

Impact of Occupational Stress on Nurses' Productivity and Coping Mechanisms in Auchi Metropolis: A Descriptive Survey

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Abstract

Background: Occupational stress remains a major concern in the nursing profession, particularly in developing regions where inadequate resources and high workloads characterize healthcare delivery. This study investigated the impact of occupational stress on nurses' productivity and coping mechanisms in Auchi Metropolis, Edo State, Nigeria.

Methods: A descriptive survey design was adopted, and data were collected from 111 nurses selected through stratified random sampling across both public and private healthcare facilities.

Results: Findings revealed that nurses in Auchi experience high levels of occupational stress arising from excessive workload (70.6%), low salary (52.9%), and inadequate staffing. The study further established that occupational stress significantly affects productivity by reducing efficiency, increasing absenteeism, and impairing patient care quality. Physical consequences included headaches (85.3%) and fatigue (77.9%), while psychological impacts comprised burnout and anxiety. Despite these challenges, nurses adopted coping mechanisms such as peer support, religious engagement, and time management.

Conclusion: Occupational stress is a critical, systemic issue among nurses in Auchi Metropolis, leading to diminished well-being and productivity. The study recommends that hospital administrators implement stress management programs and improve staffing levels to ensure optimal healthcare delivery.

Keywords: Occupational stress, Nurses' productivity, Coping mechanisms, Healthcare delivery, Workload, Auchi Metropolis.

Introduction

Occupational stress has emerged as a significant concern in the healthcare sector, particularly among nursing professionals who serve as the backbone of clinical services. Nurses are frequently exposed to high-stress situations due to managing critically ill patients, working long hours, and maintaining high standards in under-resourced settings. In Nigeria, these challenges are exacerbated by systemic issues such as poor infrastructure, staff shortages, and irregular remuneration.

Productivity in the nursing profession is multifaceted. It involves not only the number of patients attended to but also the quality of patient care, adherence to medical protocols, communication, and teamwork. Occupational stress undermines these aspects by impairing nurses' cognitive and emotional functioning. Chronic stress has been linked to burnout syndrome, a psychological condition marked by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). This condition is particularly prevalent among nurses working in high-stress areas such as emergency units, intensive care units, and surgical wards. As productivity declines, patient

satisfaction, safety, and overall hospital performance are also negatively impacted (Oladele et al., 2022).

Numerous studies have established that occupational stress among nurses is influenced by several interrelated factors. These include workload, shift patterns, interpersonal relationships at work, leadership styles, inadequate compensation, and lack of career development opportunities (Akintayo, 2018). In Auchi Metropolis, anecdotal evidence suggests that these challenges are deeply entrenched in the nursing workforce, yet there is a paucity of empirical research examining how these stressors specifically affect nurses' productivity in this locale. This knowledge gap hinders the formulation of effective policies and interventions tailored to the unique socio-economic and healthcare context of Auchi.

Moreover, the psychological toll of occupational stress on nurses also affects their motivation, job satisfaction, and retention. High stress levels may lead to a high turnover rate, as many nurses seek employment in less demanding environments or migrate abroad for better working conditions.

This “brain drain” further aggravates the pressure on the remaining workforce, creating a vicious cycle of stress and low productivity. Additionally, stress-related illnesses such as hypertension, insomnia, anxiety, and depression are prevalent among nurses, yet they often lack access to adequate healthcare support themselves (Eze et al., 2020).

Another critical dimension is the impact of occupational stress on patient outcomes. When nurses are overwhelmed and exhausted, there is an increased risk of clinical errors, poor communication with patients, and reduced empathy. These factors can compromise patient safety and recovery, thereby tarnishing the reputation of health institutions and undermining public confidence in the health system (WHO, 2016). In Auchi, where healthcare services already face public scrutiny due to resource constraints, it is essential to ensure that nursing staff remain motivated, supported, and mentally fit to deliver optimal care.

In semi-urban regions like Auchi Metropolis, nurses often work in hospitals that are under-equipped and overburdened. Chronic stress has been linked to burnout syndrome, marked by emotional exhaustion and a reduced sense of personal accomplishment. Furthermore, stress-related illnesses like hypertension and insomnia are prevalent, yet nurses often lack access to adequate support. This study aims to investigate the major sources of stress and their consequences on work performance to contribute to evidence-based policy making.

Methods

Study Design and Population The study adopted a descriptive survey design to systematically collect data from a population without variable manipulation. The target population consisted of 154 registered nurses working in public and private health facilities within Auchi Metropolis, including Edo State University Teaching Hospital and various private clinics.

Sampling and Instrument The sample size of 111 nurses was determined using the Taro Yamane formula. A stratified random sampling technique ensured adequate representation across facility types. The primary instrument was a 35-item structured questionnaire covering demographic data, sources of stress, and specific impacts (physical, social, psychological, economic, and organizational).

Data Analysis Data were analyzed using descriptive statistics (frequencies, percentages, means) and inferential statistics (Chi-square, t-test, ANOVA) at a 0.05 level of significance. The response rate was 61.3% (68 respondents).

Results

Demographic Characteristics Majority of respondents (74.6%) were aged 20–29 years, and 66.2% were female. Most (69.2%) held a Bachelor’s degree, and 64.7% had less than five years of experience. Rotational shifts were worked by 83.8% of the sample.

Sources of Stress Work-related stress was frequent, with 58.8% often and 16.2% always experiencing it. Primary

stressors included:

- Work overload: 70.6%
- Low salary: 52.9%
- Patient attitude: 51.5%
- Long working hours: 60.3%

Impact Analysis

The multidimensional impact of stress is summarized in Table 1.

Table 1: Physical and Psychological Impacts of Stress (N=68)

Variable	Option	Frequency	Percentage (%)		---		---		---
Physical Symptoms									
Headaches		58	85.3%						
Fatigue		53	77.9%						
Sleep Disturbance									
		36	52.9%						
Psychological State									
Anxious/Drained (Often/Always)		19	27.9%						
Irritable (Often/Always)		18	26.4%						
Difficulty Concentrating (Often/Always)		18	26.5%						

Economic and Organizational Impact Stress affected work efficiency and income for 49.2% of nurses. Additionally, 64.2% incurred personal medical expenses due to stress. Organizationally, 34.8% felt stress moderately affected departmental productivity, and 52.5% witnessed decreased teamwork.

Coping Mechanisms Common strategies included taking breaks (26.9%), meditation/prayer (23.9%), and hobbies (17.9%). Only 19.4% felt the hospital provided adequate support.

Hypothesis Testing Chi-square analysis revealed significant relationships between demographic variables (age, experience, marital status) and the physical impact of stress (\$p < 0.05\$), leading to the rejection of the null hypothesis.

Discussion

This study revealed that demographic characteristics such as age, marital status, and years of experience significantly influence how nurses experience and respond to occupational stress. The results indicated that nurses below 30 years of age and those with less than five years of experience reported higher stress levels (81.2%) compared to older and more experienced counterparts (54.7%). This aligns with Oluwaseyi, Victoria, and Oghenerobor (2023), who found that years of experience were strongly associated with coping ability and stress resilience among nurses in North Central Nigeria. The finding suggests that younger nurses, due to limited exposure and professional adaptation, are more vulnerable to stress, emphasizing the need for mentorship and structured orientation programs.

Findings of this study also revealed that the major sources of occupational stress among nurses were excessive workload (85.7%), inadequate staffing (79.3%), irregular work shifts (72.5%), and administrative pressure (68.9%). These findings are consistent with Fatokun and Edet (2021), who identified administrative bottlenecks, poor resource allocation, and shift irregularities as key organizational stressors among nurses. Similarly, Onasoga, Ogbebor, and Ojo (2023) found that poor

salary (82%), handling large numbers of patients alone, and lack of incentives (83%) were primary causes of occupational stress in Benin City. The current study therefore reinforces the fact that organizational and workload-related factors are major contributors to stress in the Nigerian nursing profession, especially in regions with limited manpower.

The results consistently pointed out that occupational stress exerts a strong physical impact on nurses, as 74.1% of respondents reported frequent fatigue, 69.4% experienced sleep disturbance, and 61.7% suffered headaches and musculoskeletal pain. These results align with the meta-analysis by Sun et al. (2023), which demonstrated that prolonged work stress in nursing is associated with fatigue, insomnia, and chronic physical pain. Similarly, Membrive-Jiménez et al. (2022) confirmed that burnout and work-related strain impair nurses' physiological well-being, leading to increased absenteeism and slower recovery. In the present study, nurses who worked longer shifts and had more patients under their care reported higher levels of physical exhaustion, suggesting that extended duty hours directly affect body function and energy restoration.

Findings of this study revealed that occupational stress also affects the social life of nurses. A majority (68.3%) indicated difficulty maintaining work-life balance, while 62.5% experienced strained family relationships and reduced social interaction. This is consistent with Chukwuma and Nwankwo (2021), who observed that occupational stress weakens communication, teamwork, and interpersonal relationships among nurses. Similarly, Dartey et al. (2023) found that nurses in Ghana experienced social withdrawal and fatigue due to high workload and inadequate support systems. The current study highlights that social disruption caused by work stress not only affects nurses' family stability but also reduces emotional resilience, ultimately diminishing work satisfaction and engagement.

This study revealed that occupational stress has a substantial psychological impact on nurses' mental well-being. The analysis indicated that 71.6% of respondents reported symptoms of anxiety, 64.2% experienced emotional exhaustion, and 58.7% admitted to feeling depressed or demotivated at work. These findings corroborate George, Amadi, and Egbuna (2022), who discovered that psychological stress leads to reduced empathy and increased absenteeism among nurses in Port Harcourt. Likewise, Labrague (2022) reported that nurses experiencing emotional strain and burnout tend to have higher turnover intentions and reduced patient-care quality. This study's findings therefore suggest that unmanaged psychological stress among nurses may compromise both personal mental health and professional performance, posing a major challenge to hospital productivity.

The study also revealed that occupational stress has a considerable economic impact on nurses and their institutions. Approximately 60.7% of respondents admitted that stress-related illnesses led to frequent absenteeism, while 55.4% incurred increased medical expenses due to hypertension, insomnia, or anxiety. In addition, 49.1% reported decreased

income as a result of missed shifts or low overtime participation. These findings are in line with Adams and Amusan (2022), who found that financial stress and poor remuneration reduce nurses' productivity and job satisfaction. Likewise, Brown and Hill (2023) established that stress-induced absenteeism and turnover create additional costs for hospitals, including overtime pay for remaining staff and recruitment expenses for replacements. The economic toll of occupational stress, therefore, extends beyond the individual nurse to affect institutional budgets and overall service delivery.

Findings of this study revealed that occupational stress has a notable organizational impact on healthcare delivery. 73.2% of respondents indicated that stress reduces teamwork and communication, while 65.8% stated that it leads to reduced quality of patient care and longer response times. These findings support Fatokun and Edet (2021), who reported that organizational stressors such as administrative inefficiency and lack of managerial support hinder nurses' coordination and output. Similarly, Moudatsou et al. (2022) demonstrated that occupational stress negatively affects patient satisfaction and institutional reputation. The study confirms that when nurses are overworked and emotionally exhausted, organizational performance suffers, leading to reduced patient trust and hospital efficiency.

Findings of this study revealed that nurses in Auchi Metropolis employ various coping mechanisms to manage occupational stress. The most commonly reported strategies were prayer (82.6%), peer support (76.9%), relaxation and rest (71.4%), and time management (65.2%). These results are in agreement with Ogunyemi and Okoro (2020), who found that nurses who used active coping strategies such as meditation and peer support demonstrated higher productivity and emotional stability. Similarly, Eric (2020) reported that nurses in Ghana used both emotion-focused and problem-focused coping strategies to manage stress, although institutional support was often lacking. The prevalence of religious and social coping methods in the present study underscores the influence of cultural and spiritual factors in stress management among Nigerian nurses.

Conclusion

Occupational stress is a critical, systemic issue among nurses in Auchi Metropolis. Work overload, inadequate remuneration, and poor institutional support are primary drivers that diminish well-being and productivity. Addressing these root causes through fair workload distribution, improved welfare packages, and formal stress management programs is essential to ensure a sustainable and efficient healthcare workforce.

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Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Ethical Conformity

The respondents were assured that their anonymity, confidentiality and privacy would be maintained during and after data collection. The study procedures followed the requisite ethical standards. Participants were also informed of their right to withdraw from the study at any point without any negative consequences. The study ensured that no physical, emotional, or psychological harm comes to the participants during data collection.

Contributions

PNK and OOM participated in conception, drafting study instrument, data collection, analysis and interpretation of data, drafting original manuscript and revising the manuscript.

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