

# Adaptive Modifiers and Work Stress Among Nurses in Sacred Heart Hospital, Lantoro, Abeokuta

**Author(s)**, OPE-BABADELE, Oluwatosin O. (RN, M.Sc.),  
ISAIAH, Richard (RN, B.Nsc),  
AND  
NDURUE, Light Obioma (RN, B.Nsc)

## Abstract:

Nursing has been identified as one of the most stressful professions among healthcare work force. Work-related stress among nurses affects both individual and organizational functioning as well as the healthcare provided. However, it is negatively associated with nurse's patient care behaviors. Occupational stress is of key interest to employers because of the known adverse effects on employee performance, job satisfaction and health as a whole. In providing essential services and health care support, the average nurse's daily workload to meet up with the clinical requirements of patients is enormous. The aim of the study was to identify the adaptive modifiers to overcome work stress among nurses in sacred heart hospital Abeokuta, Ogun state. This study is a cross sectional descriptive study. Data were manually collected and analyzed electronically with the use of SPSS computer software version 23. The results of this study showed that the highest cause of work stress among the nurses was shortage of nurses (98.9%) while the least identified cause of work stress was death and dying. It was also identified that the major effect of work stress among nurses on the safety of patients was that it reduces the quality of nursing service (84.6%) while the least identified effect was loss of compassion for patient (66.0%). The possible modification identified was employment of more nurses (96.7%). There was an association between the educational hierarchy and problem-focused

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coping strategies (0.046,  $\chi^2=8.010$ ) with a p-value <0.05. The study have shown that the highest cause of work stress among the nurses was shortage of nurses and the major effect of work stress among nurses on the safety of patients was that it reduces the quality of nursing services. The possible modification identified was employment of more nurses. It was recommended among others that Government should improve on taking in more nurses into the healthcare system, following the WHO nurse-patient ratio, so as to reduce the burden on the existing workforce in the hospital setting.

**Keywords:** Stress, Adaptive modifiers, Effect,

#### About Author

**Author(s): OPE-BABADELE, Oluwatosin O. (RN, M.Sc.)**

School of Nursing Science,  
Babcock University, Ilisan-Remo, Ogun State, Nigeria  
[Ope-babadeleo@babcock.edu.ng](mailto:Ope-babadeleo@babcock.edu.ng)

**ISAIAH, Richard (RN, B.Nsc)**

School of Nursing Science,  
Babcock University, Ilisan Remo, Ogun State, Nigeria

And

**NDURUE, Light Obioma (RN, B.Nsc)**

School of Nursing Science,  
Babcock University, Ilisan Remo, Ogun State, Nigeria

## Introduction

Nursing has been identified as one of the most stressful professions (Golshiri et al., 2016). Stress in nurses is an endemic problem; it contributes to health problems in nurses and decreases their efficiency. Nursing is a job that requires expenditure of energy on many levels. Physically, the job can be demanding with high levels of muscular-skeletal stress, culminating in many aches and pains. Mentally, nurses are required to be alert, making calculations for medication and responding to important questions from patients and relatives. Emotionally, the impact is felt when they empathize and help people, and from the toll of working in an environment where there is pain and sadness. The nurses' work environment is often characterized by resource constraints, poor staff support and organizational change, which add to the energy expended (Halpin, et al., 2017, Casu & Giaquinto, 2018). Studies have shown that it has detrimental effects on the physical and psychological well-being of an individual's health (Olayinka & Osamudiamen, 2016).

Nursing staff encounter a lot of physical, psychological and social stressors at work due to the adverse effects of job stress on the health of the nurses and subsequently on the quality of care services provided by nurses (Rasool, et al., 2016). Nurses occupy a particularly interesting position in the provision of health care. Nursing requires a great deal of collaboration with other clinical professionals these might include participation in teams, attendance during rounds and meetings, field trips, palliative work, providing counseling to patients and their families, and social services. These stressful situations obviously caused problems for nurses in their daily work resulting in work related stress.

In providing essential services and health care support, the average nurse's daily workload to meet up with the clinical requirements of patients is enormous (Ogundipe et al., 2015). In a re- source challenged country like Nigeria, there is an acute shortfall of nurses. The Human Resources Information System (HRIS) Quality data from the Nursing and Midwifery Council of Nigeria revealed there are far fewer nurses and midwives available than expected to provide much-needed health services to Nigerians (Obinna, 2015). Yohannes, et al., (2020) carried out a study on Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia, the prevalence of work-related stress was ascertained to be 66.2%. A similar study was carried out in Nigeria which reviewed that the prevalence of psychosocial stress was 61.97%. Work overload rate was the most prevalent psychosocial stress risk factor. Other risk factors were poor communication and staff attitude and lack of resources and equipment. Headache, with neck and back pain, was the most prevalent psychosocial stress-related health outcome (Charles & Srikanta, 2019). Upon this background this research study is set out to determine adaptive modifiers to overcome work stress among nurses in sacred heart hospital Abeokuta, Ogun state. Specifically, the objectives of the study;

1. identified the cause of work stress among nurses among nurses in Sacred heart hospital, Lantoro, Abeokuta;
2. examined the effect of work stress among nurses on the safety of patients in Sacred heart hospital, Lantoro, Abeokuta; and
3. identified possible modifications to overcome work stress among nurses among nurses in Sacred heart hospital, Lantoro, Abeokuta.

## Research Questions

The following research questions were raised for this study;

1. What are the causes of work stress among nurses in Sacred Heart Hospital, Lantoro, Abeokuta?
2. What are the effects of work stress among nurses on the safety of patients in Sacred Heart Hospital, Lantoro, Abeokuta?
3. What are the possible modifications to overcome stress among nurses in Sacred Heart Hospital, Lantoro, Abeokuta?

## Research Hypothesis

The only research hypothesis raised for this study was;

1. There is no significant relationship between hierarchy of nurses and ways to implement adaptive modifiers to overcome work related stress among nurses.

## Methodology

A descriptive cross sectional survey design was adopted which involved 91 registered nurses selected via non-probability sampling technique. A self-structured questionnaire consisting of four sections; Section A sought for socio-demographic data of respondents which consisted of 6 items, while Section B elicited responses on causes of work stress among nurses which has 13 items, Section C elicited responses on the effect of work stress among nurses on the safety of patients, and Section D elicited responses on possible modifications to overcome work stress among nurses. The drafted questionnaire was corrected and scrutinized by the experts in test and measurement and nursing science to ensure face and content validity before distribution to respondents. The reliability result of 0.85 was gotten after a pre-test was conducted in a setting far away from sampled area. Data was collected within three weeks and was analyzed descriptively via frequency counts, mean and median and inferentially via chi-square at 0.05 level of significance.

## Results

**Research Question 1:** What are the causes of work stress among nurses in Sacred Heart Hospital, Lantoro, Abeokuta?

**Table 1: Cause of work stress among respondent (N=91)**

Variables	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Nursing shortage	74 (81.3)	16 (17.6)	0 (0.0)	1 (1.1)
Working over time	41 (45.1)	46 (50.5)	2 (2.2)	2 (2.2)
Burnout	34 (37.4)	50 (54.9)	4 (4.4)	3 (3.3)
Lack of drugs and equipment required for nursing care	27 (29.7)	45 (49.5)	15 (16.5)	4 (4.4)
Nature of work	29 (31.9)	45 (49.5)	13 (14.3)	4 (4.4)
Poor reward system	41 (45.1)	37 (40.7)	8 (8.8)	5 (5.5)
Heavy workload	63 (69.2)	21 (23.1)	3 (3.3)	4 (4.4)
Lack of support or positive feedback from senior nursing staff	46 (50.5)	30 (33.0)	10 (11.0)	5 (5.5)
Nurses lack of control over work	32 (35.2)	32 (35.2)	22 (24.2)	5 (5.5)

environment				
Performing procedure that patient experience to be painful	23 (25.3)	39 (42.9)	24 (26.4)	5 (5.5)
Death and dying	19 (20.9)	33 (36.3)	35 (38.5)	4 (4.4)
Poor quality of relationships among hospital staff	22 (24.2)	47 (51.6)	17 (18.7)	5 (5.5)
Lack of participation by nurses in decision making	27 (29.7)	44 (48.4)	16 (17.6)	4 (4.4)

Table 1 shows the causes of work stress among nurses, 74(81.3%) identified nursing shortage, 46(50.5%) identified working overtime, 50(54.9%) identified burnout, 45(49.5%) identified lack of drugs and equipment required for nursing care and the nature of nursing work, 41(45.1%) identified poor reward system, 63(69.2%) identified heavy workload, 46(50.5%) identified absence of positive feedback from the senior nursing staff, 32(30.2%) agreed to nurses lack of control over work environment, 39(42.9%) agreed to performing painful procedure on patients, 35(38.5%) disagreed to death and dying, 47(51.6%) agreed to poor quality of relationships and 44(48.4%) agreed to lack of participation by nurses in decision making.

**Research question 2:** What are the effects of work stress among nurses on the safety of patients in Sacred Heart Hospital, Lantoro, Abeokuta?

**Table 2: Effect of work stress among nurses on the safety of patients (N=91)**

Variables	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Reduce the quality of nursing service	46 (50.5)	31 (34.1)	9 (9.9)	5 (5.5)
Increase risk of medical errors	33 (36.3)	39 (42.9)	13 (14.3)	6 (6.6)
Less productivity and quality of work	36 (39.6)	38 (41.8)	14 (15.4)	3 (3.3)
Poor closer relationship with the patient	31 (34.1)	44 (48.4)	12 (13.2)	4 (4.4)
Decreased patient satisfaction	36 (39.6)	36 (39.6)	14 (15.4)	5 (5.5)
Nursing do not pay attention to alarming signs	23 (25.3)	34 (37.4)	27 (29.7)	7 (7.7)
Negatively influence patient outcome	22 (24.2)	48 (52.7)	18 (19.8)	3 (3.3)
Absenteeism	19 (20.9)	47 (51.6)	22 (24.2)	3 (3.3)
Loss of compassion for patient	28 (30.8)	32 (35.2)	24 (26.4)	7 (7.7)

Table 2 above shows the effect of work stress among nurses on the safety of patients, majority of the respondents 46(50.5%) strongly agreed to reduction in the quality of nursing service, 39(42.9%) agree that it leads to increase in medical errors, 38(41.8%) identified that it leads to less productivity and quality of work, 44(48.4%) agree that it causes poor relationship with the patient, 36(39.6%) identified decreased satisfaction, 34(37.4%) identified that it leads to nurses not paying attention to alarming signs, 48(52.7%) agree that

it results in negative influence on patient outcome, 47(51.6%) identified that it leads to absenteeism and 32(35.2%) identified that it leads to loss of compassion for the patient.

**Research question 3:** What are the possible modifications to overcome stress among nurses in Sacred Heart Hospital, Lantoro, Abeokuta?

**Table 3: Possible modifications to overcome work stress among nurses (N=91)**

Variables	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Employment of more nurses	65 (71.4)	23 (25.3)	1 (1.1)	2 (2.2)
Promoting a conducive work environment: rewarding positive changes, solving problem approach etc.	53 (58.2)	33 (36.3)	4 (4.4)	1 (1.1)
Problem –focused coping strategies:	40 (44.0)	45 (49.5)	5 (5.5)	1 (1.1)
Providing workshops and seminars on work stress	37 (40.7)	47 (51.6)	6 (6.6)	1 (1.1)
Positive work thinking	40 (44.0)	45 (49.5)	5 (5.5)	1 (1.1)
Ensuring pre-registration education on stress management	39 (42.9)	46 (50.5)	5 (5.5)	1 (1.1)

Table 3 reveals the possible modifications to overcome work stress among nurses, majority of the respondents, 65(71.4%) strongly agreed to employment of more nurses, 53(58.2%) strongly agreed to promoting a conducive work environment by rewarding positive changes and problem solving approaches, 45(49.5%) agreed to problem-focused coping strategies, 47(51.6%) agreed to providing workshops and seminars on work stress, 45(49.5%) agreed to positive work thinking and 46(50.5%) agreed to ensuring pre-registration education on stress management.

#### Test of Hypothesis

**Research Hypothesis:** There is no significant relationship between hierarchy of nurses and ways to implement adaptive modifiers to overcome work related stress among nurses.

**Table 4: Association between the hierarchy of nurses and adaptive modifiers**

		Hierarchy of nurses				X <sup>2</sup>	df	P-value
Adaptive Modifiers		Registered nurse (%)	Double qualified (%)	BNSc (%)	Masters (%)			
Increased employment	Agree	43(95.6)	25(100.0)	17(94.4)	3(100.0)	1.429	3	0.699
	Disagree	2(4.4)	0(0.0)	1(5.6)	0(0.0)			
Conducive environment	Agree	41(91.1)	24(96.0)	18(100.0)	3(100.0)	2.327	3	0.507
	Disagree	4(8.9)	1(4.0)	0(0.0)	0(0.0)			
Problem-focused	Agree	40(88.9)	25(100.0)	18(100.0)	2(66.7)	8.010	3	0.046
	Disagree	5(11.1)	0(0.0)	0(0.0)	1(33.3)			
Seminars on	Agree	40(88.9)	24(96.0)	17(94.4)	3(100.0)	1.586	3	0.662



work stress	Disagree	5(11.1)	1(4.0)	1(5.6)	0(0.0)			
Positive work thinking	Agree	43(95.6)	22(88.0)	17(94.4)	3(100.0)	1.767	3	0.622
	Disagree	2(4.4)	3(12.0)	1(5.6)	0(0.0)			
Pre-registration education on stress	Agree	42(93.3)	23(92.0)	17(94.0)	3(100.0)	0.324	3	0.955
	Disagree	3(6.7)	2(8.0)	1(5.6)	0(0.0)			
Total		45(100.0)	25(100.0)	18(100.0)	3(100.0)			

Table 4 shows that there was no association between the educational hierarchy and increased employment ( $0.699, \chi^2=1.429$ ), conducive environment ( $0.507, \chi^2=2.327$ ), seminars on work stress ( $0.662, \chi^2=1.586$ ), positive work thinking ( $0.622, \chi^2=1.767$ ) and pre-registration education ( $0.955, \chi^2=0.324$ ). However, there was an association between the educational hierarchy and problem-focused coping strategies ( $0.046, \chi^2=8.010$ ) with a p-value  $<0.05$ .

### Discussion of findings

The result of this study shows majority of the nurses identified shortage of nurses as cause of work stress. This is similar with a study by Yada, (2015) where it was identified that understaffing and lack of support or positive feedback from senior nursing staff resulting in high incidence of burnout. Similarly, Halpin, Terry, and Curzio (2017) found out excessive workload was the most frequently cited source of workplace stress among nurses during transition period, the study identified that this was as result of the nursing shortage with fewer nurses to care for numerous patients.

Nurses also agreed that the nature of work causes stress; this is in corroboration with Burke, (2017), whose research findings have indicated that the sources of occupational stress, its levels, and effects vary depending on local factors such as the nature of work, work setting, and cultural orientation. Majority of the nurses agreed that nurses' lack of control over work environment as a cause of stress. This is in line with a study carried out by Shila, (2015), who said heavy workload, low support from administrators, nurses' lack of control over work environment, low teamwork and conflict are the most important stressors.

Poor reward system was identified by nurses as a cause of work stress. This finding was supported by Funmilola et al., (2019), who explored the district nurses' perception of occupational stress and found that job image and reward systems were among the six major stress factors for the nurses. Onan (2016) concluded that some factors which led to burnout in oncology include physical stressors (e.g., working under unsuitable conditions, long working hours, and insufficient tools and equipment as well as insufficient staff), psychological stressors (e.g., too many symptoms related to diseases and treatment, increased expectations of patients and families, and problems related to occupational safety), and administrative stressors (e.g., insufficient performance measures and unsatisfactory salaries).

The result of this study was also identified that the major effect of work stress among nurses on the safety of patients was that it reduces the quality of nursing service while the

least identified effect was loss of compassion for patient. This is corroborated by Li et al., (2017), where high demands and stress was found to reduce the quality of nursing services because nurses are first-line employees of the medical team, this was also identified by Labrague, et al., (2016), where increased workload led to reduced productivity which eventually spiraled to increased staff conflicts, recruitment and retention problems, burnout, absenteeism, litigation and rapid turn-over, and inadequate job satisfaction.

Majority of the nurses agreed that nurses do not pay attention to alarming signs. This finding was supported by Khamisa et al., (2015), who said negative and unfavorable effect of job stress can cause accidents. Stress causes nurses not to observe the rules and consequently do not pay attention to alarming signs. Majority of the nurses agreed to increased risk of medical errors and less productivity and quality of work. This was corroborated by Onasoga & Babalola, (2017), who in their study said occupational stress results in considerable costs to organizations in terms of absenteeism, attrition rate, injury claims, infection rates, errors in treating patient, reduced productivity, and health care resources. This finding was also in conjunction with Labrague et al., (2016), who said reduced productivity in turn can lead to increased staff conflicts, recruitment and retention problems, burnout, absenteeism, litigation and rapid turn-over, and inadequate job satisfaction.

Majority of the respondent agreed to loss of compassion for patient as effect of stress. This is in line with a study carried out by Pavlos et al., (2016), who said job related stress has resulted to loss of compassion for patients and increased incidences of practice errors and therefore is unfavorably associated to quality of care. Nurses also agreed that stress negatively influence patient outcome. This is in line with a study conducted by Ying and Aunguroch, (2018), who said job stress and burnout result from the cumulative effects of stressors in nursing work, and may consequently influence patient outcomes. The researcher has been able to deduce that work stress has a negative impact on the safety of patients, however, it was identified that the major effect of work stress among nurses on the safety of patients was that it reduces the quality of nursing service

The study further showed that regarding the possible modifications to overcome work stress among nurses, majority of the respondents strongly agreed to employment of more nurses, while minority identified agreed to providing workshops and seminars on work stress. Funmilola et al., (2019) identified in her study that employment of more nurses may help to reduce the impact of workload on their quality of life and quality of services rendered, this was also corroborated by Li, (2017), however, it was later identified that use of positive coping mechanisms moderated work-related stress.

Problem-focused coping strategies was found to be equally identified as a significant factors by majority of the nurses, as reported in a study by Lu et al., (2015), reported that problem-focused coping strategies appear to be more prevalent in Western culture, whereas emotion-focused strategies tend to be more common in Eastern culture, however, while this is a change that nurses desire, Ramezanli, et al., (2015) identified that work environments can be difficult to change, and there is evidence that nurses may be better at and more likely to use emotion-focused strategies.

Majority of the nurses agreed to ensuring pre-registration education on stress management as a factor to overcome work stress. This is in line with a study conducted by



Sailaxmi and Lalitha, (2015), who said Stress management strategies that are evolved based on the nature of nurses work can help moderate nurses stress perception in the work place. Also, Nurses trained in stress management are in a better position to manage only their own stress, but also teach patients and family members stress management. Ensuring that pre-registration education adequately prepares nurses for their roles as qualified practitioners might reduce transition stress.

Majority of the nurses agreed to positive work thinking as a factor to overcome work stress. This finding was supported by Koolshalshah et al., (2015), who suggested that positive thinking is a skill that can be acquired and mastered by anyone through practice and experience and found that it significantly -reduced job stress. Majority of the nurses agreed to promoting a conducive work environment factor to overcome work stress. This was corroborated by Funmilola et al., (2019), who said creation of fun in the work environment, encouraging and rewarding creativity among staff to generate ideas and implement new practices, shared governance and self-scheduling may be employed, promoting new learning experiences among staff, actively participate in organizational committees and groups in correlation with nursing and midwifery council; promote change as constructive, engage staff in the change process and reward positive changes in behavior and practice. The researcher has been able to identify that employment of more nurses is the most sorted out modification to overcome stress among nurses.

The result of this study shows that there was no association between the educational hierarchy and increased employment, conducive environment, seminars on work stress, positive work thinking and pre-registration education. However, there was an association between the educational hierarchy and problem-focused coping strategies.

### **Conclusion**

The study have shown that the highest cause of work stress among the nurses was shortage of nurses and the major effect of work stress among nurses on the safety of patients was that it reduces the quality of nursing services. The possible modifications identified were employment of more nurses. It was also identified that only problem-focused coping strategies was related to the hierarchy of the respondents, which shows that it is a major requirement across all cadre of nurses.

### **Recommendations**

1. Government should improve on taking in more nurses into the healthcare system, following the WHO nurse-patient ratio, so as to reduce the burden on the existing workforce in the hospital setting.
2. Awareness campaign should be carried among nurses, making them know the effect of stress and available opportunities to manage their stressor before it escalates.
3. The nursing bodies should come together to create a policy around nurses burnout and ensure its implementation to reduce casualty from burnout.

## References

- Burke .M. (2017). Managing work-related stress in the district nursing workplace. *Br J Community Nurs.* 18(11), 535–538.
- Chang, Y., & Chan, H.J. (2015). Optimism and proactive coping in relation to burnout among nurses. *J Nurs Manag* 23(3), 401-408
- Charles, B. O & Srikanta, B. (2019). Prevalence of Psychosocial Stress and Its Risk Factors among Health-care Workers in Nigeria: A Systematic Review and Meta-Analysis. *Nigerian Medical Journal.* 60(5), 238–244.
- Casu, G., Giaquinto, F. (2018) Distress and demoralization of hospital nurses as a function of sources of stress and job seniority *Applied Nursing Research*, 43 (1), 61-63
- Golshiri, P., Pourabdian, S., Najimi, A., Zadeh, H.M., Hasheminia, J. (2016). Job stress and its relationship with the level of secretory IgA in saliva: a comparison between nurses working in emergency wards and hospital clerks. *J Pak Med Assoc.* 62 (3 Suppl2), S26–S30.
- Halpin, Y., Terry, L.M, & Curzio, J.(2017). A longitudinal, mixed methods investigation of newly qualified nurses' workplace stressors and stress experience, during transition *Journal of Advanced Nursing*, 73(1):11-19
- Khamisa, N.B., Oldenburg, K., Peltzer & Ilic, D. (2015). Work related stress burnout job satisfaction and general health of nurses. *Int. J. environ. Res. Publ. Health*, 12(1), 652-666
- Koolshah, S.F.R, et al., (2015). Effect of positive thinking intervention on the nurses' job stress *Acta Medica Mediterranea* 31(1), 495-500
- Labrague, L. J., McEnroe-Petitte, D. M., Gloe, D., Tsaras, K., Artech, D. L., & Maldia, F. (2016). Organizational politics, nurses' stress, burnout levels, turnover intention and job satisfaction. *International Nursing Review*, 00. 000–001.
- Li, L., et al., (2017). Moderating effects of coping on work stress and job performance for nurses in tertiary hospitals: a cross-sectional survey in China *BMC Health Serv Res* 17(1), 401-408.
- Lu, D.M, et al., (2015). Occupational stress and coping strategies among emergency department nurses of China *Arch Psychiatr Nurs* 29 (4), 208-212
- Obinna, C., (2015). Shortage of nurses: Experts recommend task shifting. Vanguard, December 10, 2015 p.29. Retrieved from <http://www.vanguardngr.com> on 6th August, 2020.
- Ogundipe, S., Obinna, C. & Olawale, G. (2015). Shortage of medical personnel: Tougher times ahead for Nigerians. Vanguard, January 27, 2015 p.11. Retrieved from. <http://www.vanguardngr.com> on 6th August, 2020.
- Olayinka, A.O, and Osamudiamen, O.S (2013) Occupational stress management among nurses in selected hospital in Benin city, Edo state, Nigeria. *Eur J ExpBiol* 3(1): 473-481.
- Onan, N., Işıl, Ö. (2016). Coping, stress, and burnout of nurses in the oncology department: literature review. *Maltepe Univ J Nurs Sci Art.* 4(1), 264–271.
- Pavlos, Sarafis, Eirini, Rousaki, Evridiki, & Papastavrou (2016). The impact of occupational stress on nurses' caring behaviors and their health related quality of life. *BMC Nursing.* 15(1), 56-59

- Ramezanli, S., et al., (2015). A study of the coping strategies used by nurses working in the intensive care units of hospitals affiliated to Jahrom University of Medical Sciences *Int J Curr Microbiol Appl Sci* 4 (4), 157-163
- Rasool, E. A, Nasrin, E., Eesa, M., Masoud F., & Khoshknab (2016). What Strategies Do the Nurses Apply to Cope With Job Stress?. *Glob J Health Sci.* 8(6), 55–64.
- Sailaxmi, G., & Lalitha. K. (2015): Impact of a stress management program on stress perception of nurses working with psychiatric patients. *Asian Journal of Psychiatry.* 14(2), 42–45.
- Shila, K.Z. (2015). Occupational Stress and Its Related Factors in Nurses Working in Intensive Care Units of Educational Hospitals. *Journal of Novel Applied Sciences* 483-487.
- Yada, H. (2015). The supplement to developing the psychiatric nurse job stressor scale, *Int J Nurs Clin Pract*, 2, 145.
- Ying, L. & Aunguroch, Y. (2018). Factors influencing nurse-assessed quality nursing care: A cross-sectional study in hospitals. *J. Adv. Nurs.*, 74, 935–945.
- Yohannes, B., Tesfaye, D, Nigusie, B., Agumasie, S. & Simon B. I. (2020). Nurses' work related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study.

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