



Perceived Influence of Occupational Stress on Well-Being and Service Efficiency Among Health Workers in Yagba Federal Constituency, Kogi State, Nigeria

^{*1}Fogbonjaiye, S.S., & ²Sam- Oshagbemi, P.O.

¹Department of Economics, Kogi State University, Kabba, Nigeria

²Department of Nursing Education, ECWA College of Nursing Sciences, Egbe, Nigeria

***Corresponding author email:** ssfogbonjaiye@ksukabba.edu.ng

Abstract

Occupational stress has been a major challenge in the health care industry. Health care workers are faced with psychological, emotional, physical, and mental stress, which affects their efficiency at work. This research assessed the perceived occupational stress among health workers, its effect on service delivery, and its associated factors. A cross-sectional study was conducted among 310 health workers in Yagba Federal Constituency, Kogi State, using a multistage sampling technique. A pre-tested questionnaire was used to collect information on socio-demographic characteristics, perceived occupational stress, its impact on service delivery, and coping strategies. Data were analyzed using descriptive statistics, Chi-square test, and logistic regression at $\alpha < 0.05$. The findings of the study reveal that most of the respondents fall between the ages of 26 – 35 years (59.0%, with a mean age of 32.2 ± 7.2 years). The respondents perceived their level of occupational stress as follows: 29.4% were severely stressed, 47.4% were moderately stressed, 15.8% were mildly stressed, and 7.4% of them were not sure of their stress level. Occupational stress is caused by inadequate staffing, high workload, poor staff welfare, and patient and family harassment. It leads to loss of interest, reduced productivity, and poor health conditions. Coping strategies include positive mindset, social support, and prioritizing work-related activities. Factors such as health facility type, employment type, working sector, and years of work experience also contribute to occupational stress. The study concluded that the majority of the health workers were stressed; this affects their health negatively and also affects their level of productivity at work. The hospital management should address the causes of occupational stress that have been identified in order to alleviate occupational stress among their employees.

Keywords: Coping strategies. Occupational stress, Perceived Occupational Service delivery, Healthcare workers

Introduction

Health workers face unpredictable working conditions, including emergencies and the emotional and mental strain caused by stress. Although shifts and days off are part of their routine, they are insufficient for managing overall occupational stress in service delivery. The World Health Organization has declared stress a global epidemic of the 21st century, and Ofei et al. (2020) portray it as an epidemic. Health care workers are known to experience psychological distress and stress-related physical and mental health issues, such as burnout, mental fatigue at work, absenteeism, longer waiting times for patients, unintentional patient neglect, intent to leave, reduced patient satisfaction, diagnostic and treatment errors, and more. Global statistics show that developing countries have higher mortality rates than developed nations, with the rising death toll linked to non-infectious or non-communicable diseases (NCDs), such as stress, malnutrition, and obesity.

The unique nature of the health sector has exposed health workers to high levels of occupational stress, which, while present in other professions, is more prevalent in the health sector. Factors such as changing healthcare techniques, newly classified diseases, epidemics, heavy workloads, inadequate staffing levels, low remuneration, scarce resources, and expanding roles significantly promote work-related burnout (Selvakumar et al., 2026). Health workers have to attend to different classes of patients, from minor injuries to life-threatening injuries, mild illnesses, short-term bed rest, to patients on admission with terminal cases, and emergencies from accidents to collapse. According to Rabra and Verma (2026), in their study on the chronic effects of stress on cognition, they defined stress as a common neurological issue that is strongly related to confusion, impaired thinking abilities, increased anxiety levels, and increased mental pressure. When exposed to it for too long, it may lower efficiency and trigger negative consequences on one's health, family, and social life (Ahmad et al., 2025). Health workers are often termed antisocial workers who live boring lives without much social balance, finding it difficult to blend their work with their personal lives despite working on solving other people's problems. Globally, working conditions have changed rapidly from industrialisation to globalisation and the revolution in information technology, leading to telemedicine and electronically managed health systems (WHO, 2025). Stress is deeply inclined to mental drain and deep machine-propelled thoughts. Workers now need to cope with some of the most stressful situations found in any workplace (Patel, 2025; Ahmad et al., 2025).

Illness stress may be experienced as a state rather than as exposure to a wide range of imposed demands, contributing to an equally wide range of outcomes that may affect employees' health, behaviour, and lifestyle (Pronk et al., 2025). Stress is embedded in circumstances such as highly demanding jobs with poor support systems, rapidly changing job requirements, emotional disorders, evolving healthcare procedures, limited resources, workplace anxiety, emotional breakdown among staff dealing with dying patients, periodic alterations to work schedules due to high patient-staff ratios, and lack of support. Responsibility for human lives can be so demanding that it makes healthcare workers more prone to stress and professional burnout. The demand for healthcare workers is increasing globally, but in developing countries like Nigeria, working as a healthcare provider is often discouraging due to lack of funding, inadequate facilities, and challenges related to electricity, basic amenities, bed space, and equipment. This leads to stress among workers and inefficiency among healthcare providers. Harsh weather and an unconducive environment further contribute to the stress experienced by healthcare workers. Working in rural communities, despite lacking a rural certificate, can result in low self-esteem, poor social engagement, and poor funding (Inayah et al., 2026). Factors such as dependent populations, poor work-life balance, and lack of social and recreational amenities also contribute to stress. The gap between rural and urban dwellers in terms of opportunities and access to well-being further exacerbates stress and stressful working conditions. Health is a major public health issue for healthcare workers, as they are vulnerable and require stress relief to perform optimally in service delivery. Stress can lead to depression, anxiety, and self-rejection, especially in poorly organised work environments. Stress affects productivity, the quality of health service delivery, and outcomes, and can lead to ulcers. This study plans to identify difficulties and occupational stress in hospitals, enabling hospital management to formulate policies and reforms to reduce stress for workers. It will also be crucial for existing knowledge, future research, and educating the public on the importance of managing occupational stress in healthcare service delivery (Ziaka et al., 2025). The objective, therefore, is to evaluate the impact of occupational stress on service delivery among healthcare workers in Yagba Federal Constituency, Kogi State, identifying its causes, impact on service delivery, coping strategies used, and factors associated with occupational stress among these workers. This is segmented into six sections: following the introduction, the literature review, methodology, the findings, and the conclusion and recommendation.

Literature Review

Stress is a complex, subjective phenomenon influenced by background experiences, temperament, and environmental conditions (Kallio et al., 2025). It is a physiological response to the wear and tear of bodily processes and to external and internal demands. Stress can be acute, chronic, physical or psychological, and mild or severe. In small quantities, stress can motivate and help people be productive (Raufelder & Schlesier, 2026). However, too much stress can lead to anxiety and unhealthy behaviours such as overeating and drug abuse. Illness can be seen as an imbalance that occurs when the body fails to adapt to complex physical and emotional stressors. Stressors can include extreme environments, arguments, examinations, cigarette smoking, death, or any of the countless demands of the environment. Stress is a major health problem in all walks of life and is inherent in all human activities and endeavours (Selvakumar et al., 2026). Stress is a universal phenomenon that affects the whole person across all human dimensions (physical, emotional, intellectual, social, and spiritual). The perception of stress and responses to it are highly individualised, not only from one person to another but also from time to time in the same person. When a person faces stress, responses

are referred to as coping strategies, coping responses, or coping mechanisms. Understanding and managing stress is crucial for overall well-being. Stress can be caused by various external factors, such as the world, the home environment, irresponsible behaviours, negative attitudes, or unrealistic expectations. It is highly individualised and can be triggered by personality, outlook on life, problem-solving abilities, and social support systems. Stress is a natural response to anxiety-provoking situations, such as work deadlines, family difficulties, and health and financial issues (Romas & Sharma, 2022). It can be divided into three categories: frustration, conflict, and pressure stress. Frustrations can be external or internal, such as discrimination, unsatisfying jobs, or personal limitations. Conflicts involve incompatible needs or goals, while pressure stress stems from expectations or personal demands. Stress is a common occurrence in life, with various factors influencing its response. Some individuals are biologically prone to stress, while others are influenced by external factors such as early nurturing, personality traits, genetic factors, and immune-regulated diseases. Batra (2025) stated that there are four types of stress: acute, episodic, chronic, and traumatic. Acute stress is the most common form, characterised by irritability, anxiety, depression, and muscle problems. Episodic stress is more frequent and disordered, causing headaches, migraines, hypertension, chest pain, and heart disease. Chronic stress is the grinding stress that wears people away day after day, year after year, causing long-term attrition.

Traumatic stress is a severe stress reaction resulting from a catastrophic event or intense experience, such as a natural disaster, sexual assault, life-threatening accident, or combat. It can lead to post-traumatic stress disorder (PTSD), which requires professional intervention. Signs and symptoms of stress include negative emotions, disappointment, heightened emotional reactions, loneliness, loss of motivation, and mood swings (Yarseah et al., 2025). Mental symptoms include confusion, indecision, difficulty concentrating, and poor memory. Changes in normal behaviour include altered eating habits, increased smoking and drinking, sleep disturbances, twitchy behaviour, and late arrivals. The Central Nervous System (CNS) is responsible for the "fight or flight" response, which is triggered by stress. The CNS plays a crucial role in regulating the body's response to stress (West et al., 2025). The study focuses on two theories in stress management strategies: transactional and health or innate models. Transactional models suggest that stress results from an imbalance between demands and resources and can be reduced by changing perceptions of stressors and by providing coping strategies (Wu et al., 2025). Health or innate models, on the other hand, focus on the nature of thought and how it determines the response to potentially stressful external circumstances. Alternatively, Hopwood et al. (2025) stated that stress results from appraising oneself and circumstances through a mental filter of insecurity and negativity, while well-being results from approaching the world with a quiet mind, inner wisdom, and common sense. By providing student nurses with adequate knowledge of stress management strategies and a positive perception of potential stressors, health workers can better manage their stress levels and improve their overall well-being (Ezemenaka et al., 2025; Yalim et al., 2025).

Afulani et al. (2021) studied the individual and situational predictors of psychological and physiological stress and burnout among maternity providers in a rural county in Kenya. Their findings reveal that reduced psychological and physiological challenges among health professionals affect their quality of life and, consequently, their productivity and the overall quality of health service delivery and outcomes. Almutairi et al. (2020) have argued that health care professionals, especially those in pre-hospital care, are exposed to emotional stress every day and are therefore likely to be depressed. Similarly, stress is related to all types of ulcers and, more importantly, it impairs response to treatment because it stimulates the production of gastric acid or promotes behaviour that poses health risks (Sadiq et al., 2020). The study by Akparorue et al. (2021) examined the impact of occupational health and safety practices on public sector commitment in the Lagos State Health Service Commission. The research found that health and safety practices significantly influenced public sector commitment, while policies also significantly impacted employee commitment. The study recommends emphasising assessment goals and successes in health and safety practices, strategies, and policies to effectively manage safety. Gorgenyi-Hegyes et al. (2021) found that internal factors such as mental and emotional health directly impact employee well-being, satisfaction, and loyalty, while external factors such as healthcare support indirectly contribute to these outcomes.

Methodology

The methodology adopted was a descriptive cross-sectional study assessing the effect of occupational stress on service delivery among health workers in the Yagba Federal Constituency in Kogi State. The study population comprised health workers in selected health facilities in the Yagba Federal Constituency, Kogi State. The majority of the

population belong to the Okun group, a Yoruba-speaking people, with 75 towns, villages, and hamlets. However, a total of 68 hospitals are in the Yagba Federal Constituency. This includes 8 general hospitals, 47 private hospitals, and 13 cottage hospitals. The study included all clinical and non-clinical staff who have one-to-one contact with patients and who gave their consent. Those on annual leave, maternity leave, study leave, or off duty at the time of the study were excluded. The minimum sample size will be calculated using Fischer's formula as shown below.

$$no = \frac{z^2 pq}{d^2}$$

Where:

n_0 = desired sample size (when population is greater than 10,000)

z = standard normal deviate, usually set at 1.96, which corresponds to the 95% confidence level.

P = proportion of Health workers affected by stress in previous study. 59.4% = 0.594

d = degree of accuracy, set at 0.05 for this study.

q = proportion of Health workers not affected by stress in the previous study

Sample size

$$\begin{aligned} no &= \frac{(1.96)^2 0.594(1 - 0.594)}{(0.05)^2} \\ &= 370.58 \\ &= 371 \end{aligned}$$

Since the population of health workers is less than 10,000, the sample adjustment was done using the following formula.

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where:

nf = The desired sample size for a population < 10,000

n = the calculated sample size

N = total population

$$\begin{aligned} nf &= \frac{371}{1 + \frac{371}{1100}} \\ &= 277.43 \end{aligned}$$

A non-response rate of 10% was anticipated; $N / (1 - 0.1)$

$$nr = \frac{n}{1 - 0.1}$$

$$nr = \frac{277.43}{0.90}$$

$$\begin{aligned} &= 308.25 \\ &= 310 \end{aligned}$$

Multistage sampling technique will be used. The study focuses on the selection of respondents from three health facilities in Kogi State: ECWA Hospital Egbe, General Hospital Isanlu, and General Hospital Mopamuro, using simple random sampling methods. The number of respondents selected from each facility was determined using proportionate sampling, with each eligible respondent selected by systematic random sampling. The results show that the selected respondents from each facility were diverse and varied in their health worker cadres.

$$\begin{aligned} \text{Number of respondents to be} &= \frac{\text{Total Number of staff in facility A} \times 310}{\text{Total Number of staff in all the three selected health facilities}} \\ \text{Selected in health facility A} &= \frac{(A + B + C)}{(A + B + C)} \end{aligned}$$

Selection of respondents from each health facility was also by proportionate sampling from the different cadres of health workers. Each eligible respondent was then selected by systematic random sampling.

$$\begin{aligned} \text{Number of respondents} &= \frac{250}{1100} \times 310 \\ \text{Selected in ECWA Hospital} &= \end{aligned}$$

$$\begin{aligned} &= 71 \\ \text{Number of respondents} &= \frac{350}{1100} \times 310 \\ \text{Selected in General Hospital Isanlu} &= 99 \end{aligned}$$

$$\begin{aligned} \text{Number of respondents} &= \frac{500}{1100} \times 310 \\ \text{Selected in General Hospital Mopamuro} &= 140 \end{aligned}$$

The study used a semi-structured, self-administered questionnaire to collect data on occupational stress among health workers. The questionnaire had four sections: socio-demographic characteristics, perceived occupational stress, causes, effects on service delivery, and coping strategies. The questionnaire was pre-tested among 31 health workers outside the study area. Data were collected and analysed using SPSS version 22. The study received ethical approval from the Research and Ethics Committee of the Kogi State Ministry of Health, Lokoja. Confidentiality and anonymity were maintained during questionnaire administration.

Results

The study involved 310 healthcare workers from three Nigerian health facilities, who completed a self-administered questionnaire, and the data were analysed with a 100% response rate.

Table 1: Socio-Demographic Characteristics of the Respondents

VARIABLE	Frequency N = 310	Percentage (%)	VARIABLE	Frequency N = 310	Percentage (%)
Age group (in years)			Type of Health Facility		
≤ 25	42	13.5	Mopa General Hospital	140	45.2
26 – 35	183	59.0	Isanlu General Hospital	99	31.9
36 – 45	71	22.9	ECWA Hospital Egbe	71	22.9
> 45	14	4.5			
Mean ± S.D	32.2 ± 7.2		Working Department / Unit		
Gender			Medical	143	46.1
Male	100	32.3	Surgical	48	15.5
Female	210	67.7	Family medicine	46	14.8
Category of health worker			Obstetrics & Gynaecology	45	14.5
Doctor	16	5.2	Community medicine	21	6.8
Nurse	88	28.4	Central Supply	7	2.3
CHEW	88	28.4			
Health Assistant	77	24.8	Employment type		
Others*	41	13.2	Permanent	282	91.0
Marital Status			Temporary	28	9.0
Single	116	37.4	Working sector		
Married	185	59.7	Public	238	76.8
Divorced	3	1.0	Private / Mission	72	23.2
Widow / Widower	6	1.9	Years of work experience		
Religion			≤ 5	153	49.4
Christianity	261	84.2	6 – 15	134	43.2
Islam	49	15.8	16 – 25	21	6.8
			> 25	2	0.6
			Mean ± S.D	7.1 ± 5.2	
Highest Level of Education					
Primary	7	2.3			
Secondary	43	13.9			
Tertiary	260	83.9			

* – Laboratory Scientist (29), Dental Technician (5), Pharmacist (3), Physiotherapist (2), Dentist (1), Radiologist (1)

Table 1 above shows the demographic characteristics of the respondents. The mean age of the respondents is 32.2 ± 7.2 years, and 59.0% of the respondents are aged between 26 – 35 years. The majority of the respondents are female (67.7%), married (59.7%), and Christian (84.2%) by religion. More than one-quarter (28.4%) of respondents were Nurses and Community Health Extension Workers, with a tertiary level of education (83.9%). Most (45.2%) of the respondents came from Mopa General Hospital of Kogi State, and 76.8% of the respondents came from the public health facilities. The mean years of practice as a healthcare professional was 7.1 ± 5.2 years, with 49.4% of the respondents practicing as a healthcare worker between 1st of appointment and 5 years, and most of the respondents (91.0%) were fully employed.

Table 2: Perceived Occupational Stress among Respondents.

VARIABLE	Frequency (N = 310)	Percentage (%)
Find work interesting as a health worker		
Yes	290	93.5
No	20	6.5
The amount of work assigned seems appropriate		
Yes	196	63.2
No	114	36.8
Have a say in the work I do		
Yes	190	61.3
No	120	38.7
Find given targets achievable		
Yes	240	77.4
No	70	22.6
Have everything needed to carry out the job properly		
Yes	128	41.3
No	182	58.7
Having a hard time feeling relaxed at work		
Yes	45	14.5
No	265	85.5
Able to speak honestly about issues related to the job in the workplace		
Yes	179	57.7
No	131	42.3
Likely to recommend a friend or family member for employment at the workplace		
Very likely	153	49.4
Not likely	157	50.6
Stress Perception score		
Yes	146	47.1
No	164	52.9

In Table 2, the results show that 93.5% of respondents found their work interesting, while 36.8% felt that the amount of work assigned was not appropriate. About sixty-one percent of the respondents have a say in their workplace; 77.4% of respondents found the given targets achievable, while 41.3% of respondents have everything needed to carry out various responsibilities properly.

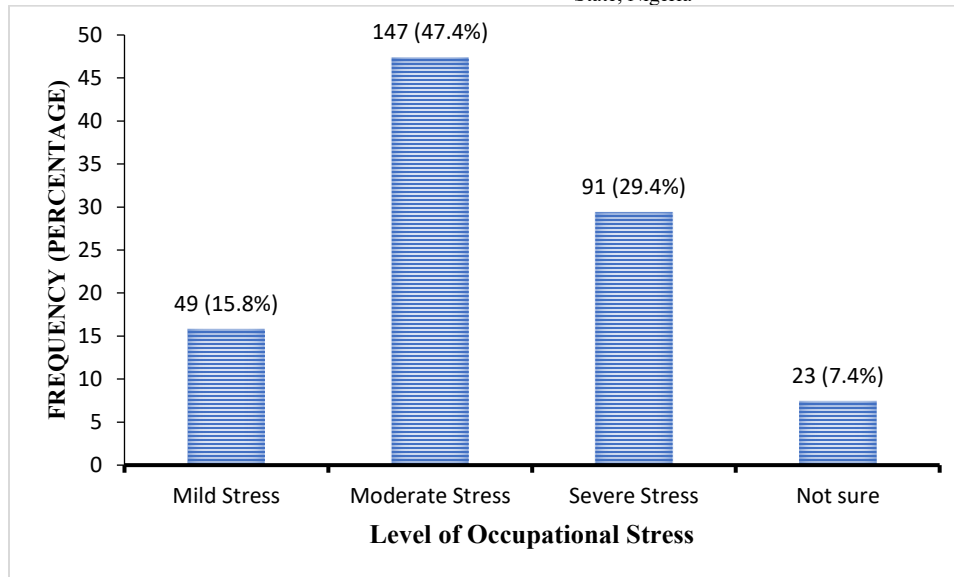


Figure 1: Respondents' Level of Occupational Stress.

Figure 1 shows that 147 (47.4%) respondents were moderately stressed, followed by 91 (29.4%) who were severely stressed, while 23 (7.4%) were not sure whether they were stressed.

Table 3: Causes of Occupational Stress among Respondents.

VARIABLE	Frequency (N = 310)	
	Yes (%)	No (%)
Insufficient/Inadequate number of staff.	287 (92.6)	23 (7.4)
Extremely Long working hours	264 (85.2)	46 (14.8)
Poor working condition	247 (79.7)	63 (20.3)
Strict Organization Policies	226 (72.9)	84 (27.1)
Inter-cadre conflicts/rivalry	220 (71.0)	90 (29.0)
Lack of job definition/specification	180 (58.1)	130 (41.9)
Not well skilled in the job/duty performed at work	160 (51.6)	150 (48.4)
Lack of supportive supervision	216 (69.7)	94 (30.3)
Lack/Inadequate medical supplies and equipment to work with.	243 (78.4)	67 (21.6)
Poor job remuneration/salary	267 (86.1)	43 (13.9)
Poor staff welfare	266 (85.8)	44 (14.2)
Absence or irregular leave (not allowed to go on leave)	234 (75.5)	76 (24.5)
Lack of job satisfaction	236 (76.1)	74 (23.9)
High workload	285 (91.9)	25 (8.1)
Absence of shift work	194 (62.6)	116 (37.4)
Handling a large number of patients.	274 (88.4)	36 (11.6)
Caring for difficult patients	255 (82.3)	55 (17.7)
Working with incompetent staff.	203 (65.5)	107 (34.5)
Lack of opportunities for growth, improvement and promotion in the workplace.	229 (73.9)	81 (26.1)
Long standing hours	265 (85.5)	45 (14.5)
Non-conducive work environment, call rooms and workstations.	225 (72.6)	85 (27.4)
Harassment from patients and their relatives	265 (85.8)	45 (14.5)
Poor delegation of duties	217 (70.0)	93 (30.0)
Others*	3 (1.0)	307 (99.0)

* – Job insecurity (1), Lack of sick leave (1), Language barrier (1)

Table 3 shows the most common cause of occupational stress was insufficient/inadequate number of staff (92.6%), followed by high work load (91.9%), handling large number of patients (88.4%), lack of opportunities for growth, improvement and promotion in the work place (85.5%), harassment from patients and their relatives (85.8%), extremely long working hours (82.5%) and poor working conditions (79.7%).

Table 4: Effects of Occupational Stress on Service Delivery among Respondents.

Variable	Frequency (N = 310)	
	Yes (%)	No (%)
Headache	298 (96.1)	12 (3.9)
Poor health condition of the health workers	209 (67.4)	101 (32.6)
Lack/Poor concentration on the job	220 (71.0)	90 (29.0)
Loss of work interest	235 (75.8)	75 (24.2)
Low productivity	222 (71.6)	88 (28.4)
Poor patient care or treatment	199 (64.2)	111 (35.8)
Accident in the workplace	165 (53.2)	145 (46.8)
Wrong treatment administered to patients.	129 (41.6)	181 (58.4)
Increased absenteeism from work.	184 (59.4)	126 (40.6)
Depression	186 (60.0)	124 (40.0)
Others*	2 (0.6)	308 (99.4)

* – *Poor teamwork (2)*

Table 4 also found that occupational stress negatively affected service delivery, including headache (96.1%), loss of work interest (75.8%), and low productivity (71.6%).

Table 5: Coping Strategies to Occupational Stress among Respondents.

Variable	Frequency (N = 310)	
	Yes (%)	No (%)
Social support from family, friends and colleagues.	253 (81.6)	57 (18.4)
Prioritizing and focusing on only important work-related activities.	242 (78.1)	68 (21.9)
Coming to work with a positive mindset and attitude.	293 (94.5)	17 (5.5)
Taking breaks from work to relax, meditate, pray or listen to music.	246 (79.4)	64 (20.6)
Use of drugs, alcohol or medications to function at work.	74 (23.9)	236 (76.1)
Keeping one's feelings to oneself.	124 (40.0)	186 (60.0)
Getting involved in social activities after work to relieve stress.	251 (81.0)	59 (19.0)
Reduce the tension in the workplace by having fun and joking around.	191 (61.6)	119 (38.4)
Ensuring all members of the team are effective during work hours.	275 (88.7)	35 (11.3)
Training the mind to believe that things will get better.	282 (91.0)	28 (9.0)
Others*	11 (3.5)	299 (96.5)

* – *Reducing working hours (5), Salary increment (3), Reducing workload (2), Eating a balanced diet (1)*

In Table 5, the coping strategies included social support (81.6%), prioritizing important work-related activities (78.1%), and coming to work with a positive mindset (94.5%).

Table 6: Factors Associated with the Respondents' Occupational Stress Level.

Demographic Variable	Stressed Yes n = 146 (%)	No n = 164 (%)	Total N= 310 (%)	Statistics
Age group (in years)				
≤ 25	23 (15.8)	19 (11.6)	42 (13.5)	$\chi^2 = 3.210$ p = 0.360
26 – 35	83 (56.8)	100 (61.0)	183 (59.0)	
36 – 45	31 (21.2)	40 (24.4)	71 (22.9)	
> 45	9 (6.2)	5 (3.0)	14 (4.5)	
Gender				
Male	41 (28.1)	59 (36.0)	100 (32.3)	$\chi^2 = 2.202$ p = 0.138
Female	105 (71.9)	105 (64.0)	210 (67.7)	
Category of health worker				
Doctor	8 (5.5)	8 (4.9)	16 (5.2)	$\chi^2 = 4.216$ p = 0.378
Nurse	45 (30.8)	43 (26.2)	88 (28.4)	
CHEW	35 (24.0)	53 (32.3)	88 (28.4)	
Health Assistant	41 (28.1)	36 (22.0)	77 (24.8)	
Others*	17 (11.6)	24 (14.6)	41 (13.2)	
Marital Status				
Single	59 (40.4)	57 (34.8)	116 (37.4)	$^+\chi^2 = 2.875$ p = 0.411
Married	81 (55.5)	104 (63.4)	185 (59.7)	
Divorced	2 (1.4)	1 (0.6)	3 (1.0)	
Widow / Widower	4 (2.7)	2 (1.2)	6 (1.9)	
Religion				
Christianity	126 (86.3)	135 (82.3)	261 (84.2)	$\chi^2 = 0.921$ p = 0.337
Islam	20 (13.7)	29 (17.7)	49 (15.8)	
Highest Level of Education				
Primary	6 (4.1)	1 (0.6)	7 (2.3)	$^+\chi^2 = 4.804$ p = 0.091
Secondary	21 (14.4)	22 (13.4)	43 (13.9)	
Tertiary	119 (81.5)	141 (86.0)	260 (83.9)	
Type of Health Facility				
Mopa General Hospital	61 (41.8)	79 (48.2)	140 (45.2)	$\chi^2 = 14.111$ p = 0.001*
Isanlu General Hospital	38 (26.0)	61 (37.2)	99 (31.9)	
ECWA Hospital Egbe	47 (32.2)	24 (14.6)	71 (22.9)	
Working Department / Unit				
Medical	67 (45.9)	76 (46.3)	143 (46.1)	$\chi^2 = 3.009$ p = 0.699
Surgical	18 (12.3)	30 (18.3)	48 (15.5)	
Family medicine	24 (16.4)	22 (13.4)	46 (14.8)	
Obstetrics & Gynaecology	24 (16.4)	21 (12.8)	45 (14.5)	
Community medicine	10 (6.8)	11 (6.7)	21 (6.8)	
Central Supply	3 (2.1)	4 (2.4)	7 (2.3)	
Employment type				
Temporary	20 (13.7)	8 (4.9)	28 (9.0)	$\chi^2 = 7.314$ p = 0.007*
Permanent	126 (86.3)	156 (95.1)	282 (91.0)	
Working sector				
Public	98 (67.1)	140 (85.4)	238 (76.8)	$\chi^2 = 14.415$ p < 0.001*
Private / Mission	48 (32.9)	24 (14.6)	72 (23.2)	
Years of work experience				
≤ 5	71 (48.6)	82 (50.0)	153 (49.4)	$^+\chi^2 = 7.969$ p = 0.047*
6 – 15	60 (41.1)	74 (45.1)	134 (43.2)	
16 – 25	15 (10.3)	6 (3.7)	21 (6.8)	
> 25	0 (0.0)	2 (1.2)	2 (0.6)	

* – Statistically significant

+ – Likelihood Ratio

Table 6 identified several factors associated with occupational stress, including type of health facility ($p = 0.001$), employment type ($p = 0.007$), working sector ($p < 0.001$) and years of work experience ($p = 0.047$).

Table 7: Predictors of the Respondents' Demographic Characteristics and Stress Level.

Predictor factor	Adjusted Odds Ratio	95% CI	p-value
Type of Health Facility			
Mopa General Hospital (<i>Reference Category</i>)			
Isanlu General Hospital	0.84	0.490 – 1.456	0.543
ECWA Hospital Egbe	0.00	0.000 –	1.000
Employment type			
Temporary	3.41	1.390 – 8.351	0.007*
Permanent (<i>Reference Category</i>)			
Working sector			
Public (<i>Reference Category</i>)			
Private / Mission	0.00	0.000 –	1.000
Years of work experience			
≤ 5 (<i>Reference Category</i>)			
6 – 15	1.09	0.664 – 1.795	0.730
16 – 25	4.08	1.460 – 11.371	0.007*
> 25	0.00	0.000 –	0.999

* *Statistically significant*

Table 7 shows that respondents with temporary employment and those with 16 – 25 years of work experience were more likely to experience occupational stress. Hence, employment type and years of work experience were significant predictors of occupational stress. The study examines the impact of occupational stress on health workers in Yagba Federal Constituency, Nigeria. Most respondents are female, married, predominantly Christian, and have a higher proportion with tertiary education. Occupational stress is a global concern, affecting health workers' well-being and the quality of care. Causes include insufficient staffing, high workloads, large patient volumes, limited opportunities for professional growth, patient harassment, long working hours, and poor working conditions. Despite these challenges, health workers in Yagba Federal Constituency use coping strategies such as social support, prioritising work-related activities, and maintaining a positive mindset.

Conclusion

A study of occupational stress among health workers in the Yagba Federal Constituency finds that 47.4% report moderate stress and 29.4% severe stress. Contributing factors include heavy workloads, patient-related issues, understaffing, long working hours, and poor working conditions. This stress can harm healthcare professionals' psychological and physical health, reducing productivity and patient satisfaction. Coping strategies include setting priorities, seeking support, and maintaining optimism. However, ongoing interventions and supportive frameworks are needed to strengthen these strategies and cultivate a resilient work culture. Factors such as health institution, employment position, industry, and years of work experience are important predictors of occupational stress. Comprehensive measures are needed to reduce occupational stress and enhance worker wellbeing in the healthcare industry. Further research is needed to assess the impact of these strategies, examine how personal challenges, interpersonal stress, and environmental factors affect job delivery and healthcare performance, and explore the moderating effects of gender, management style, and personality traits on occupational stress management strategies and healthcare productivity outcomes.

Recommendations

The study aimed to evaluate the impact of occupational stress on health workers in Yagba Federal Constituency, Kogi State, and provide recommendations to government, management, and health workers.

1. The government should introduce legislation for social support for health workers in Yagba Federal Constituency, Kogi State, implement effective stress management strategies, promote productivity, and ensure adherence to professional standards in the patient-health worker ratio to reduce occupational stress.
2. Hospital management in Yagba Federal Constituency, Kogi State should manage occupational stress to prevent negative effects on health workers' job performance. Social support provisions, stress-prevention measures, and a collective understanding of stress causes are essential. Management should instill discipline, professionalism, and orderliness in their duties, promote mental health balance, and strengthen structural mechanisms for stress relief. This will help maintain workplace harmony and productivity.
3. Health workers in Yagba Federal Constituency, Kogi State should avoid negative effects on job performance and use support provisions to reduce occupational stress. They should rest and avoid over-ambition, focusing on mental health balance and social activities. Health workers should be intentional about achieving a stress-free work-life, promoting enjoyment and balance in other aspects of life.

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