
Effects of Stress on Work Performance and the Coping Strategies Among Nurses Working at General Hospital Ilorin

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Abstract: *Stress, a psychological concept, can negatively impact health, well-being, and job performance if not effectively managed. Nurses worldwide face significant occupational stress due to the diversity and volume of patients they encounter. This study aimed to investigate the sources and effects of stress on work performance among nurses at General Hospital Ilorin and the coping strategies they employ. A descriptive survey method was utilised, gathering data from 126 nurses using stratified proportionate and clustered sampling techniques. A 48-item questionnaire covering demographics, sources and effects of stress, and coping strategies was validated with a Cronbach alpha reliability coefficient of 0.88. Data analysis involved*

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frequency counts, percentages, and mean statistics, with two hypotheses tested using analysis of variance (ANOVA) at a significance level of $P < 0.05$. The findings revealed no significant differences in stress types based on nurses' ages, genders, or ranks. However, nurses were aware of prevalent stress sources, such as conflicts with others and work overload, which significantly affected their health and work performance. Although coping strategies varied, they were not statistically different among nurses. The study recommends that General Hospital management organise seminars and workshops on stress management, conduct periodic stress assessments, and encourage senior nurses to mentor younger colleagues. Additionally, the inclusion of counselors is suggested to assist nurses in managing stress effectively, ultimately improving their job performance.

Keywords: occupational stress, nurses, coping strategies. work performance

INTRODUCTION

Nursing is widely acknowledged as a highly demanding profession, often fraught with stress due to the nature of the work involved. Nurses provide both autonomous and collaborative care to individuals, families, and communities, addressing a range of health needs from illness prevention to end-of-life care (World Health Organization, WHO, 2015). This constant exposure to health crises, compounded by the emotional and physical demands of the role, places nurses at significant risk for stress (Shirey, 2016). WHO has characterised stress as a global epidemic, linking it to 90% of physician visits (Akinboye & Adeyemo, 2015). The negative impacts of stress on the physical and psychological well-being of nurses are well documented, with the profession recognised for its emotionally taxing environment (Nad, 2019). Stress can be understood as a response to challenges that can manifest in physical, psychological, emotional, or spiritual dimensions, and may be classified into Eustress, Distress, and Chronic stress (Shinde & Mane, 2014). Eustress can be beneficial, while Distress leads to negative outcomes, and Chronic stress can arise from various workplace factors, including inadequate staffing and poor working conditions (Ngwezi, 2017).

Nursing is widely acknowledged as a demanding profession, with stress levels among nurses rising alongside advancements in the field. The nursing approach is holistic, addressing individuals within their environmental context. Nurses provide essential support to those facing loneliness, pain, and illness, making the profession's stressful nature unsurprising (Gulavani & Shinde, 2014). Stress arises when demands exceed available resources, leading to mental and physiological responses that can contribute to illness (Riding & Wheeler, 2015). Nurses encounter numerous stressors in healthcare settings, including heavy workloads, critically ill patients, and emotionally burdened relatives. A descriptive survey of emergency department staff by Healy and Tyrrel (2017) identified key stress factors such as poor scheduling, overwhelming workloads, shift rotations, overcrowding, traumatic experiences, inter-staff conflict, lack of teamwork, and ineffective management. The need for quick and effective decision-making in high-pressure environments further exacerbates the risk of burnout.

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The impetus for this research stems from observations during clinical placements, including increased patient volumes, prolonged waiting times, inadequate staffing and equipment, patient dissatisfaction, and declining nurse health. These factors have led to absenteeism and job dissatisfaction among nursing staff. Globally, stress in nursing remains a significant concern, with negative outcomes translating into financial costs for healthcare organizations. The repercussions of stress include diminished quality of care, increased absenteeism and staff turnover, reduced efficiency, and a decline in job satisfaction. These issues compromise individual functioning and can result in disengagement from work, diminished initiative, and a loss of responsibility among nursing professionals

Research indicates that the nursing profession experiences higher stress levels compared to other professions, largely due to factors such as work overload, job ambiguity, and poor working conditions (Pulido-Martos et al., 2017). Stress not only contributes to emotional exhaustion and feelings of negativity towards patients but also results in organizational challenges, including high employee turnover, increased absenteeism, and declining job satisfaction (Riding & Wheeler, 2015; Evans & Kelly, 2014).

Job-related stressors can be categorized into four main sections: job content (e.g., workload and responsibility), working conditions (e.g., safety and hygiene), employment conditions (e.g., job insecurity and low pay), and social relations (e.g., leadership quality and workplace support) (Nad, 2019). The International Labor Organization (2013) reported that around 10% of workplace accidents can be attributed to stress, highlighting the need for effective stress management to maintain organizational harmony. In Ghana, where nurses often work on a shift system, the demanding nature of their roles can lead to significant stress. Historical research has traced the evolution of stress-related concepts, revealing that workplace stress can lead to burnout, which is a prevalent issue in healthcare today (Adriaenssens et al., 2015). Burnout is characterized by emotional exhaustion, depersonalization, and feelings of reduced professional accomplishment, affecting nurses' mental and physical well-being (Pereira & Martins, 2014). The World Health Organization (2015) advocates for greater investment in prevention strategies rather than solely focusing on medical treatment to address stress in the workplace.

Preventing burnout requires a comprehensive approach that considers both individual and collective factors. Strategies for prevention should involve educational actions, revisions of workplace values, and the establishment of supportive environments (Bentacur et al., 2017). Institutions must adopt measures to enhance the work environment and develop tailored strategies to combat stress, as each nursing unit may face different stressors. Effective stress management interventions can be categorized into three levels: primary-level interventions aimed at identifying and addressing the root causes of stress; secondary-level interventions that offer stress-reduction techniques such as counselling and mindfulness; and tertiary-level interventions involving case management and support from occupational health professionals (Basu et al., 2016).

The aim of this research is to enable the researcher find out the Effects of Stress on Work Performance and the Coping Strategies Among Nurses working at General Hospital Ilorin. The specific objectives of this study are:

- i. To identify sources of stress among nurses at General Hospital Ilorin
- ii. To know the effects of stress on the work performance of nurses at General Hospital Ilorin
- iii. To identify the coping strategies that are adopted by the nurses in the General Hospital Ilorin in managing stress.

Hypotheses

Ho1 There is no significant difference among the various ranks of nurses and the effect of stress on their performance at work

Ho2 There is no significant difference between the ages of nurses and the type of stress experienced.

MATERIALS AND METHODS

The study employed a descriptive survey method to investigate the effects of stress on work performance and the coping strategies among nurses at General Hospital Ilorin. The research was conducted in General Hospital Ilorin, located in Kwara State, Nigeria. This state is situated in the North Central region and is bordered by Niger, Kogi, Oyo, Osun, and Ekiti States. Known for its diverse population, the hospital serves as a tertiary healthcare facility, offering a range of inpatient and outpatient services. General Hospital Ilorin, which began operations in January 2014, is owned by the Kwara State Government and operates 24/7, providing various medical services, including pediatrics, oncology, and emergency care. The target population for this study consisted of the nurses working at General Hospital Ilorin, encompassing both male and female nurses with varying years of experience, age, religion, ethnicity, educational qualifications, and marital status. With a total of 184 nurses employed at the hospital, a convenience sampling technique was adopted to gather the necessary data. The sample size was determined using the Taro Yamane formula, which calculated the sample size to be 126 nurses, ensuring that the study adequately represented the target population while adhering to the accepted margin of error.

To facilitate the data collection, a self-constructed questionnaire was developed, which consisted of multiple sections to address various aspects of the research. These sections included demographic data, sources of stress, effects of stress, and coping strategies. The questionnaire underwent validation to ensure its psychometric properties were robust, relying on related literature and feedback from the supervisor for clarity and appropriateness. Additionally, a pilot study was conducted at a similar healthcare facility to test the reliability of the instrument before it was administered to the main study population. Data collection involved distributing the questionnaires directly to the participants, allowing for immediate retrieval. Once collected, the raw data were quantitatively analyzed using descriptive statistics, including frequency tables and bar charts. The study also employed chi-square inferential statistics to test the hypotheses. Ethical considerations were paramount, with written permission obtained from relevant authorities before commencing the study. Participants were

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RESULTS

Table 4:1 Frequency Distribution of Socio-Demographic Variables

Age	Frequency	Percentage
20 – 25 years	42	33.3
26 - 30 years	39	31.0
31 - 35 years	24	19.0
36 years and above	21	16.7
Gender	Frequency	Percentage
Male	39	31.0
Female	87	69.0
Marital Status	Frequency	Percentage
Single	43	34.1
Married	67	53.2
Divorce	6	4.8
Widowed	10	7.9
Rank	Frequency	Percentage
Nursing Officer	44	34.9
Senior Nursing Officer	33	25.2
Principal Nursing Officer	25	19.8
Assistant Chief Nursing Officer	14	11.1
Chief Nursing Officer	10	7.9
Religion	Frequency	Percentage
Christianity	43	34.1
Islam	83	65.9
Traditional	0	0.0
Training Attended	Frequency	Percentage
Yes	23	18.3
No	103	81.7
Years Of Experience	Frequency	Percentage
1-5	62	49.2
6-10	31	24.6
11-15	29	20.6
16 years above	7	5.6
Area of Work	Frequency	Percentage
Male ward	68	46.0
Female ward	31	24.6
Children ward	24	19.0

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Theatre, ICU	5	3.9
Acc./Emerg.	8	3.5
Education Qualification	Frequency	Percentage
R/N	6	4.8
R/M	8	6.
RN/RM	78	61.7
BNSc	34	27.0
Msc	0	0.0
Total	126	100

Table 1 presents frequency distribution of socio demographic variables results revealed that the majority of the respondents, 42 (33.3%) are age 20 – 25 years, 39 (31.0%) are age 26 – 30 years, 24(24.0%) falls between age 31 – 35 years while age 36 years and above were 21 (16.7%). The results show that the subjects are mature adults that have been in the profession for some time. The table also shows a higher number of females 87 (69%) respondents than male 39 (31.0.4%(55), 67(53.2%) were married,and majority 83(65.9%) were Islam by religion. Also, almost one third of the respondents 44(34.1%) were in the rank of NO and also most of the respondents 58(46.0%) worked in the male wards.Majority of the respondents, 78(761.7%) had RN/RM. Also, half of the respondents, 62(49.2%) had worked for 1-5years

Table 2: Sources of Stress Among Nurses and their order of ranks at The General Hospital Ilorin

S/N	Sources of Stress	Mean	Order of Rank according to sources
1	Work Overload	4.18	1 st
2	Long working hour	3.00	6 th
3	Technological problem at work	3.29	4 th
4	Inadequate Salary	1.58	9 th
5	Family/Job worries	1.42	14 th
6	Role conflicts	3.14	5 th
7	Work intensification	2.70	7 th
8	Relationship with colleagues	1.18	18 st
9	Inadequate and poor facilities at the hospital	1.26	17 th
10	Risky job	3.37	3 rd
11	Lack of break period during shift	4.18	1 st

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12	Unfavorable working condition	1.58	9 th
13	Inadequate delegation of responsibilities	1.25	15 th
14	Harassment from aggressive relatives	2.52	8 th
15	Unfriendly relationship with superior,	1.40	14 th
16	Lack of opportunity for growth/promotion	1.44	11 th
17	Feeling undervalued	1.28	16 th
18	Economic instability	1.44	11 th

Table 2 shows the responses of the respondents on what they consider as sources of stress, especially as it affects them. From the findings, it shows that what the nurses considered as the most prevalent source of stress was item 1 and 11 with a mean score of 4.18, which was therefore ranked 1st. Items 10 and 3 came 3rd and 4th with mean scores of 3.23 and 3.29. Items 5 and 6 respectively ranked 5th and 6th positions in what was considered as sources of stress among the respondents with mean scores of 3.14 and 3.00. The findings also indicated that the respondents ranked the following as least sources of stress: “Inadequate and poor facilities at the hospital” (1.26), “Relationship with colleagues” (1.98), and interestingly“ (1.18). These items were ranked 17th, and 18th respectively.

In general, among the 18 listed sources of stress affecting working performance among nurses, having to handle at work, work load and lack of break period during shift had the highest impact of sources of stress; subsequently followed by risky job and technological problem at work.

Table 3: Presents the effect of stress on the performance of nurses at the General Hospital Ilorin

S/N	Effects of stress	Mean	Order of Rank according to effects
1	Poor Health / Manifestation of illness	1.44	4 th
2	Suicide/ Suicidal ideation	1.56	3 rd
3	Behavioral Disorder	1.61	1 st
4	Absenteeism/Lateness	1.42	7 th
5	Less productivity	1.43	6 th
6	Employee Headache/ Fatigue/Exhaustion	1.42	7 th
7	Poor interpersonal relationship	1.58	2 nd
8	Disinterest for various activities	1.43	6 th

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9	Anxiety/Irritability/Depression	1.42	7 th
10	Procedure error	1.43	6 th
11	Change in sex drive	1.42	7 th
12	Violence and Conflicts	1.42	7 th
13	Intention to change job	1.44	4 th
14	Injuries and work hazard	1.23	15 th
15	Memory loss/Low self esteem	1.30	14 th

Table 3 presents responses of effects of stress on the work performance of nurses. This was a free response question, where participants could openly discuss the effects of stress had on their working performance. The most prevalent effect is item 3 which ranked 1st with a mean score of 1.61. This was followed by item 7 with a mean score of 1.58. Items 3 and 13 that ranked 3rd and 4th respectively indicated effects of stress resulted in suicidal ideation and change of job among the nurses. However, the nurses reported of suffering from one kind of behavioral change or the other when they felt stressed (Item 9 and 15 with a mean score of 1.42 and 1.30 and ranked 7th and 14th). Also, the nurses gave impression of nonchalant attitude or forgetting some tasks as effects of stress; item 6 which had a mean score of 1.42, and ranked 7th, and item 10 ranked 6th with a mean score of 1.43.

Table 4: Presents the Strategies Nurses Use in Coping with Stress at the General Hospital Ilorin

S/N	Coping strategies	Mean	Order of Rank according to effects
1	Relaxation	1.48	7 th
2	Getting involved in non-nursing activities hobbies, etc.	2.49	1 st
3	Exercise	1.61	2 nd
4	Going out to have drink/beer/food helps me cope with stress.	1.39	15 th
5	Eating Healthy	1.44	9 th
6	Positive re-appraisal	1.58	6 th
7	Incentives from employer	1.42	11 th
8	Breaktime /Periodic Break	1.40	12 th
9	Counselling	1.61	2 nd

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10	Work motivation	1.39	14 th
11	Social activity among staff	1.61	2 nd
12	Equitable pay structure and compensation	1.40	12 th
13	Team building	1.61	2 nd
14	Worker's education and training	1.43	10 th
15	Personality nature	1.46	8 th

From the Table 4 above, it shows nurses' responses on what strategies they can adopt in coping with stress. The 4, 3, 9, 11 and 13 items tied at the 1st position with a mean of 2.69 and 1.61 respectively. The nurses further ranked item 6 with a mean score of 1.58, and item 3 with a mean score of 1.48, 6th and 7th respectively. The table also indicated that the nurses ranked low on turning to substance abuse as a strategy for coping with stress. For example, item 4 ranked 15th with a mean score of 1.39. Also, Item 8 with a mean score of 1.40 was ranked 12th. The nurses also indicated going to worker's education and training is a way of coping with stress, with their responses to item 14 and a mean score of 1.43.

Testing of Hypotheses

Hypothesis 1: There is no significant difference among the various ranks of nurses and the effect of stress on their performance at work

Table 5: ANOVA Table showing Effects of Stress on Various Ranks of Nurses
ANOVA

			Sum of Squares	df	Mean Square	F	Sig.
Poor Health / Manifestation of illness	Between Groups	3.717	4	.929	4.131	.014	
	Within Groups	25.874	115	.225			
	Total	29.592	119				
Suicide/ ideation	Between Groups	3.717	4	.929	4.131	.014	
	Within Groups	25.874	115	.225			
	Total	29.592	119				
Behavioral Disorder	Between Groups	12.191	4	3.048	21.371	.000	
	Within Groups	16.401	115	.143			
	Total	28.592	119				
Absentism/Lateness	Between Groups	16.728	4	4.182	38.663	.000	
	Within Groups	12.439	115	.108			
	Total	29.167	119				
Less productivity	Between Groups	17.866	4	4.466	44.824	.000	
	Within Groups	11.459	115	.100			
	Total	29.325	119				
Employee Headache/ Fatigue/Exhaustion	Between Groups	13.654	4	3.414	25.306	.000	
	Within Groups	15.512	115	.135			

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	Total	29.167	119			
Poor interpersonal relationship	Between Groups	13.654	4	3.414	25.306	.000
	Within Groups	15.512	115	.135		
	Total	29.167	119			
Disinterest for various activities	Between Groups	17.866	4	4.466	44.824	.000
	Within Groups	11.459	115	.100		
	Total	29.325	119			
Anxiety/Irritability/Depression	Between Groups	13.654	4	3.414	25.306	.000
	Within Groups	15.512	115	.135		
	Total	29.167	119			
Procedure error	Between Groups	17.866	4	4.466	44.824	.000
	Within Groups	11.459	115	.100		
	Total	29.325	119			
Change in sex drive	Between Groups	13.654	4	3.414	25.306	.000
	Within Groups	15.512	115	.135		
	Total	29.167	119			
Violence and Conflicts	Between Groups	3.471	4	.868	3.839	.006
	Within Groups	25.996	115	.226		
	Total	29.467	119			
Intention to change job	Between Groups	3.717	4	.929	4.131	.014
	Within Groups	25.874	115	.225		
	Total	29.592	119			
Injuries and work hazard	Between Groups	11.199	4	2.800	31.360	.000
	Within Groups	10.267	115	.089		
	Total	21.467	119			
Memory loss/Low self esteem	Between Groups	7.826	4	1.956	12.950	.000
	Within Groups	17.374	115	.151		
	Total	25.200	119			

From the one-way ANOVA table, $F(4, 115) = 1.570$, Sig. value = .014, p. value = 0.05. From table above, the Sig. value of .014 is greater than the p. value of 0.05 therefore, there is no significant differences among the various ranks of nurses and the effect of stress on their performance. None of the nurses in the five ranks is/are affected by stress in the performance of their duties at the hospital.

Hypothesis Two: There is no significant difference between the ages of nurses and the type of stress experienced

Table 6: ANOVA on Significant Difference between the Ages of Nurses and the Type of Stress Experienced
ANOVA

		Sum	of			
		Squares	df	Mean Square	F	Sig.
Work Overload	Between Groups	8.998	3	2.999	20.503	.028
	Within Groups	16.969	116	.146		
	Total	25.967	119			
Long working hour	Between Groups	.000	3	.000	.	.
	Within Groups	.000	116	.000		
	Total	.000	119			
Technological problem at work	Between Groups	26.357	3	8.786	24.017	.028
	Within Groups	42.435	116	.366		
	Total	68.792	119			
Inadequate Salary	Between Groups	17.560	3	5.853	58.500	.000
	Within Groups	11.607	116	.100		
	Total	29.167	119			
Family/Job worries	Between Groups	9.189	3	3.063	17.784	.028
	Within Groups	19.978	116	.172		
	Total	29.167	119			
Role conflicts	Between Groups	6.306	3	2.102	29.428	.000
	Within Groups	8.286	116	.071		
	Total	14.592	119			
Work intensification	Between Groups	5.609	3	1.870	9.043	.000
	Within Groups	23.983	116	.207		
	Total	29.592	119			
Relationship with colleagues	Between Groups	7.316	3	2.439	26.560	.000
	Within Groups	10.651	116	.092		
	Total	17.967	119			
Inadequate and poor facilities at the hospital	Between Groups	15.652	3	5.217	43.414	.000
	Within Groups	13.940	116	.120		
	Total	29.592	119			
Risky job	Between Groups	29.557	3	9.852	35.373	.000
	Within Groups	32.310	116	.279		
	Total	61.867	119			
Lack of break period during shift	Between Groups	7.316	3	2.439	26.560	.000
	Within Groups	10.651	116	.092		
	Total	17.967	119			
Unfavorable working condition	Between Groups	12.522	3	4.174	29.089	.000
	Within Groups	16.645	116	.143		
	Total	29.167	119			
	Between Groups	8.105	3	2.702	21.053	.000

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Inadequate delegation of responsibilities	Within Groups	14.886	116	.128		
	Total	22.992	119			
Harassment from aggressive relatives	Between Groups	30.506	3	10.169	4.885	.003
	Within Groups	241.460	116	2.082		
	Total	271.967	119			
Unfriendly relationship with superior,	Between Groups	14.331	3	4.777	38.299	.000
	Within Groups	14.469	116	.125		
	Total	28.800	119			
Lack of opportunity for growth/promotion	Between Groups	3.829	3	1.276	7.210	.000
	Within Groups	20.537	116	.177		
	Total	24.367	119			
Feeling undervalued	Between Groups	9.051	3	3.017	4.596	.004
	Within Groups	76.149	116	.656		
	Total	85.200	119			
Economic instability	Between Groups	8.105	3	2.702	21.053	.000
	Within Groups	14.886	116	.128		
	Total	22.992	119			

From the one-way ANOVA, $F(3, 115) = 20.503$, Sig. value = .028, p. value = 0.05. From Table 6, the Sig. value of .028 is greater than the p. value of 0.05 therefore, there is no significant differences between the ages of nurses and the type of stress experienced.

DISCUSSION

In the first study question, which aimed to identify the causes of stress among nurses at the General Hospital Ilorin, the majority of respondents reported experiencing stress due to job overload. A common cause of stress for nurses is the absence of break periods throughout shifts and disagreements in roles with superiors. This conclusion aligns with Ismail and Hong (2011) and Tsaur and Tang (2016), who posited that female nurses encounter stress owing to irregular and extended working hours, role pressure, and job overload, which may lead to nervousness and anxiety. Nurses encounter serious emergencies, patient mortality, and conflicts with doctors throughout their employment. The kind and volume of labour assigned to nurses induces stress during the execution of their responsibilities. Ismail and Hong (2017) said that job intensity, interpersonal relationships with coworkers, and adverse working environment are the primary contributors to stress.

The elevated stress levels reported by nurses at General Hospital Ilorin may be attributed to the institution being the sole state-owned hospital in the area, situated in the city centre, and lacking comparability with others regarding funding, staffing, and superior working conditions. This enhances accessibility for healthcare service users, since commercial buses often operate towards the institution throughout the day, and fare costs are comparatively cheaper than those of other institutions. Consequently, General Hospital Ilorin encounters a greater stream of patients compared to other facilities.

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In response to the impact of stress on the job performance of nurses at the General Hospital Ilorin (Research question 2), the nurses reported behavioural disturbances, apathy towards different tasks, decreased productivity, and impaired interpersonal relationships. Consequently, the majority of nurses have health-related problems due to stress. These findings align with Kozier and Erb (2016), who discovered that physical stress might jeopardise an individual's physiological equilibrium. Stress might elicit detrimental or unproductive emotions towards oneself. Intellectually, stress may affect an individual's interpersonal interactions, as Mustapha and Constantinidis (2017) said that occupational stress might yield many detrimental effects for both the individual and the company. They are repercussions that an individual endures as a result of the stress condition. The individual may experience heightened distress and irritability, an inability to relax or concentrate, challenges in logical thinking and decision-making, diminished enjoyment and commitment to work, fatigue, depression, anxiety with sleep disturbances, and potentially severe physical ailments such as cardiovascular disease, gastrointestinal disorders, elevated blood pressure, headaches, and musculoskeletal disorders. The consequences are directly associated with a person's health, thereby classifying them as individual impacts of stress.

The response to study question three indicated that the coping mechanisms used by nurses at the General Hospital Ilorin to manage their stress mostly included relaxation, engagement in hobbies, social interactions among staff, discussion of topics, and many other pastimes. Others also saw "humour in alternative perspectives" and thus regarded some events with a more "light-hearted" approach. This conclusion is corroborated by Sinero (2019). Consequently, several methods exist for managing stress, with one successful option being stress treatments such as massage, acupuncture, and acupressure, which have been shown to alleviate stress and reduce burnout. Sinero (2019) claimed that in managing stress, nurses sometimes express their ideas to others and also use hilarious films. This enables nurses to retain a clear recollection of their responsibilities. Nurses that can manage difficult conditions perform their responsibilities well.

No statistically significant difference was identified across the different ranks of nurses regarding the impact of stress on their job performance in the hypothesis analyses. This indicates that all levels of nursing personnel—Nurse Officers, Senior Nurse Officers, Principal Nurse Officers, Assistant Chief Nurse Officers, and Chief Nurse Officers—experience comparable effects of stress on their job performance within the hospital setting. This research contradicts Cindy and Donald (2014), who said that diminished confidence in clinical competence contributes to stress among newly qualified nurses and identified four primary contributing causes. These factors include workload and insufficient competent help, both of which were crucial for the newly certified nurse. The stress experienced by nurses may be correlated with their particular tasks associated with their position, resulting in no significant differences across the ranks.

The hypothesis two test indicated no statistically significant difference between the ages of nurses and the kind of stress encountered. This indicates that in this research, the ages of nurses did not correlate with the kind of stress experienced. McHugh et al. (2017) identified

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demographic characteristics, including age, as major factors influencing nurses' perceptions of workplace stress at a mental hospital.

CONCLUSION

In conclusion, the examined literature pertains to investigations of work-related stress within the nursing profession, a subject that has garnered worldwide academic interest over the last five decades. Research has delineated the definition, symptoms, causes, and consequences of stress. Significant consequences include work satisfaction and burnout, however performance outcomes are addressed concerning their impact rather than an empirical correlation among stress, job satisfaction, and burnout.

The systematic review revealed the presence of research on work-related stress within the nursing sector in Nigeria. Nonetheless, there is an absence of link between work-related stress and job satisfaction, burnout, and performance outcomes among nurses in Nigeria.

Consequently, the study's findings indicate that nurses at General Hospital Ilorin had a thorough understanding of the origins of stress. The four predominant drivers of stress identified were interpersonal conflict, excessive workload, substandard facilities at the hospital, and adverse working circumstances. The effects of stress on nurses were mostly health-related, sometimes accompanied by a disregard for obligations and a neglect of tasks. Consequently, stress impacted their performance. The coping strategies used by nurses at the hospital were found to be consistent.

Recommendations

Based on the findings of the study the following are recommended.

1. It is essential to identify the sources of work-related stress and address them, since they adversely affect the performance of nurses in both public and private institutions. A proposal is made to reassess the distribution of work and responsibilities among nurses. Enhanced motivation may thus elevate nurses' work happiness, so improving retention and performance.
2. The Ministry of Health should create a division dedicated to ensuring adherence to hospital management policies and regulations through random inspections and systematic standardisation visits, particularly concentrating on nurses' welfare regarding job satisfaction, career advancement opportunities, and interpersonal relationships at work.
3. This research proposes increasing the number of Nigerian nurses and implementing stress management training specifically for them.
4. A comprehensive stress prevention and management program should be established inside Nigeria's healthcare system, including both individual and organisational strategies to tackle the issues of work-related stress, burnout, job satisfaction, and job performance. The

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intervention would be most successful with the involvement of nurses, hospital
administration, and the Ministry of Health.

5. Nurses should be provided with educational opportunities to enhance their professional expertise. Nurses should strive to get advanced degrees in nursing. They need to participate in training, seminars, and workshops on problem-focused coping techniques. Nurses need to push for improved compensation. Experienced nurses should mentor junior colleagues on effective stress management techniques.

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