Workplace Stress, Social Support and Coping Strategy as Predictors of Mental Well-Being among Nurses in Ibadan

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ABSTRACT
This study examines workplace stress, social support and coping strategy as predictors of mental well-being among nurses in Ibadan North Local Government (LGA) Oyo State, Nigeria. Cross-sectional survey research design was adopted while purposive sampling technique was used to select the LGA. Data were collected using validated scales from 163 participants and analyzed using zero-order correlation statistics and multiple regression analysis to test four hypotheses which were accepted at p < .05 level of significance. The result revealed that significant others support and friends social support independently predicted mental well-being among nurses among study participants. Furthermore, coping strategy and workplace stress independently predicted mental well-being among nurses in the study population. Finally, workload stress, social support and coping strategy jointly predicted mental well-being among study participants. The study concluded that workplace stress, social support and coping strategy are robust predictors of mental well-being among nurses. It is recommended that management of health institutions should integrate training and education programmers that focus on coping strategy and stress reduction techniques that foster positive relationships with friends and significant others to enhance mental well-being among nurse’s workforce.
INTRODUCTION

Mental well-being is a state of health that helps individuals to deal with the stresses of life, understand their unique abilities, learn and work well, and contribute to their community (APA, 2022). Mental well-being assists individuals and groups to make decisions, build relationships and shape the world they live in. It encompasses mental disorders, psychosocial disabilities and other mental states that are characterized by distress, impaired functioning or a potential risk of self-harm (APA, 2022). One group of healthcare professionals whose mental well-being needs constant monitoring is the nursing professional. Mental well-being of nurses is characterized by anxiety, depression and post-traumatic stress disorder (PTSD). Nurses with mental well-being problems would behave in ways considered unacceptable at the workplace.

Some factors have been investigated to predict the mental well-being of nurses. This study considered workplace stress, social support and coping strategy. To begin, workplace stress refers to the strenuous and highly demanding work activities that cause stressors. These stressors are internal and external factors that make individuals to report adverse mental well-being conditions. Examples are when an individual is exposed to a high stressful event, unfavorable work schedule, intense workload, staff shortages, lack of adequate medical equipment and poor working conditions. Nurses who are exposed to these workplace stresses would have their mental well-being directly affected and indirectly affect the quality of healthcare service rendered to their patients (Chen et al., 2022). Studies have confirmed that workplace stress has direct effects on the provision of medical care to the patients. For example, Babanpour et al. (2022) found workplace stress to significantly predict quality of mental well-being among nurses. Workplace stress was found to have a negative effect on their quality of mental well-being. Also, Vahed and Hamuleh (2022) assessed the relationship between workplace stress and mental well-being among nurses and found a positive correlation between mental well-being and workplace stress. In other words, the intensity of workplace stress affected the mental well-being status of nurses negatively. Earlier study by Mark and Smith (2011) on the relationships between workplace stresses among 870 nurses revealed that workplace demands and other factors such as extrinsic effort and over-commitment affected mental well-being among nurses.

Another factor considered is social support which is the social relations that assist individuals in coping and dealing with stressful life situations that are likely to predict mental well-being (Marin et al., 2005). Sources of social support could be from colleagues at work, family relations, friends and support groups. Social support helps to reduce the effects of workplace stress on the mental well-being among nurses (Amarneh, 2017). A strong social support system would assist nurses manage stress and emotional challenges that arise from the nature of their work thus improving their mental well-being status (Harandi et al., 2017; Afita & Nuranasmita, 2023). Studies on social support and mental well-being among different populations and samples revealed varied results. For example, Chang and Cho (2021) in a study that investigated predictive ability of social support dimensions on mental well-being among 117
nurses at two tertiary hospitals in South Korea found social support from significant others and friends as major predictors of mental well-being among study participants. In their own study Ta’an et al. (2020) investigated social support as a predictor of mental well-being derived from occupational stress and psychological distress among Jordanian healthcare professionals found social support to positively predict mental well-being among healthcare professionals. Extant results by Malinauskiene et al. (2009) showed that low social support and high workplace stress are strong predictors of mental well-being distress among nurses in the Kaunas district, Greece.

Finally, coping strategy is another factor that mitigates workplace stress that would improve mental well-being among nurses. Coping strategy arises as the result of the nature of work that nurses are exposed to. The uses of effective coping strategies are vital for nurses to deal with workplace stress that would improve their mental well-being (Jang et al., 2019). These coping strategies could include mindfulness, exercises, or seeking professional help that would be beneficial to their overall mental well-being. Lee et al. (2019) found in their study that nurses who employed effective coping strategies tended to have higher psychological well-being compared to those who did not use effective coping strategies. Furthermore, psychological well-being was found to directly predict safety attitudes which acted as a mediator between nurses’ work environment and their mental well-being outcome. Finally, Mark and Smith (2011) study on the relationships between workplace characteristics and coping strategy among 870 nurses found that job demands to affect mental well-being negatively among study participants.

Mental well-being has remained a critical issue among healthcare professionals including nurses due to the demanding nature of their work characterized by high stress levels, long hours on duty, burnout risks, and exposure to traumatic events. This presents a significant challenge to the nurses’ mental well-being. Studies that have been conducted on the predictors of mental well-being among nurses tend to produce varied results especially in developing countries such as Nigeria, thus leaving a gap in knowledge that needs to be filled. Therefore, this study examines workplace stress, social support and coping strategy on mental well-being among nurses in Ibadan North Local Government Area (LGA) in Oyo State, Nigeria.

The findings of this study would help to design organizational interventions that would reduce workplace stress and create a more flexible work schedule that would increase productivity, reduce turnovers, and foster improved mental well-being among nurses. In addition, findings from this study would help the management of healthcare institutions to better understand the needs and requirements of their medical staff, particularly nurses, and how they would schedule work shifts and rotations that would increase productivity. Furthermore, the nursing professionals would see the need to manage their mental well-being effectively so as to handle their patients’ needs efficiently and effectively. Finally, data generated in this study would help in further studies on mental well-being of other healthcare professionals.
LITERATURE REVIEW

Ryff's Six-factor Model of Psychological Well-being. Ryffs and Keyes (1995) developed the Six-Factor Model of Psychological Well-being which can also be used to explain mental well-being. The six factors are: self-acceptance which relates to individuals’ positive attitude and acceptance of themselves including self-esteem and self-worth. It involves self-evaluation and self-respect. Next is positive relations with others focus on the quality of individuals’ social relationships including the ability to form and maintain positive and meaningful relationships, empathy, and a sense of social support. This is followed by autonomy, that is, individuals’ sense of independence and the ability to make choices and decisions in alignment with their own values and beliefs. It reflects a sense of self-determination. In addition, there is environmental mastery which involves the ability to effectively manage and influence one's environment. It relates to a person's capacity to adapt to changing circumstances, set and achieve personal goals, and experience a sense of control. Furthermore, purpose in life revolves around having a clear sense of purpose, meaning, and direction in one's life. It encompasses having goals and a sense of direction that extends beyond daily activities. Finally, personal growth which reflects the belief in one's potential for continued personal development and self-improvement. It involves an ongoing process of learning, development and achieving one's potential.

When applied to this study, nurses who have self-acceptance and have positive relations with others and developed the consciousness of autonomy with the skills of environmental mastery with a sense of purpose in life would develop personal growth to help them stay healthy with good mental well-being.

Transactional Model of Stress and Coping

Lazarus and Folkman (1999) developed the transactional model of stress and coping. The theory posits that an individual reaction to a stressful event determines the proportion of stress they would experience. Also, the unbalanced reaction to stressful events would cause an increase in stress level. The theory identified two routes used to appraise stress namely primary and secondary cognitive appraisals. Primary appraisal is when stress is evaluated as a threat, harm/loss, a challenge, or benign (Lazarus & Folkman, 1987; Proulx & Aldwin, 2016). Secondary appraisal involves the assessment of resources a person has to manage the stress which indicates how stressful the event is to that individual. When individuals considered the stressor as relevant, individuals would assess their ability to cope with it. They evaluate the available resources, their past experiences, and their perception of control over the situation. This appraisal guides the selection of coping strategies (Proulx & Aldwin, 2016). When applied to this study, individuals would react to workplace stress based on the frequency of stressors the individuals are exposed to and how they interpret and cope with them which can either positively improve and negatively reduce their mental well-being.
Based on the conceptual framework above, hypotheses are required to test whether each of the independent variables (workplace stress, social support and coping strategy) would independently and joint predict the dependent variable (mental well-being). Therefore, the hypotheses tested in this study are:

**H1**: Workplace stress would independently predict mental well-being among nurses in Ibadan North LGA.

**H2**: Social support (significant others, family and friends support) would independently predict mental well-being among nurses in Ibadan North LGA.

**H3**: Coping strategy would independently predict mental well-being among nurses in Ibadan North LGA.

**H4**: Workplace stress, social support and coping strategy would jointly predict mental well-being among nurses in Ibadan North LGA.

**METHODOLOGY**

The study adopted a cross-sectional survey research design using validated questionnaires for data collection. The independent variables were social support, coping strategies, and workplace stress, while the dependent variable was mental well-being among nurses. The study was conducted in the Ibadan metropolis which houses both state and federal teaching hospitals as well as privately owned hospitals. The study focused on hospitals within the Ibadan North Local Government Area. The study adopted a purposive sampling technique to select the LGA and hospitals within the Ibadan North LGA while convenience sampling technique was used to distribute the research questionnaires.

Descriptive statistics revealed that 131 (79%) of the participants were female nurses while 34 (21%) were male nurses. The mean age of the participants was 30.33 years (SD = 9.03). In addition, 72 (44%) of the participants were singles, 79 (45%) were married, 6 (4%) were divorced, 4 (2%) were separated and 4 (2%) were widowed. In terms of professional cadres, 54 (33%) were nursing assistants, 25(15%) were licensed nurses, 54(33%) were registered nurses, 13(8%) were advanced registered nurses, and 19 (12%) were clinical nurse specialists. More so, 36(23%) were on a 4-hour shift, 37 (22.4%) are on 3-hour day off shift, 23 (13.9%) are on 3-days shift,29 (17.6%) is on one-day off shift, 8 (4.8%) are on 3-days night shifts, 8 (4.8%) are on 3-daysoff shifts, 4-
days off shift, and 7-days off shift. Additionally, 97(59%) were Yoruba, 36(22%) were Hausa, 26 (16%) were Igbo, and 6(3.6%) were from other ethnic groups. In terms of their religious faiths, 97 (59%) were Christians, 58 (35%) were Muslim and 10 (6%) were traditional worshippers.

The following instruments were used for data collection. Mental Well-being Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was used to assess an individual’s mental well-being. It is a 14-item scale presented on a 5-point Likert’s scale ranging from 'none of the time' to 'all of the time. Sample items include: “I've been feeling useful” and “I've been feeling relaxed”. The score ranges from 14 to 70 where higher score indicates a higher level of mental well-being and low score means lower level of mental well-being. The original author reported Cronbach's alpha of 0.94 and for the current study, Cronbach’s alpha of 0.92 was reported.

Social Support Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) was used to measure perceived social support. MSPSS measures an individual's perception of the availability and adequacy of social support from different sources. It comprises 12-item presented on a 5-point Likert’s format ranging from "very strongly disagree" to "very strongly agree." Higher scores indicate a higher perception of social support from family, friends, and significant others. Sample items include: “My family really tries to help me” and “I get the emotional help & support I need from my family”. The original authors reported Cronbach’s alpha of 0.92 and in the present study, Cronbach’s alpha of 0.80 was calculated. For the subscales, Cronbach’s alpha for the Social Support (0.80), Significant Others (0.76) and Family Support (0.88).

Coping Strategy This was evaluated using the Coping Scale developed by Hamby, Grych and Banyard (2013). It is a 13-item scale scored on a 4-point Likert’s format with the response categories ranging from "Mostly true about me" to "Not true about me". Sample items include: “I try to step back from the problem and think about it from a different point of view” and “I consider several alternatives for handling the problem” The original authors reported Cronbach’s alpha of 0.91 while in the present study, Cronbach’s alpha of 0.92 was calculated.

Workplace stress was determined using the Workplace Stress Scale developed by the Marlin Company and the American Institute of Stress (2001). It consists of 8-items8-item presented on a 5-point Likert’s response format ranging from never (scored 1) to very often (scored 5). Examples of items in the scale include: "Conditions at work are unpleasant or sometimes even unsafe" and "I feel that my job is negatively affecting my physical or emotional well-being". High scores indicate higher levels of job stress. The original authors reported Cronbach's alpha of 0.80 and in this study, Cronbach's alpha of 0.92 was calculated.

The researchers collected a letter of introduction from the Department of Psychology, University of Ibadan, Nigeria to the respective authority of the selected hospitals for identification. The oral approval was given after the officers in charge read through the proposal and the questionnaire attached.
Potential participants were met in their offices and during waiting rooms due to the nature of their shift schedules. Some questionnaires were collected by the Matrons on shift to distribute to the nurses during their shifts. A total of 200 questionnaires were distributed out of which 172 were retrieved (86% response rate). During coding and screening, nine questionnaires were incompletely filled and were discarded thus left with 163 used for the analysis.

The collected data were analysed using IBM SPSS version 23. Both descriptive and inferential statistics were computed. Hypotheses 1, 2 and 3 were tested using linear regressions analysis, while hypothesis 4 was tested using multiple regressions. All hypotheses were accepted at a p < 0.05 level of significance.

RESULTS AND DISCUSSION

Zero-order correlation statistics were employed to establish the relationships among study variables and the result is presented in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental well-being</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44.64</td>
<td>11.50</td>
</tr>
<tr>
<td>Social support</td>
<td>.60*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38.33</td>
<td>11.61</td>
</tr>
<tr>
<td>Significant others</td>
<td>.59*</td>
<td>.31*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.85</td>
<td>26.26</td>
</tr>
<tr>
<td>Family support</td>
<td>.55*</td>
<td>.45*</td>
<td>.47*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>12.27</td>
<td>4.22</td>
</tr>
<tr>
<td>Friend support</td>
<td>.58*</td>
<td>.31*</td>
<td>.42</td>
<td>.38</td>
<td>-</td>
<td></td>
<td></td>
<td>12.85</td>
<td>4.26</td>
</tr>
<tr>
<td>Coping strategy</td>
<td>.38*</td>
<td>.35</td>
<td>.32*</td>
<td>.26</td>
<td>.18</td>
<td>-</td>
<td></td>
<td>36.76</td>
<td>9.04</td>
</tr>
<tr>
<td>Workplace stress</td>
<td>.41*</td>
<td>.40*</td>
<td>.39*</td>
<td>.30*</td>
<td>.41</td>
<td>.35*</td>
<td>-</td>
<td>23.55</td>
<td>5.86</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed)

The results in Table 1 indicated that there is a significant positive association between social support and mental well-being among nurses (r (163) = .60, p < .05). This implies that as social support increases, and mental well-being increases, and as social support decreases, and mental well-being decreases. Additionally, significant others support had a significant relationship with mental well-being of nurses r [(163) = .59, p < .05]. Family support [r (163) = .55, p < .05] had a significant relationship with mental well-being among nurses. Friend social support had a significant relationship with mental well-being among nurses [r (164) = .58, p < .05]. This implies that as significant others support, family support and friend support increases, mental well-being increases, and as significant others support, family support and friend support decreases, mental well-being decreases, respectively. There is a significant positive association between coping strategy and mental well-being of nurses [r (163) = .38, p < .05]. This implies that as coping strategy increases and mental well-being increases and as coping strategy decreases, mental well-being decreases. Also, workplace stress had a significant positive correlation with mental well-being among nurses [r (164) = .41, p < .05]. This connotes that as
workplace stress increases and mental well-being decreases, and as workplace stress decreases, mental well-being decreases. Based on the above analysis, the data.

**Testing the Hypotheses**

**H1**: Social support (significant others, family and friends support) would independently predict mental well-being among nurses in Ibadan North LGA. The hypothesis was tested using multiple regressions and the result is presented in Table 2.

Table 2. Multiple Regression Analysis of Social Support Dimensions as Independent Predictor of Mental Well-Being Among Nurses

<table>
<thead>
<tr>
<th>Predictors</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>R</th>
<th>R²</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Others Support</td>
<td>.43</td>
<td>2.70</td>
<td>&lt;.05</td>
<td>.61</td>
<td>.38</td>
<td>32.48</td>
<td>&lt; .05</td>
</tr>
<tr>
<td>Family Support</td>
<td>.12</td>
<td>-.75</td>
<td>&gt; .05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>.33</td>
<td>2.57</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable: Mental Well-being

Table 2 shows multiple regressions analysis of social support dimensions as independent predictors of mental well-being among nurses in Ibadan North LGA. The results revealed that significant others support (β =.43, p <.05) and Friends Support (β =.33, p <.05) independently predicted mental well-being among nurses in the study samples. However, family support (β = .12, p >.05) did not independently predict mental well-being among study participants. Therefore, the hypothesis was partially supported.

**H2**: Coping strategy would independently predict mental well-being among nurses in Ibadan North LGA. The hypothesis was tested using linear regression analysis and the result is presented in Table 3.

Table 3. Linear Regression of Coping Strategy as Independent Predictor of Mental Well-being among Nurses

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping strategy</td>
<td>.38</td>
<td>5.28</td>
<td>&lt; .05</td>
</tr>
</tbody>
</table>

Dependent Variable: Mental Well-being

Table 3 depicts linear regression analysis of coping strategy as independent predictor of mental well-being among nurses in Ibadan North LGA. The result depicted that coping strategy independently predicted mental well-being among study participants (β = .38, p <.05). Therefore, the hypothesis was confirmed.
**H3**: Workplace stress would independently predict mental well-being among nurses in Ibadan North LGA. The hypothesis was tested using linear regression analysis and the result and result is presented in Table 4.

Table 4. Linear Regression Analysis of Workplace Stress as Independent Predictor of Mental Well-being among Nurses

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace stress</td>
<td>.41</td>
<td>5.81</td>
<td>&lt; .05</td>
</tr>
</tbody>
</table>

Dependent Variable: Mental Wellbeing

Table 4 shows linear regression analysis of workplace stress as an independent predictor of mental well-being among nurses in Ibadan North LGA. The result showed that workplace stress independently predicted mental well-being among study participants (β = .41, p <.05). Therefore, the hypothesis was accepted.

**H4**: Social Support (Significant Others, Family and Friends Support), coping strategy and workplace stress would jointly predict mental well-being among nurses in Ibadan North LGA. The hypothesis was tested using multiple regressions analysis and the result is presented in Table 5.

Table 5. Multiple Regression Analysis Showing Joint Predictors of Mental Well-being among Nurses

<table>
<thead>
<tr>
<th>Predictors</th>
<th>β</th>
<th>t</th>
<th>p</th>
<th>R</th>
<th>R²</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Others</td>
<td>.19</td>
<td>1.19</td>
<td>&gt; .05</td>
<td>.66</td>
<td>.44</td>
<td>24.83</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Family Support</td>
<td>.02</td>
<td>-.10</td>
<td>&gt;.05</td>
<td></td>
<td></td>
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<tr>
<td>Friends Support</td>
<td>.34</td>
<td>2.66</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping strategy</td>
<td>.21</td>
<td>3.09</td>
<td>&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace stress</td>
<td>.13</td>
<td>1.76</td>
<td>&gt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable: Mental Wellbeing

Table 5 indicates multiple regressions analysis of joint predictors of mental well-being among nurses in Ibadan North LGA. The result indicated that social support-significant others, family and friends support-, coping strategy and workplace stress jointly predicted mental well-being among nurses
in Ibadan North LGA \[R^2 = .44, F(5,159) = 24.83, p < .05\]. This implies that social support dimensions significant others, family and friends support, coping strategy and workplace stress contributed 44% variance observed in mental well-being among nurses in the study population. Therefore, the hypothesis was confirmed.

The study investigated social support, coping strategy and workplace stress as predictors of mental well-being among nurses in Ibadan North LGA. Four hypotheses were tested and accepted at a \(p < .05\) level of significance. The hypothesis that workplace stress would independently predict mental well-being among nurses in Ibadan North LGA was confirmed. Workplace stress independently predicted mental well-being among nurses. Babapour et al.’s (2022) result supported the present finding where workplace stress was found to predict quality of mental well-being among nurses. Workplace stress was found to reduce the performance at work thus affecting the service rendered to the patients. Similar results by Vahed and Hamuleh (2022) supported the present finding. Workplace stress reduced the performance of nurses and led to clinical anxiety and depression among nurses.

The hypothesis that social support dimensions of significant others, family and friends support would independently predict mental well-being among nurses was partially supported. Significant others and friends support were independent predictors of mental well-being among nurses while family support did not independently predict mental well-being among nurses. The stronger support was from friends and then significant others. This finding partially supported Chang and Cho (2021) result that perceived social support predicted mental well-being and influenced professional quality of life among nurses. The result also lent credence to Ta’an et al. (2020) conclusion that social support serves as a significantly predictor of psychological distress among nurses by exerting protective effects against the adverse outcomes of mental distress. Finally, an extant result by Michie and Williams (2003) implicated poor social support as an important work-related factor associated with psychological illnesses among nursing staff in the United Kingdom.

The hypothesis that coping strategy would independently predict mental well-being among nurses was supported. This means that coping strategy significantly influenced mental well-being among nurses in the study population. Results obtained by Lee et al. (2019) on different coping styles and career experiences of nurses supported the present study. Nurses who used appropriate coping styles were found to have improved mental well-being. In other words, the coping strategies nurses adopted and its effectiveness in helping nurses manage workplace stress help to improve their mental well-being (Jang et al., 2019; Mark & Smith, 2011).

The hypothesis that social support dimensions of significant others, family and friends support, coping strategy and workplace stress would jointly predict mental well-being among nurses was supported. Results indicated that workplace stress, social support and coping strategy contributed 44% variance observed in nurses' mental well-being. This means that interactions of the predictor variables significantly affected the mental well-being of the study population.
participants. This result confirmed the independent predictor of workplace stress (Babapour et al.’s 2022), social support (Chang & Cho, 2021; Ruiz-Fernández et al., 2021; Ta’an et al., 2020), and coping styles (Lee et al., 2019) on mental well-being among study participants. Corroborating the three predictors, Amarneh (2017) confirmed that workplace stress with low social support and poor coping styles accounted for psychological distress among nurses in various hospitals across the United Kingdom and Jordan.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results obtained from this study, it is evident that workplace stress, social support and coping strategy are strong joint predictors of mental well-being among nurses in Ibadan North Local Government Area. The study offered the following recommendations: Since workplace stress promotes negative mental well-being outcomes, the study recommends that organizational-level intervention such as workplace redesigns for the optimization of workflow, workload distribution and adequate staffing that would alleviate the stress nurses encounter while performing their duties should be put in place. Furthermore, since coping strategies predict mental well-being among nurses, the study recommends that management of health institutions should recognize that different individuals employ different coping strategies and therefore tailor interventions according to years of experience and individual differences. Finally, management of health institutions should find effective ways of organizing workplace shifts for both night and day shifts such that nurses get adequate rest in-between their work schedules.

FURTHER STUDY

The study has some limitations which need to be addressed in further studies. To begin with, self-reported questionnaires were used for data collection which was not free of response bias. Further studies should include documentary evidence from the nurses and focus group discussion to triangulate self-reported data. Sample size of 163 from one LGA hindered generalization of the study findings. Further studies should increase sample size and include more LGAs to allow for generalization of study findings. Finally, other variables such as learned helplessness and personality traits should be investigated in further studies.

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REFERENCES


