

OCCUPATIONAL STRESS AND COPING STRATEGIES AMONG NURSES WORKING IN A TERTIARY HOSPITAL IN ANAMBRA STATE, NIGERIA

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Abstract: The issues of job stress, coping and burnout among nurses seems to be of universal concern to managers and administrators in the area of health care. This is because nurses are the backbone of the health industry. This study investigated the sources, patterns and coping strategies for occupational stress among nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State. The study sought answers to three research objectives. Using Taro Yamane's formula for calculating sample size a total number of two hundred and thirty four (234) nurses were recruited using convenient sampling technique. The questionnaire was the instrument used for the data collection. The instrument was validated by three experts and a reliability coefficient of 0.88. Frequency counts, percentages were used to answer the research objectives. The major findings of the study showed that major sources of occupational stress include poor problem-solving system 124 (52.99%), excessive workload 120 (51.28%) and long hours of work 116 (49.54%). The types of occupational stress experienced by nurses include task design related stress 124 (52.99%), work role stress 110 (47.01%), physical violence and harassment 107 (45.72%) and psychological stress 100 (42.73%). The common occupational stress coping strategies adopted by nurses include ventilation of feelings 110 (47.01), effective time management 100 (42.73%) and avoidance of unnecessary stress. There is need for training and retraining of nurses to be able to adopt and use appropriate and positive coping strategies, hospital management and related stakeholders should provide healthcare providers with work friendly environment and take crucial steps to resolve or minimize the issue of job stress in hospitals.

Keywords: Occupational stress, coping strategies work-related stress.

INTRODUCTION

Work-related stress and health of employees have become issues of great concern over the last decade both internationally and nationally. The United Nations referred to job stress as the 20th Century disease indicating that it had permeated almost every occupation around the globe, and has become so severe and pervasive that it has reached the proportion of a global epidemic (Akangbe and Tetteh, 2015). Occupational

stress is a recognized problem in health care workers and more particularly nurses' role has been identified as one that is demanding and characterized by high level health risk due the level of stress common to the job (Hanson, Onasoga and Babalola, 2017). Occupational stress can be defined as a situation wherein job-related factors interact with an employee, changing his/her psychological and physiological condition in a way that the person is forced to deviate from normal functioning (Mark and Smith,

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2012). The issues of job stress, coping and burnout among nurses seems to be of universal concern to managers and administrators in the area of health care. This is because nurses are the backbone of the health industry. According to Ogunipe, Obinna and Olawale (2015), they develop closer relationship with the patient more than any other healthcare personnel and are crucial to the smooth running of any hospital. This enormity of work that nurses have to contend with results in stress which is a major cause of concern for many nurses at work (National Institute of Occupational Safety and Health [NIOSH], 2013). In this sense, stress often occurs when people are working beyond their capacities or are subjected to situations with which they cannot adequately cope.

Halpin, Terry and Curzio, (2017) found out that excessive workload was the most frequently cited source of workplace stress among nurses. This was as result of the nursing shortage with fewer nurses to care for numerous patients. Furthermore, work load, shift work, overtime, and covering for absent colleagues were the most common identified stressors by other researchers (Naholi et al., 2015; Dall’Ora et al., 2015). The work environment and institutional settings themselves have also been associated with occupational stress. Nwozichi and Ojewole (2015) observed that, in addition to stressful factors intrinsic to nursing, organizational and management attributes influenced work-related stress among oncology nurses in selected teaching hospitals in South-west Nigeria. Lack of participation by nurses in decision-making, poor communication within the organization and lack of family-friendly policies all form part of the management style influencing stress among nurses (Adib-Hajbaghery, Khamechian and Alavi, 2012). The conditions found in the hospital environment can be unpleasant or may threaten the physical well-being of nurses. According to Adib-Hajbaghery, et al., (2012), conditions such as poor physical working conditions, overcrowding of wards, noise, lack of proper ventilation,

air pollution, reduced lighting, poor ergonomics and inflexible or unpredictable hours have been recorded as contributory factors.

Casu and Giaquinto (2018) revealed that common sources of stress among nurse clinicians include poor work environment, poor communication and general interpersonal relationship issues, workplace violence and bullying, heavy workload and poor healthcare organizational structure. Gholamzadeh, Sharif and Rad (2011) also revealed that problems related to physical environment, lack of equipment to work with and being exposed to health and safety hazards are major stressors for nurses. Wong and Chang (2012) also agreed that the major stressors or stress-related factors experienced by nurses include workloads requiring nurses to work long hours, role characteristics, poor understanding of job specification, role ambiguity, unfavourable work setting and hostile hospital administrative policies. In the assertion of Kulakarni and Srimathi (2017) role conflicts, nursing shortage, unclear/ambiguous tasks and poor healthcare administration are crucial sources of stress among nurse practitioners. According to Kulakarni and Srimathi (2017) the nature and sources of occupational stress among nurse clinicians do not vary with their cadre, rank or years of service in the profession.

Individuals’ response to these different sources of stress depends to a significant extent on the pattern of stress in work units (Namangala, 2012). Patterns of stress in organizations arise from the fact that stress at work evokes different reactions in different individuals (Bhatia, Kishore, Anand and Jiloha, 2010). One of the reasons for this is that some categories of people are better able to cope with stress than others. They have certain resources at their disposal which enables them to adapt their behaviour in ways that meet environmental challenges (Ritter, et al., 2015). On the other hand, other people are particularly vulnerable to stress on account of their inability to cope or adapt to stress-provoking situations. The emergence of different stress patterns is the result of



the variables of personality, motivation, ability, age, gender, educational status and so on (Namangala, 2012). Thus the different stress patterns include gender-related, healthcare related, facility-related, location-related, work experience-related, status related and qualification related. The significance of identifying patterns of stress experience in a given population is that they provide information that is useful for effective stress management (Ritter, et al., 2015).

Stress reduction strategies in the workplace are crucial because unrelieved job stress will bring negative consequences not only to an employee, but also to the organization. Stress that is not well managed can cause emotional and physical illnesses such as coronary heart disease, cancer, lung problems, diabetes, accident and suicide (Hasan, Elsayed and Tumah, 2018). The nursing profession has been characterized as a high health risk profession due to the heavy stressors common to the job. Nurses occupy a particularly interesting position in the provision of health care. Often they are the sole intermediary between the doctor and the patient and in the front line of health services. Thus significant aspect of nurses' role comes with a level of stress that could influence how well they are able to achieve nursing care goals set within healthcare organizations.

Some nurses report coping fairly with the stressful work environment and situation while some others demonstrate behaviours that reflects negative or maladaptive coping mechanisms. The researcher while trying to ascertain the various dimensions to work stress among nurses, deemed it crucial to investigate the sources, pattern and coping strategies for occupational stress among nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State.

The findings of this study will be beneficial to hospital management, nursing administrators, nurses and other researchers who may want to conduct a similar study.

MATERIAL AND METHODS

The research design that was used in this study was the cross – sectional descriptive survey design. This study was carried out in Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi in Nnewi North Local Government Area of Anambra State. The population for the study consists of all the 564 registered nurses who have worked in Nnamdi Azikiwe University Teaching Hospital for not less than (3) three years. The sample size for this study was 234 were determined using the 'Taro Yamane' formula for a finite population. Convenience sampling was used to select the sample of two hundred and thirty four nurses by using respondents present at the wards at the time of distributing questionnaire. This was done bearing in mind proper representation of the nurses based on their professional ranks and areas of work. The instrument for data collection was the questionnaire. The face and content validity of the researcher designed questionnaire was established by experts in nursing administration and management. Split-half reliability method was used to determine the reliability of the instrument which yielded a coefficient reliability test result of 0.81 signifying a considerable reliability. Informed consent was obtained from the respondents and confidentiality was maintained. Institutional Ethical Clearance was sought for and obtained from the research and ethical committee of the Faculty of Health Sciences and Technology, Nnamdi Azikiwe University, Nnewi campus, Anambra State. Data collection was done by the researchers and two research assistants on a daily basis over a period of two weeks on unit by unit basis. Only the nurses on morning and evening shifts were involved. Duly completed questionnaires were retrieved on the spot while others were collected on an agreed date. Data were analyzed item by item using descriptive statistics to indicate the frequency and percentage response to each item. Basic descriptive analysis was done using frequency distribution tables, charts and graphs.



RESULTS

The results were presented in Tables according to the research questions of the study.

Table: 1
Demographic Characteristics of the Respondents (n=234)

Variable	Category	Frequency	Percentage (%)
Age range in years	20-29	12	5.13
	30-39	68	29.1
	40-49	108	42.2
	50-60	46	19.7
	Total	234	100
Mean Age	36.6 ±8.24 years		
Rank	No II	20	8.55
	NO I	24	10.3
	SNO	66	28.2
	PNO	42	17.9
	ACNO	38	16.2
	CNO	34	14.5
	Total	234	100

Years of work experience	1-5	40	17.1
	6-10	88	37.6
	11 and more	94	40.2
	- 20	234	100
	Total		
Marital status	Single	35	14.9
	Married	192	82.0
	Widow	7	2.99
	Total	234	100
Religion	Christianity	225	96.2
	Islam	9	3.85
	Total	234	100
	Total	234	100

Table 1 shows the demographic characteristics of the respondents. The ages of the respondents ranged from 20 years to 60 years with a mean of 36.6 +8.24 years. Majority of the respondents 225 (96.2%) were Christians. Most of the respondents 66 (28.2%) were in the rank of SNO and 192 (82%) were married. Majority of the respondents 94 (40.2%) had worked for 15-20 years.

Table 2:
Sources of Occupational Stress Experienced by Nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State (n=234)

S/N	Items	SA (%)	A (%)	D (%)	SD (%)
1	Excessive workload	120 (51.28)	100 (42.73)	6 (2.56)	8 (3.41)
2	Long hours of work	116 (49.57)	102 (43.58)	10 (4.27)	6 (2.56)
3	Uncertain job expectations/role ambiguity	80 (34.18)	96 (41.02)	20 (8.54)	38 (16.23)
4	Workplace conflicts or lack of support	84 (35.89)	88 (37.61)	26 (11.11)	36 (15.38)
5	Poor communication patterns in the workplace	92 (39.31)	106 (45.29)	8 (3.41)	28 (11.96)
6	Lack of systems in workplace available to respond to concerns	124 (52.99)	100 (42.73)	4 (1.71)	6 (2.56)
7	Exposure to unpleasant conditions	110 (47.01)	108 (46.15)	10 (4.27)	6 (2.56)



Table 2 shows the sources of occupational stress experienced by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State. Majority 124 (52.99%) of the nurses agreed that poor problem-solving system, excessive workload 120 (51.28%), followed by long hours of work and exposure to unpleasant conditions had 116 (49.54%), toxic work

environment 110 (47.01%), poor communication patterns in the workplace 92 (39.31%), workplace conflicts or lack of support 84 (35.89%) and uncertain job expectations/role ambiguity workplace 80 (34.18%) are all causes of occupational stress.

Table 3:
Types of occupational stress experienced by nurses in NAUTH

S/N	Items	SA (%)	A (%)	D (%)	SD (%)
1	Task design related stress	124 (52.99)	100 (42.73)	4 (1.71)	6 (2.56)
2	Work role stress	110 (47.01)	108 (46.15)	10 (4.27)	6 (2.56)
3	Poor career development related stress	80 (34.18)	96 (41.02)	20 (8.54)	38 (16.23)
4	Physical violence and harassment	107 (45.72)	83 (35.47)	14 (5.98)	30 (12.82)
5	Stress from poor organizational climate	78 (33.33)	92 (39.31)	26 (11.11)	38 (16.23)
6	Poor interpersonal and professional relationship in the workplace	86 (36.75)	100 (42.73)	18 (7.69)	30 (12.82)
7	Role/responsibility related stress	84 (35.89)	88 (37.61)	26 (11.11)	36 (15.38)
8	Workplace condition related stress	92 (39.31)	106 (45.29)	8 (3.41)	28 (11.96)
9	Psychological stress	100 (42.73)	104 (44.44)	18 (7.69)	12 (5.12)
10	Poor salary	98 (41.88)	120 (51.28)	10 (4.27)	6 (2.56)
11	Job insecurity	60 (25.64)	98 (41.88)	20 (8.54)	56 (23.93)
12	Lack of incentives	82 (35.04)	98 (41.88)	24 (10.25)	30 (12.82)

Table 3 shows the types of occupational stress experienced by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH) Nnewi Anambra State. Majority of the respondents 124 (52.99%) identified task design related stress as the type of stress they experienced. Other types of stress include work role stress 110 (47.01%), followed by physical violence and harassment 107 (45.72%), psychological stress 100

(42.73%), workplace condition related stress 92 (39.31%) and poor interpersonal and professional relationship in the workplace 86 (36.75%). Others are role/responsibility related stress 84 (35.89%), poor career development related stress 80 (34.18%) and stress from poor organizational climate 78 (33.33).



Table 4:
Common Occupational Stress Coping Strategies adopted by Nurses

S/N	Items	SA (%)	A (%)	D (%)	SD (%)
1	Identification of the sources of stress	84 (35.89)	88 (37.61)	26 (11.11)	36 (15.38)
2	Avoidance of unnecessary stress	98 (41.88)	120 (51.28)	10 (4.27)	6 (2.56)
3	Altering the stressful situation	60 (25.64)	98 (41.88)	20 (8.54)	56 (23.93)
4	Ventilation of feelings	110 (47.01)	108 (46.15)	10 (4.27)	6 (2.56)
5	Effective time management	100 (42.73)	104 (44.44)	18 (7.69)	12 (5.12)
6	Adjusting one's standard and attitude to life and work	92 (39.31)	106 (45.29)	8 (3.41)	28 (11.96)
7	Exercise and relaxation	78 (33.33)	92 (39.31)	26 (11.11)	38 (16.23)

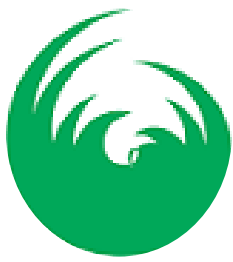
Table 4 shows the common occupational stress coping strategies adopted by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State. Majority of the nurses strongly agreed that the common occupational stress coping strategy they usually adopt include ventilation of feelings 110 (47.01), followed by effective time management 100 (42.73%) and avoidance of unnecessary stress. Others agreed that adjusting one's standard and attitude to life and work 92 (39.1%) and identification of the sources of stress 84 (35.89) as coping strategies that they can adopt in times of stress.

Discussion of Findings

To determine the sources of occupational stress experienced by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State.

Results from the study revealed that lack of systems in workplace available to respond to concerns ranked first as one of the sources of occupational stress experienced by nurses, followed by excessive workload, exposure to unpleasant conditions, poor communication patterns in the workplace, workplace conflict or lack of support, role ambiguity and long hours of work. This implies that the major sources of occupational stress experienced by nurses include work environment, organizational and role/relationship related stress.

These are crucial issues in giving care services as the nurse must be healthy and in a relatively safe work environment to care for her clients. Provision of nursing care also requires that the nurse be in a right frame of mind and relaxed mood to ensure accurate calculation of patient medications, answer her clients' questions professionally, carryout nursing assessment among other duties. All these are left undone or done with a lot of errors when working in an unconducive environment. This result is in consonance with the findings of a study conducted by Casu and Giaquinto (2018) which revealed that common sources of stress among nurse clinicians include poor work environment, poor communication and general interpersonal relationship issues, workplace violence and bullying, heavy workload and poor healthcare organizational structure. The result of this study agreed with the work of Gholamzadeh, et al., (2011) which revealed that problems related to physical environment, lack of equipment to work with and being exposed to health and safety hazards are major stressors for nurses. The results also agrees with the submission of Wong and Chang (2012) that the major stressors or stress-related factors experienced by nurses include workloads requiring nurses to work long hours, role characteristics, poor understanding of job specification, role ambiguity, unfavourable work setting and hostile



hospital administrative policies. In the assertion of Kulakarni and Srimathi (2017) role conflicts, nursing shortage, unclear/ambiguous tasks and poor healthcare administration are crucial sources of stress among nurse practitioners also supports the result of this study. According to Kulakarni and Srimathi (2017) the nature and sources of occupational stress among nurse clinicians do not vary with their cadre, rank or years of service in the profession.

To ascertain the types of occupational stress experienced by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State

Findings from the study showed that the types of occupational stress experienced by nurses include task design related stress, work role stress, poor salary, psychological stress, workplace condition related stress, poor interpersonal and professional relationship in the workplace, lack of incentives, role/responsibility related stress, poor career development related stress, stress from poor organizational climate and job insecurity. This result agrees with the submission of Onasoga, et al., (2013) that the major types of stress experienced by nurses are those related to poor motivation/incentives, job insecurity, poor interpersonal/professional relationship in the workplace, poor job design and overall poor psychological and social work environment. The result is also in consonance with the submission of Jose and Bhat (2013) that majority of the nurses experience stress related to task performance, the work environment, group dynamics and organizational modes of operation. However, Fathi, Nasae and Thiangchanya (2012) noted that junior nursing officers/personnel experience interpersonal/interprofessional conflict related stress as well as stress from poor organizational policies and structures.

To determine the common occupational stress coping strategies adopted by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi Anambra State.

Results from the study revealed that common occupational stress coping strategies adopted by nurses in Nnamdi Azikiwe University Teaching Hospital (NAUTH) include identification of the source of the stress, ventilation of feelings, avoidance of unnecessary stress, effective time management, adjusting one's standard and attitude to life and work, exercise and relaxation as well as altering the stressful situation. The use of these coping strategies among nurses could be linked to the use of nursing process, which is a problem solving framework used by nurses in caring for their clients. This frame work enables nurses look critically at any situation, identify the problems, set goals, plans for implementation and execute the plans and evaluate the outcome of plans. This knowledge could be applied in managing stressful situations at work. The use of coping strategies have been identified to have beneficial effect on the employee by bringing about increase in job satisfaction, reduction in the rate of absenteeism, increased turn over and other work related tension (Li and Lambert, 2008).

This result is in line with the findings of a study conducted by Fathi, et al., (2012) that a significant proportion of nurses cope with workplace stress by ventilating their feelings, identifying and avoiding the sources of stress, engaging in exercise and relaxation activities as well as by seeking the support of families, friends and significant other persons. The result also agrees with the findings of a study conducted by Ekundayo and Kolawole (2013) which revealed that major coping strategies utilized by nurses include effective time management and orderly performance of tasks, seeking for support of colleagues and friends, verbalization of issues of concern and feelings, self confidence and maintenance of a positive attitude towards



life events. The result also agrees with the submission of Gholamzadeh, et al., (2009) that the most common occupational stress coping strategies used by nurses was self-controlling and positive reappraisal.

Conclusion

The study concludes that the major sources of occupational stress experienced by nurses include lack of systems in workplace available to respond to concerns, excessive workload, exposure to unpleasant conditions, poor communication patterns in the workplace, workplace conflict or lack of support, role ambiguity and long hours of work. Junior nursing personnel experienced interpersonal/inter professional and healthcare administrative policies related stress more than the senior personnel. The main occupational stress coping strategies adopted by nurses include ventilation of feelings, avoidance of unnecessary stress, effective time management, adjusting one's standard and attitude to life and work, identification of the sources of stress, exercise and relaxation as well as altering the stressful situation.

Recommendations

Nurses should be provided with healthcare and work friendly environment, they should be trained and re-trained in the light of the present day high hospital patronage to adopt and use appropriate and positive coping strategies. Stress inducing hospital administrative policies should be redesigned to enable nurses function optimally in healthcare settings.

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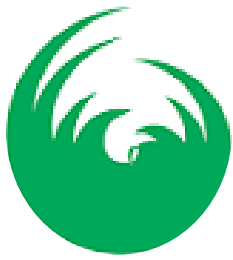
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