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The Journal Impact Factor Value is 1.283 for the year 2004 - 2025 based on
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16TH EDITION LAUTECH JOURNAL OF NURSING

**A Publication of the Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology, Ogbomoso, Nigeria**

VOLUME 16, March, 2025

ISSN 2659-1405

16th Edition LAUTECH Journal of Nursing (LJN)

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ISSN 2659-1405

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VOLUME 16, March 2025

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Printed and published in Nigeria by

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2. The LJN has the tripartite mission of:
 - (a) Promoting a culture of excellence in Nursing Research.
 - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
 - (b) Essays and issues papers that contribute to reorienting received ideas, values and practices.
 - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, nineteen (19) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Assessment of client satisfaction with contraceptive services in public health care facilities in Zamfara State, Nigeria; Sociocultural and economic determinants of open defecation practices in Kano State, Nigeria; effect of simulation based training on midwives' skills in managing retained placenta with umbilical vein oxytocin injection in health facilities, Osun State, Nigeria; Nurses Level Of Preparedness In Management Of Patient With Viral Hemorrhagic Fever In Emergency Ward In University Of Ilorin Teaching Hospital, **Nigeria**; Nursing Education: A Sine Qua Non For Addressing The Healthcare Demands Of The 21st Century; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Prevalence And Outcome Of Malaria Infection Among Children Below 11 Years In A Tertiary Healthcare Facility In Benin City From 2018-2020; Factors Influencing Prevalence Of Gender Based Violence Among Men And Women In Bagudo LGA Kebbi State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Quackery In Nursing, The Causes, Effects And Control Measures: The Nigeria Experience; Knowledge, attitude and practice of injection safety among nurses in Nigeria: a case study of University of Ilorin Teaching Hospital Ilorin, Kwara State, Nigeria; Awareness Of Computer Vision Syndrome Among Staff Of Information Communication And Technology Unit Of University Of Benin Teaching Hospital, Benin City, Edo State, Nigeria; Utilization Of Personal Protective Equipment Against Organic Dusts Among Poultry Farmers In Ona-Ara Local Government Area, Ibadan, Nigeria; Predictors Of Surgical Site Infection Amongst Post Operative Patients In Federal Medical Centre Lokoja, Nigeria; Evaluation Of The Involvement Of Nurses In Policies And Policy Formulation In Nigeria; Determinants of Stress and Coping Mechanisms among Nurses in Aminu Kano Teaching Hospital, Kano State, Nigeria; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Adaptation To Stress And Academic Performance Of Students In Nursing Institutions In Oyo State, Nigeria; Medication Adherence And Quality Of Life Of Hypertensive Patients Attending Selected Hospitals In Port Harcourt, Rivers State, Nigeria; Perspectives Of Youth On The Legalization Of Abortion In North Central Nigeria.

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Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focus on but not limited to research findings in the different areas of Nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Eighty authors have contributed in one way or the other to the thirteenth edition of the journal.

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DETERMINANTS OF STRESS AND COPING MECHANISMS AMONG NURSES IN AMINU KANO TEACHING HOSPITAL, KANO STATE, NIGERIA

NAFISA UMAR USMAN & UMAR YUNUSA

ABSTRACT

Occupational stress is a becoming a global phenomenon faced by nurses while carrying out their duties. This challenging situation is not only detrimental to the nurses but also affects their families and patients. While some strategies have been used by nurses to cope with the stress, its prevalence is gradually increasing and requiring more definitive solutions. The purpose of this research is to explore the determinants of stress & coping mechanisms adopted by nurses working in Aminu Kano Teaching Hospital. A cross-sectional descriptive research design was employed for the study. Sample size of 130 respondents determined using Cochran formula. Stratified random sampling technique was used to select 130 respondents for the study. Structured questionnaires were administered to 130 respondents recruited. Collected data was cleaned, entered the Statistical Package for Social Sciences (SPSS) and analyzed using descriptive statistics. The socio demographic characteristics indicates that majority of the respondents are within the ages of 26-30 years (28.5%), married (61.5%), females (67.7%) and with the highest qualification as BNSc (58.5%). This study further shows that majority of the respondents are from the department of medicine (61.5%), with than 9 years of working experience (83.1%). Result from this study shows that the determinant of stress is professional factors (56%). This study observes that emotional (10.7%), physical (10.2%), cognitive (7.6%) and behavioural (5.5%) are not respondents' nature of occupational stress. Findings also shows that the coping mechanism adopted by nurses in dealing with occupational stress are working on Hobbies (54.6%), Talking with colleagues and (49.3%) Going for annual leave (51.6%). The study concluded that nurses face several physical, emotional, and behavioral stress ranging from diminished creativity, sleeping difficulty, forgetfulness and disorganization. It is therefore recommended that nurses are provided with adequate equipment to carry out their responsibilities and involved in decision making without discrimination.

Keywords: Determinants; Stress; Coping Mechanisms; Nurses

INTRODUCTION

Nursing is globally acknowledged to be challenging and stressful profession (Adeolu, Yussouf & Papoola, 2019). It is a job that needs expenditure of energy on many levels. Physically, the vocation can be challenging with high level of muscular-skeletal stress, leading to many aches and pain. Mentally, nurses are expected to be alert, calculating drug dosages, responding to significant questions from patients and relatives. Emotionally, the impact is felt more when they empathize and assist people, and from stress of working in an environment where there is pain and sadness. The nurses work environment is mostly characterized by resource constraints, inadequate staff support and organizational modification, which add to the energy utilized (Dall'Ora, et al, 2020). Every work environment especially within a hospital setup needs to be conducive, friendly and stress-free to promote quality care and wellbeing of health care workers whose job demands are increasing day by day. (Wong, 2017).

Stress is considered a normal part of life which is necessary occasionally as a push to increasing functional capacity, but when it is experienced over a prolonged period it becomes detrimental to health leading to a decline in productivity (Salleh & Nizam, 2018). There are several studies which indicated that the stress is intrinsic in health care, and it adversely impacts the physical and psychological well-beings of health care professionals especially nurse. Nurses have long been known to experience appreciable stress and are considered to be a highly

stressful group and were worryingly associated with higher rates of psychological distress than many other workers of different sectors (Khosa, 2019). Nurses are exposed to tension, frustration and anxiety as they go about the task assigned to them.

Within the sub-Saharan African populates, life events at the workplace stands out as a potentially important sources of stress purely because of the amount of time spent in this setting (Scott, 2018). The negative effect of work on an individual is referred to as work related stress or occupational stress. Personality traits also influence individual reaction to stress because what may be strenuous to one person may be stimulating to another (Robinson, Warraich & Nawaz, 2019). Nurses work tirelessly rendering care to critically and chronically ill patients who are between life and death in an environment where there is lack of tolerance for error (Arafa, 2018), all these can exert intense psychological and physical pressures on the health care giver leading to stress or burn out syndrome.

Among health care professionals, nurses have been found to be most prone to burnout (Khosa, 2019). This is more so because nurses are expected to deliver humane, empathetic, culturally sensitive, proficient and moral care, in working environments with limited resources, reduced supply of nurses and increasing responsibilities. Such imbalance between providing high quality care within an environment of limited resources leads to stress (Johson, 2015). Alterbach et al, (2021) showed that the stress of the Nigerian health care workers especially nurses is worrying. He further revealed that the hospital unit where a nurse works was a predictor of stress. This implies that the levels of stress vary depending on whether the nurse works at the operating room, Rehabilitation unit, intensive care unit, OPD or the wards. The findings from studies conducted by (Adeolu et al, 2019; Alterbach, et al, 2021) in Nigeria indicates that alcohol/drug use, getting emotional/psychological supports and advice from colleagues and friends, turning to other

activities to take mind off and comfort in religion or spiritual beliefs (praying and meditation) are the main coping strategies applied by nurses to cope with workplace stress. Other reported coping strategies were recreation activities like sport, watching movies/ music/ TV, while least used coping strategy is self blame (Alharbi, & Alashery, 2019).

In Nigeria, most health care providers especially at the secondary and tertiary levels of care have been exposed to harsh and unconducive condition which leads to increase work-related stress among health care workers (Arafa, 2018). The nurse-patients ratio per shift in Nigeria is 1:13 compared to 1:4 recommended by World Health Organization and Nursing and Midwifery Council of Nigeria respectively (Adeolu et al, 2019). This ratio contributed to stress nurse's encounter and the decline in the quality and efficiency of professional practice among nurses. Nursing staff are exceptionally stressed by both qualitative and quantitative job overload, including shift work, physically demanding postural change, bathing assistance, lack of supervisor and co-worker support, and long working hours among others. This has been a strong contributory factor to accidents or near misses in the healthcare settings which affects service delivery. Stress in the workplace is linked with several health problems in employees. Work-related stress has been connected with increased occupational accidents, low job satisfaction, reduced productivity (Hanson, et al., 2018). It is often believed that whenever hospital worker is stressed up, there is bound to be mismanagement of equipment which may lead to its damage, injury, or accident to the staff or patient.

Despite the fact that there are apparent indications of occupational stress among nurses in Nigeria, these indications are not well defined (Adeolu, et al, 2019). There is a dearth of empirical data on stress and coping strategies among nurses working in Kano State, Northern Nigeria. It is against this

backdrop that this study was conducted to assess the stress and coping strategies among nurses at Aminu Kano Teaching Hospital.

METHODOLOGY

Design: A descriptive cross-sectional design was used for the study

Target Population: nurses at the Aminu Kano Teaching Hospital with specific regard to occupational stress levels and coping strategies.

Inclusion Criterion: The study included only Registered Nurses who have worked for at least one year on full term basis.

Exclusion Criterion: The study excluded other categories of nurses who are not on full term employment and worked for less than one year such as intern nurses, student nurses, nurses on locum appointment, and nurses who are on leave.

Sample Size Determination: Sample size of 130 respondents calculated using Cochran formula was used for the study (Khosa, 2019).

Sampling technique: Proportional stratified sampling technique was used to select the eligible respondents from various units of the hospital.

Instruments of Study: A pre-tested and structured self-administered questionnaire was used for the study which was developed through adaptation from a tool used in a study on Management Standards' and work-related stress in the UK developed by Cousins et al (2004). The questionnaire consists of five (5) sections.

Section A consists of six (6) questions on demographic characteristics such as age, gender, marital status, educational level, duration of work or years of experience and unit at work.

Section B consists of twelve (12) questions on the nature of occupational stress.

Section C consists of twenty-three (22) questions on the contributing factors of occupational stress with variables such as the working environment, working relationship, role and organizational factor.

Section D consists of sixteen (16) questions on the effects of stress on work performance among nurses and

Section E consists of Thirteen (13) questions on the coping strategies of occupational stress comprising of different variables used by nurses in coping with stress.

Data Analysis: Collected data was crosschecked for accuracy, cleaned and entered into the Statistical Package for Social Sciences (SPSS) version 20.0. Data was then analyzed using descriptive statistics and presented in simple frequency tables.

Ethical Consideration: Ethical clearance to conduct the study was sought from the Bayero University Health Research Ethics Committee (BUK-HREC) and approval was received with reference number BUK/HREC/301.

RESULTS

A total of 130 questionnaires were distributed and same were successfully retrieved and analyzed (100% response rate).

Findings from the study as revealed in Table 1 showed that more than one quarter of the respondents (28.5%) are between the age 26-30 years and more than two third (67.7%) of the respondents were females. The table also showed that the highest qualification of majority of the respondents (58.5%) is BNSc and less than one out of every ten (8.5%) of them have a postgraduate degree in nursing. The table also indicated that majority of the respondents (83.1%) have more than 9 years of working experience and (27.7%) were in working in medicine department and more than two-third of them (61.5%) were married. The socio demographic characteristics indicates that majority of the respondents are within the ages of 26-30 years (28.5%), married (61.5%), females (67.7%) and with the highest qualification as

BNSc (58.5%). This study further shows that majority of the respondents are from the

department of medicine (61.5%), with than 9 years of working experience (83.1%).

Table 1 : Distribution of Respondents by Socio-Demographic Characteristics N=130

Variables(N=130)	Frequency	Percentage (%)
Age		
20-25	16	12.3
26-30	37	28.5
31-35	26	20.0
36-40	20	15.4
Above 40	31	23.8
Marital status		
Married	80	61.5
Single	50	38.5
Sex		
Male	42	32.3
Female	88	67.7
Highest level of qualification		
Registered Nurse	43	33.1
Bachelor of Nursing Science	76	58.5
Postgraduate Degree in Nursing	11	8.5
Department		
O&G	27	20.8
Pediatrics	25	19.2
Medicine	36	27.7
Surgery	29	22.3
Psychiatry	13	10.0
Years of experience		
Less than 3	33	25.4
3-5	19	14.6
6-8	30	23.1
More than 9	48	36.9

Table 2 showed that the determinant of stress is professional factors (56%) while work environment (40%), relationship (30%), role

(43.2%) and organizational factors (46.4%) are not determinants.

Table 2: Determinants of Stress among Respondents

Variables(N=130)	Never		Seldom		Sometimes		Often	
	F	%	F	%	F	%	F	%
PROFESSIONAL FACTOR								
Limited time to carry out duties	18	13.8	63	48.5	30	23.1	19	14.6
Very heavy workload	6	4.6	26	20.0	75	57.7	23	17.7
Difficult patients and relatives	8	6.2	37	28.5	73	56.2	12	9.2
Monotonous and repetitive/boring work	58	44.6	29	22.3	30	23.1	13	10.0
Working under pressure	11	8.5	24	18.5	80	61.5	15	11.5
Inadequate break time/meal times	12	9.2	50	38.5	48	36.9	20	15.4
		14.5		29.4		43		13
WORK ENVIRONMENT FACTOR								
Noisy working environment	45	34.6	43	33.1	27	20.8	15	11.5
Poor ventilation at work	32	24.6	51	39.2	36	27.7	11	8.5
Inadequate equipment/insufficient resources	17	13.1	33	25.4	50	38.5	30	23.1
Unhygienic and unsafe environment	37	28.5	55	42.3	26	20.0	12	9.2
		25.2		30		26.8		13
RELATIONSHIP FACTOR								
Poor relationship with colleagues	70	53.8	46	35.4	11	8.5	3	2.3
Poor relationship with supervisors	61	46.9	50	38.5	16	12.3	3	2.3
Lack of communication	28	21.5	65	50.0	28	21.5	9	6.9
Lack of appreciation/motivation	16	12.3	29	22.3	64	49.2		16.2
		33.6		36.6		23		7
ROLE FACTOR								
Conflicting roles with others	38	29.2	49	37.7	34	26.2	9	6.9
Unclear expectations	28	21.5	50	38.5	44	33.8	8	6.2
Harassment or discrimination	19	14.6	38	29.2	63	48.5	10	7.7
		21.8		35.1		36.2		7
ORGANIZATIONAL FACTOR								
Change in policy	64	49.2	38	29.2	19	14.6	9	6.9
Rigid rules and regulation	23	17.7	59	45.4	33	25.4	15	11.5
Shortage of staff	27	20.8	48	36.9	39	30.0	16	12.3
Poor communication network	7	5.4	26	20.0	61	46.9	36	27.7
		23.3		33		29.2		17.2

Table 3 revealed that more than half (50.8%) of the studied participants sometimes experience an emotional stress of diminished creativity and initiative. Sleeping difficulty was the major physical stress reported by the study participants (65.5%). About two third of the participants (63.9%) reported forgetfulness and disorganization as a common cognitive

stress affecting their work, The Table also indicated more than one quarter of the respondents (27.7%) reported procrastination and avoiding responsibilities as a common behavioural stress. This study observes that emotional (10.7%), physical (10.2%), cognitive (7.6%) and behavioural (5.5%) are not respondents' nature of occupational stress.

Table 3 : Distribution of Respondents by Nature of Occupational Stress

Variables (N=130)	Never		Sometimes		On regular basis		Most often	
	F	%	F	%	F	%	F	%
EMOTIONAL								
Diminished creativity and initiative	45	34.6	66	50.8	16	12.3	3	2.3
Avoiding others	75	57.7	44	33.8	9	6.9	2	1.5
Feeling bad about self (low self-esteem), lonely, worthless, and depressed	74	56.9	44	33.8	9	6.9	3	2.3
		50		39.5		8.7		2
PHYSICAL								
Loss of sexual desire and/or ability	76	58.5	44	33.8	6	4.6	4	3.1
Sleeping difficulties, such as insomnia	45	34.6	73	56.2	11	8.5	1	0.8
Nervousness and shaking, ringing in the ear, cold or sweaty hands and feet	83	63.8	40	30.8	6	4.6	1	0.8
COGNITIVE		42		40.3		6		1.6
Forgetfulness and disorganization	47	36.2	65	50.0	11	8.5	7	5.4
Being pessimistic or seeing only the negative side	79	60.8	42	32.3	8	6.2	1	0.8
Inability to focus	56	43.1	37	28.5	27	20.8	1	7.7
BEHAVIORAL		46.7		37		11.8		4.6
Procrastinating and avoiding responsibilities	83	63.8	36	27.7	9	6.9	2	1.5
Increased use of alcohol, drugs.	99	76.2	24	18.5	4	3.1	3	2.3
Exhibiting more nervous behaviors	93	71.5	31	23.8	5	3.8	1	0.8
		70		26.3		4		1.5

Table 4 above revealed the different coping mechanisms employed by nurses in dealing with occupational stress. Majority of the respondents (36.2%) indicated that talking with friends about the stressors is the most coping mechanism they used on regular basis. Others are setting priorities and dealing with problems accordingly (33.1%), delegating responsibility to others

(33.8%) and listening to music or watching television (32.3%) are the most used coping mechanisms to deal with occupational stress. Findings of this study shows that the coping mechanism adopted by nurses in dealing with occupational stress is working on Hobbies (54.6%) , Talking with my colleagues and (49.3%) Going for annual leave (51.6%).

Table 4: Distribution of Respondents by Coping Mechanisms Adopted by Nurses on Stress

Variables	Never		Seldom		On a regular basis		Most often	
	F	%	F	%	F	%	F	%
Using meditation	34	26.2	53	40.8	36	27.7	7	5.4
Delegating responsibility	35	26.9	41	31.5	44	33.8	9	6.9
Exercising	31	23.8	47	36.2	36	27.7	16	12.3
Getting away	55	42.3	39	30.0	30	23.1	6	4.6
Working on Hobbies	29	22.3	30	23.1	39	30.0	32	24.6
Planning ahead for stressful	19	14.6	50	38.5	39	30.0	22	16.9
Talking with my colleagues	15	11.5	51	39.2	47	36.2	17	13.1
Engaging in religious/spiritual	19	14.6	56	43.1	34	26.2	21	16.2
Listening to music /watching television	24	18.5	50	38.5	42	32.3	14	10.8
Using drugs or alcohol	86	66.2	32	24.6	10	7.7	2	1.5
Taking a short period of time to relax	18	13.8	57	43.8	37	28.5	18	13.8
I set priorities and deal with problems accordingly	9	6.9	54	41.5	43	33.1	24	18.5
Going for my annual leave	19	14.6	56	43.1	37	28.5	18	13.8

DISCUSSION

The study was conducted to explore the determinants of stress and coping mechanisms among nurses of Aminu Kano Teaching Hospital, Kano State. The socio demographic characteristics indicates that majority of the respondents are within the ages of 26-30years, married, females and with the highest qualification as BNSc. This study further shows that majority of the respondents are from the department of medicine, with than 9 years of working experience. Findings revealed that the determinants of stress in this study, is

professional factors. This study is not in support of Zhang, Flum, Kotejshyer, Fleishman, Henning and Punnett (2016) who discovered that organizational factors are determinants of stress. This study is in line with Krupp, Hielscher, Kirchen-Peters, Betriebliche Gesundheitsförderung in der Pflege – Umsetzungsbarrieren und Handlungsansätze.(2020) who reported that interpersonal factors, e.g., pressure from coworkers and supervisors are that the determinants of stress. This study is consistent with Loo-See (2012) where their respondents identified that inconsiderate and inequitable

superior/matron, lack of recognition, and conflict within and between groups were the stressors.

This study observes that emotional, physical, cognitive and behavioural are not respondents' nature of occupational stress. This study is not consistent with Federica, Maria Francesca and Maria Clelia (2024) who identified *Active / Solution - Oriented*, *Dysregulated/Emotion-focused*, and *Passive/Disengaged* as patterns of coping with stress. Findings of this study shows that the coping mechanism adopted by nurses in dealing with occupational stress is working on Hobbies, talking with my colleagues and Going for annual leave. This study is in support of Loo-See (2012) where their respondents also view social support as a buffer against the dysfunctional consequences of stress emanating from the workplace and established network of friends, family, superior, peers, and colleagues to seek emotional support when faced with job-related stress in the workplace.

CONCLUSION

The study concluded that the determinants of stress in this study, is professional factors and Common strategies adopted by nurses to cope with stress include working on Hobbies, Talking with my colleagues and Going for annual leave It is therefore recommended that nurses workloads are adequately weighted to be motivating. They should also be provided with adequate equipment to carry out their responsibilities and involved in decision making without discrimination.

Competing interest

Authors declare no conflict of interests.

Funding

This study received no external funding

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