

ORIGINAL ARTICLE

The Mingled Dynamics of Work Stress, Consequences, and Coping Strategies among Healthcare Workers

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ABSTRACT

The levels of work stress were examined among Health Care Workers (HCWs) in this study. It investigated the consequences that work stress has on HCWs and determined the coping strategies adopted by HCWs. The research design employed for this study was descriptive survey method. The population comprised health care workers in a tertiary facility. A total of 244 health care workers filled and returned the questionnaire distributed. Using proportionate sampling technique participants were selected from seven professional strata; while their discipline served as a basis of stratification. An instrument titled “Health care Workers’ Stress, Consequences and Coping Strategies” with reliability coefficient of 0.762, 0.888 and 0.854 using Split-half, Cronbach Alpha and Spearman-Brown respectively was used to data collection tool from the respondents; while questions were extracted from literature with modifications. It was discovered from the results that most of the respondents are going through stress at a high level (66.8%), 22.1% had low level while 11.1% had severe level of stress. They identified back and neck pain; poor eating habits; uncontrolled blood pressure and loneliness has the most devastating consequences that work stress had on them. The coping strategies devised by workers was that they communicate issues of concern through the proper channel; seek clarity about job descriptions from superior when the need arises; engage in self-planned recreation activities and participated in workplace organized recreation activities. It is suggested that counselling services be made functional at work places such as health care facilities.

Keywords: Consequences, Coping Strategies, Health care, Work Stress, Workplace.

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INTRODUCTION

Occupations/jobs/works taken up by people are mostly borne out of interest, passion, capability, training and expertise for such jobs or works (1). However, different factors cumulate to account for the acceptance, stay and exit of jobs ranging from personal to physical, psychological, environmental, among others. The reality of the economic down turn experienced by countries, especially in Nigeria makes exit of jobs a difficult pill to swallow; thereby resulting in poor mobility of labor (2,3). Workers therefore, are left with no option but to maintain their jobs at all cost, despite coupled with shortage of manpower. Given this pathetic situation, stress is inevitable. Hans Seyle known as "father of modern stress" coined the term "stress" from the Latin word "stringere" which means to "draw tight". Stress as was defined as "a syndrome" produced by diverse noxious agents" (4). He described it as a non-specific response of the body to "noxious" stimuli". Work/job stress can be defined as a tension, despair, anxiety and worry, experienced by a person in his workplace when he is over-burdened with demands and expectations outrageous to accomplish within a given time-frame. Literatures refer to work stress as "job stress" or "occupational stress".

Just as a student requires an amount of anxiety to prepare and write exams; the work that people do also have the potential to pose some amount of stress on them. Stress has been identified to improve workers performance and quality of living (5),(6). However, excessive stress is what poses a challenge

and unbeneficial to a worker; thereby having consequences on workers. It was described by (7), (8) as the state of negative emotions experienced by persons such as strain, nervousness, a feeling of defeat, and rage and hopelessness resulting from aspects of work. The uniqueness of jobs depends on how much weight those jobs put pressure, strains and other work-related stress factors can have in contemporary times. Therefore, it may not be contestable that, the dimensions of stress that workers experience in different professions may differ.

Likewise, as the working environments of jobs differ, this may result in similar occupations to be affected by various work-related stressors ranging from excess workload, interpersonal misunderstanding among workers, lack of job control, job uncertainty, poor payment system, unattractive working environment and management support (9), (10), (11), & (12). Stress in the health care sector will definitely not take the back seat among the list of jobs laden with stress by default. The resultant effect of the consequences of stress makes stressed workers recourse to devise coping strategies to stay and maintain their work. Therefore, this study investigated work stress, consequences and coping strategies adopted by health care workers in a tertiary health care facility.

Work Stress levels of health care workers

The poor work environment of a typical health care centre in Nigeria characterized by low and poor infrastructural facilities, equipment, poor pay and shortage of manpower among others are a major source of stress to professionals. (13), (14), & (15) confirmed that there is prevalence of stressful work environments among health professionals, and studies in particular, nursing workplace are found stressful and has harmful effects on the professionals. (16, 17). Apart from work environment, other personal and non-personal factors also impose stress on the workers. Consequently, it may be difficult to eliminate work-related stress and stressors, effective coping techniques that can however reduce the stress caused outcomes of the workers are the last resort (18).

Consequences of work stress on health care workers

It is acknowledged, that job stress has very harmful effect on both individuals and work environments (19), (20), (21). Tiredness, depression, anxiety, sleep disorders and difficulty in making decisions among others, are identified as the negative consequences that stress have on individuals (22), (23). Stress in the workplace has been associated with low productivity, low commitment to the job, absenteeism, dissatisfaction, among others. They are majorly classified by (24) as cognitive, behavioural, emotional and physical consequences. The cognitive consequences were documented in the literature as including mental-related illnesses, poor level of concentration, nervousness, among others; the

behavioural included drug abuse, alcohol consumption, sleeping disorder, poor eating habits, non-challant attitudes, among others. (24). In terms of consequences that stress may have on a worker's emotions ranged from short temperedness, restlessness, intolerance, hopelessness, and sense of loneliness among others (25) while the physical consequences comprised body aches, heart-related problems, blood pressure, sickness and nervousness.

Coping strategies adopted by health care workers

To cope according to the Online Dictionary is "to face and deal with responsibilities, problems, or difficulties, especially successfully or in a calm or adequate manner" (26). In the study of (24), the coping strategies adopted by stressed workers could be group into five major categories. They vary from outside work environment strategies; work-place counselling; therapy; work-place adjustment and personal strategies. researches reviewed documented personal coping strategies as, fitness and re-laxation techniques (27), self-controlling, planful and organized problem solving and recognizing limitations (28), (29), (30), & (31) are regarded as effective stress coping strategies for nurses. Other personal strategies are mental and behavioural detachment and escape or coping strategies focused on emotion (32), (33), & (34). Although, the escape or avoidance strategy is considered not very effective and could be maladaptive (35). Stress in the health care sector will definitely not take the back seat among the list of jobs laden with stress by default. The resultant effect of the consequences of stress

makes stressed workers recourse to devise coping strategies to stay and maintain their work. Therefore, this study investigated work stress, consequences and coping strategies adopted by health care workers in a tertiary facility.

Research Objectives

- To examine the levels of work stress among Health Care Workers (HCWs)
- To investigate the consequences that work stress has on HCWs
- To determine the coping strategies adopted by HCWs

Research questions

- what are the stress levels of health workers in OAUTHC?
- which of the job stress consequences is prevalent among the workers?
- what job stress coping strategies do workers find useful?

MATERIALS AND METHODS

The study adopted the descriptive research design. The population for this study is health care workers in a tertiary health care facility- Obafemi Awolowo University, Ile-Ife, Osun State. The population consisted all cadres of clinical staff members totaling 1,690 in OAUTHC. To determine the sample size of HCWs that were used, qualitative method of data collection formular by Cochran 1963 was adopted to calculate the sample size.

Using a variation of the Cochran formula

$$n = \frac{Z^2 \cdot p \cdot q \cdot N}{d^2 (N-1) + Z^2 \cdot p \cdot q}$$

Total population, N= 1690

Prevalence, P=50% (0.5);

q=1-p; confidence level

z=1.96

d^2 (absolute error or precision) = 95%

n = estimated sample size

= 313 +10 % (for no response or incomplete questionnaire)

= 313 + 31 = 344

A total of 244 health care workers in OAUTHC filled and returned the questionnaire distributed which represented more than 70% return rate of the initial sample size. The professional discipline of the staff served as a basis of stratification. In this study, participants were selected randomly with proportionate sampling technique from seven professional strata. Therefore, the sample comprised; Doctors 44; Nurses 133; Laboratory scientists 14; Pharmacists 9; Health Assistants 33; Radiographers 5; Environmental workers 6; totaling 244. A larger percentage of the sample were females (70.9%) while 29.1% of the respondents were males. About half of the respondents (46.3%) were in the age bracket 30 – 39 years, 29.5% were in the 40 – 49 age group, 18% were in the 20 – 29 age group, 5.7% were in the 50 – 59 while only 0.4% of them were in the 60 and above category. For workers experience (in years), more than half of the respondents (61.5%) had been on the job for less than or equal to 9 years. 30.3% fell into the between 10 and 19 years of

experience category while 8.2% were in the 20 years and above category.

A questionnaire titled “Health care Workers’ Stress, Consequences and Coping Strategies” with reliability coefficient of 0.762, 0.888 and 0.854 using Split-half, Cronbach Alpha and Spearman-Brown respectively was used to collect information from the respondents. Questions were extracted from the literature with modifications; it comprised items on the workers' job stress; consequences of job stress and the coping strategies the workers employed on the job. Data on the socio-demographic characteristics of the respondents including age, marital status, education level, and their work history were also captured. Descriptive statistics was employed to analyze data that were collected. The participants’ consent was sought through verbal agreement to participate in the study. They were assured of confidentiality and non-coercion in filling the questionnaire.

Ethical Consideration

Ethical approval for our study was obtained from the Ethics and Research Committee of Obafemi Awolowo University Teaching Hospitals Complex at the meeting of 29.11.2021 with decision number ERC/2021/11/12.

RESULTS

Research Question 1: what are the stress levels of health workers in OAUTHC?

To answer the research question of work-stress levels among the sample. The descriptive statistics was

employed to analyze the sample’s responses to items on issues and areas of their work that gives them stress. Furthermore, Relative Significance Index (RSI) was used to sum and rank the frequencies. The result is as presented in Table 1.

The result was further processed to determine the levels of stress workers experience on the job. Workers’ responses to items on work stress instrument were analyzed; while the level of work stress was calculated, using minimum (16), maximum (40), mean (28.40) and Standard Deviation (SD) (3.90) scores. The stress level was classified into three; low, high and severe levels. Scores that ranged between 16 and 25 were classified as “Low Level of Work Stress”. This was calculated using scores that ranged between the minimum score and (mean (28.40) minus standard deviation (3.90) = 24.50). For High Stress Level category scores that ranged between 25 and on the other hand, scores that ranged between the score above the upper limit of the first group (22) and the maximum score (36) were classified as “High Rate of work Stress”. Thereafter, frequency counts and percentages were calculated and the result in presented in Table 2.

Research question 2: which of the job stress consequences is prevalent among the workers?

To answer this research question, the descriptive statistics was employed to analyze responses to items on consequences that job stress had on workers. Furthermore, Relative Significance Index (RSI) was used to sum and rank the frequencies. The result is as presented in Table 3.

Research Question 3: what job stress coping strategies do workers find useful?

To answer this research question, the descriptive statistics was employed to analyze responses to job stress coping strategies employed by workers. Furthermore, Relative Significance Index (RSI) was used to sum and rank the frequencies. The result is as presented in Table 4.

DISCUSSION

The results showed that “there are no enough staff to adequately do the required work” ranged first among the factors, followed by “I do not have control over my work hours” which ranked second; followed by “I do not get support and time off for educational activities and professional development” which ranked third among the factors. On the other and, the least factors contributing to stressful workplace is that their salaries and benefits are adequate, followed by “I have difficulty in getting along with my superior” and being satisfied with their career choice. The result of the findings revealed that the respondents identified back and neck pain; poor eating habits; uncontrolled blood pressure and loneliness has the most devastating consequences that work stress had on them. This corroborated the study of (25) where the negative effects of stress were identified on individuals as tiredness, depression, anxiety, sleep disorders and difficulty in making. This is also supported by behavioral consequences which included sleeping disorder, poor eating habits, use of drugs and alcohols, neglect

the responsibilities (24); emotional consequences that stress has on workers ranged from short temper, restless, impatient, depression, sense of isolation. While the physical consequences comprised back and neck pains, heart problems, blood pressure, nausea, anxiety.

The results showed that the respondents identified “I communicate issues of concern through the proper channel”, “I seek clarity about job descriptions from superior when the need arises”, “I engage in self-planned recreation activities” and “I participate in workplace organized recreation activities” rated highest among the coping strategies employed by workers. “I have access to and use shock therapy device”, “I device opportunities of neglecting responsibilities at work”, “I present myself for stress management counselling” and “I make sure I attend stress management workshop” rated least among the coping strategies employed by the respondents.

The coping strategies devised by workers were communicating issues of concern through the proper channel; seeking clarity about job descriptions from superior when the need arises; engaging in self-planned recreation activities and participating in workplace organized recreation activities. This is supported by the study of (24), where the coping strategies adopted by stressed workers were grouped into five major categories. They vary from outside work environment strategies; work-place counselling; therapy; work-place adjustment and personal strategies. The results showed that coping strategies that bother on stress management were

rated least among the strategies employed by the respondents. One of the goals of stress management programs is targeted at teaching workers about the nature and sources of stress, the effects that stress has potential to inflict on health of individuals, and personal strategies aimed at reducing stress- for instance, time management or relaxation exercises. Symptoms such as sleep disorders and anxiety may be drastically reduced by stress training; while also being cost-effective and easy to implement. As a general rule, actions to reduce job stress should give top priority to organizational change to improve working conditions. But even the most conscientious efforts to improve working conditions are unlikely to eliminate stress completely for all workers. For this reason, a combination of organizational change and stress management is often the most useful approach for preventing stress at work.

In conclusion, this study examined the levels of work stress among Health Care Workers (HCWs). It also investigated the consequences that work stress has on HCWs and determined the coping strategies adopted by HCWs. The study revealed that most of the respondents had high level of stress. Back and neck pain; poor eating habits; uncontrolled blood pressure and loneliness were the most devastating consequences that work stress had on health care workers. The coping strategies devised by workers were communicating issues of concern through the proper channel; seeking clarity about job descriptions from superior when the need arises; engaging in self-planned recreation activities and participating in workplace organized recreation activities. The researchers therefore recommend as follows:

1. Counselling services should be made functional at work places such as health care facilities.
2. Stress management programs should be organized from time to time.
3. Exercise, physical rehabilitation, work outs, spending time with family and friends; and recreational activities should be encouraged.

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Table 1: Health care workers' stress in OAUTHC

Sn	Items	SD	D	A	SA	RSI	Rank
1	My work schedule creates problems	36(14.8)	139(57.0)	48(19.7)	21(8.6)	0.56	7 th
2	I have difficulty getting along with my superior	56(23.0)	150(61.5)	28(11.5)	10(4.1)	0.49	12 th
3	Working long hours is a problem for me	26(10.7)	123(50.4)	75(30.7)	20(8.2)	0.59	5 th
4	I am satisfied with my career choice	15(6.1)	33(13.5)	132(54.1)	64(26.2)	0.50	11 th
5	I get enough time off (vacations, holidays) to rest and rejuvenate	67(27.5)	112(45.9)	54(22.1)	11(4.5)	0.51	9 th

6	Personal commitments interfere with my work performance	49(20.1)	139(57.0)	51(20.9)	5(2.0)	0.51	9 th
7	Some things about my job are a problem	35(14.3)	116(47.5)	81(33.2)	12(4.9)	0.57	6 th
8	Salary and benefits are adequate	94(38.5)	105(43.0)	39(16.0)	6(2.5)	0.46	13 th
9	Working different shifts causes me problems	36(14.8)	148(60.7)	56(23.0)	4(1.6)	0.53	8 th
10	There are enough staff to adequately do the required work	119(48.8)	91(37.3)	30(12.3)	4(1.6)	0.83	1 st
11	I have control over my work hours	53(21.7)	134(54.9)	49(20.1)	8(3.3)	0.74	2 nd
12	My job is demanding and creates tension	24(9.8)	86(36.5)	111(45.5)	23(9.4)	0.64	4 th
13	I get support and time off for educational activities and professional development.	52(21.3)	89(36.5)	91(37.3)	12(4.9)	0.69	3 th

Table 2: Stress levels of HCWs

Level of stress	Frequency	Percent
Low	54	22.1
High	163	66.8
Severe	27	11.1
Total	244	100

Table 3: Prevalence of job stress consequences

1	I have problems concentrating on my work	78(32.0)	142(58.2)	22(9.0)	2(0.8)	0.45	5 th
2	I am constantly nervous when at work	87(35.7)	134(54.9)	22(9.0)	1(0.4)	0.44	7 th
3	I sometimes give poor judgment of issues	89(36.5)	121(49.6)	31(12.7)	3(1.2)	0.45	5 th
4	I think I have developed poor eating habits over time	59(24.2)	89(36.5)	73(29.9)	23(9.4)	0.56	2 nd
5	I use drugs and alcohols to cool my nerves when stressed out	128(52.5)	93(38.1)	16(6.6)	7(2.9)	0.40	12 th
6	I device opportunities of neglecting responsibilities at work	100(49.2)	103(42.2)	16(6.6)	5(2.0)	0.38	13 th
7	I am short tempered especially at work	103(42.2)	114(46.7)	25(10.2)	2(0.8)	0.42	10 th
8	I am always restless at work	98(40.2)	126(51.6)	15(6.1)	5(2.0)	0.43	8 th

9	I think I am losing my patience gradually	94(38.5)	122(50.0)	27(11.1)	1(0.4)	0.43	8 th
10	I feel like being alone in recent times	84(34.4)	101(41.4)	55(22.5)	4(1.6)	0.48	4 th
11	I have back and neck pains	39(16.0)	88(36.1)	97(39.8)	20(8.2)	0.60	1 st
12	I suffer from heart problems	119(48.8)	100(41.0)	22(9.0)	3(1.2)	0.41	11
13	My blood pressure is not under control	28(11.5)	35(14.3)	126(51.6)	55(22.5)	0.54	3 rd

Table 4: Coping strategies employed by workers

Sn	Items	Never	Rarely	Sometimes	Very Often	Always	RSI	Rank
1	I adopt mindfulness techniques e.g yoga or meditation	80(32.8)	60(24.6)	78(32.0)	21(8.6)	5(2.0)	0.45	6 th
2	I have access to and use shock therapy device	177(72.5)	39(16.0)	21(8.6)	7(2.9)	-	0.28	11 th
3	I present myself for stress management counselling	151(61.9)	46(18.9)	39(16.0)	5(2.0)	3(1.2)	0.32	9 th
4	I apply and go on vacations/leave when I feel stressed	57(23.4)	79(32.4)	88(36.1)	13(5.1)	7(2.9)	0.46	4 th
5	I exchange shifts with colleagues to reduce stress	70(28.7)	78(32.0)	82(33.6)	9(3.7)	5(2.0)	0.44	7 th
6	I make sure I attend stress management workshop	129(52.9)	68(27.9)	40(16.4)	5(2.0)	2(0.8)	0.34	8 th
7	I seek clarity about job descriptions from superior when the need arises	27(11.1)	41(16.8)	108(44.3)	41(16.8)	27(11.1)	0.60	2 nd
8	I engage in self-planned recreation activities	30(12.3)	58(23.8)	116(47.5)	33(13.5)	7(2.9)	0.54	3 rd
9	I participate in workplace organized recreation activities	65(26.6)	74(30.3)	82(33.6)	13(5.3)	10(4.1)	0.46	4 th
10	I communicate issues of concern through the proper channel	16 (6.6)	51 (20.9)	80 (32.8)	60 (24.6)	37(15.2)	0.64	1 st
11	I device opportunities of neglecting responsibilities at work	170(69.6)	39(16.0)	21(8.6)	7(2.9)	7(2.9)	0.30	10 th