

COPING STRATEGIES AND LEVEL OF JOB SATISFACTION IN REDUCING OCCUPATIONAL STRESS AMONG HEALTH WORKER IN RIVERS STATE

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ABSTRACT

This study explored the coping strategies and level of job satisfaction in reducing occupational stress among health care personnel in Rivers State. Descriptive cross-sectional survey design was implemented for the study. Sample size for the study was 612. A multistage sampling procedure was adopted to select the participants. The instrument used collections of data was self-structured questionnaire with a reliability coefficient of 0.76 indicated that it is reliable for the study. Collected data was analyzed using simple percentage, mean scores on SPSS version 23.0. The result disclosed that 78.9% of the respondents adopted relaxation, 78.7% adopt proper time management, 71.3% watches TV to relief stress, 71.1% get adequate sleep, 68.8 engage in exercise, 53.4% consume adequate diet, 50.4% meditate, 50.2% listen to music, 50% drink alcoholic beverages, 47% participate in religious activities, 39.5% absent from work, 32.5% engages in indiscriminate sexual intercourse, 28.4% consider prescriptive drugs, 24.8% smoke while 24.8% hang out with friends. The mean and standard deviation analysis of healthcare workers' level of satisfaction with their workplace characteristics. Based on the criterion of mean of 2.5, the result unveiled that the healthcare workers in Rivers State were only satisfied with their level of participation in seminars, conferences and training in service (2.69 ± 1.222). the result showed the factors responsible for dissatisfaction of job as condition of services (1.45 ± 0.515); workers promotion (1.53 ± 0.646); number of healthcare workers in the health facility (1.79 ± 0.935); the duration for break (1.93 ± 1.174); communication pattern (2.17 ± 1.361); salary/remuneration of workers (2.25 ± 1.259); work condition (2.29 ± 1.259); equipment/facility in the hospital/ health center (2.38 ± 1.301); workers/boss relationship (2.40 ± 1.258) and health workers welfare (2.46 ± 1.302). It was concluded that coping strategies for occupational stress among health workers was a mix of both positive and negative strategies Healthcare workers in Rivers State were apparently not satisfied with the conditions of the workplace The study recommended that healthcare managers, administrators and employers alike should ensure proper job placement that encourages the reduction of role conflict/ambiguity, under staffing and work over-load to the possible minimal level.

Keywords: Coping strategies, job satisfaction, occupational stress, health workers

I. INTRODUCTION

Occupational stress is stress related to one's job. Occupational stress often stems from unexpected responsibilities and pressures that do not align with a person's knowledge, skills, or expectations, inhibiting one's ability to cope. Occupational stress can increase when workers do not feel supported by supervisors or colleagues, or feel as if they have little control over work processes (World Health Organization, 2015).

Occupational stress is a state or condition which interferes with the affairs of workers in all occupation. It is characterized by psycho-social and health outcome that influences the welfare of the workers including healthcare workers. Job satisfaction and stress may likely be related. Besides satisfaction and occupational stress affect health workers and their clinical performance which is the fundamental factors for good quality of health care providers. Ministry of Health in Malaysia (2013) reported that health workers consist 2-5% of woman human resources and they are the largest part of the health care personnel whilst two third of nurses' work in the governmental sector, public hospitals and clinics, with a few numbers of male counterparts. Job satisfaction depicts the attitudinal characteristics which without have a positive effort on job performance. The more a health worker improve her/his job performance the chances of encountering Stress at the workers. Studies of Samiei, et al, (2016) asserted that occupational stress among nurses in the work place increases when the workload pressure is high especially when attending to clients/patients. Therefore, the higher the job

performance, the higher the chances increased of stress. Also lack of communication skills could contribute to occupational stress especially in a professional job like nursing. Communication skills may likely enhances their performance and coordination during clinical practice and reduce the risk of stress (Samiei et al 2016).

Onowhakpor (2018) worked on the occupational stress; prevalence, sources and coping mechanisms among medical doctors in a tertiary institution. A descriptive cross-sectional design was adopted and carried out among 238 medical doctors. Multi-stage sampling technique use to select the respondents. The instrument used for data collection was General Health Questionnaire (GHQ). Data was collated and analyzed using statistical package for social science (SPSS version 20.0) level of significance was taken as ($P < 0.05$). The result indicated that the prevalence of occupational stress was 50.7%, the main sources of occupational identified by the participants includes workload 216 (94.3%), sleep deprivation 205(89.5%), and inadequacy of resources 204(89.1%). However, the occupational coping strategies mentioned frequently are prioritizing and solving problem orderly 187(81.7%), reorganizing my work 179(78.2%), planning ahead 177(77.3%) among others. In conclusion, the prevalence of work-related stress among participants was very high. Increase level of stress may endanger the health of doctors and influence the quality of care they provide.

Gholamzadeh, et al, (2011) researched on sources of occupational stress and coping strategies among nurses who work in admission and emergency departments of hospitals related to Shiraz University of medical sciences. The research design used for the study was descriptive survey design which was conducted among 90 emergency ward nurses from three large teaching hospitals. Questionnaire was employed for data collection through self-administration method. The reliability coefficient of the instrument was 0.88 using Cronbach-Alpha. Data was tabulated and analyzed using SPSS version 11.5. The results showed that the mean score of the nursing stress scale was high ($X + SD = 162.28 + 35.28$) which depicts that nurses experience high frequency of stress at the workplace. The coping strategy employed by the nurses was self-control ($X + SD = 12.92 + 3.8$), positive reappraisal (mean = 12.92, SD = 3.5), and accepting responsibility (mean 5.65, SD = 2.62), plan problem solving (mean = 11.24, SD = 3.1), seeking social support (12.08 + 3.1). Overall 74.4% of nurses said that they were satisfied with their jobs. There was no significant relationship between the use of any coping strategy and other demographic variable such as gender, age. In conclusion, coping skills, positive reappraisal, and self-controlling are mostly used at emergency department among nurses.

Gu, et al, (2014) find out the coping strategy for occupational stress among workers in thirteen enterprises, the aims of the study was to investigate the influential factors for the coping strategy for occupational stress among workers. Descriptive survey was conducted among 6711 worker in 13 enterprises. The sampling techniques used for selection of samples was cluster sampling techniques from November 2008 to June 2009. The instrument used for gathering information for the study was questionnaire. The data from 5338 workers was analyzed using SPSS version 20.0. The response rate was 79.6%. The results indicated that the median coping strategy score was 26(23-30) (P_{25} and p_{75}). Coping strategy for male workers (26.56 + 5.30) was significantly greater than female workers (26.07 + 5.37), ($z = 10.02$, $p < 0.01$). Coping strategy was higher among manager (27.41+ 4.86) and smaller among frontline workers (26.28 + 5.36). There was a significant difference between the two groups ($X(2) = 5.38$, $p < 0.01$). The results of the coping strategy among workers with weekly job times of < 40 hours, 41-50 hours, 51-59 hours and > 60 hours accounted for 26.93 + 5.36, 26.72 + 5.11, 25.74 + 5.30 and 25.09 + 5.83 respectively ($X(2) = 22.12$, $p < 0.01$). The results of correlational analysis depicted that coping strategy was positively correlated with decision level ($r = 0.183$, $p < 0.01$), reward ($r = 0.207$, $p < 0.01$), positive emotion ($r = 0.244$, $p < 0.01$), superior support ($r = 0.176$, $p < 0.01$), co-worker support ($r = 0.176$, $p < 0.01$), and job satisfaction ($r = 0.171$, $p < 0.01$), it was negatively correlated with psychological demands ($r = 0.157$, $p < 0.01$), physical demands ($r = -0.099$, $p < 0.01$), negative emotion ($r = 0.093$, $p < 0.01$), depressive symptoms scores ($r = -0.208$, $p < 0.01$). It was concluded that type of individual factors, health status, and work time have effects on the coping strategy for occupational stress.

Teixeira, Gherardi-Donato, Da Pereira, Cardiso, and Reisdorfer, (2016) conducted a study on occupational stress and coping strategies among nursing professional in hospital environment. The aim of this study was to analyze occupational stress and coping strategies used by technicians and nursing assistants of a university hospitals. A cross-sectional survey study was accepted for the findings. The sample size of 310 was obtained for the study through a formula method. Simple random sampling techniques were used to select the respondents. Questionnaire was employed for data collection. Cronbach Alpha was used to determine the reliability

coefficient of the instrument. The value of 0.70 was acceptable. Data was coded, collated, and analyzed using SPSS version 16.0, and Ms Excel version 2010. The results of the study revealed a stress score scale, 88.4% nurses worked under high psychological demands, low control (21.0%), and low social support (35.2%). Only 17.4% of assistants exposed to high stress, 75.5% exposed to intermediate level of stress, and 7.1% exposure to low level of stress. More than average 48.15% of the participants experience occupational stress and 5.56% are subject to occupational stress. The identified Coping strategies for occupational stress include; religious practices/wishful thinking (19.14%), social support (18.75%), in a logistic regression analysis, strategies focused on the problem are presented as a protective factors for occupational stress (OR = 0.58; 95% CI = 0.32 – 1.03) in sample. In conclusion, the way of dealing with stressors in the hospital can be optimally worked among professionals.

In another study by Alharbi and Hasan (2019) on occupational stress, coping strategies and quality of life among nurses in general and psychiatric setting in Jeddah City were conducted to compare the level of occupational stress, ways of coping and quality of life among nurses. A descriptive explanatory design was obtained from mental health hospital in Jeddah City with 69.5% response rate. Questionnaire was used to elicit data necessary for the study. The reliability coefficient value of $r = 0.96$, and $r = 0.89$ was obtained. Data entry and analysis using SPSS version 23.0 statistical significance was set at $p < 0.05$. Result unveiled that the maximum score of occupational stress was 236 with mean score of 148.8. $D + = 35.22$. A t-test result showed there was significance difference between nurses regarding the work setting at the hospital level ($p < 0.05$), there was no statistically significant difference between the psychiatric and general nurses in relation to coping strategies ($P > 0.05$). However, there was statistically significant difference ($p > 0.05$) between the nurses in psychiatric and general setting in approach avoidance coping were ($P = -0.012$). There was no statistically significant difference between study's group in the others coping strategies sub-groups such as approach of coping ($P = 0.354$), avoidance coping ($P = 0.87$), and seeking support ($P = 0.17$). There was statistically significant difference between the psychiatric and general nurses regarding quality of life due to occupational stress ($P < 0.05$). Conclusively, healthcare institution should adapt stress evaluation and coping model specific for each unit.

Haslinda, and Tyng (2016) carried out a study on job stress and coping mechanisms among nursing staff in a Malaysian private hospital. A descriptive and cross-sectional or correlational design was employed for the study. Structured questionnaire was used to gather data for the study. Multiple regression analysis was used to determine the independent variable. The result of the study showed that there was correlational relationship between coping mechanisms to reduce job stress and the job itself ($r = 0.378$, and $p = 0.0001$). The Pearson Correlation Coefficient ($r = 0.378$) indicate a moderate linear relationship between reduce job stress and job itself. Also, there was a correlational relationship between coping mechanisms to reduce job stress and work environment is positive and significant ($r = 0.5111$, $p = 0.001$). However, there was a significant relationship between coping mechanisms to reduce job stress and management support (where $r = 0.233$, $p = 0.002$). On the predictors of occupational stress, there was a significant relationship between job itself, work environment, individual and management support, (job itself $t = 3.705$, $p = 0.0001$), work environment ($t = r. 208$, $p = 0.00010$, individual ($t = 3.569$, $p = 0.001$), and management support ($t = 1.076$, $p = 0.283$). The r-squared value of 0.389 illustrated the four predictors about 38.9% of variation in the coping mechanism to reduce job stress. ANOVA tables showed that F-statistic ($F = 28.147$), $p = 0.0001$, indicating that there was a linear relationship between coping mechanisms to reduce job stress and work environment, individual, and management support. Work environment ($p = 0.301$) predict job stress. Conclusively, the study identified most significant factor influencing job stress encountered among nurses. Stress incurs economic costs on the society, and influences physical and psychological health of workers and can lead to burnout among health workers. Evidence showed that higher level of occupational Stress and physical and psychological burnout in health workers have led to escape from job, the clashes between personnel and intense displacement, impaired health and inability to perform medical task, predisposition to professional negligence and commission, and ultimately reducing the quality of health care provided and dissatisfaction and leaving the profession or resignation. To this extent, the researcher intends to unravel the coping strategies and level of job satisfaction in reducing occupational stress especially among health workers in Rivers State.

II. PURPOSE OF THE STUDY

The purpose of the study was to establish the coping strategies and level of job satisfaction in reducing occupational stress among health workers in Rivers State.

1. establish the coping strategies in reducing occupational stress amongst health workers in Rivers State.
2. establish the level of job satisfaction health workers have regarding the characteristics of their workplace.

III. RESEARCH QUESTIONS

The following questions were formulated to guide this study.

1. What are the coping strategies in reducing occupational stress amongst health workers in Rivers State?
2. What is the level of job satisfaction among health workers regarding the characteristics of their workplace?

IV. METHODOLOGY

The research design employed for this study was cross-sectional descriptive survey design. As at the time of this study, the population of healthcare workers in Rivers is about 36,876 (Rivers State Hospital Management Board, 2019).

Sample and Sampling Technique

The sample size for this study was 612 health workers in Rivers State. The sample was drawn using multistage sampling procedure comprising of non-proportionate stratified random sampling technique, systematic random sampling technique and accidental sampling technique.

Instrument for Data Collection

The study made use of a researcher-constructed instrument titled "Health Care Workers Occupational Stress Questionnaire (HCWOSQ). The instrument consisted of 89 items spread across five sections (Section A, and B). Section A was made up 11 items structured in a multi-choice format which elicited the demographic characteristics of the respondents. Section B consisted of 2 items structured in a "Yes or No" and modified 4point likert formant of "Very Stressful (VS), Moderately Stressful (MS), Mildly Stressful (MLS) and Rarely Stressful (RS)" which elicited information on the prevalence of stress and level stress among the health workers.

Validation of Instrument

The instrument for the study was validated by three professionals. First, two draft copies of the instrument were given to the supervisor and one other professors in department of Human Kinetics and Safety studies. Another copy was given a test and measurement expert. The validators were asked to check for content, construct and face validated of the instrument and make necessary corrections. Reliability test were conducted for the adopted questionnaire using Cronbach Alpha method. The coefficient value of 0.90 was obtained to show that the instrument was reliable for the study based on Nurse Stress index.

Method of Data Collection

Data collection was done by distributing the questionnaire to the respondents one-on-one. Three research assistants were employed to help the researcher during the data collection. The period for administering and retrieving the questionnaire was undertake for three months because of the large sample and wide area of coverage.

Procedure for Data Analysis

The data collected were analyzed using Statistical Products for Service Solutions (SPSS) version 21.0. Data analysis was done using statistical tools such as Simple percentages (%), mean and Standard deviation was deployed in analyzing the research question.

V. RESULTS

Research Question 1: What are the coping strategies in reducing occupational stress amongst health workers in general hospitals in Rivers State?

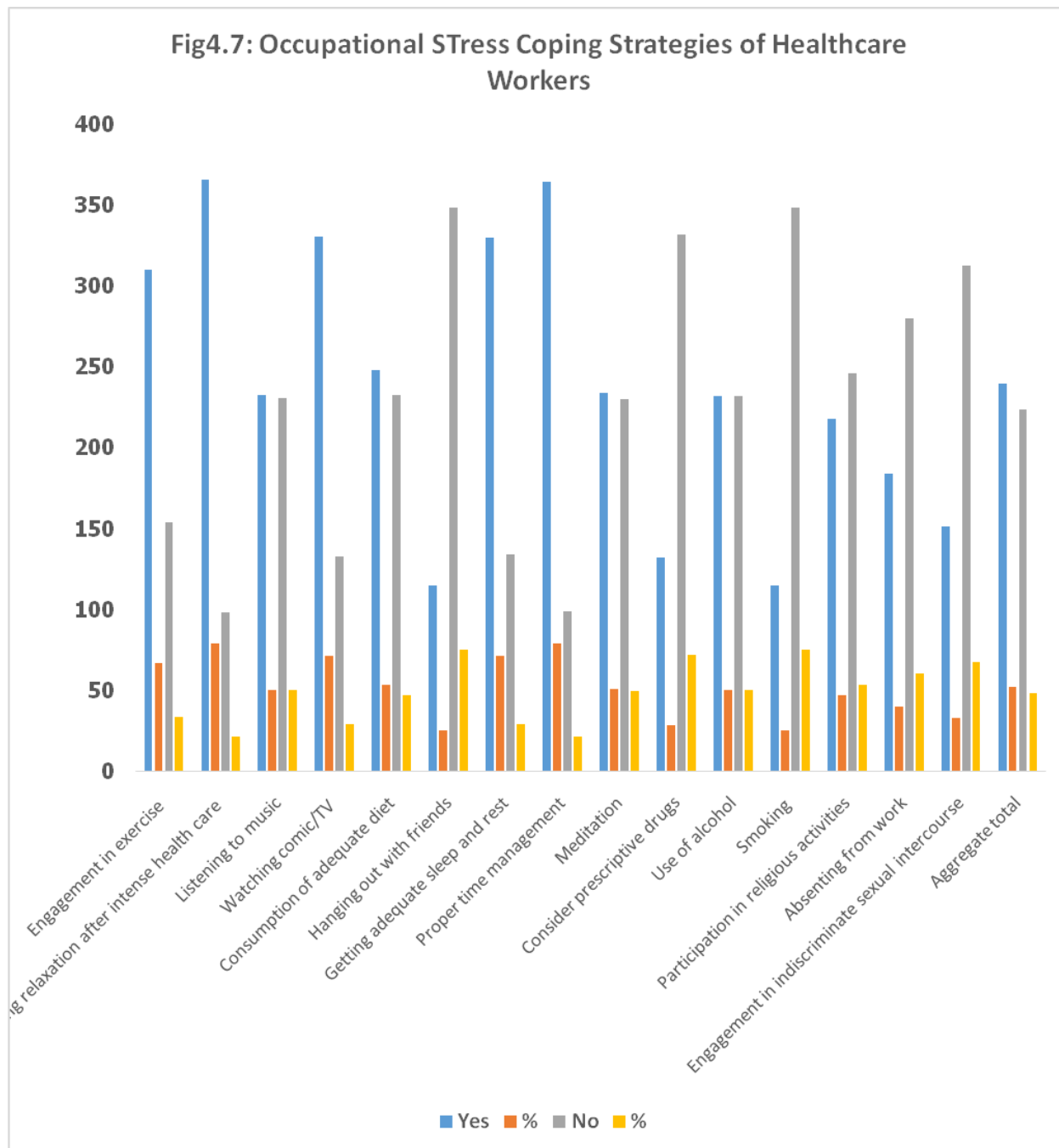


Figure 1 illustrates the % analysis of occupational stress coping strategies adopted by healthcare workers. The result disclosed that 78.9% of the respondents adopted relaxation, 78.7% adopt proper time management, 71.3% watches TV to relief stress, 71.1% get adequate sleep, 68.8 engage in exercise, 53.4% consume adequate diet, 50.4% meditate, 50.2% listen to music, 50% drink alcoholic beverages, 47% participate in religious activities, 39.5% absent from work, 32.5% engages in indiscriminate sexual intercourse, 28.4% consider prescriptive drugs, 24.8% smoke while 24.8% hang out with friends.

Research Question 2: What is the level of job satisfaction among health workers in Rivers State?

Table 2: Mean and Standard Deviation analysis of the healthcare workers level of satisfaction with workplace characteristics.

S/No	How are you satisfied with the following	\bar{X}	SD	Rank	Remark
78	Equipment/facilities in the hospital/health center	2.38	1.301	4th	Not satisfied
79	Workers/boss relationship	2.40	1.258	3rd	Not satisfied
80	Health workers welfare	2.46	1.302	2nd	Not satisfied
81	Workers promotion	1.53	.646	10th	Not satisfied
82	Communication pattern	2.17	1.361	7th	Not satisfied
83	The duration for break time	1.93	1.174	8th	Not satisfied
84	Numbers of health workers in the health facility	1.79	.935	9th	Not satisfied
85	Participation in seminar, conference and training in service	2.69	1.222	1st	Satisfied
86	Patient/staff relationship	2.29	1.283	5th	Not satisfied
87	Salary/remuneration of workers	2.25	1.259	6th	Not satisfied
88	Work condition	2.29	1.282	5th	Not satisfied
89	Condition of services	1.45	.515	11th	Not satisfied
	Aggregate Mean & SD	2.14	1.128		Not satisfied

Table 2 shows the mean and standard deviation analysis of healthcare workers' level of satisfaction with their workplace characteristics. Based on the criterion of mean of 2.5, the result unveiled that the healthcare workers in Rivers State were only satisfied with their level of participation in seminars, conferences and training in service (2.69 ± 1.222). However, they were not satisfied with: Condition of services (1.45 ± 0.515); workers promotion (1.53 ± 0.646); number of healthcare workers in the health facility (1.79 ± 0.935); the duration for break (1.93 ± 1.174); communication pattern (2.17 ± 1.361); salary/remuneration of workers (2.25 ± 1.259); work condition (2.29 ± 1.259); equipment/facility in the hospital/ health center (2.38 ± 1.301); workers/boss relationship (2.40 ± 1.258) and health workers welfare (2.46 ± 1.302).

VI. DISCUSSION OF FINDINGS

Stress Coping Strategies among Healthcare Workers

Healthcare workers in Rivers despite being under immense stress as disclosed in the survey still got to work as well as carry out their daily duties. The question now is how are they coping with the stress? In Figure 4.7 illustrates their responses on how they cope with stress. Their responses show that 78.9% of the adopted relaxation, 78.7% adopted proper time management, 71.3% watches TV to relief stress, 71.1% get adequate sleep, 68.8 engage in exercise, 53.4% consume adequate diet, 50.4% meditate, 50.2% listen to music, 50% drink alcoholic beverages, 47% participate in religious activities, 39.5% absent from work, 32.5% engages in indiscriminate sexual intercourse, 28.4% consider prescriptive drugs, 24.8% smoke while 24.8 hang out with friends. Adzakpah et'al. (2016) found almost same coping strategies among nurses at St. Dominic Hospital, Akwaita Ghana but at different percentage as follows; breaktime 39(60%), meditation 33(51.6%), exercise 41(64.1%), relaxation 50(74.3%). However, 68(93.2%) manage their time better, 65(89.0%) identify source of stress and avoid unnecessary stress. 62(84.9%) shows feelings than stomaching them, 61(83.6%) keep their sense of humour by laughing most time, few of the nurses took drugs 6(8.2%) and ate excessively 4(5.5%). These results are quite close to the percentages reported in table 1.

Coping is a conscious mental and psychological process which is aimed at reducing the disadvantages of a particular stressor in the environment. Coping is not only used to address stress but also other normal activities of human endeavour such as school, relationship, among others. Coping therefore is the act of consciously managing and channeling of one's energy to reduces the effect of stress or to keep afloat with one's life routines.

Sometimes, coping could mean enduring, persevering, keeping up despite the extent of difficulty one faces in life.

Furthermore, the coping strategies utilized by healthcare workers underpins positive and negative responses as rightly acknowledged in General Adaptation Syndrome theory postulated by Selyes in 1956. For example, the uses of drugs, engagement in indiscriminate sexual intercourse, alcohol use etc are negative responses that their own adverse effect on health as well as the potential to deter their performance. On the positive side of the pole, proper time management, exercise, meditation, adequate rest, watching comics etc. have been shown to improve health and performance concurrently.

Job Satisfaction among Healthcare Workers

In table 2 , healthcare workers were only satisfied with their level of participation in seminars, conferences, and training in service (mean = 2.69) but were dissatisfied with other conditions of work such as Equipment/facilities in the hospital/health center (2.38); Workers/boss relationship (2.40); health workers welfare (2.46); workers promotion (1.53); Communication pattern (2.17); Numbers of health workers in the health facility (1.93); Patient/staff relationship (1.73); Salary/remuneration of workers (2.29); work condition (2.25; and Condition of services (2.14). the impetus to this finding could possibly be as result of government nonchalant attitude towards health facility as well as poor management system which perhaps pervades every government facility.

Contrary to the above findings, Sule, Omole, Yere, Dogo and Gyuro (2013) found an overall job satisfaction of the among health workers in tertiary hospitals in Zaria, Kaduna to 71.6 % while co-worker satisfaction was 60.1%. similarly, Khamlub, Harun-Or-Rashid, Sarker, Hirosawa, Outavong and Sakamoto (2013) disclosed that health care workers at health center in Vientiane capital of Bolikhamsai Province. Lao PDR were satisfied with 17 factors, but dissatisfied with salary levels at a mean score of (3.25). The highest satisfaction reported was for the freedom to choose the method of working with a mean score of 4.99, followed by the amount of variety on the job (4.96), amount of responsibility (4.90), and relationships with co-workers (4.90).

In similar fashion, Brigs and Madhav (2017) found the overall job satisfaction among health care professionals in public and private setups to be 68% in Private Healthcare and 59 % in public healthcare setup among the sampled health care professionals. They concluded that Job satisfaction for health care professionals has a major impact on quality, effectiveness, and work efficiency. Autonomy was more in public sector (73%) than in private sector (52 %). The difference in level of satisfaction discovered in this and other studies could be due to level of economic development and level of healthcare quality control policy implementation. It could also be as a result of difference in the annual budget allocated to health care in the different countries which determines the quantity and quality of facilities and equipment supply.

From the above results, there was a wide gap between the level of job satisfaction of health care workers in Nigeria and that of other countries. This could be due to level of government commitment to health care system of the country. For Nigeria, it is obvious that the health care system is in a state of quagmire which perhaps speaks of dilapidated infrastructure among others.

Another possible reason for low job satisfaction of healthcare workers in Rivers could be the high expectations of workers as oil state workers which was not commensurate with their salaries as the workers were not satisfied with their salary.

VII. CONCLUSION

Coping strategies for occupational stress among health workers was a mix of both positive and negative strategies. But majority approached occupational from a positive angle. Thus, the widely adopted stress coping strategies were getting relaxation after work proper time management, watching comic/TV and getting adequate sleep and rest while the least adopted strategies include; hanging out with friends, consider prescriptive drugs, engagement in indiscriminate sexual intercourse and absenting from work. Healthcare workers in Rivers State were apparently not satisfied with the conditions of the workplace with exception of the organization's support for participation in training programmes, seminars, workshops and conferences

VIII. RECOMMENDATIONS

Based on the findings of this study. It was recommended that:

1. Healthcare managers, administrators and employers alike should ensure proper job placement that encourages the reduction of role conflict/ambiguity and work over-load to the possible minimal level.
2. Government should liaise with tertiary institution to improve the number student enrollment in health sciences such as medicine and surgery, nursing, pharmacy as well as the quality of education in order to produce more and better breeds of healthcare workers who are more sound in knowledge and equipped to deliver effective healthcare services without undue stress emotionality.
3. The government should also embark on the renovation of many health center with adequate facilities and equipment as well as the training of healthcare workers on the operation to improve healthcare effectiveness and efficiency.
4. Management and healthcare managers at all levels of the healthcare delivery system, and Employers must pay attention and record near-miss, workers complaints, absenteeism and illness and regularly evaluate the occupational stress intervention programmes to ensure understand how effective they are and to make informed decision regarding the way forward.

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