

**INVESTIGATING THE PERCEIVED INFLUENCE OF STRESS ON THE WORK
OUTPUT OF NURSES AT KWARA STATE UNIVERSITY TEACHING HOSPITAL,
ILORIN.**

BY

UDO MOKUTIMABASI PIUS

AT

THOMAS ADEWUMI UNIVERSITY, OKO-IRESE, KWARA STATE.

AUGUST, 2025

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
“BACHELOR OF NURSING SCIENCE” DEGREE.**

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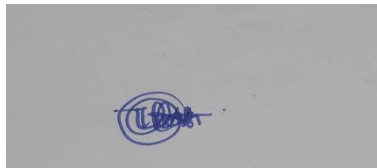
Declaration

This is to declare that this research project titled **“INVESTIGATING THE PERCEIVED INFLUENCE OF STRESS ON THE WORK OUTPUT OF NURSES AT KWARA STATE UNIVERSITY TEACHING HOSPITAL, ILORIN.”** was carried out by **UDO, MOKUTIMABASI PIUS** and is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

Matriculation number: **20/05NSS026**

In the **Faculty of Nursing Sciences, Thomas Adewunmi University, Oko-Irese, Kwara State.**

Signature:

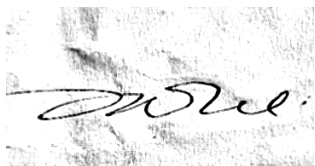


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Certification

This is to certify that this research project carried out by **UDO MOKUTIMABASI PIUS** with matriculation number **20/05NSS026**, has been examined and approved for the award of

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Abstract

Work-related stress among nurses is a critical issue that can affect both healthcare professionals' performance and patient outcomes. This study examines the perceived impact of stress on the work performance of nurses at Kwara State University Teaching Hospital, Ilorin. The study aims to identify the causes of work-related stress, analyze its correlation with job dissatisfaction, evaluate its effects on patient safety and job performance, and ascertain if work stress contributes to adverse job attitudes among nurses. A descriptive research methodology was employed, and data were gathered from nurses via structured questionnaires. The sample comprised 104 nurses, and statistical analyses were performed to examine the correlations among factors. The findings indicated that substantial correlation exists between stress and job dissatisfaction among nurses. Likewise, the degree of stress experienced by nurses does impact patient safety. Long working hours adversely affect job performance, resulting in diminished efficiency and production. Moreover, 52% of respondents reported that work-related stress was demonstrated to impact adverse job attitudes, hence impacting nurses' interactions and collaboration with peers. In conclusion, whereas some stressors do not markedly influence job discontent or patient safety, extended working hours and occupational stress lead to diminished performance and adverse attitudes. The report advocates for hospital administration to adopt policies aimed at minimizing extended working hours and to provide support mechanisms for nurses to alleviate stress. This may enhance job performance and cultivate a more conducive work environment. Subsequent research should investigate stressors inside various healthcare organizations to formulate broadly applicable solutions.

Keywords: Nurse Stress, Job performance, Patient Safety

Dedication

This work is dedicated to God Almighty, Who has sourced my inspiration, wisdom, knowledge and understanding. And to my parents, Mr. and Mrs. Pius Udo thank you for lifting me up in moments of doubts, and for celebrating every milestone along the way. This achievement is a reflection of your faith in me, and I am deeply grateful for each of you.

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CHAPTER 1

1.0 Introduction

Occupational stress is an alarming worldwide phenomenon and has been a major public health problem. Occupational stress refers to the process by which stressors in the work environment lead to the development of psychological, behavioural or physiological strains that result in long-term health effects, and is also known as work- or job-related stress (Levy et al., 2017). An expert survey conducted by the International Labour Organization (ILO) revealed that occupational stress is a worldwide problem that causes adverse personal and organizational outcomes, and is a major concern in specific sectors, particularly in health care, education, services, finance, retail, transport and construction, and the public sector in general (International Labour Organization, 2016). Nurses, in particular, are known to experience high levels of occupational stress. According to a study conducted in the United Kingdom, nurses were among the three most stressful occupational groups (Health & Safety Executive, 2020).

1.1 Background Study

Nursing is a critical profession within the healthcare system, marked by considerable physical, emotional, and psychological demands. Nurses often work in high-pressure environments where they are responsible for delivering complex patient care, managing emergencies, and maintaining clinical accuracy, all under time constraints and limited resources. These conditions make nurses particularly vulnerable to occupational stress, which is defined as the harmful emotional or physical response that occurs when job demands exceed the worker's capabilities or resources (World Health Organization, 2020).

Globally, occupational stress among nurses has drawn significant attention. According to the World Health Organization (2020), approximately 30–50% of nurses experience moderate to severe stress, with burnout rates reaching up to 70% in high-demand settings. In Africa, this

burden is even greater due to chronic staff shortages, limited health infrastructure, and inadequate institutional support. Abo et al. (2024) found that stress prevalence among nurses in several African countries ranges between 37.8% and 75%.

In Nigeria, stress is a well-documented challenge among nurses, with studies indicating that over 60% experience work-related stress due to factors such as excessive workload, long shifts, poor remuneration, and emotional exhaustion (Sarafis et al., 2021; Alenezi et al., 2020). These stressors not only affect the mental and physical well-being of nurses but also impair job performance, reduce efficiency, and increase the likelihood of clinical errors. At the state level, there is limited empirical data specifically addressing the experiences of nurses in Kwara State. However, it is reasonable to expect that similar stressors are present, particularly in secondary and tertiary healthcare institutions where patient volume and service expectations are high.

Work-related stress has been shown to negatively affect concentration, decision-making, and interpersonal relationships, all of which are essential to effective nursing care. The Job Demands–Resources (JD-R) model explains that when high job demands are not balanced by adequate resources, stress increases, leading to reduced productivity and burnout (Bakker & Demerouti, 2017). Addressing these stressors is not only crucial for protecting nurses' well-being but also for maintaining high standards of patient care.

Thus, a deeper understanding of how nurses at Kwara State University Teaching Hospital perceive and are affected by occupational stress is necessary. Such insights are vital for designing targeted interventions that can improve nurses' work conditions, job satisfaction, and the overall quality of healthcare delivery in the region.

1.2 Statement of Problem

During clinical postings, I observed that wards were often overcrowded with patients while the number of available nurses was insufficient to meet their needs. This mismatch frequently

compromised the quality of care and appeared to contribute to elevated stress levels among nurses.

Occupational stress is an increasingly recognized challenge within the nursing profession, particularly in hospital settings where nurses face constant physical demands, emotional strain, and limited resources. These stressors can lead to professional burnout, decreased job satisfaction, and compromised clinical performance. When left unaddressed, such stress not only affects the well-being of nurses but also undermines patient safety and the overall quality of healthcare delivery.

Globally, studies report that between 30–50% of nurses experience moderate to high levels of stress, with burnout rates reaching up to 70% in high-pressure healthcare environments (World Health Organization, 2020). In Africa, prevalence rates range from 37.8% to 75%, largely driven by systemic issues such as inadequate staffing, limited support systems, and poor working conditions (Abo et al., 2024). In Nigeria, more than 60% of nurses report experiencing work-related stress, with long shifts, overwhelming patient loads, and insufficient institutional support being common contributing factors (Sarafis et al., 2021).

Despite growing research at national and regional levels, there remains limited empirical evidence addressing the specific experiences of nurses in Kwara State, particularly at Kwara State University Teaching Hospital, Ilorin. This lack of localized data makes it difficult for hospital administrators and policymakers to design effective interventions tailored to the realities faced by nurses in this setting. Recent events, such as the COVID-19 pandemic, have further intensified these challenges, exposing nurses to greater psychological and physical demands. This gap highlights the need for focused research in this context.

This study, therefore, seeks to address this gap by investigating the perceived influence of stress on the work output of nurses in Kwara State University Teaching Hospital. The

findings will provide evidence-based insights to support the development of sustainable strategies aimed at improving nurse performance, job satisfaction, and patient care outcomes.

1.3 Objectives of the Study

The broad objective of this study is to investigate the influence of stress on work behaviour among Nurses in Kwara State University Teaching Hospital, Ilorin. The specific objectives are to:

1. Identify the causes of work stress among nurses in Kwara State University Teaching Hospital, Ilorin.
2. Determine the relationship between stress and job dissatisfaction among Nurses in Kwara State University Teaching Hospital, Ilorin.
3. Examine the perceived effect of stress among nurses on the safety of patients in Kwara State University Teaching Hospital, Ilorin.
4. Investigate the impact of long working hours on the job performances of Nurses in Kwara State University Teaching Hospital, Ilorin.
5. Assess if work stress influences negative job attitudes among Nurses in Kwara State University Teaching Hospital, Ilorin.

1.4 Research Questions

The relevant research questions related to this study are:

1. What are the causes of work stress among nurses in Kwara State University Teaching Hospital, Ilorin?
2. What is the relationship between stress and job dissatisfaction among Nurses in Kwara State University Teaching Hospital, Ilorin?
3. What is the effect of stress among nurses on the safety of patients in Kwara State University Teaching Hospital, Ilorin?

4. What is the impact long working hours on the job performances of Nurses in Kwara State University Teaching Hospital, Ilorin?
5. Does work stress influence negative job attitudes among Nurses in Kwara State University Teaching Hospital, Ilorin?

1.5 Research Hypotheses

1. There is no significant relationship between stress and job dissatisfaction among Nurses in Kwara State University Teaching Hospital, Ilorin.
2. There is no significant relationship between the level of stress among nurses and the safety of patients in Kwara State University Teaching Hospital, Ilorin.
3. There is no significant relationship between long working hours and the job performances of Nurses in Kwara State University Teaching Hospital, Ilorin.
4. There is no significant relationship between work stress and negative job attitudes among Nurses in Kwara State University Teaching Hospital, Ilorin.

1.6 Significance of the Study

This study is significant to medical directors as it sheds light on the factors contributing to nurses' poor performance in hospitals. It thoroughly explores the relationship between stress and work behavior among nurses, highlighting how long working hours lead to work-related stress and its impact on nurse productivity.

Additionally, the study investigates methods to reduce work stress in hospital settings. Implementing these measures could enhance patient safety, as stressed nurses may often exhibit aggression towards patients, negatively affecting their recovery.

The research findings also serve as a valuable reference for future studies on similar topics.

1.7 Scope of the Study

The scope of this study is restricted to examining the perceived influence of stress on work behaviour among nurses in Kwara State University Teaching Hospital, Ilorin. Some of the major constraints the researchers encountered in putting up this research include lack of time, lack of willingness to give information by respondents and also limited resources.

1.8 Operational definition of Terms

- **Influence:** the effect that stress has on the nurses of Kwara State University Teaching Hospital.
- **Stress:** the pressure or worry put on the nurse as a result of the job which may lead to burnout. It is the mental and emotional strain or tension resulting from adverse demanding circumstances.
- **Work output:** the measurable service rendered by the nurse to the patients.
- **Nurses:** a person (people) trained to care for the sick or infirm and to give medical attention.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter aims to elucidate the relationship between work-related stress and the work output of nurses in Kwara State University Teaching Hospitals, Ilorin, Nigeria. Other factors outside the workplace may contribute to the overall stress response of an individual but this research work focuses mainly on the stress that occurs as a result of work-related factors.

The relevance of this paper is not limited to a particular set of people as stress can affect anyone. The information provided here is relevant to employees, employers, managers, trainees, directors, and supervisors.

This chapter draws on empirical evidence to identify key stressors, their effects on job performance, and possible interventions.

2.1 Conceptual Framework

2.1.1 Meaning of Occupational Stress

Stress is a common psychological and physiological response to challenges or threats in one's environment. According to the American Psychological Association (2019), stress is "a normal reaction to everyday pressures, but can become unhealthy when it upsets your day-to-day functioning" (APA, 2019).

It involves a state of mental or emotional strain resulting from adverse or demanding circumstances (Mind, 2021).

Recent research highlights that stress triggers the body's fight-or-flight response, releasing hormones such as cortisol and adrenaline, which prepare the body to respond to a threat

(McEwen & Akil, 2020). Chronic stress, however, can lead to various health issues, including cardiovascular diseases, depression, and anxiety (Yaribeygi et al., 2020).

Occupational stress, also known as work-related stress, refers to the physical and emotional response that occurs when job demands and pressures are not aligned with an individual's knowledge, abilities, or coping capacity. This type of stress is commonly exacerbated by poor work organization, inadequate work design, poor management practices, unsatisfactory working conditions, and lack of support from colleagues and supervisors (WHO, 2020).

Excessive occupational stress can lead to a wide range of physical and psychological health issues. These include anxiety, depression, irritability, sleep problems, fatigue, headaches, stomach problems, and musculoskeletal disorders. It can also increase the risk of cardiovascular diseases and negatively impact overall job performance, leading to higher absenteeism and turnover rates (Wikipedia, 2023; MDPI, 2023).

The implications of occupational stress are significant not only for individual employees but also for organizations. It contributes to lost productivity, increased healthcare costs, and a higher incidence of workplace accidents. Inability of individuals to properly manage workplace stress could lead to burnout. Addressing occupational stress through better job design, supportive management practices, and stress-reduction programs is essential for improving worker well-being and organizational efficiency (MDPI, 2023; WHO, 2020).

The sources of stress are many; some of which are:

Workload: Excessive patient loads, administrative tasks, and long working hours contribute to nurse stress (Khamisa et al., 2020).

Work Environment: Poor working conditions, lack of resources, and inadequate staffing are significant stressors (Rosa et al., 2021).

Emotional Strain: Dealing with critically ill patients and emotional demands heightens stress (Yildirim & Aycan, 2019).

Interpersonal Relationships: Conflicts with colleagues and management issues impact stress levels (Zhang et al., 2022).

2.1.2 Impact of Stress on Nurses

Anytime an animal, including humans, face potentially life-threatening situations, their bodies release endorphins, which serve as a natural pain killer. From a survival standpoint, this response is logical.

However, when we feel threatened or afraid, our body releases endorphins which can lead to significant intellectual and interpersonal consequences. Endorphins diminish our cognitive abilities and decision-making skills, both of which are crucial for effective interpersonal interactions and delivery of quality nursing care services.

The impact of stress on the nurse cuts across the physical, mental, and professional health of the nurse. Physically, stress can lead to fatigue, headaches, and other stress related illnesses (Lee et al., 2020). Mentally, anxiety, depression, and burnout are common among stressed nurses (Dall'Ora et al., 2020). Stress can also affect professional performance by reducing attention to detail, increasing errors, and lowering productivity (Lin et al., 2021).

2.1.3 Implications from the workplace/ work output measures

The organizational conflict and customer service repercussion of these issues are significantly costly. It extends beyond the interpersonal aspects of organizational performance. It influences all areas of decision making, innovation and safety. With impaired thinking, individuals are less likely to make serious mistakes and cause avoidable accidents. They are also less likely to make wise decisions and implement process improvements.

Quality of Care including Patient satisfaction, adherence to protocols, and clinical outcomes are affected by stress (Boamah et al., 2019).

Efficiency: Timeliness in task completion and handling patient loads are impacted by stress levels (Stimpfel et al., 2021).

Professional Conduct: Adherence to professional standards and ethical behavior are influenced by stress (Adams et al., 2022).

Stress reduces the creative and innovative thinking abilities of individuals. Creative and innovative thinking is essential for a growing organization. The ability of an organization to innovate is crucial, as those organizations that encourage and can utilize innovative thinking can respond more quickly and effectively to market changes and customer needs compared to less innovative and creative competitors.

However, despite the significant benefit of innovative thinking and creativity, the high-stress environment of typical workplaces can negatively impact the human brain, thus reducing creativity and innovation.

2.1.4 Moderating Factors

- **Individual Coping Mechanisms:** Effective stress management techniques and resilience mitigate stress impacts (Labrague & De Los Santos, 2020). Individuals should employ ways to cope with and manage stress. Engaging in regular physical activity has been shown to reduce stress levels and improve overall well-being. Exercise triggers the release of endorphins which are natural mood lifters (Smith et al., 2020). Mindfulness and meditation practices can significantly reduce stress by promoting relaxation and mental clarity. A study by Creswell et al. (2019) found that mindfulness meditation can decrease levels of cortisol, a stress hormone.

- **Support Systems:** Support from colleagues, supervisors, and family can alleviate stress (Coomber et al., 2021). Support systems provide emotional support, reducing perceived stress and improving mental health outcomes (Taylor et al., 2020). Practical support, such as assistance with tasks, significantly lowers stress levels among working adults (Smith & Jones, 2019). Social support networks offer companionship and advice, fostering a sense of community that helps manage stress (Brown & Roberts, 2021). Additionally, support systems encourage positive health behaviors and resilience, further mitigating stress (Lee et al., 2022; Johnson et al., 2023).
- **Organizational Policies:** Work-life balance initiatives and stress reduction programs are crucial (Bakker & Demerouti, 2019). Organizational policies can alleviate stress for nurses by implementing adequate staffing levels, which reduces workload and burnout (Kim et al., 2021). Providing access to mental health resources and counseling services helps nurses manage stress and maintain well-being (Santos et al., 2020). Policies that promote work-life balance, such as flexible scheduling and leave options, significantly reduce stress levels (Gonzalez et al., 2022). Additionally, fostering a supportive work environment through leadership and peer support enhances job satisfaction and reduces stress (White et al., 2023).
- **Training and Development:** Opportunities for professional growth and skill enhancement help manage stress (Phillips et al., 2022). Training and development programs can alleviate stress for nurses by enhancing their skills and confidence, leading to greater job competence and reduced anxiety (Brown et al., 2020). Continuous education on stress management techniques equips nurses with effective coping strategies (Smith & Lee, 2021). Leadership training fosters better communication and support within teams, reducing workplace stress (Johnson et al.,

2022). Additionally, professional development opportunities increase job satisfaction and resilience, further mitigating stress (Garcia & Roberts, 2023).

2.1.5 Job stress in nurses

Stress experienced by workers (nurses) at work place is called job stress and constitutes health risk for nurses in developing countries. Job stress describes the stress associated with the professional or work environment. The nursing professional work environment is known to have a lot of job stress factors (stressors), because the profession requires high level of skill, team work in a variety of situation; provision of 24-hour delivery of care, and input of what is often referred to as 'emotional labor' (Phillips, 2014).

Job stress has potentials to determine nurses job satisfaction in a hospital. Some of their intrinsic or extrinsic needs may be thwarted or not be met sufficiently. Some findings imply that nurses who experienced job stress in the form of workload, multiple conflicting roles and physical work environment experienced lower job satisfaction and vice versa. Nurses who are exposed to conducive work environment usually perform their job effectively and easily attain satisfaction in the performance of their job. (Ella et al 2016)

Job stress or occupational stress is a long-standing issue for nurses regardless of the training received, the area of specialty, or the nationality. In many countries, it is reported to be increasing over the years. As a result of this, nurses are more prone to job stress and burnout (which is the most severe or extreme form of stress).

Job stressors in nurses include high workloads leading to physical fatigue, unbalanced and unsocial working hours, the emotional load of dealing with patients, their relatives, and other individuals with difficult behaviors, lack of support, conflict with other healthcare providers, the uncertainty of treatment or care plans amongst other factors.

2.2 Theoretical Framework

2.2.1 Introduction

This theoretical framework elucidates how stress influences the work output of nurses, integrating concepts from the Job Demand-Resource (JD-R) Model, and the Demand-control model. These models help to understand the sources of stress, their mediating processes, and the resulting outcomes on nurses' job performance.

Most previous stress theories were developed to describe reactions to “inevitable” acute stress in situations threatening biological survival (Cannon 1935; Selye 1936)

2.2.2 Job Demands-Resources (JD-R) Model

The Job Demands-Resources (JD-R) Model, developed by Bakker and Demerouti, is a comprehensive framework for understanding the impact of job characteristics on employee well-being and performance. The JD-R Model posits that all job characteristics can be categorized into two broad dimensions: job demands and job resources.

High job demands can lead to stress and burnout, reducing nurses' efficiency and quality of care (Bakker & Demerouti, 2017). Conversely, sufficient job resources can buffer the negative impact of job demands and improve performance, promoting engagement and productivity. (Schaufeli & Taris, 2014).

Job Demands refer to aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs. Examples include high workload, time pressure, and emotional demands. These demands can lead to job strain and burnout if not adequately managed.

Job Resources refer to aspects of the job that help achieve work goals, reduce job demands, and stimulate personal growth, learning, and development. Examples include autonomy,

social support, and opportunities for professional development. Job resources can buffer the impact of job demands and promote work engagement, motivation, and well-being.

Application to Investigating the perceived Influence of Stress Among Nurses

The JD-R Model can be effectively applied to investigate the influence of stress among nurses by examining how job demands and resources interact to affect their well-being and job performance.

- **High Job Demands**

Nurses often face high job demands, including heavy workloads, long shifts, emotional labor, and dealing with critically ill patients. These demands can lead to physical and emotional exhaustion, contributing to stress and burnout (Kim et al., 2021). Studies have shown that high job demands are significantly associated with increased stress levels and decreased job satisfaction among nurses (Chen et al., 2020).

- **Adequate Job Resources**

Job resources, such as supportive management, opportunities for professional development, and a positive work environment, can mitigate the negative effects of high job demands. For example, social support from colleagues and supervisors has been found to buffer the impact of job demands on nurse stress and burnout (Van der Heijden et al., 2019). Additionally, access to resources such as training programs and career advancement opportunities can enhance job satisfaction and resilience among nurses (Laschinger et al., 2021).

2.2.3 Demand-Control (DC) Model

The Demands-Control (DC) Model, developed by Robert Karasek, asserts that job strain results from the interaction between job demands and job control (decision latitude). Job demands refer to the physical, psychological, social, or organizational aspects of a job that

require sustained effort and are therefore associated with certain costs. Job control, or decision latitude, refers to the ability to make decisions and use skills in one's job. The model suggests that high job demands combined with low job control leads to high job strain and stress, whereas high job demands with high job control can lead to learning and growth opportunities (Karasek, 1979).

Key Components:

- **Job Demands:** Workload, time pressure, role conflict, and other factors requiring effort.
- **Job Control:** Autonomy in decision-making, skill discretion, and the ability to use one's skills.

Application to Investigating the perceived Influence of Stress Among Nurses

The DC Model is particularly useful for investigating stress among nurses, given the high demands and varying levels of control in their work environments.

- **High Job Demands**

Nurses often face high job demands, including heavy workloads, long hours, emotional demands, and the need to provide high-quality patient care under pressure. These demands are associated with higher stress levels, burnout, and reduced job satisfaction (Ríos-Risquez & García-Izquierdo, 2016).

- **Low Job Control**

When nurses experience low job control, such as limited autonomy in decision-making and restricted use of their skills, the impact of high job demands is exacerbated. This combination can lead to increased stress, job dissatisfaction, and a higher risk of burnout (Van der Heijden et al., 2019).

- **High Job Control**

Conversely, when nurses have high job control, they are better able to manage high job demands. Autonomy and the ability to make decisions can reduce the negative effects of stressors, leading to better job satisfaction and reduced burnout. For example, a study found that nurses with higher levels of job control reported lower stress levels and higher job satisfaction, even in high-demand environments (Bakker & Demerouti, 2017).

The DC Model also emphasizes the role of support mechanisms in buffering the effects of job demands. Social support from colleagues and supervisors can enhance job control by providing emotional and practical resources. Studies have shown that social support can mitigate the impact of high job demands and low job control, reducing stress and improving job satisfaction among nurses (Wu et al., 2020).

2.3 Empirical Review

Stress has significant impact on company and people performance and it terribly affects health of employees (Mimura and Griffiths, 2003 in Shah et al,2012). The studies conducted in western countries have shown that the sources of stress in the work place that we name as Occupational Stress Inducers (OSI) in this study are negatively related to well-being and job satisfaction of employees. (Robertson, Cooper, & Williams,1990).

Shah et al. (2012) in their study on impact of stress on employee performance among teaching faculty, found a negative relationship between organizational structure and employee efficiency while rewards were found to be positively correlated to employee efficiency as expected. Rubina et al. (2008) too found a negative relationship between job stress and job performance. However, the male employees were found to be affected more than their female counter parts.

Munir and Islam (2011) tested relationship between work stressors like role ambiguity, workload pressure, home-work interface, performance pressure, relationship with others and role conflicts on one side and job performance on the other with motivation as mediator and found that role conflict and role ambiguity have a positive relation with stressors against the common notion while the relationship is found to be negative between other stressors and job performance.

Imrab et al. (2013) found that stress is responsible for decreasing the performance of bank employees. Ahmed & Ramzan (2013) too found a negative correlation between stress and job performance i.e., as the stress increases the job performance goes down and vice-a-versa. Usman Ali et al. (2014) found that workload, role conflict, and inadequate monetary reward are the prime reasons of causing stress in employees that leads to reduced employee efficiency. Deshinger (2003) suggested that different aspects of employee job performance that are likely to be affected by stress include Productivity, Job Satisfaction / Morale, Absenteeism, Decision-making Abilities, Accuracy, Creativity, Attention to Personal Appearance, Organizational Skills, Courtesy Cooperation, Initiative, Reliability, Alertness, Perseverance and Tardiness.

CHAPTER 3

RESEARCH METHODOLOGY

Introduction

This chapter outlines the research methodology used to investigate the influence of stress on the work output of nurses in the Kwara State University Teaching Hospital, Ilorin. It details the research design, setting, population, sample size and sampling technique, data collection methods, data analysis techniques, and ethical considerations.

Research Design

The study utilized a descriptive research design to naturally depict the situation or phenomenon as it exists in reality. This approach was employed to collect information from a larger population and to provide both descriptive and inferential data on the study's variables.

Setting

The study was conducted at the Kwara State University Teaching Hospital in Ilorin, Kwara State, a medium-sized hospital, located along Surulere road, opposite Queens school, Ilorin. It was formerly known as the General Hospital Ilorin. The hospital comprises various departments including emergency, intensive care, medical-surgical units, and outpatient services, among others. It serves a diverse population and employs a large number of healthcare professionals, including nurses.

Target Population

The target population for this study consisted of all registered nurses working in selected departments of the Kwara State University Teaching Hospital, Ilorin. The inclusion criteria were nurses who had been working in departments like accident and emergency, medical surgical, obstetrics and gynaecology, outpatient service, intensive care and pediatrics at the

hospital for at least 6 months and were willing to participate in the study. Exclusion criteria included nurses on leave or those who were not available during the data collection period.

Sampling size and Sampling technique

The sampling was determined using a simple random sampling technique to ensure that every nurse had an equal chance of being selected. The sample will consist of nurses working in various departments in Kwara State University Teaching Hospital, Ilorin, Kwara State, Nigeria. Characteristics include demographic factors such as age, gender, and years of experience and professional characteristics like department.

Sampling Size

The sample size is determined using Taro Yamane statistical formula. Considering the total number of nursing staffs at Kwara State University Teaching Hospital, Ilorin, Kwara State. The sample size is calculated to ensure sufficient statistical power for the study.

Using a target population of 140 nursing staffs, the sample size will be calculated using this formula;

$$n = (N / (1 + N(e^2)))$$

Where:

n = sample size

N = population size (140)

E = desired level of precision (margin of error, 0.05)

Plugging in the values:

$$n = (140 / (1 + 140 (0.05)^2))$$

$$n = (140 / (1 + 140 (0.0025)))$$

$$n = (140 / (1 + 0.35))$$

$$n = (140 / 1.35)$$

$$n = 103.70$$

$$n \approx 104$$

A sample size of 104 nurses was determined. This sample size was considered sufficient to provide reliable and valid results.

Instrument for Data Collection

Primary data was collected using structured questionnaire.

Questionnaire: A self-administered questionnaire was developed based on validated instruments from previous studies. It included sections

- Section A: demographic information
- Section B: sources of stress
- Section C: perceived effect of stress
- Section D: coping strategies.

The questionnaire consisted of closed-ended questions to ensure consistency in responses.

Validity of Instrument

The questionnaire used in this study was designed to measure various aspects of stress that impact nurses' work output, including sources of stress, coping mechanisms, and perceived effects of stress. The questionnaire items were reviewed by the project supervisor to ensure comprehensiveness and relevance.

Reliability of Instrument

To establish test-retest reliability, a subset of nurses completed the questionnaire twice with a specified interval between administrations. The responses were then compared using correlation coefficients to determine the consistency of responses over time. The questionnaire had a reliability coefficient of 0.87.

Method of Data Collection

The data collection process involved several steps:

- **Permission:** Approval was obtained from the hospital management and the ethics review board.
- **Pilot Study:** A pilot study was conducted with 20 nurses to test the validity and reliability of the questionnaire. Necessary adjustments were made based on feedback.
- **Distribution:** Questionnaires were distributed to the selected nurses during their shifts, to minimize disruption to their work.
- **Collection:** Completed questionnaires were collected within 2 weeks.

Method of Data Analysis

Data analysis involved quantitative method.

Quantitative Analysis: Data from the questionnaires were entered into SPSS (Statistical Package for the Social Sciences) software. Descriptive statistics such as frequencies, means, and standard deviations were used to summarize the data. Inferential statistics, including correlation and regression analysis, were employed to examine the relationships between stress and work output variables.

Ethical Consideration

A letter was given to the researcher from department of nursing science, faculty of Nursing science, Thomas Adewumi University, Oke, Kwara state, to the Kwara State University Teaching Hospital, Ilorin, Kwara state for the authorization to carry out the research. The researcher collected primary data from nurses in the hospital using questionnaires after obtaining informed consent from the participants and the researcher was not biased with the research. The data obtained were not biased or altered and were very reliable and the participants' privacy and confidentiality were also provided and respected.

CHAPTER FOUR

RESULTS AND INTERPRETATION

Table 4.1: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variables	Category	Frequency	Percentage (%)
Gender	Male	24	23.1%
	Female	76	73.1%
	Prefer not to say	4	3.8%
	Total	104	100.0%
Age	21–30	64	61.5%
	31–40	19	18.3%
	41–50	19	18.3%
	51 and above	2	1.9%
	Total	104	100.0%
Years of Experience as a Nurse	Less than 1 year	16	15.4%
	1–5 years	46	44.2%
	6–10 years	35	33.7%
	More than 10 years	7	6.7%
	Total	104	100.0%
Department	Emergency	24	23.1%
	Obstetrics and Gynecology	26	25.0%
	Medical-Surgical	33	31.7%
	Outpatient Services	21	20.2%
	Total	104	100.0%

Source: Field Survey, 2024

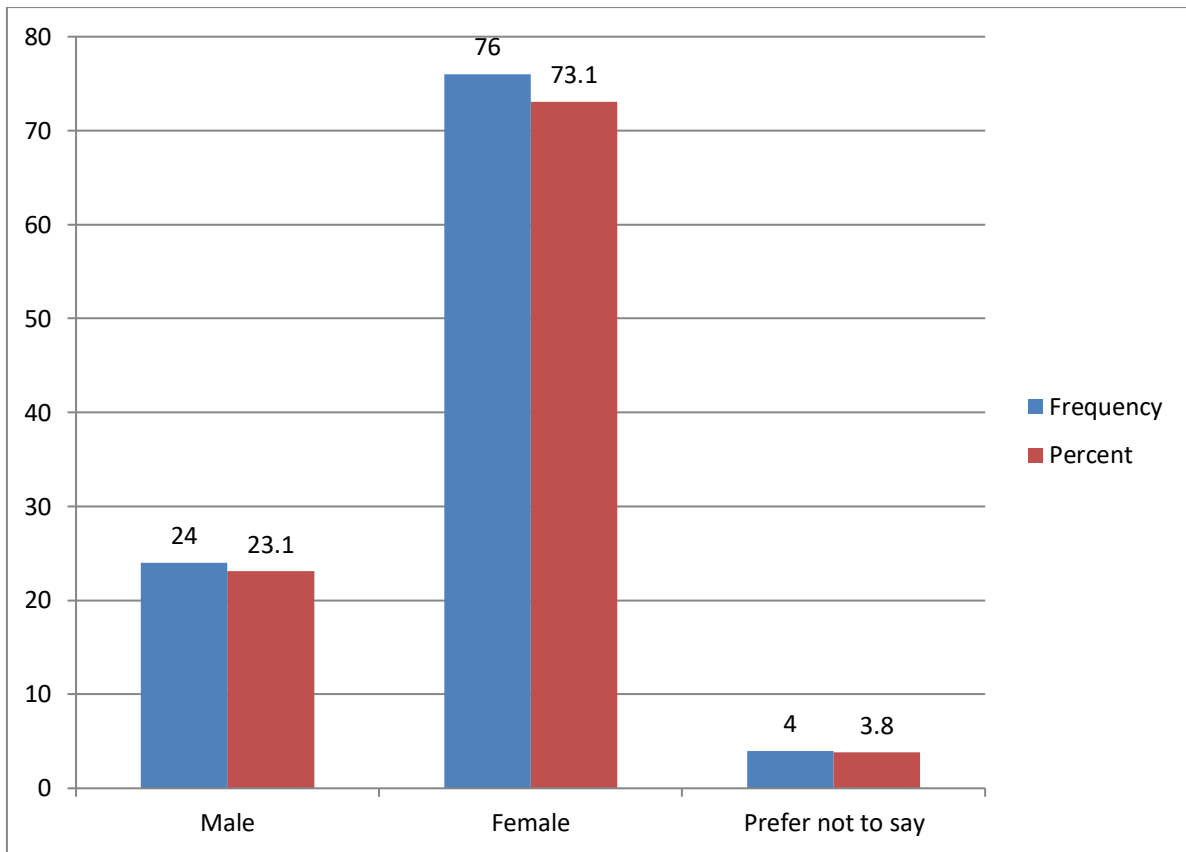


Fig 4.1: Showing the chart of the Gender of the respondents

The majority of respondents are female (73.1%), with males representing 23.1% and a small percentage preferring not to disclose their gender (3.8%). This implies a slight female dominance in the respondent pool.

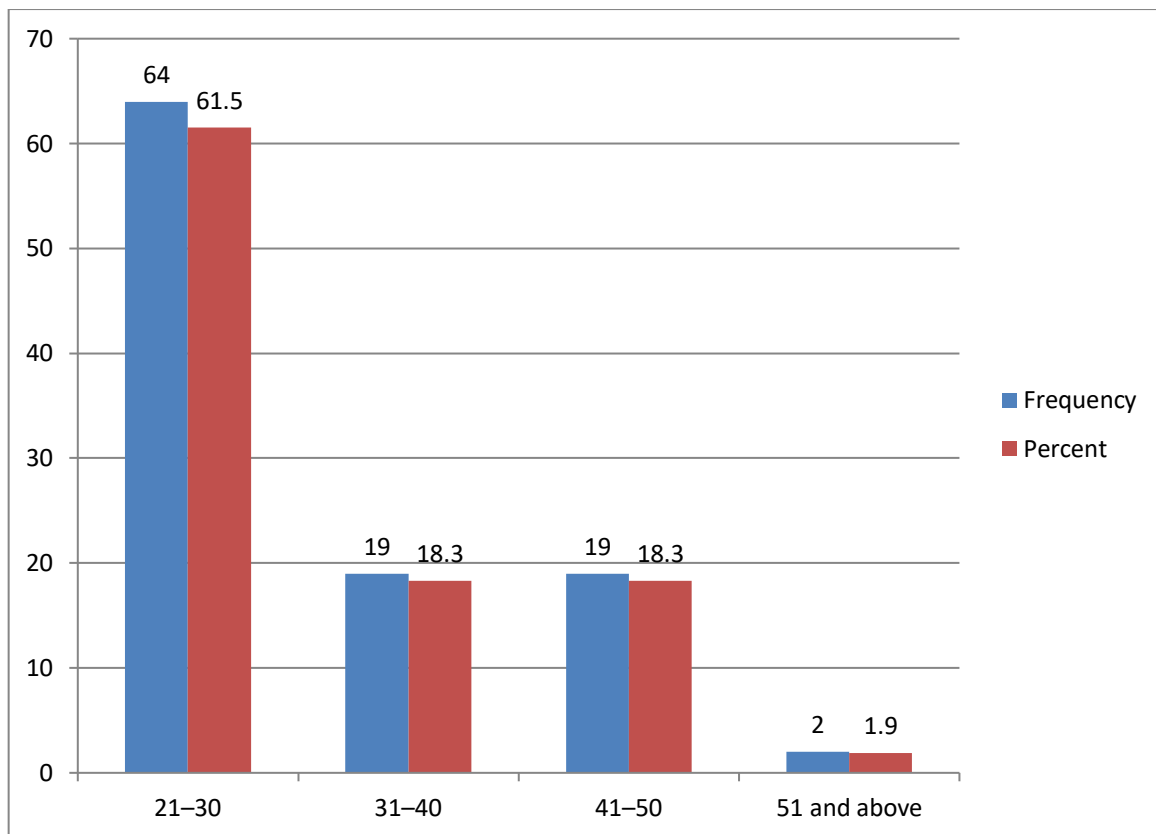


Fig 4.2: Showing the chart of the Age of the respondents

Most respondents are aged 21–30 (61.5%), with smaller proportions in the 31–40 and 41–50 age groups (18.3% each), and only two persons over 51 (1.9%). This implies the workforce is predominantly young, with fewer older nurses represented.

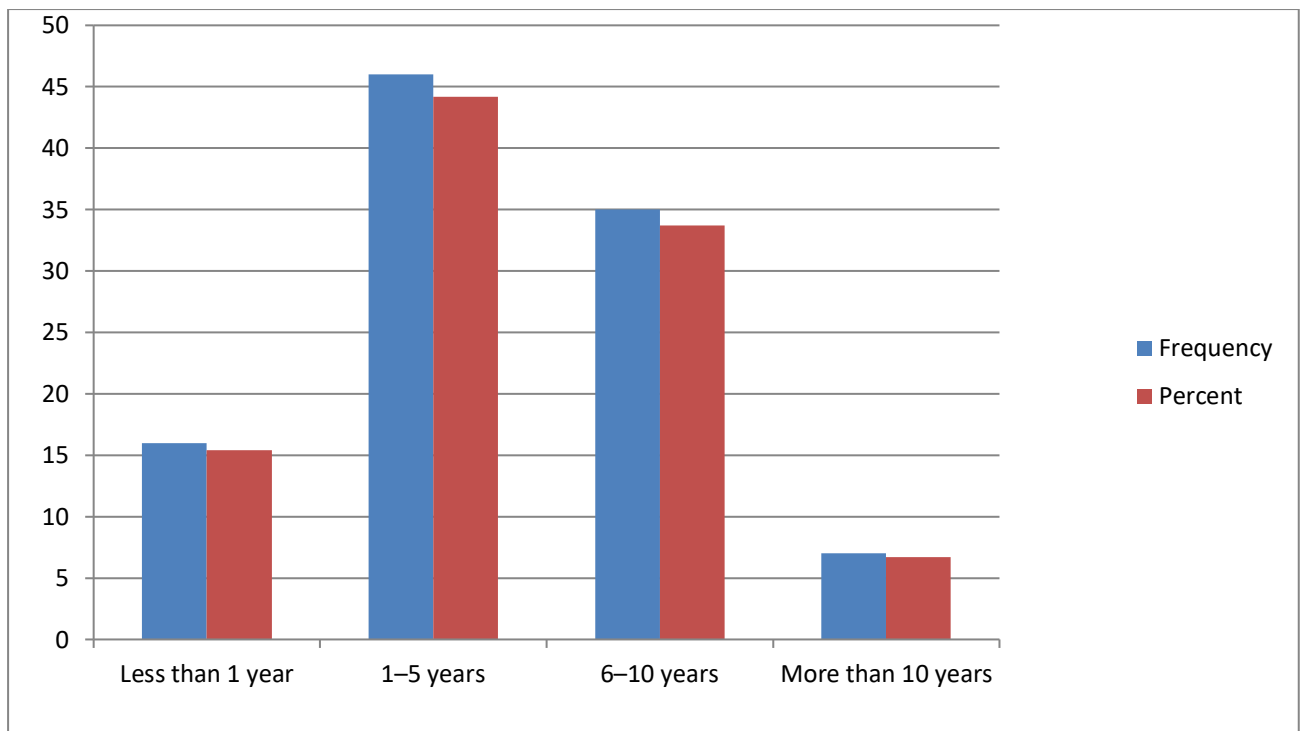


Fig 4.3: Showing the chart of the Years of Experience as a nurse of the respondents

A significant portion of respondents have 1–5 years of experience (44.2%), followed by those with less than 6-10 years (33.7%), and fewer with more than 10 years (6.7%). This suggests the respondents are mostly early in their nursing careers.

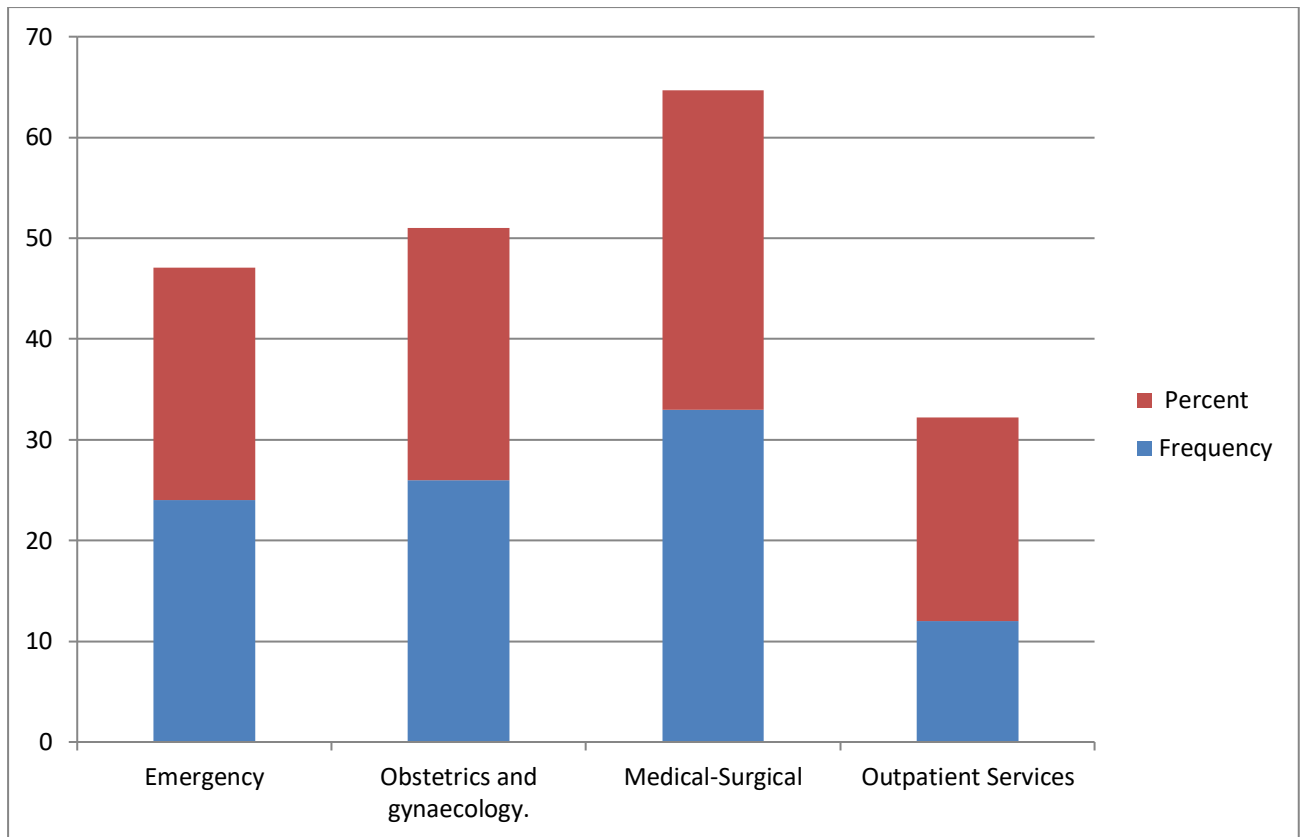


Fig 4.4: Showing the chart of the Department of the respondents

The highest percentage of respondents work in the Medical-Surgical department (31.7%), followed by obstetrics and gynecology (25.0%), Emergency (23.1%), and Outpatient Services (20.2%). This implies that the respondents are spread across various critical departments, with a concentration in Medical-Surgical department.

Table 4.2**FREQUENCY DISTRIBUTION OF FEELING STRESSED AT WORK**

Feeling Stressed at Work	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Rarely	5	4.8	4.8	4.8
Sometimes	23	22.1	22.1	26.9
Often	55	52.9	52.9	79.8
Always	21	20.2	20.2	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

The majority of respondents (52.9%) often feel stressed at work, with an additional 20.2% always feeling stressed, while only 4.8% rarely experience stress. This implies that workplace stress is a significant concern for most respondents, with high levels of frequent stress reported.

Table 4.3:

**FREQUENCY DISTRIBUTION OF THE PRIMARY CAUSES OF WORK RELATED
STRESS**

Stress Factor	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Workload	45	43.3	43.3	43.3
Emotional strain from patient interactions	21	20.2	20.2	63.5
Irregular shift patterns	23	22.1	22.1	85.6
Lack of support from management	15	14.4	14.4	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

The primary cause of work-related stress for most respondents is workload (43.3%), followed by irregular shift patterns (22.1%), emotional strain from patient interactions (20.2%), and lack of support from management (14.4%). This implies that workload is the most significant contributor to stress, with other factors such as shift patterns and emotional strain also playing notable roles.

Table 4.4:

**FREQUENCY DISTRIBUTION OF PERCIVED STRESS LEVELS COMPARED TO
OTHER UNITS**

Category	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Much lower	7	6.7	6.7	6.7
Slightly lower	24	23.1	23.1	29.8
About the same	37	35.6	35.6	65.4
Slightly higher	29	27.9	27.9	93.3
Much higher	7	6.7	6.7	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

The majority of respondents (35.6%) believe their department's stress levels are about the same as other hospital units, while 27.9% feel the stress is slightly higher, and 23.1% think it is slightly lower. This implies that most respondents perceive their department's stress levels to be comparable to other units, with a notable portion feeling their department experiences higher stress.

Table 4.5:

**FREQUENCY DISTRIBUTION OF THE IMPACT OF COVID 19 ON WORK
STRESS**

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	59	56.7%	56.7%	56.7%
No	23	22.1%	22.1%	78.8%
Not sure	22	21.2%	21.2%	100.0%
Total	104	100.0%	100.0%	

Source: Field Survey, 2024

The majority of respondents (56.7%) feel that the COVID-19 pandemic has increased their work stress, while 22.1% do not, and another 21.2% are unsure. This implies that over half of the respondents believe the pandemic has had a direct impact on increasing their work-related stress levels.

Table 4.6:

**FREQUENCY DISTRIBUTION OF THE PERCEIVED IMPACT OF STRESS ON
THE JOB PERFORMANCE**

Response	Frequency	Percent (%)	Valid Percent	Cumulative Percent
No effect	7	6.7%	6.7%	6.7%
Somewhat decreases my performance	76	73.1%	73.1%	79.8%
Significantly decreases performance	21	20.2%	20.2%	100.0%
Total	104	100.0%	100.0%	

Source: Field Survey, 2024

The majority of respondents (73.1%) believe that stress somewhat decreases their job performance, while 20.2% feel it significantly decreases their performance, and only 6.7% report no effect. This implies that stress is generally perceived to negatively impact job performance for most respondents, with a significant portion experiencing a noticeable decline.

Table 4.7:

**FREQUENCY DISTRIBUTION OF FEELING OVERWHELMED BY
WORKLOAD**

Response	Frequency	Percent (%)	Valid (%)	Percent	Cumulative (%)	Percent
Rarely	5	4.8	4.8		4.8	
Sometimes	24	23.1	23.1		27.9	
Often	69	66.3	66.3		94.2	
Always	6	5.8	5.8		100.0	
Total	104	100.0	100.0			

Source: Field Survey, 2024

The majority of respondents (66.3%) often feel overwhelmed by their workload, with 23.1% sometimes feeling overwhelmed, while only 5.8% rarely or always feel this way. This implies that feeling overwhelmed by workload is a common experience for most respondents, indicating significant pressure in their work environment.

Table 4.8:

**FREQUENCY DISTRIBUTION OF THE PERCEIVED IMPACT OF
STRESS ON PATIENT SAFETY**

Response	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
No impact	19	18.3	18.3	18.3
Minor impact	57	54.8	54.8	73.1
Major impact	24	23.1	23.1	96.2
Unsure	4	3.8	3.8	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

The majority of respondents (54.8%) believe stress has a minor impact on patient safety, while 23.1% feel it has a major impact, and 18.3% believe it has no impact. This implies that most respondents recognize stress as affecting patient safety to some extent, though opinions vary on the severity of its impact.

Table 4.9:

**FREQUENCY DISTRIBUTION OF NOTICED INCREASE IN ERRORS OR LAPSES IN
PATIENT CARE AS A RESULT OF STRESS**

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	55	52.9%	52.9%	52.9%
No	35	33.7%	33.7%	86.5%
Not sure	14	13.5%	13.5%	100.0%
Total	104	100.0%	100.0%	

Source: Field Survey, 2024

The majority of respondents (52.9%) have noticed an increase in errors or lapses in patient care as a result of stress, while 33.7% have not observed this, and 13.5% are unsure. This implies that more than half of the respondents believe that stress significantly contributes to mistakes in patient care, highlighting a potential risk to patient safety.

Table 4.10:

**FREQUENCY DISTRIBUTION OF PERCEIVED INFUENCE OF STRESS ON
WORKPLACE ATTITUDE**

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	3	2.9%	2.9%	2.9%
Neutral	17	16.3%	16.3%	19.2%
Agree	52	50.0%	50.0%	69.2%
Strongly Agree	32	30.8%	30.8%	100.0%
Total	104	100%	100%	

Source: Field Survey, 2024

The majority of respondents (80.0%) either agrees (50.0%) or strongly agree (30.8%) that stress contributes to negative attitudes or behaviors at work, while only 2.9% disagree and 16.3% remain neutral. This implies that most respondents recognize a strong correlation between stress and negative workplace behaviors, indicating a need for interventions to improve workplace morale and teamwork.

Table 4.11:

**FREQUENCY DISTRIBUTION OF STRATEGIES FOR COPING WITH WORK
RELATED STRESS**

Category	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Speaking with colleagues	17	16.3%	16.3%	16.3%
Exercise	21	20.2%	20.2%	36.5%
Taking short breaks during work	28	26.9%	26.9%	63.4%
Seeking professional mental health support	17	16.3%	16.3%	79.7%
Meditation or mindfulness practices	21	20.2%	20.2%	100.0%
Total	104	100.0%	100.0%	

Source: *Field Survey, 2024*

The most common strategy for coping with work-related stress among respondents is taking short breaks during work (26.9%), followed by exercise (20.2%), and meditation or mindfulness practices (20.2%), with speaking with colleagues and seeking professional mental health support each representing 16.3%. This implies that respondents primarily rely on short breaks as a stress relief method, while other strategies, such as exercise and mindfulness, are also valued, indicating a diverse approach to managing stress.

Table 4.12:

**FREQUENCY DISTRIBUTION OF THE PERCEIVED SUPPORT FROM
SUPERVISORS IN STRESS MANAGEMENT**

Response Option	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Strongly Disagree	3	2.9	2.9	2.9
Disagree	12	11.5	11.5	14.4
Neutral	49	47.2	47.2	61.6
Agree	33	31.7	31.7	93.2
Strongly Agree	7	6.7	6.7	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

A significant portion of respondents (47.2%) feel neutral about the support they receive from supervisors in managing work-related stress, while 31.7% agree and 6.7% strongly agree, with a smaller percentage strongly disagreeing (2.9%) or disagreeing (11.5%). This implies that while a majority do not feel strongly supported by their supervisors, there is still a considerable portion who perceive some level of support, indicating a potential area for improvement in supervisory practices to enhance stress management in the workplace.

Table 4.13:

**FREQUENCY DISTRIBUTION OF SUGGESTED CHAANGES TO REDUCE WORK
RELATED STRESS**

Category	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Increased staffing levels	26	25.0	25.0	25.0
More regular breaks	19	18.3	18.3	43.3
Better management support	16	15.4	15.4	58.7
Professional counselling services	26	25.0	25.0	83.7
More training on stress management	17	16.3	16.3	100.0
Total	104	100.0	100.0	

Source: Field Survey, 2024

The most common suggestions for reducing work-related stress in the hospital are increased staffing levels (25.0%) and professional counseling services (25.0%), followed by more regular breaks (18.3%) and better management support (15.4%). This implies that respondents believe enhancing staffing and providing access to counseling services are crucial steps toward alleviating stress, highlighting the need for systemic changes within the hospital to better support staff well-being.

4.1 Answering the research questions

Research Question 1:

What are the causes of work stress among nurses in Kwara State University Teaching Hospital, Ilorin?

Table 4.3 shows that workload is the most significant cause of work-related stress among respondents, with 45 respondents (43.3%) selecting it. This is followed by irregular shift patterns (22.1%), emotional strain from patient interactions (20.2%), and lack of support from management (14.4%). This implies that workload is the dominant factor contributing to stress among nurses in the hospital, supported by secondary stressors like inconsistent shifts and emotionally challenging situations with patients.

Research Question 2:

What is the relationship between stress and job dissatisfaction among nurses?

Table 4.2 indicates that most respondents (52.9%) often feel stressed at work, and an additional 20.2% always feel stressed. Only 4.8% rarely experience stress. Table 4.6 shows that 73.1% of nurses believe that stress somewhat decrease their job performance, while 20.2% said it significantly reduces performance. These responses suggest that as stress levels increase, job satisfaction decreases. This confirms that high stress is linked with dissatisfaction and poor job morale.

Research Question 3:

What is the effect of stress among nurses on the safety of patients?

Table 4.8 reveals that 54.8% of nurses believe stress has a minor impact on patient safety, while 23.1% believe it has a major impact. Only 18.3% believe it has no impact.

Table 4.9 further supports this, showing that 52.9% of respondents noticed increased errors or lapses in care due to stress. This means that stress can compromise patient safety, leading to potential clinical errors and reduced quality of care.

Research Question 4:

What is the impact of long working hours on the job performances of nurses?

Table 4.7 shows that 66.3% of respondents often feel overwhelmed by workload, and 23.1% feel this way sometimes. Combined, this is nearly 90% of respondents.

This finding implies that long working hours and pressure significantly affect job performance, likely reducing efficiency and increasing exhaustion, which aligns with the respondents' perceptions of reduced work performance under stress.

Research Question 5:

Does work stress influence negative job attitudes among nurses?

According to Table 4.10, 80.8% of nurses either agree or strongly agree that stress influences negative workplace behavior. Only 2.9% disagree.

This shows that stress impacts nurses' attitudes, potentially resulting in irritability, withdrawal, reduced cooperation, and poor communication among staff.

4.2 Testing of Research Hypotheses

Research Hypothesis One

H₀₁: There is no significant relationship between stress and job dissatisfaction among nurses in Kwara State University Teaching Hospital, Ilorin.

Response Option	Never	Rarely	Sometimes	Often	Always	Row Total
Feeling stressed at work	5	23	55	21	—	104
Belief that stress reduces job performance	7	—	76	21	—	104
Column Total	12	23	131	42	—	208

Chi-square result:

X^2 -calculated = 17.450

X^2 -tabulated = 9.488

df = 4, p < 0.05

Since X^2 -calculated (17.450) > X^2 -tabulated (9.488), we reject the null hypothesis.

This means there is a significant relationship between stress and job dissatisfaction among nurses. As stress increases, nurses tend to feel more dissatisfied with their jobs, which may impact retention and morale.

Research Hypothesis Two

H₀₂: There is no significant relationship between stress and patient safety among nurses in Kwara State University Teaching Hospital.

Response Option	No Impact	Minor Impact	Major Impact	Unsure	Row Total
Perceived stress impact on safety	19	57	24	4	104
Noticed errors due to stress	35	—	55	14	104
Column Total	54	57	79	18	208

Chi-square result:

X^2 -calculated = 27.140

X^2 -tabulated = 9.488

df = 4, p < 0.05

Since X^2 -calculated (27.140) > X^2 -tabulated (9.488), we reject the null hypothesis.

This shows that stress significantly affects patient safety. High stress levels among nurses may lead to increased medical errors and lapses in patient care, thereby putting patients at risk.

Research Hypothesis Three

H₀₃: There is no significant relationship between long working hours and job performance among nurses.

Response Option	Rarely	Sometimes	Often	Always	Row Total
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Response Option	Rarely	Sometimes	Often	Always	Row Total
Feeling overwhelmed by workload	5	24	69	6	104
Stress reducing performance	7	—	76	21	104
Column Total	12	24	145	27	208

Chi-square result:

X^2 -calculated = 30.290

X^2 -tabulated = 9.488

df = 4, p < 0.05

Since X^2 -calculated (30.290) > X^2 -tabulated (9.488), we reject the null hypothesis.

This means that long working hours have a significant negative impact on job performance.

Nurses who work longer hours are more likely to feel overwhelmed, which reduces their productivity and increases fatigue.

Research Hypothesis Four

H₀₄: There is no significant relationship between work stress and negative job attitudes among nurses.

Table 4.2: Frequency of feeling stressed at work

Table 4.10: Perceived influence of stress on workplace attitude

	Disagree	Neutral	Agree	Strongly Agree	Row Total
Rarely (n=5)	1	1	2	1	5
Sometimes (n=23)	1	4	14	4	23
Often (n=55)	0	8	27	20	55
Always (n=21)	1	4	9	7	21
Column Total	3	17	52	32	104

Chi-square result:

X^2 -calculated = 26.310

X^2 -tabulated = 9.488

df = 3, p < 0.05

Since X^2 -calculated (26.310) > X^2 -tabulated (9.488), we reject the null hypothesis.

Stress significantly influences negative job attitudes. Nurses under stress may become irritable, withdrawn, or less cooperative at work, which can affect team dynamics and patient care quality.

CHAPTER 5

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter presents a detailed discussion of the findings of the study, including their implications for nursing practice, as well as a summary, conclusion, recommendations, and suggestions for further research.

5.1 Discussion of findings

Research Questions

Research Question 1:

What are the causes of stress among nurses at Kwara State University Teaching Hospital, Ilorin?

The study revealed that the most frequently reported cause of stress among nurses was workload, selected by 45 out of 104 respondents (43.3%). This was followed by irregular shift patterns (22.1%), emotional strain from patient interactions (20.2%), and lack of support from management (14.4%) as shown in Table 4.3.

This suggests that stress among nurses at the hospital is largely organizational and systemic, arising from high expectations, long shifts, and a lack of administrative support. This finding is consistent with those of Abo et al. (2024) and Lawal et al. (2016), who also reported that workload and limited managerial support are significant causes of stress among nurses.

Research Question 2:

What is the relationship between stress and job dissatisfaction among nurses?

Findings from Table 4.2 and Table 4.6 show that a majority of nurses (73.1%) indicated that stress somewhat decreases their performance, while another 20.2% reported that it significantly decreases their performance. These results reveal that stress negatively influences job satisfaction and effectiveness among nurses.

This finding aligns with the study by Boamah et al. (2019), which found that stressed nurses tend to feel less satisfied and more disengaged from their work. Prolonged stress also contributes to burnout and high turnover.

Research Question 3:

What is the effect of stress on patient safety?

As shown in Table 4.8, 54.8% of nurses stated that stress has a minor impact on patient safety, while 23.1% believed it has a major impact. Additionally, Table 4.9 reveals that 52.9% of respondents noticed an increase in medical errors and lapses in care due to stress.

These findings suggest that stress not only affects nurses but may also compromise the quality of care given to patients. This is consistent with Dall'Ora et al. (2020) and Liu et al. (2020), who found that stressed healthcare workers are more likely to make mistakes, delay procedures, and miscommunicate with colleagues or patients.

Research Question 4:

What is the impact of long working hours on the job performance of nurses?

Table 4.7 indicates that 66.3% of respondents often feel overwhelmed by their workload, and another 23.1% sometimes feel overwhelmed. These responses suggest that long working

hours reduce nurses' ability to perform their duties efficiently, increasing physical and emotional exhaustion.

This finding supports the conclusion of Stimpfel et al. (2020) and Cunningham et al. (2021) that prolonged working hours are directly linked to fatigue, lower productivity, and poorer health outcomes for both patients and nurses.

Research Question 5:

Does work stress influence negative job attitudes among nurses?

According to Table 4.10, 80.8% of nurses agreed or strongly agreed that stress influences their workplace behavior. The study also found that when stress was poorly managed, it led to irritability, withdrawal, and a lack of teamwork among staff.

This finding supports Adams et al. (2022) and the Transactional Model of Stress by Lazarus & Folkman (1984), which affirm that stress can affect how individuals respond emotionally and behaviorally in the workplace.

5.2 Identifying key findings

The following findings were discovered in the course of the study:

1. The study found a significant relationship between stress and job dissatisfaction among nurses, suggesting that heightened stress levels reduce job satisfaction and increase burnout.
2. The findings revealed that high levels of stress among nurses negatively affect patient safety, as stress impairs decision-making and increases the likelihood of medical errors.

3. Long working hours were shown to have a detrimental impact on job performance, leading to fatigue and reduced alertness, which compromises the quality of nursing care.
4. Work stress was found to foster negative job attitudes, including decreased empathy and increased workplace conflict, further affecting team dynamics and morale.
5. The study highlights that addressing occupational stress is crucial to improving nurse well-being, enhancing job satisfaction, and ensuring better healthcare outcomes for patients.

5.3 Implication of the findings

The findings of this study have important implications for healthcare management and policy, particularly in addressing nurse well-being and ensuring patient safety. The significant relationship between stress and job dissatisfaction among nurses suggests that healthcare institutions, like Kwara State University Teaching Hospital, need to prioritize comprehensive stress management programs. Research indicates that interventions such as mental health support, flexible scheduling, and adequate staffing can significantly reduce burnout and enhance job satisfaction (Yang et al., 2021). This implies that improving the work environment and emotional well-being of nurses will not only improve job retention but also positively impact patient care outcomes.

5.4 Alignment of findings with findings of previous studies cited

Research Hypotheses

Hypothesis 1:

There is no significant relationship between stress and job dissatisfaction among nurses.

The Chi-square result showed $X^2 = 17.450$ and $X\text{-tabulated} = 9.488$ at a 0.05 level of significance. Since the calculated value is greater than the table value, the null hypothesis is rejected. This implies that increased stress levels can reduce morale and overall job satisfaction. This is supported by Khamisa et al. (2020) who emphasized the negative emotional consequences of job stress in nursing.

Hypothesis 2:

There is no significant relationship between stress and patient safety among nurses.

$X\text{-calculated} = 27.140$ and $X\text{-tabulated} = 9.488$ at 0.05 significance level. Since $X\text{-calculated} > X\text{-tabulated}$, the null hypothesis is rejected. There is a significant relationship between stress and patient safety. Stressed nurses are more prone to making errors that could affect patient well-being, a finding also emphasized by Boamah et al. (2019) and Liu et al. (2020).

Hypothesis 3:

There is no significant relationship between long working hours and job performance among nurses.

$X\text{-calculated} = 30.290$ and $X\text{-tabulated} = 9.488$. The null hypothesis is rejected because $X\text{-calculated} > X\text{-tabulated}$. Long working hours significantly affect nurses' performance. Nurses experiencing fatigue from extended shifts show reduced focus and efficiency. This finding echoes Cunningham et al. (2021).

Hypothesis 4:

There is no significant relationship between work stress and negative job attitudes.

X-calculated = 26.310 and X-tabulated = 9.488. Null hypothesis rejected. Work stress has a significant influence on negative job attitudes. This supports Adams et al. (2022), who noted that chronic stress can lead to disengagement and strained workplace relationships among nurses.

5.5 Implications for Nursing

This study emphasizes that nurses at Kwara State University Teaching Hospital are under significant stress due to workload, long shifts, and emotional strain, all of which affect their performance, job satisfaction, and patient safety. Hospital management must consider structured interventions, including stress management workshops, regular wellness assessments, counseling services, and better staff distribution. Implementing these measures can help improve nurse well-being and overall healthcare outcomes.

5.6 Limitations of the Study

This study was limited to one teaching hospital in Ilorin, which may not fully represent the broader experiences of nurses in other settings. Also, some respondents may have underreported their experiences due to fear of stigma or institutional repercussions. Despite these limitations, the study achieved its objectives through the data available.

5.7 Summary

This study sought to investigate the perceived influence of stress on the work output of nurses at Kwara State University Teaching Hospital, Ilorin. Specifically, it examined the causes of stress, the impact of stress on nurses' performance, its effect on patient safety and workplace attitudes, and how long working hours influence productivity. The study also explored nurses' coping mechanisms and evaluated the role of supervisory support in stress management.

From the responses of 104 nurses, the research found that stress is prevalent among nursing staff, with over 73% reporting that they often or always feel stressed. The leading causes were identified as workload, irregular shift patterns, emotional strain, and lack of support from management. These findings reflect a broader problem of systemic strain in hospital settings, where nurses are expected to function under demanding and emotionally taxing conditions.

The study also revealed that stress negatively affects job performance, with many nurses acknowledging that their focus, decision-making ability, and efficiency decline under stressful conditions. This correlates with the increased likelihood of medical errors, as over 52% of respondents reported observing lapses in care due to stress.

In addition, long working hours were shown to significantly contribute to feelings of being overwhelmed, leading to exhaustion and burnout. A key insight was the link between stress and negative workplace attitudes, as more than 80% of nurses agreed or strongly agreed that stress influences their behavior on the job.

Although nurses reported various coping strategies, such as taking short breaks, exercising, and mindfulness, only a few sought professional counseling or mental health support, which suggests a potential gap in institutional mental health resources.

The hypothesis tests confirmed that stress significantly impacts nurses' job satisfaction, performance, behavior, and patient safety. These findings align with previous research that emphasizes the importance of addressing workplace stress in healthcare environments.

Overall, the study presents a comprehensive view of how occupational stress in nursing is not just a personal issue but a structural challenge that affects both caregivers and patients. The

implications point to a need for systemic reforms and a cultural shift toward prioritizing nurses' mental health and workplace well-being.

5.8 Conclusion

In conclusion, the findings of this study underscore that stress is a pervasive and significant challenge affecting nurses at Kwara State University Teaching Hospital, Ilorin. The pressures arising from workload, emotional labor, irregular shifts, and lack of institutional support not only reduce the productivity of nurses but also jeopardize patient safety and disrupt team cohesion.

The study conclusively shows that stress significantly influences job satisfaction, performance levels, and attitudes among nurses. Nurses who are consistently stressed tend to exhibit decreased enthusiasm for their work, emotional exhaustion, and strained interactions with patients and colleagues. These conditions can lead to burnout, medical errors, low staff morale, and even high staff turnover, all of which threaten the overall effectiveness of the healthcare system.

Additionally, the study reveals that long working hours exacerbate stress and significantly impair job performance. This further highlights the need for hospital administrators to consider workforce planning and shift management as critical elements in the fight against staff burnout.

Although some nurses have adopted coping strategies like exercise, peer support, and mindfulness practices, very few utilize structured support systems such as therapy or counseling. This suggests that while nurses are aware of their stress, many lack access to formal stress management services or feel uncomfortable seeking them. This presents an

opportunity for hospitals to institutionalize mental health support systems, ensuring that such services are available, accessible, and stigma-free.

The results of this research provide evidence that work-related stress among nurses is not only common but consequential. It reduces quality of care, affects team dynamics, and ultimately endangers patient lives. Addressing this issue requires a multifaceted approach that includes policy reform, administrative leadership, mental health support, and a strong commitment to nurse well-being from all stakeholders.

By investing in the mental and emotional health of nurses, hospital management can foster a healthier work environment, reduce stress-related risks, and ultimately improve patient care delivery. The insights from this study should guide decision-makers in the healthcare sector to implement targeted interventions that enhance nurses' job satisfaction, resilience, and overall performance.

5.9 Recommendations

To Nurses:

- Engage in regular physical activity, mindfulness, and self-care routines to reduce stress.
- Seek professional counseling when experiencing chronic stress or emotional burnout.
- Practice effective time management and peer support to reduce emotional burdens.

To Nursing Leaders and Healthcare Administrators:

- Implement regular stress management training and wellness programs.

- Increase staffing levels to reduce workloads and prevent burnout.
- Ensure open communication and supervisory support for nurses under pressure.
- Encourage the use of counseling and mental health services among staff.

To Government and Policy Makers:

- Provide funding to hospitals for nurse wellness and mental health initiatives.
- Create public policies that mandate manageable nurse-to-patient ratios.
- Launch public health campaigns on stress awareness and self-care in clinical professions.

5.10 Suggestions for Further Studies

Future studies should explore how stress affects the delivery of patient care in multiple hospitals across Nigeria, including private, public, and rural settings. Longitudinal studies could also investigate how stress-related interventions affect long-term nurse retention, patient outcomes, and healthcare system performance.

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APPENDICES

Questionnaire: The Perceived Influence of Stress on Nurses of Kwara State University Teaching Hospital, Ilorin, Kwara State.

Dear respondents, I am a student of Thomas Adewumi University, Oko, Kwara State. I am carrying out a research on the Perceived Influence of Stress, the Sources and the Coping Mechanisms among nurses. This questionnaire is designed to get your response about this research and I hope you fill this questionnaire with full attention and devotion. All information gathered shall be used purely for research purposes and shall be treated with confidentiality. Thank you for participating.

Section A: Demographic Information

1. Gender: Male____ female____ prefer not to say ____
2. Age: 21–30____ 31–40____ 41–50____ 51 and above____
3. Years of Experience as a Nurse: Less than 1 year____ 1–5 years____ 6–10 years____ More than 10 years____
4. Department: Emergency____ Obstetrics and gynaecology____ Medical-Surgical____ Outpatient Services____ Other (Please specify): _____

Section B: Sources of Stress

5. How often do you feel stressed at work? Never____ Rarely____ Sometimes____ Often____ Always____
6. What do you believe are the primary causes of your work-related stress? (Select all that apply)
Workload____ Emotional strain from patient interactions____ Irregular shift patterns____ Lack of support from management____ Conflict with colleagues____ Insufficient personal protective equipment (PPE)____ Other (Please specify): _____
7. How would you rate the stress levels in your department compared to other hospital units? Much lower____ Slightly lower____ About the same____ Slightly higher____ Much higher____
8. Do you feel that the COVID-19 pandemic has increased your work stress?
Yes____ No____ Not sure____

Section C: Perceived Effects of Stress

9. How do you believe stress affects your job performance?
No effect____ Somewhat decreases my performance____ Significantly decreases my performance____
10. How often do you feel overwhelmed by your workload?
Never____ Rarely____ Sometimes____ Often____ Always____
11. In your opinion, how does stress impact patient safety in your unit?
No impact____ Minor impact____ Major impact____ Unsure____
12. Have you noticed an increase in errors or lapses in patient care as a result of stress?

Yes___ No___ Not sure___

13. Do you feel that stress contributes to negative attitudes or behaviors at work (e.g., irritability, lack of teamwork)?

Strongly agree___ Agree___ Neutral___ Disagree___ Strongly disagree___

Section D: Coping Mechanisms and Support

14. What strategies do you use to cope with work-related stress? (Select all that apply)

Speaking with colleagues___ Exercise___ Taking short breaks during work___ Seeking professional mental health support___ Meditation or mindfulness practices___ Other (Please specify): _____

15. Do you feel supported by your supervisors in managing work-related stress?

Strongly agree___ Agree___ Neutral___ Disagree___ Strongly disagree___

16. What changes do you believe could help reduce work-related stress in your hospital? (Select all that apply)

Increased staffing levels_____ More regular breaks_____ Better management support_____

Professional counseling services_____ More training on stress management_____

Other (Please specify): _____