

Effect of work Stress on service Delivery of Health workers in University of Benin Teaching Hospital, Benin City Nigeria

Israel Osazee Enabunene

Email: osazeeisrael17@gmail.com

Prof. Emma Chukwuemeka

Orcid Id. <https://orcid.org/0000-0002-7871-9475>

Email: ee.chukwuemeka@unizik.edu.ng

Department of Public Administration

Nnamdi Azikiwe University Awka Nigeria

<i>Abstract</i>	<i>Journal of Policy and Development Studies (JPDS)</i>
<p><i>The study examined work stress and service delivery among health workers in University of Benin Teaching Hospital Benin City. The study adopted descriptive research method. Data were collected through questionnaire, focus group discussion guide, in depth interview and secondary sources. The study revealed that work overload has nexus with service delivery of the health workers of University of Benin Teaching Hospital. The study recommended among other things that University of Benin Teaching Hospital (UBTH) should deploy more student doctors in their residency programmes who would be closely supervised by their superiors in order to reduce the workload on existing doctors in their provision of health services. The work schedule for medical and health workers at the University of Benin Teaching Hospital (UBTH), should be made more flexible to accommodate the peculiarities in female medical personnel, especially married women, nursing mothers and those that are pregnant. The government should do better in the disbursement and payment of hazard allowances to medical and health workers in order to encourage their selfless services to God and humanity through the provision of quality healthcare services.</i></p>	<p><i>Vol. 15. Issue 1 (2024)</i> <i>ISSN(p) 0189-5958</i> <i>ISSN (e) 2814-1091</i> <i>Home page</i> <i>https://www.ajol.info/index.php/jpds</i> ARTICLE INFO: Keyword: <i>Stress. Executive, health institution, service delivery</i></p> <p>Article History <i>Received 10th February 2024</i> <i>Accepted: 2nd March 2024</i></p> <p>DOI: https://dx.doi.org/10.4314/jpds.v15i1.5</p>

1. Introduction

1.1 Background of the Study

Employees are the quintessential and lifeblood of every organization whether public or private. To conduct all the operations of the organization expeditiously it is imperative that employees must perform well to achieve the organization's milestones. There are organizations that make serious efforts and devise effective strategies to keep their employees satisfied and stress free. By eliminating stressful factors from the work life and by making the provision of motivational factors, organizational managers can make employees satisfied which in turn increases the efficiency and effectiveness of employees' work output. In the views of Awadh, Gichinga and Ahmed (2016), stress is a universal element experienced by employees around the globe. Stress has become major problem for employers of labour particularly in developing nations where the employers do not realize the impact of stress on employees' performance.

Many authors have characterized stress in various ways. For example, the World Health Organization (2019) defined job stress as the harmful physical and emotional responses that occur when the job requirements do not match the worker's capabilities, responses, or needs. Work-related stress (WRS) is simply stress that is produced or exacerbated by one's job. Workers, their supporters, companies, occupational health and safety regulators, and workers' compensation programs are all concerned about job stress. In general, stress can be defined as a psychological and physiological reaction to unpleasant situations known as stressors (Al-Makhaita, Sabra and Aafez, 2014). The concept is more often associated with negative outcomes (Epel, Crosswell, Mayer, Prather, Slauich, Puteriman, and Mendes 2018). How it is handled could have a negative or positive impact on the employee involved.

1.2 Statement of the Problems

As a result of the peculiar nature of the services that most organizations render, they inadvertently end up saddling their employees with overload of work in order to meet choking deadlines, and handling critical emergency situations that might end up having negative psychological and physical effects on the employees which may result to stress. The important role that health workers play in the Nigerian health sector, already places on their shoulders, responsibilities that are too heavy for them to handle effectively.

Towards the twilight of the 9th National Assembly, there was an uproar in Nigeria's Federal House of Representatives over a bill that sought to stop Nigerian trained medical and dental practitioners from being granted full licenses until they have worked for a minimum of five years in the country. The idea behind the bill was to arrest the brain drain in the health sector. As at 2018, Nigeria had about 74,543 registered medical doctors and about 180,709 registered nurses. Out of this figure, only about 40,000 medical doctors are practicing in the country. The brain drain situation in the health sector in Nigeria can be attributed to a number of factors. One of it is the issue of poor facilities in many public health institutions in the country, another is poor remuneration and conditions of service for medical practitioners, among other issues. Besides, Nigeria cannot favourably compete with their counterparts in the western world in terms of remuneration for health workers and facilities available in their health institutions. The implication is that available health workers are obviously overworked as a result of the moral obligation on them to

continuously fill the voids left by their colleagues who have migrated to other climes in search of greener pastures.

In addition to work overload, health workers in Nigeria are expected to operate round the clock on 24 hours a day and seven days a week basis. This creates room for shift duty that sees a health worker operate on morning shift for a while, and move to night shift afterwards. These irregular work schedules have medium- and long-term effects on sleep patterns, and lifestyle of the health workers and contribute to the stressors that affect health workers in Nigeria. Added to the twin issues of excess workload and irregular work schedules, health workers in Nigeria are burdened with the task of responding to medical emergencies as they arise, irrespective of the time of the emergency. These could be accidents, gunshot injuries, urgent or emergency surgeries, etc. These emergencies are practically routine occurrences in the Nigerian health sector and the totality of the issues raised combine to provide the impetus for the investigation in this study on work stress and service delivery of health workers in the University of Benin Teaching Hospital (UBTH).

1.3 Objectives of the Study

1. ascertain the nature of relationship between work overload and health service quality of health workers in the University of Benin Teaching Hospital (UBTH).
2. examine the nature of relationship between irregular work schedules and service culture of health workers in the University of Benin Teaching Hospital (UBTH).
3. establish the nexus between frequent response to medical emergencies and commitment of health workers in the University of Benin Teaching Hospital (UBTH).

1.4 Hypotheses

The following hypotheses were formulated for the study:

1. **H₀:** Work overload has no relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH).
2. **H₀:** Irregular work schedules have no relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH).
3. **H₀:** Frequent response to medical emergencies has no relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH).

2. Review of Related Literature

2.1 Conceptual Review

The major concept to be reviewed in this study are Stress and Public Service Delivery.

2.1.1 Stress

The modern workplace has been observed to be significantly prone to work-related stressors, which can be directly linked to the major changes that are being implemented across various organizations as a result of globalization, technological advancement, economic recessions, and political changes, resulting to the changing nature of work and the current fast-paced global work environment. Twenty-first century organizations are becoming more competitive, and higher demands are being placed on employees in terms of work flexibility and the development of new

skills in order to adapt to new ways and methods of carrying out their job tasks (Kyoung, 2014). Work stress has evolved into a global organizational concern as a result of shifting social, economic, and political circumstances around the world. In response to these developments, firms have altered key aspects of their work environments and working conditions, increasing employee duties and overall job demands.

The meaning of the term stress becomes more elusive as the usage of this term increases. All the modern definitions that are put forwarded by scholars, practitioners and researchers purport that it can be defined as the personal experience of an individual that is caused by the increased pressure and excessive and inappropriate demands. Stress affects the ability of an individual to cope or rather it would be correct to put forward in this way that it affects the perception of an individual about personal abilities that he or she possesses (Ricardo, Amy and Rohit, 2007).

Stress can be broadly defined as the negative reactions people have issues in their environment. According to Mojinyinola (2008), Stress is derived from the word “*Stringi*”, which means “to be drawn tight”. Stress is however, interpreted by each person differently. Since it is a feeling, that involves the emotions, it is not something entirely definable or describable. Despite efforts over the last half-century to define the term, no satisfactory definition of stress exists.

2.1.2 Nature of Stress

One believes that stress is a complex phenomenon because it is not tangible so it cannot be overtly touched. According to Bowing and Harvey (2011), stress occurs with the interaction between an individual and the environment, which produces emotional strain affecting a person’s physical and mental condition. Stress is caused by stressors, which are events that create a state of disequilibrium within an individual. These authors also stated that the cost of too much stress on individuals, organizations, and society is high. Many employees may suffer from anxiety disorders or stress-related illnesses. In terms of days lost on the job, it is estimated that each affected employee loses about 16 working days a year because of stress, anxiety or depression.

According to Ritchie and Martin (2009), for years, stress was described and defined in terms of external, usually physical, forces acting on an individual. Later it was suggested that the individual’s perception of, and response to, stimuli or events was a very important factor in determining how that individual might react, and whether or not an event will be considered stressful. These authors further contended that most researchers acknowledged that both external and internal factors affect stress. They viewed stress as a response to external or internal processes, which reach levels that strain physical and psychological capacities beyond their limit.

According to Blumenthal (2013), for thousands of years, the bodies of cavemen/women were primed to deal with the harsh rigours of their environment. In the face of danger, a rush of adrenaline would prepare cave dwellers to either fight or run for their lives. In the face of adversity, muscles and nerves were charged for sudden movement, heart rates would increase, blood would gush through the veins with sugar released into the blood stream. The flight or fight response would prepare them for action: powerful hormones epinephrine and nor epinephrine, released by the adrenal glands, endowed humans with enhanced alertness, strength and energy. Thousands of years later humans live in the same bodies and possess the same human brains but in a world with completely different stressors and hassles. While few humans may face danger from wild animals

and unsuccessful hunting, urban life is equally demanding. The urban environment is rife with stressors (such as pollution, noise, violence, traffic) that stimulate the nervous system into a flight or fight response but it is only in rare instances that an aggressive or vigorous physical response is appropriate.

2.1.3. Stages of Response to Stress

According to Arnold, Cooper and Robertson (2013), people respond to stress in three stages. Alarm ---- resistance --- exhaustion

- i. Alarm is the first stage. When the threat or stressor is identified or realized, the body's stress response is a state of alarm. During this stage adrenaline will be produced in order to bring about the "fight-or-flight response". There is also some activation of the Hectopascal (HPA) axis, producing cortisol.
- ii. The Resistance stage is where the body has to decide to 'fight or flight'. The body will try to add resources to help it cope through maximum adaptation and hopefully, successful return to equilibrium for the individual. If, however, the defense mechanism does not work, or fails to cope, it will lead to the third stage which is Exhaustion.
- iii. Exhaustion stage is the third and final stage. At this point, all of the body's resources are eventually depleted and the body is unable to maintain normal function. The initial autonomic nervous system symptoms may reappear (sweating, raised heart rate, etc.). if stage three is extended, long term damage may result as the body, and the immune system is exhausted and the function is impaired resulting in decomposition. The result can manifest itself in obvious illnesses such as ulcers, depression, diabetes or even cardiovascular problems, along with other mental illnesses.

2.1.4 Types of Stress

According to Taylor (2015) states that, there are four major types of stress and she explains them as follows:

1. **Chronic Stress:** Shelly describes this type of stress as unrelenting demands and pressures for seemingly interminable periods of time. Chronic stress is the type that wears the individual down day after day and year after year with no visible escape. It grinds away at both emotional and health of the individual leading to breakdown and even death.
2. **Acute Stress:** This type of stress is the most common and most recognizable form of stress. It is the kind of stress which the individual knows exactly why he is stressed; he was just in a car accident; the school nurse just called him, a bear just ambled onto his campsite. It can also be something scary but thrilling, such as a parachute jump. Normally, the body rest when these stressful events cease and life gets back to normal because the effects are short-term. Acute stress usually does not cause severe or permanent damage to the body.
3. **Traumatic Stress:** It is a severe stress reaction that results from a catastrophic event or intense experience such as a natural disaster, sexual assault, life-threatening accident, or participation in a combat. Here, after the initial shock and emotional fallout, many trauma

victims gradually begin to recover. But for some people, the psychological and physical symptoms triggered by the trauma do not go away, the body does not return to equilibrium, and life does not return to normal. This condition is known as post trauma stress disorder. Common symptoms of this type of stress are flashbacks or nightmares about the trauma, avoidance of places and things associated with the trauma, hyper vigilance for signs of danger and irritability and tension.

4. **Episodic Acute Stress:** Taylor (2015) went further to explain episodic acute stress as where the individual experiencing this type of stress lives are very chaotic, out of control and they always seem to be facing multiple stressful situations. They are always in a rush, always late, always taking on too many projects, handling too many demands. Those who are prone to this type of stress include “Type A” personality types. If an individual is prone to episodic acute stress, he may not know it or admit it. He may be devoted to a life style that promotes stress. Unfortunately, people with episodic acute stress may find it so habitual that they resist changing their lifestyles until they experience severe physical symptoms.

2.1.5. Causes of Stress at Work

Repetti (2010), McGronogle and Kessler (2010), Pervin (2012), agree with Arnold, Robertson and Cooper (2013) in talking about the causes or sources of stress. Arnold, Robertson and Cooper (2013), identified five major causes of work stress as:

- Factors intrinsic to the job,
- Role in the organisation,
- Relationships at work,
- Career development and
- Organizational structure and climate.

2.1.6.1 Individual Reduction of Stress

Individual reduction of stress is the personal effort to minimize the effect of already occurred stress. The following are some of the ways to manage stress individually;

- a. One should take proper balanced diet at proper time.
- b. Avoid drinking and smoking.
- c. Regular exercise for fitness.
- d. Know your strong and weak points.
- e. Relax for some time to control blood pressure, heart rate.
- f. Prayers like worshiping, offering Namaz, etc. meditations, yoga can help reduce tension.
- g. Effective time management by preparing daily lists of work according to their priorities and follow it.
- h. Plan your career.
- i. Open your heart to your friends, express your feelings, emotions, threats etc. It helps in relieving the mind from botheration.
- j. Take pride on your achievements and receive from others.
- k. Exercise control on yourself.
- l. Identify the factors causing stress. Try to keep away from them as far as possible.

The above are the ways and means to keep stress in check. (Sheikh, 2016).

2.2 Public Service Delivery

Public as used here is an adjective qualifying service, 'public service'. It distinguishes the public service which is the main concern of this section from that which is strictly private. In other words, which public or what constitutes the public that provide public service? Here, the focus is on the organized public sector of the economy i.e. services provided by Ministries, Departments and Agencies (MDAs) in contrast to the private sector. In these MDAs, those in authority act in accordance with the laid down rules and regulations e.g. public servants, legislators, President.

As a concept, "public service" is not easily defined. However, to avoid any ambiguity or misinterpretation, Section 318 of the 1999 Constitution as amended, defines the public service of the Federation as:

Service of the federation in civil capacity as staff of the office of the President, the Vice President, Ministry or Department of the Government of the Federation assigned with the responsibility for any business of the Government of the Federation (FRN, 1999).

In Nigeria, the public service is the nerve center on which policy implementation hinges, apart from its strategic advisory role in policy formulation. Public service delivery became a buzz in the world of public management and public sector reform in the 1980s. It is the public service that provides the substantial public goods and services needed as catalyst for development by both public and private sectors of the economy. Here lies the place of public service delivery. The concept "public service delivery" cannot easily be pinned down to a universally acceptable definition. This is because it has fallen into semantic predicament to the extent that the literature on it is replete with so many definitions of the term by various scholars and authors. However, we shall comb the conceptual terrain of the term with a view to finding the middle ground for its heuristic investigation.

Public service delivery simply put is getting public goods and services as expected and as quickly as possible by (recipients) citizens (Fagbemi,2006). In the view of O'Toole Jr. & Meier (2011), service delivery refers to the achievement of public programmes and organizations in terms of output and outcomes that they produce. According to Oronsaye in (Onyekwelu, 2016), service delivery is the process of getting the needs of citizens through prompt and efficient procedures. It presupposes that the interaction between citizens and government results in value creation. According to Akhakpe (2014), public service delivery is the provision of goods and other life support amenities by government to maximize the welfare and well-being of the people. Indeed, it involves considerable human activity, hence human resource management is important as human element is often the key ingredients of service industries. From the economics and marketing perspective, a service is the non-material equivalent of a good. Service delivery (provision) is thus an economic activity that does not result in ownership. It is a process that generates benefits by facilitating a change in customers, a change in their physical possession, or a change in the intangible assets. In essence, public service delivery entails the provision and implementation of government policies and programmes that will enable the citizens to improve their living conditions. In the health sector, service delivery entails access to medical facilities, consultancy, treatment and drugs. It involves all the activities that are aimed towards the restoration and improvement of the health of the patient(s) by the healthcare provider(s).

2.2.1 Work Stress and Service Delivery of Health workers

Work stress is not a new concept and employees are an integral part of an organization. The issue of job stress has been a frequent problem across numerous occupations and its impacts on the employees. Generally, life in modern societies is not without stress, it is an inevitable part of challenges that prompt mastery of new skills and behavior patterns. However, difficulties occur when stress becomes excessive (Chukwuemeka, Nwakobi & Onwuka (2019). Aduaka (2016) stated that job stress is considered rising and has become a challenge for the employer because high-level stress results in low productivity, increased absenteeism, and connection to other employee problems like alcoholism, drug abuse, hypertension, and a host of cardiovascular problems (Uchechukwu 2020). Some potential causes of work-related or job stress are; overwork, lack of clear instructions, unrealistic deadlines, lack of decision-making, job insecurity, isolated working conditions, surveillance, and inadequate health-care arrangements (Chukwuemeka S. O et al, 2019). The majority of studies agree that work-related stress can be caused by a variety of reasons. According to Ashfaq, (cited in Ayaz, Alanmgis & Khanm, 2017), eleven forces are used as an antecedent of work-related stress by some researchers, namely; Overload, Role vagueness, Role conflict, Responsibility for people, Participation, Lack of feedback, keeping up with quick technological change, Being in an innovative role, Career growth, Organizational structure and environment, and Recent episodic events (Ayaz, et al 2017).

Prior research has shown that job stress may be caused by several factors which are called stressors, (Thonga, & Yap, cited in Ayaz, et al, 2017). Five categories of occupational stressors are physical environment, individual level (a mixture of role and career development variables), group level (primarily relationship-based), organizational level (a mixture of climate, structure, job design, and task characteristics), and extra-organizational factors, are described by (Arbabisarjou, Ajdari, Omeidi, & Jalalinejad, 2013).). Based on a mixture of role and career development variables, role conflict refers to incompatible requirements and expectations that the employees receive from their supervisor or coworker. Role conflict stress could be described as the incompatibility between two or more job roles or responsibilities (Jackson & Schuler, 2017). They went further to say that stress occurs when employees receive two or more job roles or responsibilities at the same time from different or the same supervisors that are incongruent in nature, (Jackson & Schuler, 2017). Research has found that occupational or job stress outcomes can be divided into two categories: individual outcomes and organizational outcomes.

Looking at stress from the organizational perspective, there is always a fixed work time put in place by the employer at the organization, but sometimes the employee spends extra time in the organization to accomplish the tasks, (Beheshtifar & Nazarian, 2013). Stress is much more common in employees at lower levels of workplace hierarchies, where they have less control over their work situation (Beheshtifar & Nazarian, 2013). Jex (2017) went ahead to say that job stress comes as a result of work demand which threatens the well-being of employees.

Some of the major factors responsible for creating stress among employees in the health sector are; workload, and excess workload. Excess workload refers to the over concentration of assignments at work, which is one of the main causes of stress among employees and the attitude of various employees towards workload is usually different. Some comfortably manage it at the workplace while for some it becomes difficult to manage (Ali, Raheem, Nawaz, & Imamuddin, 2014). According to Lavuri (2019), an individual faces stress due to the workplace of the bank.

Those facing role ambiguity, undergo challenges in meeting their performance targets. Previous works done by (Fried, Ben-David, Tiegs, Avital, & Yeverechyahu, cited in Lavuri, 2019), discovered that those employees with a high level of role ambiguity were linked with poor performance effectiveness, role ambiguity is damaging to employee performance was strongly indicated by Bauer and Green, cited in Lavuri, 2019).

Stress is something or a condition where the person is faced with constant pressure that normally arises in the workplace known as work pressures like short notices and deadlines, undesirable health conditions, family pressures, and others. When people at their job sites are faced with situations where requirements are so huge, they have difficulty managing, this, in turn, affects their mental being and will also contribute to physical and behavioral problems (Mosadeghrad, 2014). When requirements for employees to perform become huge they become demanding. Work demand can be seen as the situation in which the organizational aspects of a job require a sustained effort on the part of employees for it to be achieved (Bakker, 2016). When employers expect too much from employees, employees would definitely be faced with job stress especially in situations where they are unable to manage the demands of the job. Shahsavarani, Marzabadi, & Kalkhoran (2015), went ahead to say stress can be seen as an individual's response whenever he or she is confronted with job demands that are not fit with their knowledge and capability and therefore challenges their ability to changes in knowledge which and can result in alterations of company's goal. Betonio (2015), also sees resource constraints as one of the factors that can contribute to stress by saying resource constraints occur when the role occupant encounters inadequacy of the available resources, equipment, and tools for performing his/her role. Stress is also linked with demands and resources, where demands are the expectations, situations, and circumstances in the organization whereas resources refer to the stuff used in meeting demands, the level of stress minimizes when resources are adequate to meet demand (Ali et al, 2014).

3.Methodology

3.1 Research Design

This study adopts a descriptive survey research design/

3.4 Population of the Study

The population of the study consist of staff of the University of Benin Teaching Hospital (UBTH). The staff composition includes those in the medical and administrative sections of the hospital. According to the information obtained from the personnel unit of the hospital as at October of 2023, the hospital has a total of 327 staff that comprises of medical doctors and consultants, dentists, pharmacists, laboratory scientists and technologists, and administrative staff.

3.5 Sample Size Determination

With a population of 327, the researcher considers the population size manageable and do not require the use of sample. Therefore, the study adopted the whole population for data gathering, analysis and interpretation.

3.6 Methods of Data Collection

Questionnaire, focus group discussion guide and in-depth interview were used with data from secondary sources.

3.7 Method of Data Analysis

Consequently, in order to test the hypotheses and establish the relationship and the strength of the relationship between the variables under investigation, Pearson Product Moment Correlation Coefficient (PPMC) technique was used as a quantitative statistical tool for this study.

4. Data Analysis

4.1 Core Issues of Research

Data obtained from the questionnaire were analyzed in line with the research objectives and research questions and were presented in the tables below. A mean value of 3.0 was taken as a criterion to judge the mean for the items in the respective sections. Therefore, any item in the instrument which has a mean equal to or higher than 3.0 will be regarded as ‘agreed’ while items with less than 3.0 will be regarded as ‘disagreed.’

Table 4.1.1: Responses to the variable; Work overload

S/N	QUESTIONS	Σfx	X	Decision
1	The health sector in Nigeria is grossly understaffed, leading to work overload for existing health workers in our organization.	1066	3.7	Agreed
2	Shortage of medical specialists affect the timely response to health challenges and emergencies in our organization.	1037	3.6	Agreed
3	Excess workload is not a major factor that contributes to work stress of health workers in our organization.	751	2.6	Disagreed
4	The workload for workers in our organization is moderate because of shift duties that enhances flexibility in work schedules.	781	2.7	Disagreed
5	Work overload is positively related to work stress and inversely related to service delivery.	1192	4.1	Agreed

Source: Field Survey, 2023

The focus of table 4.2.1 presents the views of the respondents with respect to work overload. The ratio of doctors to patients in Nigeria and the accompanying effect of the frequent emigration of medical and health workers to other parts of the world in search of the proverbial greener pastures makes it imperative to address the workload of available health workers in Nigeria. Five statements were generated and analyzed in this table. In responding to the issues raised, the respondents accepted three statements while two of the statements were rejected.

The first statement stressed that the health sector in Nigeria is grossly understaffed, leading to work overload for existing health workers in our organization. The respondents accepted this idea, thus, confirming the situation in the health sector and highlighting its obvious consequence on available health workers. In the second statement, the respondents were also of the view that the shortage of medical specialists affect the timely response to health challenges and emergencies in our organization.

The respondents rejected the idea in the third and fourth statements that excess workload is not a major factor that contributes to work stress of health workers in their organization and that the workload for workers in their organization is moderate because of shift duties that enhances flexibility in work schedules. These statements were aimed at establishing the consistency in the response pattern of the respondents and the respondents, through their responses, showed that they were consistent in their views on the issues t hand.

To this end, the respondents accepted the view in the last statement that work overload is positively related to work stress and inversely related to service delivery. Thus, by implication, the respondents see work overload as a factor that contribute to work stress and that is capable of undermining the quality-of-service delivery in any organization in general and the University of Benin Teaching Hospital in particular. When few workers are assigned or obligated to do the job that was supposed to have been performed by many, then, they become burdened with excess demand and high expectation that affect their physical, social and mental life balance, thus leading to stress.

Table 4.1.2: Responses to the variable; Irregular work schedules

S/N	QUESTIONS	Σfx	X	Decision
6	Irregular work schedules are stressors that lead to sleep and lifestyle disorder.	1094	3.8	Agreed
7	Combining social and family life with irregular work schedules is a major cause of stress for health workers in our organization.	1096	3.8	Agreed
8	Each shift duty leads to lifestyle adjustments that are disrupted on the commencement of another shift, leading to stress.	1120	3.9	Agreed
9	Irregular work schedules have no relationship with the stress that we experience in our organization.	810	2.8	Disagreed
10	Work shifts encourages work flexibility that enhances stress management and reduction.	787	2.7	Disagreed

Source: Field Survey, 2023

One common feature of the work arrangement in any health institution is the provision of regular services on 24 hours a day, seven days a week and 365 days a year basis. This means that workers operate on shifts to allow for intermittent handing over of duties in order to enhance continuity and avoid any form of disruption in the provision of healthcare to patients. In this shift duty arrangement, workers operate with duty rosters that will see a worker assigned to morning shift for a week, go on off duty and resume for afternoon shift the following week. This creates an irregular work schedule that is constantly evolving. This is the focus of the table 4.2.2

In the first statement, the respondents support the view that irregular work schedules are stressors that lead to sleep and lifestyle disorder. Someone who was assigned to morning shift this week will end up working in a night shift the following week. Thus, while the worker sleeps well at night while on morning shift, he or she will have to endure irregular sleep the following week, sleeping mostly during the day. The respondents also support the view in the second statement that combining social and family life with irregular work schedules is a major cause of stress for health workers in their organization. The truth in the above statement can be seen in the fact that a parent who is a health worker on morning shift will be available for the children and the family in the evenings, but this is not the case when the parent is on night shift.

The implication of the second statement was further expressed in the third, where the respondents agreed to the notion that each shift duty leads to lifestyle adjustments that are disrupted on the commencement of another shift, leading to stress. Constant sleep adjustments, family life adjustment among others that come with irregular work schedules require a lot of effort to balance them effectively, otherwise, any imbalance will activate stress in the life of the individual concerned.

In the fourth and fifth statements, the respondents rejected the opinions that irregular work schedules have no relationship with the stress that we experience in their organization and that work shifts encourages work flexibility that enhances stress management and reduction. While the fifth statement on flexibility might be true, the fact that there is an existence of work overload – as previously established – makes the flexibility situation not to be applicable to the health sector in Nigeria, especially in the light of the fact that health workers are required to frequently respond to medical emergencies irrespective of what their duty roster is at the time.

Table 4.1.3: Responses to the variable; Frequent response to medical emergencies

S/N	QUESTIONS	Σfx	X	Decision
11	Frequent response to medical emergencies by medical experts and consultants contributes to work stress in our organization.	922	3.2	Agreed
12	Medical emergencies are not frequent in my organization and thus, not an issue for concern.	608	2.1	Disagreed
13	My organization is the only Federal Medical institution in the city, serving both the university community and the city in general, thus, medical emergencies are regular occurrences in my organization.	1179	4.1	Agreed
14	Few medical experts being called upon regularly to respond to medical emergencies destabilizes their personal and work schedules, leading to stress.	1010	3.5	Agreed

15	Frequent response to medical emergencies at odd hours creates security risks that lead to personal and work stress.	893	3.1	Agreed
----	---	-----	-----	--------

Source: Field Survey, 2023

The health sector is peculiar and one of the key aspects of its peculiarity is in the response to medical emergencies. A health emergency can occur at any time and without notice, thus, the health sector has been designed to be prepared to respond appropriately to these emergencies. This is why health facilities operate without closing every day of the week and every month of the year. In view of the fact that there appears to be excess work load and irregular work schedules for health workers, the table 4.2.3 addresses issues that have to do with frequent response to medical emergencies.

In the five statements put forward to elicit responses from the respondents, four were accepted and one was rejected. To this end, the respondents accepted the idea that frequent response to medical emergencies by medical experts and consultants contributes to work stress in their organization. In agreeing to the first statement, the respondents rejected the idea in the second statement that medical emergencies are not frequent in their organization and thus, not an issue for concern. This, again, establishes the consistency of the responses of the respondents to issues raised. Agreeing to the second statement would have been an obvious contradiction and would have invalidated the views of the respondents to other issues, thereby creating a form of unreliability that would negatively impact on the findings that would be arrived at in the study.

In the third statement, the respondents accepted the view that their organization is the only Federal Medical institution in the city, serving both the university community and the city in general, thus, medical emergencies are regular occurrences in my organization. Going forward to the fourth statement, the idea that few medical experts being called upon regularly to respond to medical emergencies destabilizes their personal and work schedules, leading to stress, was also accepted. This is in view of the fact that many of their colleagues might have travelled abroad in search of greener pastures.

In the fifth and final statement from the table, the respondents also agreed to the idea that frequent response to medical emergencies at odd hours creates security risks that lead to personal and work stress. In all, the implication of the responses from the respondents to the issues raised in table above is quite obvious, and it is to the effect that frequent response to medical emergencies can create work stress for medical experts if not properly managed. This is in addition to security concerns that have become commonplace realities in Nigeria.

Table 4.1.4: Responses to the variable; Service quality

S/N	QUESTIONS	Σ fx	X	Decision
16	An overworked employee cannot be guaranteed to put in his or her best effort at all times.	1123	3.9	Agreed
17	Service quality is enhanced through flexible work schedules and good working conditions.	1178	4.1	Agreed

18	Commensurate remuneration that is globally competitive will help to arrest brain drain in the health sector and enhance service quality.	1037	3.6	Agreed
19	Appropriate medical equipment will help to create a conducive work environment that will reduce stress and enhance service quality.	979	3.4	Agreed
20	Work stress does not affect service quality in the health sector in general and the University of Benin Teaching Hospital (UBTH) in particular.	806	2.8	Disagreed

Source: Field Survey, 2023

The focus of table 4.2.4 is on service quality. One of the hallmarks of health care service is quality. When quality is compromised, the consequences are usually fatal, especially as it relates to human lives and wellbeing. From the statements in the table, numbering 16 to 20, the respondents agreed to all but the twentieth statement. The supported the idea in the sixteenth statement that an overworked employee cannot be guaranteed to put in his or her best effort at all times. It was also accepted that service quality is enhanced through flexible work schedules and good working conditions.

The third and fourth statements were also accepted. The respondents agreed to the view that commensurate remuneration that is globally competitive will help to arrest brain drain in the health sector and enhance service quality, and that appropriate medical equipment will help to create a conducive work environment that will reduce stress and enhance service quality. Many of the health institutions in Nigeria neither have conducive work environments, nor a competitive remuneration package that is globally competitive.

In the twentieth statement, the respondents do not accept the notion that work stress does not affect service quality in the health sector in general and the University of Benin Teaching Hospital (UBTH) in particular. The implication of the responses from the respondents to the issues raised with respect to service quality is that work environment, remuneration packages and availability of medical equipment are necessary to enhance service quality, while the absence of these incentives will frustrate health workers, leading to stress and its attendant consequences on service delivery.

Table 4.1.5: Responses to the variable; Service culture

S/N	QUESTIONS	Σfx	X	Decision
21	Work stress makes the service culture in our organization unfriendly to patients and the public at large.	1094	3.8	Agreed
22	Irregular work schedules create a negative service culture that see patients rely on any health professional on duty for medical consultancy and treatment.	1238	4.3	Agreed

23	Shift duties put the patients at the mercy of multiple doctors and health professionals, leading to inconsistencies in treatment and medical care.	1241	4.3	Agreed
24	Work stress has no relationship with the service culture in our organization.	823	2.9	Disagreed
25	The issue of delayed responses to medical emergencies is not part of our organisation's service culture, but a result of a stressed workforce that has been burdened with excess workload.	979	3.4	Agreed

Source: Field Survey, 2023

Every organization has a service culture. The service culture defines the way and manner that services provided by organizations are rendered to their clients or customers. Generally, organization emphasize customers satisfaction and quality of service as part of the core values that define the service culture of their organizations. Table 4.2.5 concerns itself with the service culture of the organization under investigation and the first statement that work stress makes the service culture in their organization unfriendly to patients and the public at large, was accepted.

The second and third statements that irregular work schedules create a negative service culture that see patients rely on any health professional on duty for medical consultancy and treatment, and that shift duties put the patients at the mercy of multiple doctors and health professionals, leading to inconsistencies in treatment and medical care, were also accepted. In the fourth statement, the respondents rejected the idea that work stress has no relationship with the service culture in our organization, while the last statement in the table was accepted to the effect that the issue of delayed responses to medical emergencies is not part of their organisation's service culture, but a result of a stressed workforce that has been burdened with excess workload.

The implication of the responses from the respondents is that work stress often takes its toll on the employees, thus, affecting the service culture of the organization under investigation. This often gives the public a wrong impression of public health institutions as being nonchalant, negligent and unresponsive to medical emergencies until disaster occurs.

Table 4.1.6: Responses to the variable; Commitment of health workers

S/N	QUESTIONS	Σfx	X	Decision
26	Poor remuneration for health workers in the health sector does not guarantee employee retention and employee commitment.	984	3.4	Agreed
27	Most of my colleagues are just bidding their time waiting to relocate abroad at the slightest offer or opportunity.	749	2.6	Disagreed
28	Our ability to respond to medical emergencies is a testament to our commitment to the organization.	1131	3.9	Agreed

29	Creating a conducive work environment will go a long way to guarantee the commitment of health workers in our organization.	1181	4.1	Agreed
30	Brain drain in the health sector is as a result of a lack of commitment on the part of health workers in the Nigerian health sector.	755	2.6	Disagreed

Source: Field Survey, 2023

Table 4.2.6 addresses issues that has to do with the commitment of health workers. Commitment to duty helps to guarantee the delivery of quality service to the customers or the public because those services are being provided by workers who are emotionally connected and invested to the ideals of the organization. In the first statement, the respondents support the opinion that poor remuneration for health workers in the health sector does not guarantee employee retention and employee commitment. They however, do not subscribe to the views in the second statement that most of the existing health workers in the organization are just bidding their time waiting to relocate abroad at the slightest offer or opportunity.

In trying to justify their level of commitment to the organization, the respondents supported the views in the third statement that their ability to respond to medical emergencies is a testament to their commitment to the organization. They also supported the admonition in the penultimate statement that creating a conducive work environment will go a long way to guarantee the commitment of health workers in our organization. In the final analysis, the respondents rejected the idea that brain drain in the health sector is as a result of a lack of commitment on the part of health workers in the Nigerian health sector. The responses will be subjected to further analyses in the test of the hypotheses which is the next section of this study.

4.2 Test of Hypotheses

4.2.1 Test of Hypothesis One

Ho: Work overload has no relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH).

Hi: Work overload has a relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH).

This hypothesis was tested using the responses of respondents in tables 4.2.1 and 4.2.4 above. The result of the analysis is presented in table 4.3.1 below.

Table 4.3.1: Relationship between work overload and service quality

Variables		Work overload	Service quality
Work overload	Pearson	1	.772
	Correlation		
	Sig. (2-tailed)		.041
	N	288	288

	Pearson Correlation	.772	1
Service quality	Sig. (2-tailed)	.041	
	N	288	288

Data presented in Table 4.3.1 above shows the relationship between work overload and service quality. The correlation coefficient (r) value of .772 obtained indicates that there is a strong and positive relationship between work overload and service quality of health workers in the University of Benin Teaching Hospital (UBTH).

The table further revealed a p-value of .041 which was less than the alpha value of .05 indicating that there was a positive relationship between work overload and service quality of health workers in the University of Benin Teaching Hospital (UBTH), hence, the alternative hypothesis stated above that work overload has a relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH), was accepted.

4.2.2 Test of Hypothesis Two

Ho: Irregular work schedules have no relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH).

Hi: Irregular work schedules have a relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH).

This hypothesis was tested using the responses of respondents in tables 4.2.2 and 4.2.5 above. The result of the analysis is presented in table 4.3.2 below.

Table 4.2.2: Relationship between irregular work schedules and service culture

Variables		Irregular work schedules	Service culture
Irregular work schedules	Pearson Correlation	1	.635
	Sig. (2-tailed)		.046
	N	288	288
Service culture	Pearson Correlation	.635	1
	Sig. (2-tailed)	.046	
	N	288	288

Data presented in Table 4.3.2 above displays the relationship between irregular work schedules and service culture. The correlation coefficient (r) value of .635 obtained indicates that, there is a strong and positive relationship between irregular work schedules and service culture of health workers in the University of Benin Teaching Hospital (UBTH).

The table further revealed a p-value of .046 which was less than the alpha value of .05 indicating that there was a positive relationship between irregular work schedules and service culture of health workers in the University of Benin Teaching Hospital (UBTH); therefore, the alternative hypothesis stated above that irregular work schedules have a relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH), was accepted.

4.2.3 Hypothesis Three

Ho: Frequent response to medical emergencies has no relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH).

Hi: Frequent response to medical emergencies has a relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH).

This hypothesis was tested using the responses of respondents in tables 4.2.3 and 4.2.6 above. The result of the analysis is presented in table 4.3.3 below.

Table 4.2.3: Relationship between frequent response to medical emergencies and commitment of health workers

Variables		Response to medical emergencies	Employee commitment
Response to medical emergencies	Pearson Correlation	1	.981**
	Sig. (2-tailed)		.030
	N	288	288
Employee commitment	Pearson Correlation	.981**	1
	Sig. (2-tailed)	.030	
	N	288	288

Data presented in Table 4.3.3 above shows the relationship between frequent response to medical emergencies and commitment of health workers in the University of Benin Teaching Hospital (UBTH). The correlation coefficient (r) value of .981 obtained indicates that, there is a strong positive relationship between frequent response to medical emergencies and commitment of health workers in the University of Benin Teaching Hospital (UBTH).

The table further revealed a p-value of .030 which was less than the alpha value of .05 indicating there was statistically significant and positive relationship between frequent response to medical emergencies and commitment of health workers in the University of Benin Teaching Hospital (UBTH), hence, the alternative hypothesis stated above that frequent response to medical emergencies has a relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH), was accepted.

4.4 Discussion of the Findings

This empirical investigation had been on the effect of work stress on service delivery of health workers in the University of Benin Teaching Hospital (UBTH). The study was guided by three specific objectives which were to ascertain the nature of relationship between work overload and health service quality of health workers in the University of Benin Teaching Hospital (UBTH); examine the nature of relationship between irregular work schedules and service culture of health workers in the University of Benin Teaching Hospital (UBTH); and to establish the nexus between frequent response to medical emergencies and commitment of health workers in the University of Benin Teaching Hospital (UBTH). The specific objectives formed the bases for the research questions and hypotheses for the study.

In the test of the hypotheses, the decision rule was obtained from comparing the result of the probability value obtained using the version 22 of SPSS with our 0.05 level of significance adopted for the study. On that basis, we rejected the null hypothesis where the probability value was less than the value of the significant level adopted for the study and alternatively, accepted the null hypothesis where the reverse was the case. The first of the three hypotheses centers on the issue of work stress in the health sector in Nigeria. The goal was to ascertain its relationship with service quality in the health sector in Nigeria.

Analysis of data and test of the first hypothesis led us to reject the null hypothesis and conclude that work overload has a relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH). The findings from the test of the first hypothesis agree with the study by Valentine, & Moses (2022) whose comparative assessment of job stress among junior doctors in tertiary and secondary health facilities in Benin city, found that there was a direct association between the level of Job stress and Job satisfaction. Also, the study by Ogboghodo, & Edema (2020) on an assessment of burnout amongst resident doctors in Benin City, Edo State, Nigeria, discovered that overall prevalence of burnout was long duration of call hours and specialty areas that creates huge demand.

The second hypothesis borders on the issue of irregular work schedules and service culture in the Nigerian health sector. Again, after analysis of data and test of the second hypothesis, we rejected the null hypothesis and concluded that irregular work schedules have a relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH). To this end, the findings from the second hypothesis is in line with the findings from the studies by Jones (2015), whose study on the effect of the reduction of individual stress on the employee morale of 104 university administration in the universities in the Petersburg area in the Northern Province of South Africa, found that the reduction of individual stress had a positive effect on the employee morale of University Administrators studied.

Hypothesis three is on frequent response to medical emergencies and commitment of health workers. The probability value from the test of the third hypothesis shows the existence of enough evidence to reject the null hypothesis and conclude that frequent response to medical emergencies has a relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH). The goal of the study conducted in 2013 by Arbabisarjo, Ajdari, Omeidi, and Jalalinejad was to determine the association between hospital nurses' performance and job stress. The study's findings demonstrated a negative relationship between occupational stress and productivity, thus, aligning with the position in the third hypothesis to the effect that frequent response to medical emergencies – an aspect of occupational stress, relates inversely with the commitment of health workers – a pointer to employee productivity.

5. Findings, Conclusion and Recommendations

5.1. Summary of the Findings

1. That work overload has a relationship with health service quality of health workers in the University of Benin Teaching Hospital (UBTH), (P value = 0.041 < 0.05, r = -0.772).
2. That irregular work schedules have a relationship with service culture of health workers in the University of Benin Teaching Hospital (UBTH), (P value = 0.046 < 0.05, r = 0.635).
3. That frequent response to medical emergencies has a relationship with commitment of health workers in the University of Benin Teaching Hospital (UBTH), (P value = 0.030 < 0.05, r = -0.981).

5.2. Conclusion

We conclude this academic exercise by asserting that stress is a silent killer that have continued to deplete the nation's workforce, thus, robbing the younger ones of the opportunity to effectively learn from the older generation. With age, qualification and experience comes additional responsibilities, especially for specialists and consultants in the health sector. Therefore, in order for career growth to become a blessing instead of a curse, we recommend the following as possible solutions to the issue of work-related stress and its effect on service delivery.

5.3 Recommendations

1. The University of Benin Teaching Hospital (UBTH) should deploy more student doctors in their residency programmes who would be closely supervised by their superiors in order to reduce the workload on existing doctors in their provision of health services.
2. The work schedule for medical and health workers at the University of Benin Teaching Hospital (UBTH), should be made more flexible to accommodate the peculiarities in female medical personnel, especially married women, nursing mothers and those that are pregnant.
3. Response to medical emergencies is inevitable in the health sector. The government should do better in the disbursement and payment of hazard allowances to medical and health workers in order to encourage their selfless services to God and humanity through the provision of quality healthcare services.

References

- Ademolekun, L & Kiragu, K. (2002), "Public administration reform", in L. Ademolekun (Ed.), *Public Administration in Africa*, Ibadan: Spectrum Books Ltd.
- Aduaka C.E (2016). Impact of motivation and job satisfaction in the performance of workers in first bank plc, Ekwulobia. *Journal of management and financial studies*. 2 (5).
- Agyapong, B., Obuobi-Donkor, G., Burbach, L., Wei, Y. (2022). Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. *International Journal of Environmental Research on Public Health*. 2022,19,10706. [https:// doi.org/10.3390/ijerph191710706](https://doi.org/10.3390/ijerph191710706)
- Amina, A. & Bako, R. (2014). Relationship of stress among university lectures in Nigeria. *Journal IOSR Journal of Humanities and Social Sciences*. (19): 1.
- Anazodo, R. Okoye, J. & Chukwuemeka E. (2012). Civil service reforms and its influence on organizational effectiveness and productivity among and local government NSUKKA: University of Nigeria press.
- Anikaeze, N.H. (2010), *Public Administration: An Introductory and Comparative Approach*. Enugu: Academic Publishing Company.
- Anwar, K., Ishak, M., Sadaf, K & Shafiq, G. (2012). Teacher's stress, performance & Resources. The Moderating Effect of Resources on Stress & Performance. *International Review of Social Science and Humanities* 2 (2).
- Archibong, I. A., Basse, A. O. and Effiom, D. A. (2014). The Effect of Occupational Stress on the Performance of University Administrators in the Cross Rivers State University and the University of Uyo.
- Betts, P. (2014). *Supervisory Management*. 6th Ed. London: Pitman Publishing.
- Bewell H., Yakubu I., Owotunse D., & Ojih E. E. (2014). Work-induced stress and its influence on organizational effectiveness and productivity among Nigerian workers. *International Multidisciplinary Journal of Ethiopia* 2014; 8(1): 112-125. DOI:10.4314/afrev. v8i1.9.
- Bhain, P. K. (2017). A study on work related stress among the Teachers and Administrators of privately managed Business Schools in West Bengal. *Bhatter College Journal of Multidisciplinary Studies*, 7 (2,) :7-16.
- Dwamena, M. (2012), *Stress and its Effects on Employees Productivity: A Case Study of Ghana Ports and Harbours Authority, Takoradi*. A Thesis submitted to the Institute of Distance Learning Kwame Nkrumah University of Science and Technology, in partial fulfillment of the requirements for the degree of Commonwealth Executive Master of Business Administration.

- Ebiama, S. P. (2022). Prevalence and Sources of Stress among Employees in Civil Service Commission in Bayelsa State, Nigeria. *International Journal of Healthcare Sciences*. 10 (1): 35 – 42.
- Epel E., Crosswell A., Mayer, S., Prather, A., Slauich, G., Puteriman, E.& Mendes. W., (2018). More than a feeling: a unified view of stress measurement for population Science. *Frontiers in Neuroendocrinology*. (49):146-169.
- Etim, J., Bassey, P. and Ndep, A. (2015), Work–Related Stress among Healthcare Workers in UGEP, Yakurr Local Government Area, Cross River State, Nigeria: A Study of Sources, Effects, and Coping Strategies. *International Journal of Public Health, Pharmacy and Pharmacology*, 1 (1): 23 – 34.
- Fagbemi, A. (2006), *Customer service delivery in public sector management*, Lagos: Concepts Publication Limited.
- Federal Republic of Nigeria, (2011). *Constitution of the Federal Republic of Nigeria as Amended*. Abuja: Federal Government Press.
- Fehintola, J. O., (2022). Assessment of selected factors and work stress among civil servants in Oyo State, Nigeria. *International Journal of Global Education (IJGE)*, 7(2), 58-69.
- Hafeez, S. (2018). The impact of job stress on performance of employees: A study of district Okara and Sahiwa. *Journal of Neuropsychology and stress management*, 3: 4-12.
- Health and Safety Executive (2014). Management standard on work-related stress, retrieve from www.hse.gov.uk/stress.
- Healthy and Safety Executive (2016). Work related stress, Anxiety, and depression statistics in Great Britain. Human resources management in Nigeria. *British journal of Arts and social science* 2(5): 22 – 34.
- Igbokwe-Ibeto, C, J (2015). Reinventing Nigeria Public Service: A Review of National Agency for Food Drugs Administration and Country. *Africa's Public Service Delivery and Performance*. 7 (1). Doi: 104102/apsdpr. v7i1.262.
- Jones. G., Hocine, M, Salomond., Dab, W.& Temime, L, (2015) Demographic and occupational predictors of stress and fatigue in French intensive care registered nurses and nurse's aides: a cross sectional study. *International Journal of Nursing Studies*. 52(1), 250-259.
- Joseph, R. (2007), Experiential avoidance as a moderator of the relationship between anxiety sensitivity and perceived stress. *HK Orcutt Behaviour therapy* 44 (3): 459 – 469\.
- Kaburi, B., Bio, F., Kubio, C., Ameme, D., Kenu, E., Sackey, S.& Afari, E., (2019) Psychological of occupational stress among nurses, salaga Government hospital, Ghana, 2016. *The Pan African Medical Journal* 33 (320).

- Katyal., S., Jain, M & Dhanda, B. (2011). A comparative study of job stress and type of personality of employees working in Nationalized and Non-nationalized Banks. *Journal of psychology* 2(2): 115 – 118.
- Kishori, B. & Vinothini, B. (2016). A study, on work stress among Bank of Employees in state bank of Indian with reference to Tiruchirapalli. *International Journal of Management and Commerce Innovation ISSN 2348 –7585 (online) 4 (1) :201-203 Available at www.Researchpublish.com*.
- Khole, A. M., Idua, M. & Matata, K. (2019). Effect of Work Stress on Employee Performance in the Public Sector in Kenya: A Case of the National Treasury. *International Journal of Business & Law Research*. 7 (4): 8 - 28.
- Kyoung, H. (2014). Work-life balance and Employees performance: The mediating Role of Affective commitment. *Global Business Management Research: An International Journal* 6(1).
- Lavuri, R. (2019). Job stress and its impact on employees' performance: A study on the banking sector. *An international scientific journal*. 117: 44-58.
- Lopes, H., Lagoa, S., & Calapez, T. (2014). Work autonomy, work pressure and job satisfaction: An analysis of European Union Countries. *The Economic and Labour Relation Review* 25(2): 306-326.
- Luthans, F. (2012). *Organisational Behaviour*. New York: McGraw-Hill Companies, Inc.
- Maslach, C. & Schaufeli, W. B. (2016). Historical and conceptual development of burnout. *Academy of Management Journal* 25(2). 32 – 41.
- McGronogle, P. and Kessler, A. (2010). *Effective Management*. (2nd Ed.) London: Lender Education Ltd.
- Mohan, V. (2015), *Stress Management for You*. Pelanduk Publications (M) Sdn. Bhd. Selangor.
- Mosadeghrad, A. M. (2014). Occupational stress and its consequences. *Leadership in Health Service*, 27, 224-239. <https://doi.org/10.1108/LHS-07-2013-0032>.
- Muhammad, J. (2014). Job Stress and Job Performance Controversy: An Empirical Assessment. *Journal of Organizational Behaviour and Human Resources*. 33 (2): 1 – 21
- Neuman, W. (2006), *Social research methods: qualitative and quantitative approaches*, New York: Pearson.
- Ngwu, J. N. & Aribido, M. D. (2021). A study of factors influencing job stress among Nigerian workers. *International Journal of Advanced Research*. 9 (4): 460 - 463
DOI:10.21474/IJAR01/12710

- Nnabuife, E., Onyeizugbe, C. & Onwuka, E. (2012). Stress management and occupational performance among female lecturers in Nigeria. *African Journal of Social Sciences* 2(3)166-174.
- Nwude, E. C. and Uduji, J. I. (2013). An Examination of How Information Flow Affects Job Performance in the Federal Teaching Hospitals in Nigeria. *Information and Knowledge Management*. 3 (3): 110 – 122.
- Olaniyi, A. (2013), *Effects of Job Stress and Motivation on Performance of Employees in Hotel Industry (Hotels at Dublin Airport)*. A Research Project Submitted to National College of Ireland in Partial Fulfilment of the Requirements for the Award of a Bachelor of Science Degree in Human Resource Management
- Onyekwelu, R.U (2016), Minimum wage implementation and service delivery in the Nigerian civil service: a comparative study of the south east states (2000-2014). An unpublished PhD dissertation submitted to the postgraduate school, department of Administration, Nnamdi Azikiwe University, Awka.
- O'Toole, Jr. L. J. & Meier, K. J. (2011), *Public management: organizations, governance and performance*, London: Cambridge University Press.
- Paula, D. (2010), *Literature Reviews Made Easy: A Quick Guide to Success*, IAP. pp. 6.
- Pedro., N & Robert, E. (2012). Management Communication and Employee Performance: The contribution of perceived organizational support. *Routledge, Human Performance* 25:452-464, DOI:10.1080/08959285.2012.721834.
- Pervin, K. (2012). *Personnel Management*, England: Stanley Thornes Publishers Ltd.
- Repetti, M. (2010). *Organisational Behaviour*. New York: McGraw-Hill Companies, Inc.
- Ricardo, B., Amy, K., and Rohit, L. (2007), *Stress at Work*, The Work Foundation. pp. 4-7.
- Ritchie, S. and Martin, P. (2009). *Motivation Management*. Hampshire: Gower Publishing Limited.
- Robbins, S. (2014). *Organisation Behaviour*. (11th Ed.) New Jersey: Pearson Prentice Hall.
- Rudland, J., Golding., C.& Wiikinsin, T. (2020). The stress paradox: how stress can be good for learning. *Medicine. Education* 54 (1) :40-45.
- Sayeed, O. (2011), *Organisational commitment and conflict*. New Dehli: Sage Publications.
- Siegrist, J., Starke, D., Chandola, T., Godin, I., Marmot, M., Niedhammer, I. and Peter, R. (2004). The measurement of effort–reward imbalance at work: European comparisons. *Journal of Social Science and Medicine* 58 (2): 1483 –1499.

- Taylor, S. (2015). *Managing People at Work*. London: Reed Educational and Professional Publishing Ltd.
- Thorsen, V., Andra, L. & Tarek, M (2011). High rates of burnout among maternal health staff at a referral hospital in Malawi. *BMC Nursing* 10:9 <http://www.biomedcentral.com/1472-6955/10/9>
- Uchechukwu, S. (2020). Stress Management and Employee Performance of Selected Deposit Money Bank in Osogbo, Osun State, Nigeria. *Journal of Business and Management (IOSR-JBM)*, Vol. 22 (11). PP 26-35.
- Valentine, A. A. & Moses, A. S. (2022). Comparative Assessment of Job Stress among Junior Doctors in Tertiary and Secondary Health Facilities in Benin City. *Journal of Community Medicine and Public Health* 3 (6): 245 - 254. DOI: <https://doi.org/10.29011/2577-2228.100245>
- Warraich, U. A., Ahmed, R.R., Ahmad, N. & Khoso, I. (2014). Impact of stress on Job Performance: An Empirical study of the employees of private sector necessities of Karachi, Pakistan. *Research Journal of management Sciences*, 3(7): 14-17.
- WHO. (2019). The international classification of diseases (ICD). <http://apps.who.int/classifications/icd10/browse/2019/en#/Z73> (accessed 18/7/2023)
- World health statistics (2017) monitoring health for the SDGs, Sustainable Development Goals WHO, Geneva. [www.Researchpublish.com/](http://www.researchpublish.com/) (accessed 18/7/2023).
- Yusoff, R., Khan, A. & Azam, K. (2013). Job stress, performance and Emotional intelligence in Academic. *Journal of Basic and Applied Science Research*, 3(6);1-8.