrda & Al-Awlaqi, 2025).

Literature Review

Job performance

Job performance is the most important and studied variable in industrial management and organizational psychology (Carpini, Parker, & Griffin, 2017). Job performance has been widely discussed and conceptualized in various ways (Zawawi & Nasurdin, 2017). This is reflected in Koopmans et al systematic review (Roche et al., 2017). Based on framework of Koopmans et al. three main dimensions of job performance identified: task performance, contextual performance and adaptive performance. In the literature provided on the contrasting aspects of contextual and task performance, the most basic and primary differences existing between them are: (1) task performance is job or task specific, whereas contextual performance is usually the same for any and every job, (2) task performance is based on the capabilities of an individual, and contextual performance is based on their personality and motivation, (3) task performance is written and communicated as a part of an individual's job description, but contextual performance is their voluntary and non-enforceable action, having no formal reward attached, (Motowidlo & Schmit, 1999). Adaptive performance refers to the extent to which an individual adapts to changes in work systems or work roles (Roche et al., 2017). It is also defined as adaptability and pro-activity (Douglas et al., 2017); and creative performance (Weigl et al., 2014). Attention towards adaptive performance has increased in recent decades due to the dynamic nature of work environments (Anderson et al., 2012).

Job performance is not only a major challenge for corporate industry but also for healthcare industry especially for nurses because of their hectic nature of job. Nurses are the largest part of the health care workforce which comprises 50-60% of all health workers in hospital (Tyson & Pongruengphant, 2004) and its responsibility as a nursing care provider to observe patients directly for 24 hours (Agustin, Muliyadi & Maulida, 2022). Further research on the topic reveals that the biggest predictor of role or job satisfaction within the nursing department is the quality of the healthcare they are able to provide (Larrabee et al., 2004).

Occupational Stress

A major concern and problem arising on a global level is occupational stress. Occupational stress, also known as job-related or work-related stress, is the process whereby stressors or stress factors in the working environment strain an employees' physiological, psychological or behavioral aspects, and in most cases, may even have long-term effects (Levy et al., 2017). Multiple researchers have focused on studying the existence of stress among professionals of different fields in developed and underdeveloped countries. These researchers have analysed connections between stress and an employee's wellbeing, their performance at the workplace

and even their coping strategies (Bianchi, 2004; Bradley & Cartwright, 2002; Chen, Tsai, & Lo, 2007). Stress was also deemed as having a negative correlation with job performance by organizations where stress was seen as an important factor within the employees' life (Westman & Eden, 1996).

Nursing is an arduous and highly demanding profession, dealing with highly stressful work environments on a daily basis. A study rooting from a tertiary care hospital in Delhi revealed that a staggering 87.4% of occupational stress was experienced by nurses (Bhatia et al., 2010). This is due to the highly time sensitive and skill intensive work that nurses conduct, along with having to witness life-threatening cases and handling their personal emotions and responsibilities, too. Additionally, nurses have to keep upgrading their skills and tend to multiple patients simultaneously. A study revealed that nurses of a tertiary care centre had a higher level of occupational stress as a consequence of a lack of a proper administrative system (Nizami et al., 2006). There was also an unfavourable link formed between job performance and strain (Azizolla, Zama, & Khaled, 2013).

Turnover intention

The management, for years, have had to deal with employees' intention to resign (Chen, Lin & Lien, 2010), and even now, this issue lingers in organizations worldwide. The desire to leave a certain organization and quit their job is an issue continuously prevailing universally within employed personnel (Chen, Lin & Lien, 2010).

From an array of predictors of turnover available, these are the most firm and dependable: job satisfaction, organizational commitment, and intention to quit the job (Mobley, 1977; Huselid et al., 1991; Griffeth, Home & Gaertner, 2000). Research has also revealed how the behavior at work and turnover is also impacted by family life (Eby et al., 2005, Greenhaus & Powell, 2003). Limited research is also available showing the effect of job performance on turnover intention (Greenhaus et al., 1997). In many published reports, expanded workload was a highly dissatisfying factor for workers (Huey & Wickens, 1993), in addition to the absence of financial or appreciative incentives, and bias within the administration, causing stress to employees (Weissman, 2001).

In the context of Pakistan, Khurshid Khowaja (2005) conducted a research within a certain tertiary care hospital, where reasons for a high turnover rate were explored amongst the nurses, and also their job satisfaction levels were overviewed. The results of this study recommended a number of strategic ways to retain nurses, such as: implementing easy documentation methods, having manageable patient-nurse ratios, setting an appropriate recognition and appraisal system, complying with international standards, giving nurses work autonomy, and incorporating recreational activities in their hectic work life.

Supervisor Support

The supervisor is the frontline personnel, bridging the gap between the management and the workers, acting as a role model as well as an experienced problem solver (Nijman, 2004).

From the employees' perspective, supervisor support means how much their supervisors recognize and acknowledge their work and uphold their wellbeing (Eisenberger et al., 1986; Kottke & Sharafinski, 1988). Eisenberger's Organizational Support Theory (OST) proves that employees' performance levels can be raised if adequate supervisor support is provided to them (Eisenberger et al., 1986; Sadiya, 2015). However, organizations also face communication issues and misunderstandings arising between the employees and their

immediate supervisors, especially in terms of incomplete information being delivered (Harris et al., 2000).

The supervisors are the representatives of their organizations, and thus, their foremost responsibility is to analyze work performance of the employees, and inspire the employees to value their judgement as that of the organization's (Eisenberger et al., 1986). Employees are aware that the supervisors share the results of their performance evaluations with the senior management, unifying employee devotion to supervisor support (Eisenberger et al., 2002).

Working Environment

The workplace environment is an atmosphere where employees engage in daily professional activities. A conducive work environment provides a sense of security and allows employees to work optimally. When employees perceive their workplace as favorable, carrying out their activities effectively and efficiently. For an employee, their working environment and their work relationships are just like kinship. This is why; disturbances and inadequacies of the working environment can decrease performance (Akob et al., 2020, Pahi, et al., 2025). A favorable working environment on the other hand, can not only increase performance, but also reduce absenteeism, increasing overall productivity (Boles et al, 2004).

With respect to work environments, different aspects have been deduced to affect worker creativity in a negative or positive way (Amabile et al., 1996). The characteristics found to have a positive effect on worker creativity are their sense of autonomy over their work, the significance of their work, how challenging and urgent their work is, and how much supervisor support they receive. The negative aspects found were restricted control over their work, high surveillance, inflexibility in their work, and a lack of support from their supervisors.

Self-Efficacy

The core concept in career development and psychology is professional self-efficacy, defined as "an individual's belief in their ability to successfully perform career-related tasks and achieve career-related goals." Self-efficacy, a critical construct within the domain of particular occupation that individuals pursue, reveals an individual's self-reliance in their ability to attain favorable outcomes and fulfill desired objectives in their respective fields. Moreover, in today's rapidly evolving job market, where careers are increasingly dynamic and multi-faceted, self-efficacy is pivotal in helping individuals adapt to change, develop resilience, and make informed career decisions. Recent studies Lent et al. (2019) underscores the constructive effect of self-efficacy on career satisfaction and performance, demonstrating its relevance to personal and professional success.

On the other hand, professional self-efficacy is considered a fundamental aspect of successful job performance and can significantly influence job behavior, regardless of knowledge or skill (Bandura, 1977, 1986; Giles & Rea, 1999; Niles & Sowa, 1992). Singh et al. (2023) found that occupational self-efficacy is an important predictor of ability to find work consistently across cultures. Occupational self-efficacy has also been shown to be one of the best predictors of many behaviors early in working life (Niles & Sowa, 1992). Previous research studies have shown that occupational self-efficacy is weaker and a stronger predictor of career-related outcomes (Spurk & Abele, 2011). Higher beliefs in occupational self-efficacy were associated with a lower risk of unemployment and higher job satisfaction (Hamzah et al., 2021, Pahi, 2020). From a workplace perspective, the theory of self-efficacy has been seen to affect one's performance and motivation. Alfara et al. (2022) presented that

the amount of self-efficacy one has influences the type of tasks one chooses and the goals one sets, including the kind of workplace mentors and learning they choose to pursue. Self-efficacy also affects the amount of effort the individuals put into completing their tasks, the way they perform in a certain area, the skills they further learn, and their overall employee performance.

Conceptual Framework
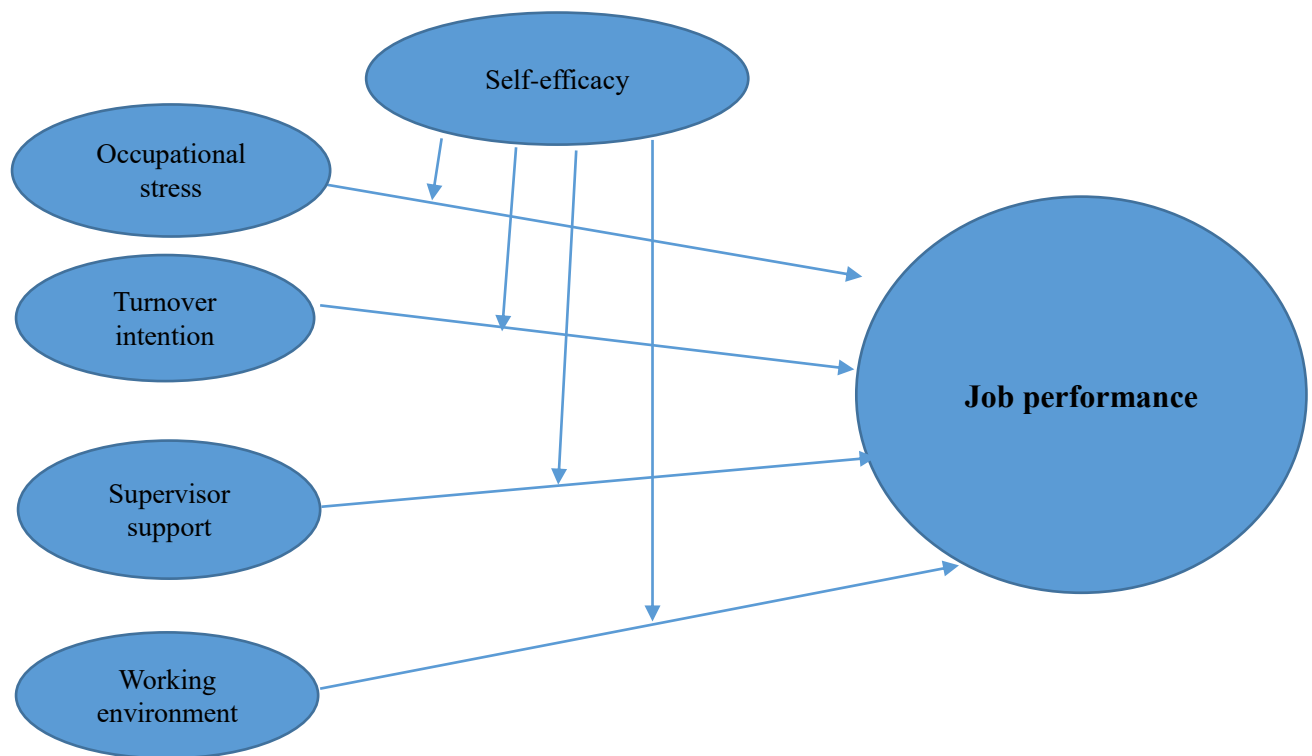
Hypothesis Development

Occupational stress and job performance

In every profession, including nursing, job performance plays a key role, leading to further development of more advanced methods and determinants designed in recent years, also considering new paramedic workers (Unruh & Nooney, 2011). The literature that is available on a global level establishes a direct link between job performance, stress and burnout (Gandi et al., 2011), and shows how it is significant in evaluating the professional performance of the nurses and their leadership (Salanova, 2011).

Occupational stress is an inevitable phenomenon worldwide, especially in the medical and healthcare setups, owing to the nature of work conducted by the doctors, nurses, paramedic teams, and hospital staff that includes lives at risk (Tyson & Pongruengphant, 2004). In fact, nursing is viewed as a very strenuous occupation as nurses work in highly stressful work environments daily. Evans (2002), in a survey of most stressful professions, found nursing to be on the sixth number. A study originating from the UK on stressful occupational groups listed nurses on number three (Health & Safety Executive, 2020). The negative effects of occupational stress include: job dissatisfaction, absenteeism, staff turnover, poor performance, and also psychological and physical illness (Atkinson, 2004; Clegg, 2001; Richardson & Rothstein, 2008).

A study conducted in Canada to identify relationship of job stress and job performance. Data were collected from middle managers (N=227) and blue-collar workers (N=283) employed in large Canadian institute. The statistical analysis revealed a significant negative linear association between job stress and supervisory performance ratings. Another study conducted by Abu Al-Rub (2006) indicated a curvilinear (U-shaped) relationship between occupational stress and job performance; nurses who reported moderate levels of occupational stress believed that they performed their jobs less well than did those who reported low or high levels of job stress.

H1: Occupational stress negatively affects job performance.

Turnover intention and job performance

Since job stress affects an employee's complete work cycle, it is directly related to employees' turnover intentions (Chen et al., 2010; Applebaum et al., 2010). Job stress reduces employees' satisfaction towards their work, leading to lower performance and increase intentions to leave (Applebaum et al., 2010). The most precise predictors of turnover are: devotion towards organization (Huselid et al., 1991), level of work satisfaction (Mobley, 1977), and the desire to leave (Griffeth, Home & Gaertner, 2000). Little research is available to measure the effects of performance on turnover (Greenhaus et al., 1997), but family life surely affects behavior at work and the resulting turnover (Eby et al., 2005, Greenhaus & Powell, 2003).

Exploring dissatisfaction at work has revealed high levels of workload as the cause of stress in employees (Huey & Wickens, 1993; Weissman, 2001). Stress is also caused by biasness of the nursing department, low recognition, and less monetary incentives (Weissman, 2001). Some studies connect duty and responsibility towards family and their needs as the prior reason of turnover intention in employees (Hayes et al., 2006), but other personal factors may also exist. More factors considered to cause stress include: lack of support and communication, issues with the management or organization, and workload pressure (Busck et al., 2010; Sell & Cleal, 2011).

With respect to Pakistan, a research study was conducted by Khurshid Khowaja (2005) focusing on job performance of nurses and its sensitivities in a tertiary care hospital, and the reasons for their soaring turnover rates. In this study, these were the few smart ways of nurse retention that organizations must consider: reasonable patient-nurse ratio to reduce workload, observation of international standards, openly defending the nurses and empowering them, activate ways of positive reinforcement and awarding good work, decreasing extensive documentation, and implementing enrichment activities.

H2: Turnover intention negatively affects job performance

Supervisor support and Job Performance

Researchers worldwide agree that job performance is affected by personal commitment and people-oriented factors (Jaramilloa, Mulki, & Marshal, 2005; & Al-Ahmadi, 2009). In fact, job satisfaction is to be achieved through environmental and organizational factors together. The factors that impact satisfaction or dissatisfaction of the employees include: compensation-related concerns, job description and nature, appraisal process, opportunities for career growth, supervisory support, and relationship with co-workers (Ahmad et al.,

2002). One study specifically focused on how positive supervisory support leads to better performance and increased job satisfaction (Gagnon & Michael, 2004).

The most basic yet effective management traits include: proper correspondence with workers, approachability of a manager when an employee needs help, work as a team with coworkers and subordinates, and appreciate and value any creative and innovative ideas shared by workers. One research disclosed that constructive supervisory assistance increased job satisfaction levels of the employees, whereas unapproachable supervision decreased job satisfaction (Schroffel, 1999). It is suggested that the more approachable and helpful the direct supervisor is, the lesser will be the employee turnover rate, since that supervisor is responsible for the employee's appraisal as well as performance (Panaccio & Vandenberghe, 2011). In fact, a healthy relationship between an employee and their direct supervisor can affect their behavior and attitude positively (Cheng et al., 2003). In research studies, positive employee-supervisor connections are seen to be inversely proportional to turnover (Vandenberghe & Bentein, 2009), but directly proportional to job performance (Siders et al., 2001; Becker & Kernan, 2003; Cheng et al., 2003), organizational commitment (Wasti & Can, 2008), and overall job satisfaction at work (Chen, 2001).

However, nurses in the healthcare sector receive low to no support from supervisors, leading to high stress levels. One research study revealed that, in order to have better job performance, the administration and coworker team should be supportive of each other, which reduces work-family conflicts, perceived work demands and emotional heaviness. Amongst different studies, the web-based survey from Al Rub evidenced that nurses receiving social support from their coworkers had higher performance levels. The quality of care could also be enhanced if there is more support on the job resulting in higher job performance. Managers and supervisors in nursing are vital players in maintaining a positive workplace environment. It is up to the managers in the department to devise plans and strategies to uplift the workplace and boost nurse retention (Twigg and McCullough, 2014). Support from managers can be shown by recognizing nurses' work, and giving them care and respect, which would eventually lead to better retention of nurses and lesser turnover (Feather et al., 2015).

H3: Supervisor support positively affects job performance.

Working Environment and Job Performance

Previous studies have proven that work design affects job performance (Humphrey et al., 2007; Parker, Morgeson, & Johns, 2017). There are countless factors that impact an employee's performance, which includes supervisory support, help received in conducting tasks, and the dynamics of the workplace. These are the major factors that influence employee engagement towards their organization (Chandrasekar, 2011), alongside work environment playing a vital role in employee performance (Akob et al., 2020, Pahi, 2022).

The results of a study from the Institute of Finance Management Dar-e-Salaam (2014) presented the findings that employee performance was directly affected by their working environment. It further claimed that employee performance can be increased if the management efficiently deals with the problems that the employees are facing. Some of the common problems that employees faced are: inflexible work environment, disturbances during work hours, supervisor-subordinate relationship, job assistance availability, constructive feedback, and the availability of incentives to not retain employees but also keep them motivated towards goal achievement. Abdul Raziq conducted a research study within

Quetta, Pakistan, with the purpose of finding out the degree to which the workplace environment affects employees' job performance, resulting in outcomes confirming that job performance is certainly impacted by the workplace environment.

Arshad et al. (2016) conducted a survey that studied job performance within the nurses in Malaysia, focusing on female nurses and the underlying factors that impacted their job performance. The three most impactful factors of job performance were found to be: work environment, job discrimination and the overall job satisfaction of the nurses. Further application of the correlation tests analyzed a positive and significant relationship between all above mentioned factors. Dunn et al. (2005) conducted research within a critical healthcare setup, gathering information on these pivotal factors of the working environment: organizational factors (like workload, staffing and scheduling), structural factors (like the physical work dynamics), professional factors (like autonomy, quality and care), and interpersonal factors (like peer-supervisor relationships).

H4: Working environment positively affects job performance.

Moderating effect of self-efficacy

Even the individuals who can plan, organize, and conduct their resources and work with self-efficacy is associated to their self-efficacy and work engagement (Skaalvik & Skaalvik, 2014). Studies have indicated that individuals with higher self-efficacy tend to exhibit higher levels of performance when individuals have confidence in their skills and abilities, they are more productive and capable of securing desired employment opportunities (Liu et al., 2020).

Another study conducted by Nauta et al. (2002), claimed that there is a relationship between self-efficacy and job-related interests. When people have strong interests in a given field, their self-efficacy rises, which in turn affects their level of interest in that field. The secondary research that was conducted on the topic brought forth many studies pertaining to the discussed concepts, with one certain study by Iyer (2016) focusing on the relationships existing between many different variables, such as: self-efficacy, turnover, job satisfaction, work engagement, organizational commitment, and job performance.

Generally, all healthcare professionals are considered vulnerable and highly prone to experience some degree of occupational stress, especially the nurses. The factors that are considered to be triggering stress at work include: work overload, untimely shifts, absence of social support, nurse-supervisor conflicts, dealing with critical cases and their families, and work-life off balance (Piroozi et al., 2019). Nevertheless, the best coping mechanism to improve job performance and control occupational stress is self-efficacy (Chesney et al., 2006). One research study on nurses even found that there is a negative correlation between self-efficacy and occupational stress (Mahdizadeh et al., 2016). Researchers unanimously agreed upon evaluating the role of self-efficacy as a moderating factor when studied in relation to occupational stress (Ozyilmaz et al., 2018). Investigations on self-efficacy with regard to the nursing occupation has brought forth the perspective that nurses who feel confident in their work conduct and routines are less prone to feeling a role conflict within their work environments, and have less dysfunctional results as a consequence (Rhee et al., 2017). A certain study by Laschinger (2015) presented evidence supporting the fact that nurses with greater self-efficacy had a lower turnover intention, higher level of organizational trust, and in turn, better job performance levels.

H5: Self efficacy "moderates occupational stress and job performance"

H6: self-efficacy "moderates turnover intention and job performance"

H7: self-efficacy "moderates supervisor support and job performance"

H8: self-efficacy "moderates working environment and job performance"

Methodology

Target Population and Sample Size

The positivist research paradigm, quantitative research approach, and cross sectional study design are used to select sample from nurses of public hospitals of Karachi. A total of 350 questionnaires were distributed amongst proficient nurses in the public hospitals within Karachi, aiming to find out the variables affecting the job performance of employees. 300 responses returned, making it the sample size and the response rate of the study 85.7%. To increase validity, the simple random sampling technique was used.

Government hospitals are the main organizations of the healthcare sector in Pakistan, where the study was conducted, and the sample of 300 participants included both, males and females. The nurse respondents (N = 100) were equally drawn from these three major government hospitals in Karachi, namely: Jinnah Postgraduate Medical Centre (JPMC), National Institute of Cardiovascular Disease (NICVD), and National Institute of Child Health (NICH).

Sample size calculates through survey Monkey, the formula is following:

$$\text{Sample Size} = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p(1-p)}{e^2 N} \right)}$$

Population Size = N

Margin of error = e

z- Score = z

Data Collection Tools and procedure

One approach was adopted (personal delivery of questionnaire) to reach a large number of nurses of public hospitals. Data for this study was collected using a questionnaire distributed and responded to by nurses, specifically from public hospitals within Karachi. It was designed with a five-point Likert scale: (1) Strongly Agree, (2) Agree, (3) Neutral, (4) Disagree, (5) Strongly Disagree.

Scales and Measures

This research study consists of six primary constructs, and 76 secondary items taken from previous available data. Table 1 presents the names, sources, reliability and indicators of all the latent variables and the previous studies.

Table 1: Cronbach's Alpha of the Constructs

Construct	Sources	Items	Reliability in past Studies
Nursing stress scale (NSS)	Pamela Gray-Toft and James G. Anderson (1981)	34	0.93
Turnover intention	Wayne, Shore, and Liden (1997)	03	0.80
self-efficacy	Ralf Schwarzer and Matthias Jerusalem (1995)	10	0.90
Supervisor support	Mauno, Kinnunen, and Piitulainen, (2005)	05	0.88
Working environment	S.Chandran (2005)	10	0.79
Job performance	Koopmans et al. (2012)	14	0.89

Statistical Analysis

The PLS-SEM (Partial Least Squares-Structural Equation Modeling) statistical method was also applied, which generates appropriate models for measurement, shows validity and reliability, and also models structures for hypotheses testing and results.

Results and Findings

Descriptive Profile of the Respondents

Out of 300 proficient nurses, 39.67% (n=119) were males and 60.33% (n=181) were females. Concerning age group, most of the respondents, 37% (n= 111) were in age group between 18 to 29 years, the next highest percentages, 36.3 % (n=109) were found to be age group between 30 to 39 years and 21.7% (n=65) were found to be age group between 40 to 49 years, and 5% (n=15) of nurses reported the age group between 50 to 59 years respectively. The majority of the respondents, 35.33% (n=106) hold Post RN degrees, and 32.67% (n=98) of did diploma in nursing. 30.33% (n=91) reported their qualification as a BS Nursing respectively. Furthermore, 41.33% (n=124) nurses have 7 to 10 years of experience and 21% (n=63) has 4 to 6 years' experience. Out of 300, (23.67%) (n=71) were reported as certified nurse midwife, 23.33% (n=70) were reported their professional status as clinical nurse specialist, 21.67% (n=65) were Critical care nurse, 19.33% (n=58) were medical surgical nurse, and 6.67% (n=20) were serving in Operating room.

Descriptive Analysis

The descriptive statistics presented in Table 2 include key parameters-namely the means standard deviation, Skewness, and Kurtosis.

Table 2: Descriptive Analysis (Mean, Standard Deviation, Skewness and Kurtosis)

	Mean	Std. Dev	Skewness		Kurtosis	
			Statistics	Std. Error	Statistics	Std. Error
Occupational stress	3.707	0.842	-0.822	.132	-1.313	0.264
Turnover intention	4.165	0.768	-0.962	.132	-1.094	0.264
Supervisor support	4.080	0.798	-0.727	.132	-0.887	0.264
Working environment	3.722	0.823	-0.738	.132	-0.848	0.264
self-efficacy	4.079	0.756	-0.829	.132	-1.799	0.264
Job Performance	3.767	0.764	-0.549	.132	-1.281	0.264

Upon further testing, the Skewness and Kurtosis was found to be ± 2.5, making it possible to infer that the constructs of the study show internal consistency and have a univariate normality, (Hair et al., 2019).

Multicollinearity

For multicollinearity, the study conducted two commonly used tests; Variance Inflation Factor (VIF) and Tolerance. The threshold of both tests is >0.1 and <10, respectively. In this study, multicollinearity was checked by examining the correlation matrix and verified by VIF and Tolerance. Table 3 depicts both values did not pass the threshold values of > 0.1 and < 10, respectively. Thus, it can be concluded from the result that there exists no such issue of multicollinearity.

Table 3: Multicollinearity Test based on Tolerance and VIF Value

Constructs	Tolerance	VIF
Occupational stress	1.000	1.000
Turnover intention	0.580	1.696
Supervisor support	0.132	0.160
Working environment	0.523	1.811
Self-efficacy	0.304	3.246
Job performance	0.404	2.457

Converging Validity

Table 4 presents AVE values and composite reliability values. The presented AVE values and the values of the composite reliability are, in both cases, higher than 0.70, meaning that their results are highly related and there is convergent validity between constructs.

Table 4: Composite Reliability and Average Variance Extract

Constructs	Composite Reliability	Average Variance Extract
Occupational stress	0.832	0.758
Turnover intention	0.890	0.729
Supervisor support	0.842	0.782
Working environment	0.923	0. 808
Self-efficacy	0.752	0.892
Job performance	0.882	0.920

Discriminant Validity

It is carried out to ascertain the uniqueness and distinctness of the constructs used in the study. The diagonal values are the square root of VE. Rest of the values are Pearson Correlation.

Table 5: Discriminant Validity

	OS	TOI	SS	WE	SE	JP
Occupational stress	**0.822**					
Turnover intention	.755**	**0.733**				
Supervisor support	.693**	.595**	**0.846**			
Working environment	.681**	.559**	.644**	**0.823**		
Self-efficacy	.805**	.642**	.821**	.819**	**0.732**	
Job performance	.872**	.638**	.833**	.803**	.713**	**0.848**

Hypothesis Analysis

Direct Hypothesis

The study has empirically tested four direct hypotheses presented in Table 6.

Table 6: Direct Hypotheses and Indirect Hypothesis

Hypothesis	B	T Stat.	P Values	Results
Occupational stress -> job performance(H1)	-0.464	6.319	0.043	Accepted
Turnover intention-> job performance(H2)	-0.422	5.891	0.228	Accepted
Supervisor support-> job performance (H3)	0.309	2.680	0.000	Accepted
Working environment-> job performance(H4)	0.356	7.832	0.000	Accepted

Indirect hypothesis

	B	T Stat.	P Values	Results
Occupational stress-> self-efficacy->job performance (H5)	0.213	2.662	0.523	Accepted
Turnover intention-> self-efficacy -> job performance (H6)	-0.208	1.258	0.523	Rejected
Supervisor support-> self-efficacy -> job performance (H7)	0.228	2.418	0.008	Accepted
Working environment-> self-efficacy -> job performance (H8)	0.086	2.667	0.000	Accepted

The results suggest: occupational stress negatively affects job performance (β=-0.464 t=6.319<0.05). Turnover intention negatively influence job performance" (β= -0.422 t=5.891<0.05). Supervisor support "positively affects job performance" (β= 0.309 t=2.680, 0.000). And working environment "positively affects job performance" (β= 0.356 t=7.832, 0.000). We found support for all indirect hypothesis except hypothesis 6 (H6) the "moderating effect of self-efficacy on turnover intention and job performance" ((β= -0.208 t=1.258>0.05).

Discussion

The aim of this current study was to view job performance of the nursing professionals based on different organizational and individual factors. There were cause-and-effect relationships found between multiple variables that were studied, with the independent variables being: work environment, supervisory support, occupational stress, and turnover intention, the moderating variable being: self-efficacy and the dependent variable being: job performance. In recent times, an increasing number of studies have been conducted on job performance,

but there is hardly evidence presented when studying job performance in the light of organizational and individual factors, especially in the healthcare department of Pakistan.

A total of 350 questionnaires were distributed to the nurses working in the healthcare sector of Pakistan, from which 300 returned with complete answers, making 85.7% the response rate. Once the data was gathered, there was need for statistical testing for significance, thus, SMART-PLS 0.4 was used for this purpose.

Results of structural model confirmed that occupational stress and turnover intention has negative impact on job performance and supervisor support and working environment showed positive impact on job performance. Further analysis revealed that self-efficacy has a moderating effect on relationship between independent variable: occupational stress, supervisor support, working environment except turnover intention and dependent variable job performance.

The predominant issues prevailing in the workplaces today are all related to organizational and individual factors, with employee performance being a crucial variable. This employee performance and the quality of work provided are impacted by these factors: physical environment of the workplace, support from supervisors and job assistance. It will have a further impact on employee engagement and how they view the organization (Chandrasekar, 2001).

Stress is another phenomenon that is dominating the modern world, and can be seen in one's personal and professional lives. In terms of the nursing profession, these professionals assist patients on a daily basis, along with their families, and often have to deal with conflicts on duty. In fact, those nurses who are assigned duties in Intensive Care Units (ICUs), emergency wards or in surgeries face stressful and intense situations, which eventually lead to lower job performance, absenteeism and turnover intention.

Supervisory support is an essential factor in shaping the behavior and attitudes of employees at work, as they are the direct guide and get the job done from the employees (Elangovan & Karakowsky, 1999). There is also a direct positive link found between supervisory support and job commitment, job performance and employee retention (McCarthy et al., 2013). Studies suggest that a favorable work environment is one where employees work hard and focus their energy on performance (Vischer, 2007).

Implications for Nursing Management

In countries where there is a shortage of nursing staff, it is the responsibility of the policy makers and healthcare executives to formulate methods to retain the nursing staff, and also enhance the work environment for better retention. The suggested methods are to maintain a manageable patient-nurse ratio, providing the nurses with all the necessary equipment, training and autonomy required to take care of the patients assigned to them in the best possible ways. This can only be achieved if the direct supervisor of the nurses is trained enough to motivate and lead the nurses in the right direction. Positive relations between nurses and their supervisors can enhance the overall outcomes, but the nurses should be given opportunities to interact with each other and build positive peer relations as well. If the nursing philosophy, the care model and common clinical competencies are aligned, much can be achieved.

Since the ones responsible for managing the nurses and record-keeping of the staff have to lead and manage a lot of data, they should focus on continued education and keeping up-to-date.

Creating a balance between the personal and professional lives is highly crucial for all, especially when it comes to the load or pace of work, and the amount of effort and time required.

Additionally, with all the stressful work that the nurses conduct on duty, they may experience difficulty in coping with the psychological damage it may cause, requiring external support. This could either come from a counsellor assigned to different nursing teams, which could be a great initiative by the organization, or they could hold group conferences where an external, highly skilled and trained individual brings the nurses together to share and evaluate their perceived levels of stress (Laschinger et al., 2008).

Limitations and Future Recommendations

The study takes into consideration a comprehensive sample, ensuring that the results are generalizable and insightful with regards to job performance, as the demographic profile including the age, gender, qualifications, etc. was thoroughly planned. However, personal factors such as family employment, in relation to job performance, were not investigated. The main focus of this study was to set the pathway for further research and understanding of the organizational and individual factors impacting job performance in the healthcare sector. Nevertheless, there is still room for improvement, and future studies must contain a comparative study of public and private hospitals for a more holistic view on this matter.

Conclusion

This research study concludes on an affirmative note what it was essentially set out to prove, that the independent variables: working environment, supervisory support, occupational stress, and turnover intention, all have a significant impact on job performance. Factors that affect employee performance are also presented in detail in this study. In addition, the study also outs light on the fact that competent and related authorities in the healthcare sector and hospitals need to focus their attention on increasing employee performance and the overall organizational performance.

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