Research Article ISSN 2768-6647

Medical and Clinical Case Reports

Stress and its Management beyond the Workplace: The Need and Must to Know in the Circumstance of Primary Health Care Workers, Port Harcourt City LGA Rivers State, Nigeria

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Received: 02 Jul 2025; **Accepted:** 12 Aug 2025; **Published:** 21 Aug 2025

Citation: Ibama AS, Iyalla AO, Green K, et al. Stress and its Management beyond the Workplace: The Need and Must to Know in the Circumstance of Primary Health Care Workers, Port Harcourt City LGA Rivers State, Nigeria. Med Clin Case Rep. 2025; 5(3): 1-10.

ABSTRACT

Background: *Stress is a state, indicative of worry or mental tension associated with a difficult situation. It is a natural human response that prompts us to address challenges and threats in our lives. Health and stress are biochemically linked, and that chronic stress created physiological illness when the endocrine system became exhausted in its general adaptation syndrome theory. This research paper aimed to assess job stress and its reduction mechanism among primary health care (PHC) workers in Port Harcourt City Local Government Area, Rivers State, Nigeria as well as its translation beyond the workplace.*

Methodology: *A descriptive cross-sectional study design was used to study 250 Primary Health Care (PHC) workers in Port Harcourt City Local Government Area of Rivers State, Nigeria who were selected by multi-stage sampling technique, to determine their views and perspectives on job stress, using structured interviewer administered questionnaire. Data were analyzed using SPSS version 23 and descriptive and inferential statistics, used in presenting characteristics of respondents.*

Results: *Majority of the respondents (62.4%) had worked for 5 years and above, meaning respondents have enough experience to substantiate issues of job stress and its reduction strategies. Also, 62.8% of the respondents indicated inadequate staff strength in their various units, but up to 94.8% of them reported completion of daily workload at their respective units in order to meet up task. While 42.8% of the respondents indicated, having working duration of 9 hours and above. Overwhelming majority (97.6%) of the respondents indicated no presence of facilities to reduce job stress in their workplaces, while 85.6% of them indicated, the need for formulation and implementation of effective policies to reduce job stress in their respective workplaces; whereas 74% of*

the respondents advocated for management of health facilities to come up with intervention to reduce stress at work. More so there was significant (X^2= 68.488a, df =1; P<0.05) relationship between occurrence of long working duration and tight work schedule of respondents. But no significant association (X^2= 3.010a, df =1; P=0.08) between, compulsory completion of daily task and staff strength, depicting that staff strength does not significantly control compulsory completion of daily task. Also, there exist, non-significant (X^2= 2.160a, df=1; P=0.14) relationship between the presence of stress easing facility and management intervention to ease stress on respondents.

Recommendation/Conclusion: *There is need to put in place strategic policies and stress reduction management techniques, that will transcend beyond the workplace for sustainable performance of the workforce. Therefore, the adoption of the four (4) optional "As"- avoid, alter, adapt or accept remain the need to know as the mainstay of stress management beyond the workplace. While the must to know emphasizes stress as not a disease on itself, but an adaptation syndrome and the best stress management strategy is adequate rest and avoiding the specific stressors.*

Keywords
Stress, Stressors, Workplace, Work-overload, Working-hours, Management, Staff-strength, Work-policy.

Introduction
What is Stress?
There are several modes of definition of stress that may characterize the particular situation or circumstance. But we shall go a little bit deeper to drive better understanding on the subject [1] defined stress as the nonspecific response of the body to any demand, whether caused by or results in, pleasant or unpleasant conditions. He further stated that stress and health are biochemically linked and that chronic stress created physiological illness when the endocrine system became exhausted in its general adaptation syndrome theory.

Stress could also be defined as a state or condition of the mind and/or body caused by reactions to negative internal and external environmental factors that displaces its physiologic equilibrium (homeostasis). These factors (usually referred to as stress factors or stressors) can be physical or emotional or psychological action and /or their interceptions/interactions. According to WHO [2] stress is a state of worry or mental tension caused by a difficult situation. It is a natural human response that prompts us to address challenges and threats in our lives.

It was discovered by Selye H [3] that, overtime, resistance to stress can cause the body to become exhausted and due to weakened resistance, the body is more susceptible to inflammatory diseases, chronic fatigue and shorter life. A person experiencing stress may feel vaguely weak, tense, restless, slowly and generally tired without pointing out what is exactly happening to him or her. These are the responses, which also characterize other common disease conditions.

In the words of Mbadou AF, et al. [4] professional stress occurs when the employees find disparity between job and work environment, in particular when they need to work under different categories of pressures and anxieties. Continuing a stressful job may lead to sudden burnout situation at workplace, and could develop negative self-image and other symptoms of stress.

The dynamics of stress call for some more definitions as some people regard stress as "Occupational strain, job stress, work tension, burn out, or job demands", while some others view stress as environmental pressure such as work over load or role conflict, but in order not to go into an endless definition one can comprehensively define ***stress as an alteration of physiological and psychological balance resulting from internal and external job pressures that are perceived as threats to the individual's well-being or self-esteem.*** Stress can be short or long-term based on its cause being temporary or ongoing and to such extent triggers the release of certain hormones, such as noradrenaline and cortisol that cause physiological changes in the body, which can negatively impact mental and physical health [5].

The stress induced response may be noticed via increased heartbeat, increased respiratory rate, tensed muscles and commencement of sweating, which are short-term and temporary (acute stress) and the body usually recovers from it quickly. However, when the stress system remain activated for a long-term and prolonged period (chronic stress), it do lead to or exacerbate more serious health problems as consistent running of stress hormones can inflict a lot of wear and tear on the body, causing faster aging and making it more prone to illness [6].

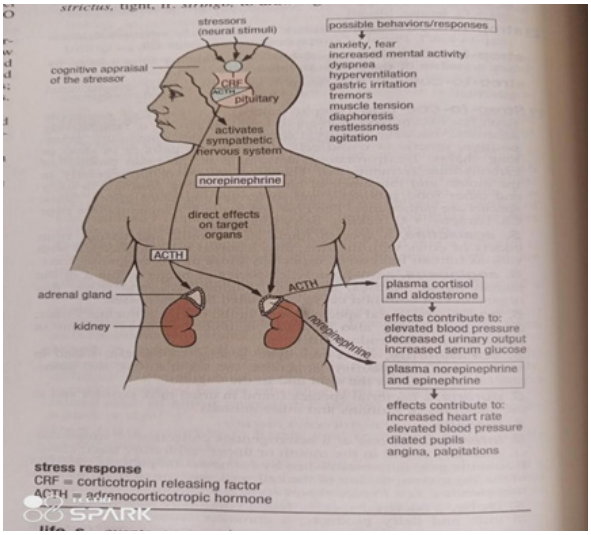
It is important to mention that, persons experiencing stress may be placed under pressure, which may lead to maladjustment behaviours. The changes in behaviour which a person under stress passes through are matched by changes in the body. When a change causes imbalance in a person it leads to unpleasant condition(s), to the extent that it affects his/her behaviour physically, emotionally and psychologically.

Management is an organized process of getting things done through or with people. Therefore, simply put, stress management in our discussion is an organized process of handling the internal and external factors (stressors) that result in changes in our behaviour, either physically, emotionally or psychologically with a view to attaining healthy state. In doing this, four (4) optional "As"- avoid, alter, adapt or accept is quite applicable [7].

Causes of Stress
According to [8], the brain controls the whole body through some chemical substances (transmitters/hormones). As a result of over production of some of these transmitters, there will be anxiety,

fear, worries etc. See Figure 1 for pictorial illustration of stress responses in the body.

Many factors are usually linked to stress. These include: ***job dissatisfaction, family disintegration, down turn in business, interpersonal conflicts, bereavement, unplanned conflicts, unplanned retirement, injuries incapacitating the person, forced migration and emigration, pregnancy and joblessness*** **[6]**.



Source: [9]

Figure 1: Stress Responses in the body.

According to Lu C, et al. [10] stressors in the lives of employees are **legion (myriad abnormalities)**, emanating from different sources namely: from organization or employer, from jobs, career, and relationship with colleagues, family and friends and from internal negative conceptions. From the work place, one of the major stressors one may encounter is the amount of work assigned. It may sound interesting to note that either work overload or job under load will create stress, while an overload job mounts unnecessary pressure on the individual thus bringing strains to bear on his or her functional part, an under load job will have similar effect in a different way.

Also, according to Watson S [6] there are different triggers of stress across all persons, but work stress tops the list and from surveys conducted among U.S. workers, 40% admit to experiencing office stress and one-quarter (25%) agreed that work is the biggest source of stress in their lives. He went ahead and classified causes of work stress, including; being unhappy in the job, having heavy workload or too much responsibility, working long hours, having poor management, unclear expectations of the work, or no say in the decision-making process, working under dangerous conditions, being insecure about chances for advancement or risk of termination, having to give speeches in front of colleagues, facing discrimination or harassment at work, especially if management is not supportive.

It has been asserted in [11], that stress can be career-induced when values do not match the demands and circumstances of progression. Some employees, whose expectations became misplaced in the course of their career may eventually be stressed. The resulting imbalance between their needs or aspirations and that of their career usually leads to stress. An individual can also develop stressors within himself/herself and by himself/herself. This means that stress could be self-induced, arising from setting unrealistic goals and standards and striving relentlessly to achieve them, when one is unable to manage himself/herself in terms of how he/she utilizes his/her time and design his/her priorities.

What are the Signs and Symptoms of Stress?

The manifestation characteristics of stress response are classified within the two categories of short-term (acute stress) and long-term (chronic stress):

Physiological/Mental (Acute Stress)

- Headaches/Anxiety
- Migraines (recurrent one-sided headaches)/Tension
- Changing sleep patterns/Irritability
- Stomach disorders/Low self-esteem
- Raised blood pressure/Forgetfulness
- Muscle spasms (sensible contraction and relaxation)/Feeling powerless
- Back/shoulder/neck pain/Less sociable
  Sense of feeling unwell
  - Unwillingness to work [12].

Psychological/Behavioral/Serious Health Conditions (Chronic Stress)

- Irritable/aggressiveness
- Withdrawn attitude
- Social isolation
- Consumption of alcohol, tobacco, tea/coffee, drugs, self-medication
- Non cooperativeness
- Accident-prone
  - Negligence in personal appearance [12]
  - High blood pressure
  - Abnormal heartbeat (arrhythmia)
  - Hardening of the arteries (atherosclerosis)
  - Heart disease
  - Heart attack
  - Heartburn, Ulcers, irritable bowel syndrome
  - Upset stomach - cramps, constipation and diarrhoea
  - Weight gain or less
  - Changes in sex drive
  - Fertility problems
  - Flare-ups of asthma or arthritis
  - Skin problems, including acne, eczema, and psoriasis [6].

What are the Practical Signals of Stress?

1. Finding it difficult to make decisions
2. Inability to concentrate
3. Inability to recall (remember) events or memory feel slower

than usual
4. Constantly worried or having feelings of negative/harmful things happening.
5. Biting of finger nails
6. Picking at or itching of skin
7. Grinding of teeth or clenching of jaw [12].

It is therefore, a thing of interest to deep-dive into stress and its management beyond the workplace in the critical dimensions of what need to know and must to know in the experiences of primary health care workers in Port Harcourt City Local Government Area, Rivers State Nigeria, using independent variables of work load, duration of work, and policies to reduce stress at workplace.

Aim of the Study

The study aimed to assess job stress and its reduction mechanism among primary health care (PHC) workers in Port Harcourt City Local Government Area as well as its translation beyond the workplace.

Methodology

Study Design

A descriptive cross sectional survey study design was adopted. The choice of this method was based on the nature of the study which focused on determining the views and perspectives of Primary Health Care (PHC) workers in Port Harcourt City Local Government Area of Rivers State, Nigeria on job stress and its reduction strategies.

Study Area

Port Harcourt City Local Government Area is one of the 23 local government areas of Rivers State, Nigeria. Port Harcourt is also the capital city of Rivers State as well as the Headquarters of Port Harcourt City Local Government Area. The geographical coordinates of Port Harcourt City are 4.824167 longitude and latitude 7.033611 [13].

Port Harcourt is one of the largest cities in Nigeria. The city is situated at the southernmost part of Nigeria in the delta of the Niger River. It was established about 100 years ago, and famous as a centre for transportation and industry, with a large number of petroleum industries and oil refineries. It is also a cultural centre with plenty of parks, libraries, theatres, vivid nightlife, large number of markets and shopping facilities.

The city has a tertiary health facility (Teaching Hospital), 42 private medical clinics and hospitals, several public secondary health facilities and numbers of public primary healthcare facilities including primary healthcare centres - Abuloma, Amadi-Ama, Azuabie, Bundu, Churchill, Elekahia, Mgbudundukwu, Mini (Nkpolu), Okuru, Orogbum, Ozuboko, Potts Johnson, Everywoman, Sick Bay and Headquarters. The 2021 population estimate for Port Harcourt is 5,171,000 people with a 4.99% growth rate. Port Harcourt is a multi-national, multi-cultural and multi-religious community [14].

Study Population

The population of study, covered all the primary health care workers in Port Harcourt City Local Government Area, in the 15 primary health care centres giving a population of 408, and this represents the sampling frame of the study. The breakdown is as indicated in Table 1.

Table 1: Breakdown of Study Population.

S/N	Name Primary Health Facility	No. of PHC Workers
1	Abuloma Health Centre	30
2	Amadi-Ama Health Centre	26
3	Azuabie Health Centre	25
4	Bundu Health Centre	24
5	Churchill Health Centre	37
6	Elekahia Health Centre	36
7	Mgbudundukwu Health Centre	40
8	Okuru Health Centre	23
9	Mini (Nkpolu) Health Clinic	8
10	Orogbum Health Centre	43
11	Ozuboko Health Centre	25
12	Potts Johnson Health Centre	31
13	Every Woman Health Post	2
14	Sick Bay	17
15	Headquarters	41
	Total	**408**

Source: [15].

Inclusion Criteria

All workers working in the primary healthcare facilities.

Exclusion Criteria

All workers in the primary health care centres who were absent or ill during the period of the study.

Sample Size Determination

The sample size was determined

Using the Cochrane formula $\frac{N = Z^2pq}{d^2}$ ---------- Eq. 1

Where N = Required sample size
Z = Level of statistics chosen on confidence interval
d = Degree of accuracy desired = half the confidence interval
p = Estimated level/prevalence being estimated

For this study P = 18% [16]

$q = 1 - P - (1 - 0.18)$

$d = 0.52$

$$N = \frac{1.96^2 \times 0.18\ (1 - 0.18)}{0.5^2}$$

$$N = \frac{3.8416 \times 0.18 \times 0.82}{0.0025}$$

$= 226.8$

$= 227$

However, to avoid error due to non-response, 10% of calculated sample size was considered giving

$$= \frac{227 \times 10}{100} = 22.7$$

$= 23$

Therefore, the sample size for the study
= 227 + 23 = 250

Sampling and Sampling Technique

A multi-stage sampling methods was adopted wherein a convenient sampling was used for all-inclusive primary health facilities, and proportional allocation of respondents done across the health facilities, while simple random sampling by balloting was used in the selection of the respondents (250) used for the study as reflected in Table 2.

Table 2: Breakdown of Proportional Respondents.

S/N	Name Primary Health Facility	No. of Respondents
1	Abuloma Health Centre	19
2	Amadi-Ama Health Centre	16
3	Azuabie Health Centre	15
4	Bundu Health Centre	15
5	Churchill Health Centre	23
6	Elekahia Health Centre	22
7	Mgbudundukwu Health Centre	25
8	Okuru Health Centre	14
9	Mini (Nkpolu) Health Clinic	5
10	Orogbum Health Centre	26
11	Ozuboko Health Centre	15
12	Potts Johnson Health Centre	19
13	Every Woman Health Post	1
14	Sick Bay	10
15	Headquarters	25
	Total	**250**

Source: [17].

Instrument for Data Collection

The instrument for data collection was a validated structured questionnaire, divided into two sections A & B – section A focused on demographic data while section B focused on psycho-graphic data. Fifteen (15) items made up the instrument. 8 questions elicited yes or No responses while 7 were structured using the 4-point likert scale. The researcher, personally administered the questionnaire and retrieved on same period.

Ethical Consideration

Ethical approval was obtained from the Research Ethics Committee of University of Port Harcourt Teaching Hospital. In addition, consent was obtained from heads of the health centres to carry out the study. Explanation on the nature and purpose of the study and level of participation of the respondents (healthcare practitioners) were undertaken and their informed consent sought before the interview. Participation was still voluntary even after providing consent in the course of the study.

Result

Table 3, revealed that female respondents 205 (82%) outnumbered their male counterparts 45 (18%). The table also showed that 19 respondents representing (7.6%) were from Abuloma health facility, 16 representing (6.4%) were from Amadi-Ama health facility, 15 respondents representing (6%) were from Azuabie Health facility, Churchill Health facility respondents were 23(9.2%), Bundu Health facility respondents were 15(6%), Elekahia Health facility respondents were 25(10%), Mini Health facility respondents were 5(2%), and Mgbundukwu Health facility respondents were 25(10%).

Table 3: Distribution of Socio-demographic characteristics of Respondents (N=250).

Gender	Frequency	Percentage (%)
Male	45	18
Female	205	82
Total	**250**	**100**
Distribution of Respondents in health facility		
Abuloma	19	7.6
Amadi-Ama	16	6.4
Azuabie	15	6
Churchill	23	9.2
Bundu	15	6
Elekahia	22	8.8
Mini	5	2
Mgbundukwu	25	10
Okuru	14	5.6
Orogbum	26	10.4
Potts Johnson	19	7.6
Ozuboko	15	6
Everywoman	1	0.4
Sick Bay	10	4
Headquarters	25	10
Total	**250**	**100**

Source: [17].

Others were Okuru Health facility 14 respondents representing (5.6%), Orogbum Health facility respondents were 26 representing (10.4%), Potts Johnson health facility respondents were 19 (7.6%), Ozuboko Health facility respondents were 15 (6%), Everywoman Health facility has 1 respondent (0.4%), Sick Bay Health facility respondents were 10 representing (4%), and Headquarters had 25 respondents representing (10%).

Table 4 on Socio-economic distribution of respondents revealed that the bulk of the respondents fell within community health practitioners (22.8%) followed by volunteers 11.6%, nurses 11.2%, COVID-19 personnel 7.2%, Medical Laboratory personnel 5.6%, Pharmacists 5.6%, Laboratory Technicians/Scientists 6.4% and Health Information Management Officers 4.8%. This means that the respondents were of mixed professional experience to provide valid response to the items. Hence, the data obtained for this study can be trusted as they are sufficiently capable of providing stimulated data to meet the study purpose.

Table 4, equally revealed the percentage of response from respondents on work schedule, having 26.8% of the entire respondents on shift duty while 73.2% were not on shift duty.

Table 4: Distribution of Socio-economic characteristics of Respondents.

Response Categories	Frequency	Percentage (%)
Cadre		
Medical Officer	14	5.6
Pharmacist	14	5.6
Nurse/Midwife	6	2.4
Nurse	28	11.2
Ward mate	-	-
Health Information Management Officers	12	4.8
Clerical Officer	1	0.4
Labourer	4	1.6
Scientific Officer	1	0.4
Community Health Practitioners (CHOs, CHEWs & JCHEWs)	57	22.8
Med. Lab Sci./Tech	16	6.4
Public Health Nurse	4	1.6
Midwife	9	3.6
Environmental Officer	3	1.2
Dental Tech	0	0
Security	15	6
Cleaner	15	6
COVID-19 Personnel	18	7.2
Health Educator	1	0.4
N-Power	3	1.2
Volunteer	29	11.6
Total	**250**	**100**
Work Schedule		
Shift	67	26.8
Non Shift	183	73.2
Total	**250**	**100**
Length of Service	**Frequency**	**Percentage (%)**
1 – 4	94	37.6
5 – 9	99	39.6
10 – 14	35	14
15 & Above	22	8.8
Total	**250**	**100**

Source: [17].

Table 4 further revealed that majority of the respondents had worked for 5 years and above representing 62.4%, while 37.6% of them had worked for 1 to 4 years. This accentuates that data for this study were gathered from respondents who have enough experience to substantiate issues of job stress as studied.

Table 5 on Socio-economic characteristics of respondents on qualification and staff strength showed that the respondents of this study, were sufficiently educated with only 12% of them having WASC/equivalent or FSLC or none. Majority of the respondents were having post-secondary certificates at 88% with a sizable proportion being post graduate degree holders.

The Table 5 also showed that 157 respondents representing 62.8% indicated inadequate staff strength in their various units while only 6% accepted adequate staff strength.

Table 5: Socio-Economic characteristics of Respondents on qualification and staff strength.

Variables	Frequency	Percentage (%)
Qualification		
Non	17	6.8
FSLC	8	3.2
WASC, SSCE, GCE, O'Level	5	2
OND, or equivalent	63	25.2
HND/BSC or equivalent	146	58.4
PG (Post Graduate)	11	4.4
Total	**250**	**100**
Staff Strength in the Unit		
Adequate	15	6
Fairly Adequate	40	16
Inadequate	157	62.8
Grossly Inadequate	38	15.2
Total	250	100

Source: [17].

Table 6: Determination of Work Overload.

Variables	Frequency	Percentage (%)
Completion of Daily Duty		
Yes	237	94.8
No	13	5.2
Total	250	100

Source: [17].

Table 7: Chi-Square Tests on Occurrence/Incidence of Heavy Workload: Relationship between compulsory completion of daily task and staff strength.

S/No.	Variables	Respondents' Responses		Chi-Square Test Outcome
		Yes [Frequency (%)]	No [Frequency (%)]	
1	**Compulsory completion of daily task**	237(94.8)	13(5.2	X^2= 3.010[a] df=1 P=0.08
2	**staff strength**	45(18)	195(78)	

Source: [17].

Table 6 reflecting data on determination of work overload, indicated that as many as 94.8% of the respondents reported daily completion of workload irrespective of inadequate staffing at their respective units in order to meet up task, noting the importance of effective health service delivery as against 5.2% who indicated the contrary.

On subjection of data in Table 7 to Chi-square analysis to determine if there exist a relationship between compulsory completion of daily task and staff strength as to establish the occurrence of work overload among the study respondents. With X2= 3.010a, degree of freedom (df) =1 and a P>0.05 (P=0.08), there is no significant association between compulsory completion of daily task and staff strength. This implies that staff strength does not significantly

control compulsory completion of daily task.

Table 8: Occurrence of long working Duration.

Variables	Frequency	Percentage
6Hrs	11	4.4
8Hrs	132	52.8
9Hrs&Above	107	42.8
Total	250	100

Source: [17].

Table 9: Chi-Square Tests on Occurrence of long working Duration: Relationship between Occurrence of long working duration and tight work schedule of respondents.

S/No.	Variables	Respondents' Responses		Chi-Square Test Outcome
		Yes [Frequency (%)]	No [Frequency (%)]	
1	**Occurrence of long working duration**	107(42.8)	143(57.2)	X^2= 68.488[a] df=1 P<0.05
2	**Tight work schedule**	183(73.2)	67(26.8)	

Source: [17].

Table 8 presented data on occurrence of long working duration. Most of the respondents; 52.8% worked 8 hourly, 42.8% indicated working duration of 9 hours and above while only a meager percent of 4.4% worked for just 6 hours.

Chi-square analysis of data in Table 9 to determine any relationship between occurrence of long working duration and tight work schedule of respondents, indicated a significant (X2= 68.488a, df =1; P<0.05) relationship between occurrence of long working duration and tight work schedule of respondents. This result indicates that the incidence of tight work schedule can lead to long working duration among Primary Health Care workers in Port Harcourt City Local Government Area.

Table 10: Response on Policies in place to reduce stress.

Variables	Frequency	Percentage
a. Presence of facilities to reduce stress		
Yes	6	2.4
No	244	97.6
b. Need for Government and Employers Intervention to reduce stress		
Yes	214	85.6
No	36	14.4
c. Management Intervention to reduce stress		
Yes	185	74
No	65	26

Source: [17].

Table 11: Chi-Square Tests on Presence of Policies in place to reduce Job stress: Relationship between Presence of stress easing policy and management intervention to ease stress on respondents.

S/No.	Variables	Respondents' Responses		Chi-Square Test Outcome
		Yes [Frequency (%)]	No [Frequency (%)]	
1	**Presence of stress easing policy**	6(2.4)	244(97.6)	X^2= 2.160[a] df=1 P=0.14
2	**Management intervention willingness to ease stress**	185(74)	65(26)	

Source: [17].

Table 10 showed the outcome on analyzed data regarding response of respondents on presence of policies in place to reduce job stress wherein up to 97.6% indicated no presence of facilities to reduce job stress in their workplaces, also as many as 85.6% of the respondents indicated the need for formulation and implementation of effective policies to reduce job stress in their respective workplaces; against 14.4% of the respondents who did not support that idea. Similarly, Table 10, further reflected that 74% of respondent are of the opinion that the respective management of the health facilities need to come up with intervention to reduce stress at work, while 26% of the respondents disagreed with such opinion.

The result in Table 11 showing, Chi-square analysis to determine if there exists any relationship between the presence of stress easing policies and management willingness to intervene in stress easing for workers, where the result revealed a non-significant (X2= 2.160a, df=1; P=0.14) relationship between the presence of stress easing facility and management intervention to ease stress on respondents. This indicates that, management willingness to provide intervention to ease job stress may not resolve the need for the presence of stress easing facility as to significantly ease job stress. Considering, the response of the respondents of the present study, there was no job stress easing policies for the Port Harcourt City Local Government PHC workforce and this portents stress related chronic medical/health conditions among the workforce.

Discussion

The descriptive statistics on determination of work overload among the workforce, clearly indicated, overwhelming majority of the workforce being under pressure to complete daily task to ensure client/patient satisfaction in the midst of inadequate staffing. Though, the Chi-square analysis carried out at a significant level of 5% probability (p = 0.05), showed no significant association between compulsory completion of daily task and staff strength. Meaning, the presence of work overload in the present circumstance may not be eased by staff strength in the job description of primary healthcare services, but may rather be depicted by the competencies of staff. Thus, in line with the responses of the respondents, there is occurrence of work overload

among the PHC workers in Port Harcourt City Local Government Area. This may impact the stress response system, acutely or chronically and once poorly managed result in associated illnesses, which will negatively impact their performance. This corroborates with the result that showed association of workload with physical and mental problems, sleep disorders and individual and family problems both directly and indirectly through job stress mediation among Nurses [18]. Furthermore, [19], stated, "organizational pressure overtime will reduce productivity. It can also increase work stress, leading to a higher potential for illness, disability and absence". These are negative performance metrics.

Although, the descriptive statistics on occurrence of long working duration, indicated a little over 40% of the primary health care workers putting in 9hours and above in their daily task, but on subjection of the data to Chi-square analysis at a significant level of 5% probability ($p = 0.05$), showed a significant relationship between occurrence of long working duration and tight work schedule of respondents. This clearly indicates that tight daily work schedules of the workforce with the intention of meeting up target can lead to longer working duration which may trigger the stress response system and the attendant physiological and mental illnesses. This finding is in line with earlier study of Wong [20] that declared overall odds ratio between long working hours and occupational health at 1.245 (95% confidence interval [CI]:1.195-1.298), with the condition of related health constituting the highest odds ratio value (1.465, 95% CI:1.332-1.611), reflecting that long working hours adversely affect the occupational health of workers. Similarly, SupportRoom [21], declared that, working overtime leads to increased work-related stress that in the long term has significant negative effects on mental health. Employees engaged in long working hours experience anxiety and pressure constantly, less rest and relaxation, resulting in poor sleep quality and fatigue.

On the descriptive statistics regarding issues on presence of policies in place to translate to reducing job stress attracted overwhelming response of 97.6% indicating no presence of facilities to reduce job stress in their workplaces, and quite interestingly, as many as 85.6% of the respondents declared the need for formulation and implementation of effective policies to reduce job stress in their respective workplaces, equally of concern is the little over 70% of the respondents supporting the need for respective management of health facilities to come up with intervention to reduce stress at work. However, upon subjection of the data to Chi-square analysis between presence of stress easing policies and management willingness to intervene in stress easing of workers, revealed a non-significant ($X2= 2.160a$, $df=1$; $P=0.14$) relationship. This goes to portray that it may be difficult for stress easing policies of management of health facilities to transcend to provision of facilities to easing of job stress and noting in particular, no working stress easing policies exist for the workforce in Port Harcourt City Local Government PHC system and this may be a gate way to stress related chronic medical/health conditions among the workforce that will definitely affect their performance and productivity in the health sector space. This conforms with the declaration of Health & Safety Executive (HSE) statistics, that 776,000 million workers were suffering from work related stress, depression or anxiety (new or long-standing) in 2023/2024; 300,000 workers suffering from new case of work stress, depression or anxiety in 2023/24, resulting in 16.4 million working days being lost to stress, depression or anxiety in 2023/2024 [22]. But it is worthy of note that a quality improvement project conducted for the purpose of implementing a stress management programme for health care workers in a hospital system in United States covering 271 participants utilizing the interventions, reported 25% to 72% reduced stress level [23]. This clearly underscores the importance of stress reducing policies and its implementation at workplaces of the health workforce, noting that stressors can be imported from home to workplace and vice-versa to be aggravated by triggers of stress at the respective environment.

The Need to Know on Stress Management

Throughout history, stress has been one of those things that everyone has experienced but few can clearly define or give meaning to it. Its event is not new among individuals of different race and as long as man continues to exist in the universe, stress shall remain part and parcel of man's existence.

It was noted by Abiodun [24] that the importance of stress, has been severally discussed in psychology, medicine, education and in the arts and social sciences wherein research works conducted in these areas of study have proffered solutions on ways of preventing, reducing, controlling and managing stressful conditions, but the stressors still prevail.

Stress manifests in different forms, which we should have adequate understanding about, such that we should also grasps the most suitable management strategy or regimen.

- To the motorist stuck in a traffic jam, it can be the hassles of heavy traffic and an overheating car;
- To the student it can be the pressure of an impending is examination.
- The health care providers added with the responsibility of health care services to clients/patients is not far from the claws of stress.
- In the same vein, to the textbook writer/workers in the vineyard, it can be the threat of deadlines and malfunctioning computers, etc.

Stress comes from both negative and positive events. In other words, it is as inescapable as death and taxes. It was observed by [24] that a certain amount of stress is probably healthy as it energizes us and challenges us into useful action. He further stated that stress is generally experienced as an uncomfortable, unhealthy force that most of us would be happier without. However, it is without doubt that work is a significant and meaningful feature of life with the majority of professionals spending about 25% of their adult lives working. Hence, while work can provide people with structure, purpose, satisfaction, self-esteem and spending power, the workplace can also be a setting of stress and worry.

This underscores the inevitability in the adoption of the four (4) optional "As"- avoid, alter, adapt or accept as the mainstay of stress management beyond the workplace.

The Must to Know on Stress Management

The mind is more often (than the body) the object of the impact of stress factors. In his paper "The effect of stress on civil servants" diseases (diseases that are difficult to trace to definite causative agent). Notable among these are hypertension, diabetes, peptic ulcer, sthma etc.

The works of Denga [26] listed the major sources of stress as physiological, psychological, administrative, environmental, political and that there are two major subdivisions which transmit autonomic impulses (nerve fibers of the nervous system as forces for moving stimulus) to the body. These are sympathetic and parasympathetic impulses (see Figure 1). During the alarm reaction (or stress reaction). "Mass sympathetic discharge results in increased activity of many functions of the body, including increases in arterial pressure, blood supply to the tissues, rate of cellular metabolism throughout the body, blood glucose for metabolism, rate of blood coagulation (clotting due to increased fibrin) and even mental activity [27].

It was asserted by Smith EN [28] that stress that results from physical exertion as well as mental activity can best be curbed by rest and sufficient sleep, but most people cannot afford to rest or sleep enough even though they know that sufficient rest and sleep are essential for their good health. Psychological stressors are derived from psychological states such as anxiety, defence mechanisms, depression, aggression, excessive indulgence in social activity, compulsive eating, negative self-analysis etc. [29].

According to APA [30] an executive with type 'A' personality is prone to stress and hypertension. Type "A" is characterized by excessive competitive drive to accomplish more in less time. A person with type 'A' personality exhibits a chronic sense of time urgency and internalized hostility almost to the point of driving himself or herself mad and about his/her schedules and targets which he/she must achieve. His/her deep-seated sense of insecurity, fierce impatience, social dominance, a surplus of repression, especially the repression of psychic energy make him/her vulnerable to stress and cardiac (heart) disease" [31].

Let us also take a look at this:

Evidence suggest that there are ways in which an organization can help to reduce instances of job stress, or better manage the issue when it arises. In this wise and as a deliberate step to reduce or avoid job stress, [32] pointed to the importance of role clarity, a reasonable workload, the need for employees to maintain a healthy diet, and the need to avoid regularly putting in extra hours at work. Also, worthy of note is that, effective people management, good two-way communication between employers and employees, suitable working environments and effective work organization are just some of the factors which can have an impact [4].

What is our Take Home?

- Stress is part of our daily life in terms of reaction to internal and external factors, and not a disease on itself, but an adaptation syndrome (collection of physiological and psychological responses to stimuli).
- It's various manifestation characteristics (symptoms) are also symptoms of some other common tropical diseases.
- If it's factors (stressors) are poorly managed, lead to chronic conditions which origin are not traceable to definite causative agent or triggers existing, such disease conditions.
- The best stress management strategy is adequate rest and avoiding the specific stressors. Therefore, once stressed;
- Be active by engaging in singing praise and worship songs and dancing where applicable.
- Close eyes, take deep breaths, stretch or meditate on the words of God or any source of power based on belief.
- Write/list three (3) things you are grateful about in your life.
- Take a check in with yourself - by asking self how you are feeling.
- Think about things or watch at things that can make you laugh.
- For disease induced stress, periodic health checkup provides early identification of specific physiologic imbalance for prompt medical attention to prevent complications.
- To the Christians, Proverbs 12:25; says "Heaviness (worry) in the heart of man make it stop (unhappiness); but a good word make it glad." Noting that one of the common symptoms of stress is anxiety, which causes our heart to become heavy, which often leads to depression.

Recommendation and Conclusion

The health system should work within strategic policies and stress reduction management techniques, that will translate beyond the workplace for sustainable performance of the workforce, while further research on these key variables of stress at the workplace is needed to substantiate the findings of this research work. More importantly, the adoption of the four (4) optional "As"- avoid, alter, adapt or accept remain the need to know as the mainstay of stress management beyond the workplace. While the must to know emphasizes that stress is not a disease on itself, but an adaptation syndrome and the best stress management strategy is adequate rest and avoiding the specific stressors.

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