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PERCEIVED INFLUENCE OF JOB STRESS AND WORK LOCUS OF CONTROL ON PSYCHOLOGICAL WELL-BEING AMONG MEDICAL DOCTORS AND NURSES IN SOUTH-EAST NIGERIA

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ABSTRACT: This study investigated the perceived impacts of job stress and work locus of control on the psychological well-being among federal employed medical doctors and nurses in South-East Nigeria. Two hypotheses were postulated and tested from data received from three hundred and four participants who were selected through the convenience sampling technique. Participants comprised of 111 Medical Doctors and 193 Nurses (166 males, 138 females) with ages ranging from 30 to 58 years (M = 44.20; SD = 6.28). The participants were administered the Job Stress Scale (JSS) by Parker and Decottiis (1983), the Work Locus of Control Scale (WLCS) by Spector (1988), and the Psychological Well-being Scale (PWBS) by Ryff (1989). The cross-sectional survey design was adopted while the hierarchical multiple regression statistics was used to analyse the data collected. The study's findings indicated that neither job stress nor work locus of control significantly predicted the psychological well-being of doctors and nurses working in South-East Nigeria. The implications of these results underscore the need for employers to explore and implement other effective strategies to enhance the psychological well-being of their employees so as to foster increased productivity and efficiency in the workplace.

Keywords: Job Stress, Work Locus of Control, Psychological Wellbeing, Federal Medical Doctors and Nurses, South-East Nigeria

INTRODUCTION

The dynamic evolution of medical practice over the past two and a half decades has engendered considerable interest in evaluating the psychological well-being of medical professionals, specifically doctors and nurses, and their perceptions of their work environment (Baker & Canter, 2003). Amidst this transformation, suboptimal levels of psychological well-being and job satisfaction within the medical fraternity can potentially compromise patient-provider relationships and the overall quality of care. The heightened demand for medical attention, outpacing the available workforce, subject doctors and nurses to an array of work-related demands, which, if not effectively managed, could precipitate exhaustion, stress, and burnout, consequently jeopardizing their psychological well-being (Linn et al., 2005; Kolo et al., 2017).

These shifts in medical practice have also impacted hospital work dynamics, exacerbating the challenges of achieving a harmonious balance between professional responsibilities and personal obligations for doctors and nurses. The Nigerian healthcare sector is characterized by extended working hours attributed to staff shortages and substantial workloads, which often lead to a neglect of non-professional aspects of their lives, such as family time or personal pursuits. This imbalance detrimentally affects their psychological wellbeing, as Nigeria places a significant emphasis on the familial structure (Ojo, Salan & Falola, 2014).

Psychological well-being encompasses a multifaceted array of domains, embracing self-esteem, emotional regulation, anxiety, and social connectedness (Chandola et al., 2011; Adegoka, 2014). Khanbam, Asgar, and Pavar (2014) assert that psychological well-being intertwines with concepts such as life satisfaction, happiness, adaptation, and emotional wellness. The presence of psychological well-being can be ascertained through indicators such as joy, life satisfaction, and the absence of depressive symptoms (Nzenweaku, Akinola, & Okoro, 2020). This construct encapsulates the harmony between emotional contentment and effective functioning (Huppert, 2011). High levels of psychological well-being are associated with competence, fulfillment, and contentment across personal and professional realms (Sharma, 2014). As a subjective term, psychological well-being is nuanced and holds varying connotations for different individuals, embodying a pivotal facet that shapes an individual's perceived life contentment.

Recent examinations of psychological well-being have underscored its association with diverse contextual factors. Bolarinwa (2015) contextualizes psychological well-being within the realm of positive psychology, defining it as the equilibrium attained between life stressors and personal and social pursuits. This perspective posits that understanding psychological well-being necessitates an integrative comprehension encompassing aspects of life enhancement, mental health, and clinical perspectives, converging to decipher a holistic appreciation. Contrasting mere happiness, psychological well-being signifies the attainment of an enriched life through the actualization of one's intrinsic potential (Ryff, 1989). The six dimensions of psychological well-being – autonomy, environmental mastery, self-acceptance, purpose in life, positive relations with others, and personal growth – entail distinct challenges that individuals grapple with in their pursuit of constructive functioning (Ryff & Keyes, 2010).

The contemporary landscape, characterized by population growth, technological strides, and economic shifts, has reconfigured occupational terrains, reshaping job roles and attributing new meanings to conventional professions. The interplay between work-related stress, work locus of control, and psychological well-being gains prominence in domains such as education, healthcare, law, and engineering, as the impact of these factors on productivity becomes pronounced. A balanced occupational life congruent with an individual's values and competencies holds the potential to elevate job satisfaction and, consequently, psychological wellbeing. Occupational settings with reduced stress levels typically exhibit enhanced employee contentment, whereas heightened stress can lead to a spectrum of emotional and physiological issues (Adegoke, 2014).

In line with Ryff's assertion (2005), happiness is an outcome of a fulfilling life rather than the central pursuit, arising from a harmonious existence. Ryan and Deci (2011) expound upon psychological well-being within the context of basic psychological needs, emphasizing

autonomy, competence, and relatedness. This framework posits that psychological well-being is realized when individuals foster meaningful connections, cultivate self-development, and address work-related and life-centred needs. Psychological well-being emerges from a reciprocal interplay between cognitive appraisals, emotional states, and behavioural patterns, dynamically shaping an individual's state of equilibrium. The gratification derived from one's profession resonates with this paradigm, underscoring how harmonious work-life integration significantly impacts psychological wellbeing.

The conceptualization of stress has evolved over time, transitioning from external factors inducing tension to a perception-driven construct. Contemporary definitions emphasize the interplay between external situations and individual responses, wherein stress materializes when personal resources are insufficient to cope with demands and pressures. The ensuing psychological and physiological reactions encompass a range of emotional, behavioural, cognitive, and physiological responses (Aderibigbe, Nwokolo & Solomon, 2019).

Given the complexity of the modern work environment, stress has become intrinsically linked to change and adaptation. Individuals often encounter stress when confronted with novel circumstances necessitating adjustment and increased effort. Stress materializes when environmental demands trigger cognitive evaluations of one's capacity to manage and cope. These appraisals, informed by personal attributes and past experiences, catalyse stress reactions encompassing emotional states, behaviours, and physiological alterations (Aderibigbe, Nwokolo & Solomon, 2019).

The exigencies of the contemporary work landscape – marked by shifting roles, globalization, and amplified performance expectations – have rendered job stress a potent concern for both employees and organizations. While stress is an inherent facet of life, its effective management is critical to prevent its detrimental repercussions on employee well-being and organizational outcomes. Job stress can compromise goal achievement for individuals and organizations alike, manifesting as diminished productivity, absenteeism, and chronic health issues (Adamu & Danjin, 2016).

The cumulative stress borne by doctors and nurses within the Nigerian healthcare context is further exacerbated by the imbalance between patient demand and the available workforce. This incongruence can precipitate stress, exhaustion, and burnout, ultimately undermining work performance, productivity, and psychological wellbeing. Moreover, the distinct nature of healthcare settings, marked by extended working hours, night shifts, and emotionally taxing situations such as patient distress and mortality, imposes additional stressors on medical personnel (Cooper, Cooper & Eaker, 2018).

In light of these multifaceted stressors, interventions to alleviate job stress and bolster psychological well-being hold critical significance for medical professionals. Employers have a pivotal role in fostering a conducive work environment that mitigates stress, as a stress-laden workplace not only hampers productivity but also compromises the psychological well-being of healthcare providers. As such, understanding the intricate dynamics of job stress, work locus of control, and their influence on psychological well-being is imperative for formulating targeted strategies that enhance overall employee well-being and organizational effectiveness.

To this end, this research endeavours to comprehensively explore the interplay between job stress, work locus of control, and psychological well-being among federal medical doctors and nurses in South-East Nigeria. By unravelling the nuanced relationships within this triadic framework, this study aspires to contribute valuable insights into fostering employee well-being within the Nigerian healthcare sector, which, in turn, could yield far-reaching benefits for patient care, organizational productivity, and the holistic prosperity of medical professionals.

Statement of the Problem

The Nigerian healthcare sector is currently grappling with a growing crisis characterized by chronic underfunding and population expansion. Over the past decade, Nigeria has experienced an influx of nearly 50 million individuals, exceeding the entire population of Canada, yet this surge has not been accompanied by a commensurate increase in healthcare investment (Nwachukwu, 2021). Furthermore, projections indicate that by 2030, Nigeria will face a substantial deficit of medical professionals, with an estimated shortage of 50,120 doctors and 137,859 nurses, constituting a 33.45% and 29.25% gap in the supply of doctors and nurses, respectively (Eromosele, 2021). Presently, Nigeria's physician-to-patient density is far from meeting the World Health Organization's (WHO) recommendations, with only 4 doctors per 10,000 patients and 16.1 nurses and midwives per 10,000 patients, compared to the WHO's suggestion of 1 doctor for every 600 patients and a critical threshold of 23 doctors, nurses, and midwives per 10,000 patients (Eromosele, 2021). Moreover, there is a stark disparity in the availability of surgical, obstetric, and anaesthetic care providers, with just one per 100,000 population, falling significantly short of the WHO's recommended 20 per 100,000 population (Erunke, 2021).

This critical shortage of medical personnel has subjected Nigerian doctors and nurses to a mounting workload, leading to overexertion and increased vulnerability to stress-induced fatalities (Youdeowei et al., 2019). This situation is exacerbated by inadequate compensation for healthcare staff in the country. An investigative report by the International Centre for Investigative Reporting (ICIR) shed light on the dire situation in the South-East States of Nigeria, uncovering significant deficiencies in job satisfaction among Doctors and Nurses. The investigation highlighted an unfavourable doctor-to-patient and nurse-to-patient ratio, which in turn imposed an unreasonably heavy workload on healthcare providers. Consequently, many professionals expressed a desire to relocate to countries such as the US, UK, Canada, and Germany, where they could deliver higher-quality care with less strain (Ihuoma, 2021). In addition to job dissatisfaction, numerous doctors and nurses have reported experiencing emotional and physical exhaustion due to the overwhelming number of patients they must attend to daily.

The situation is further exemplified by instances of healthcare professionals collapsing on duty due to extreme exhaustion, such as the case of a medical doctor at the Federal Medical Centre, Owerri, who collapsed while attending to patients, leading to a two-day stay in the Intensive Care Unit (ICU) due to overexertion (Ihuoma, 2021). Reports from the Imo State Nigerian Medical Association (NMA) Chairman and the Ebonyi State NMA Chairman have underscored the prevalence of health complications among doctors due to their demanding roles (Ihuoma, 2021). Evidently, the South-East region of Nigeria bears witness to the significant strain faced

by doctors and nurses owing to an overwhelming patient demand that far exceeds the available healthcare workforce. The resultant pressure and demands on these professionals potentially impact their psychological well-being negatively, further compounded by the intricate balance between demanding professional obligations and familial responsibilities.

Purpose of the Study

This study aims to investigate the predictive capabilities of job-related stress and work locus of control on the psychological well-being of federal employed medical doctors and nurses in the South East region of Nigeria. Specifically, the study seeks to determine:

1. Whether job-related stress significantly predicts the psychological well-being of federal medical doctors and nurses in South East Nigeria.
2. Whether work locus of control significantly predicts the psychological well-being of federal medical doctors and nurses in South East Nigeria.

Theoretical Framework

The study is grounded in Ryff's model of psychological wellbeing, which comprises six components: autonomy, personal growth, environmental mastery, purpose in life, positive relations with others, and self-acceptance. Psychological well-being serves as the central construct, influencing and being influenced by other variables. Job-related stress is intrinsically associated with healthcare professionals, impacting their psychological well-being either positively or negatively. The study also explores the relationship between work locus of control, the perception of personal agency over life events, and psychological wellbeing. When doctors and nurses perceive control over their work-related outcomes, it positively affects their psychological well-being and work commitment. Thus, this study seeks to comprehensively analyse the intricate interplay of these factors within the context of the Nigerian healthcare industry.

Empirical Review

Job Stress and Psychological Wellbeing

In recent years, scholarly research has sought to comprehend the intricate interplay between job-related stress and psychological well-being among working individuals. This review synthesizes pertinent literature that delves into this connection, focusing on various dimensions, methodologies, and populations. By synthesizing and analysing these studies, this review aims to shed light on the nuanced relationship between job stress and psychological well-being and to provide insights into the underlying factors that may mediate or moderate this relationship.

Mensah (2021) conducted a comprehensive study that investigated the relationship between job stress and mental well-being in the context of European working individuals. Utilizing data from the 6th wave of the European Working Conditions Survey (EWCS) encompassing 44,000 employees across 35 countries, Mensah employed a multi-stage stratified sampling method. The study employed robust measurement tools, including the WHO-5 Questionnaire Index for

mental well-being and a short version of the social support scale for assessing social support. The primary measure of job stress used a single-item assessment, allowing for efficient data collection while accounting for potential assessment burdens. Controlling for demographic and socioeconomic variables, Mensah's analysis revealed that, on average, workers with secondary education comprised the majority in Europe, followed by those with tertiary education. Notably, women reported higher levels of education and marginally higher job stress compared to men.

Clausen, Pederson, Anderson, Theorell, and Madson (2021) conducted an investigation into the association between job autonomy and psychological wellbeing, probing for potential linear or non-linear relationships. The study encompassed a diverse sample of 8,958 participants across 14 job groups. The researchers adopted a nuanced approach, stratifying participants based on educational attainment and job type. Applying spline models and hierarchical analyses, they identified differences in job autonomy across various work contexts. Notably, professions related to sales and marketing exhibited higher job autonomy, while those linked to production and transportation demonstrated lower autonomy levels. However, the study did not find significant differences in psychological well-being among these work contexts.

Smith (2021) delved into the specific experiences of workplace stress and well-being among African American corporate professionals. The sample consisted of 182 male and female participants from private sector companies. Utilizing purposive sampling via social media platforms, the study employed rigorous measures, including the Job Content Questionnaire (JCQ) and the Well-being Questionnaire. The analysis revealed significant correlations between workplace stress, psychological demands, and workplace wellbeing. Notably, the study underscored the potential limitations of social media recruitment, highlighting potential biases in participant responses.

Kim (2021) approached the study of work-related stress and work ability through a qualitative literature analysis. By focusing on qualitative textual resources, Kim aimed to explore the intricate connections between these concepts. The study highlighted that work-related stress could significantly impact employees' work ability, with implications for both mental and physical health. Furthermore, exposure to prolonged stress was found to elevate the risk of severe mental health conditions.

Jimenez (2021) extended the investigation to the teaching profession, exploring the impact of mental health and stress levels on the development of learning resources. Utilizing quantitative research design, the study included 25 elementary schools and utilized a random sampling procedure. Employing standardized scales, including the Perceived Stress Scale and the Mental Health Survey, the study revealed significant relationships between mental health, stress levels, and learning resource development. This study highlighted the potential role of mental health in shaping educational practices.

Thanki and Pestonjee (2020) probed into the intricate interplay between role stress, psychological wellbeing, and resilience among working professionals. The study involved a quantitative approach, with a sample of 201 employees from diverse organizations. The researchers employed established scales, such as the Organizational Role Stress (ORS) scale and the Resilience at Work scale. Through regression analyses, the study established negative

associations between organizational role stress and psychological wellbeing, while revealing a positive correlation between resilience at work and psychological wellbeing. Similarly, Nzenweaku, Akinola, and Okoro (2020) investigated the predictors of psychological well-being among working mothers, emphasizing the roles of stress and social support. The study included 200 female participants and employed hierarchical multiple regression analyses. The findings indicated that both stress and social support significantly predicted psychological well-being among working mothers.

Basinka (2018) delved into a specific occupation, examining the effect of job-related stress on the psychological well-being of firemen. The study encompassed 121 firemen from rescue-firefighting units, utilizing Goldberg's General Health Questionnaire (GHQ)-12 and the perceived job stress questionnaire (PJSQ). The study's results highlighted the significant impact of job-related stress on psychological well-being among firemen.

Shrestha and Mishra (2012) expanded the investigation into the banking sector, exploring the relationship between job stress, locus of control, organizational support, and psychological well-being among employees in Nepali commercial banks. The study engaged 153 employees and employed correlation analyses and multiple regression to test hypotheses. The results highlighted a direct relationship between job stress and psychological wellbeing.

Ajala and Bolarinwa (2015) examined the impact of organizational justice on psychological well-being among employees in the local government area of Osun State, Nigeria. Employing the ex post facto descriptive research design, the study included 317 participants and utilized the Organizational Justice and Employees Psychological Well-being Questionnaire. Multiple regression and Pearson Product Moment Correlation analyses revealed the significant influence of organizational justice dimensions on psychological wellbeing.

Wang, Liu, Haijian, Wu, Chand, and Wang (2015) undertook a cross-sectional study among manufacturing workers in China, focusing on the association between occupational stress, burnout, and psychological wellbeing. The study encompassed 1,219 participants and employed the Chinese version of the effort-reward imbalance (ERI) scale and a brief 8-item flourishing scale (FS). The findings underscored the significant influence of occupational stress and burnout on psychological well-being among manufacturing workers.

Duygulu, Ciraklar, Guripek, and Bagiran (2012) conducted a study among sales representatives in the pharmaceutical industry to examine the effect of role stress on wellbeing. The study included 180 participants and employed the role stress scale by Rizzo and House (1970) and occupational well-being scales. The findings revealed that job stress had no direct influence on wellbeing.

Ikonne (2015) explored the relationship between job stressors (role ambiguity, role conflict, and physical work environment issues) and the psychological well-being of library employees in Nigerian university libraries. The study encompassed 125 library staff and employed a survey research design. The findings indicated that role ambiguity and physical work environment issues had a negative impact on psychological wellbeing, while role conflict did not significantly influence it.

Adegoke (2014) delved into the effects of occupational stress on the psychological well-being of police employees in Ibadan Metropolis, Nigeria. The study utilized a descriptive survey design, involving 250 police employees from five local government areas. The findings revealed that work stress, frustration, and depression significantly impacted the psychological well-being of police employees.

Terry, Perchard, and Nielsen (2011) investigated the effects of work stress on psychological well-being and job satisfaction among public sector employees. The study engaged 153 participants and utilized a multi-dimensional approach to understanding the influences of work stressors and social support on psychological wellbeing. The findings highlighted the nuanced role of social support in buffering the effects of work stress on psychological wellbeing.

Collectively, the reviewed studies offer valuable insights into the complex interplay between job stress and psychological well-being across diverse contexts and populations. These investigations underscore the multifaceted nature of this relationship, emphasizing the role of various factors such as gender, job autonomy, social support, and specific stressors.

Work Locus of Control and Psychological Wellbeing

The relationship between work-related factors and psychological well-being has garnered significant attention in psychological and organizational research. One such factor that has been explored is the concept of work locus of control (WLOC), which pertains to an individual's belief in their ability to control outcomes in the workplace. Padmanabhan (2021) conducted a pilot study to explore the impact of work locus of control on workplace stress and job satisfaction among private sector employees. The study included 65 participants from a private sector organization, with an almost equal gender distribution. Participants completed questionnaires assessing their work locus of control, job satisfaction, and workplace stress. The results indicated no significant gender-based differences in work locus of control, job satisfaction, or workplace stress. Furthermore, a strong negative correlation was found between work locus of control and job satisfaction, suggesting that individuals with a more internal locus of control tend to experience higher job satisfaction. However, the correlation between work locus of control and workplace stress was weak and not statistically significant.

Hough, Labansat, Moore, Wallace, and Higgins (2021) examined the relationship between work locus of control and dimensions of eudaemonic psychological well-being using structural equation modelling. Their cross-sectional survey involved 267 participants who completed questionnaires on work locus of control and psychological wellbeing. The results showed a significant negative correlation between work locus of control and psychological wellbeing. Additionally, all six dimensions of psychological well-being demonstrated significant negative correlations with work locus of control. Environmental mastery, self-acceptance, and purpose in life exhibited higher significance in this relationship.

Jidong et al. (2021) conducted a systematic review on mental health and child well-being in Nigeria. While not directly focusing on work locus of control, this study explored the broader impact of mental health on wellbeing. The findings revealed that mental health issues significantly affected wellbeing, with themes such as marital difficulties, relationship status of the mother, child's gender, mode of child delivery, and child growth and development

impacting child wellbeing. This study's findings highlight the interconnectedness of mental health and overall wellbeing.

Nacif (2021) developed a group coaching model to enhance the psychological well-being of individuals. Although not centred solely on work locus of control, the study examined the impact of coaching on psychological wellbeing. The study involved two group coaching interventions and collected qualitative and quantitative data from participants. While cultural differences could impact the findings, this study adds to the discourse on interventions aimed at improving psychological wellbeing.

Atay (2021) investigated predictors of psychological well-being among unemployed university graduates. The study focused on factors such as age, gender, religiousness, self-esteem, and perceived social support in relation to psychological wellbeing. The results highlighted the complex interplay of these factors, with self-esteem demonstrating a strong positive correlation with psychological wellbeing.

Murphy, Nigam, and Tapas (2020) explored the impact of work locus of control on planned behaviour and decision-making in working women in India. Their survey research utilized questionnaires to assess work locus of control, planned behaviour, and decision-making. The study revealed that women with an internal work locus of control tend to be more achievement-oriented and self-confident. Moreover, a balanced work locus of control expectancy was associated with maximum levels of happiness. However, the study's limitation was the non-scientific method of selecting participants through HR blogs.

Kolo et al. (2017) investigated sleep health among healthcare workers in Nigeria. Although the focus was not solely on work locus of control, the study contributes to understanding factors affecting psychological well-being among healthcare workers. The findings revealed that sleep quality significantly impacted wellbeing, with various factors such as marital status, gender, and work shift contributing to sleep quality.

Vanderzee, Buunk, and Sanderman (2016) explored the relationship between social support, work locus of control, and psychological well-being among hospital employees in Turkey. The study involved 212 participants and indicated that social support influenced psychological well-being, while work locus of control had no significant impact. Sorensen and Eby (2006) conducted a meta-analysis on the locus of control at work and confirmed the negative correlations between external work locus of control and conditions such as general well-being, job satisfaction, commitment to work, and coping strategies. This study underscores the significance of locus of control in shaping psychological well-being.

Hypotheses

1. There will be a statistically significant impact of job stress on psychological well-being among federal medical Doctors and Nurses in South East Nigeria.
2. Work locus of control will statistically significantly impact psychological well-being among doctors and nurses in South East Nigeria.

METHOD

Participants

The research study engaged a total of 304 participants, consisting of medical professionals, including doctors and nurses, from three prominent Federal Hospitals in the South-East region of the country. These hospitals included the Federal University Teaching Hospital, Owerri (FUTHO), the Federal Medical Centre in Umuahia, and the Alex Ekwueme Federal University Teaching Hospital in Abakaliki. The selection of participants was conducted using a convenience sampling technique. This method was chosen for its practicality, as it allowed for the inclusion of readily accessible and willing participants, facilitating the swift collection of data. The participants' composition was as follows: 111 (36.51%) were medical doctors, and 193 (63.49%) were nurses. Gender distribution revealed 166 (54.6%) males and 138 (45.4%) females. Among the participants, 119 (39.1%) were single, while 185 (60.9%) were married. Regarding age, the study encompassed respondents with ages ranging from 30 to 58, with a mean age of 44.20 and a standard deviation of 6.28.

Instruments

Three instruments were used for data collection; the Job Stress Scale (JSS), the Work Locus of Control Scale (WLCS) and the Psychological Well-being Scale (PWBS). The JSS, developed by Parker and Decottiis (1983), is a 13-item Likert-type scale designed to assess job stress levels. The scale employs a 5-point rating system, ranging from 1 (strongly disagree) to 5 (strongly agree). The psychometric properties of the JSS were examined using a sample of 367 managers from a prominent US restaurant chain, with an average age of 28.55 years (Parker & Decottiis). The scale's dimensionality was established through principal component analysis with varimax rotation, retaining items with factor loadings greater than or equal to .50. Construct validity of the JSS was demonstrated in a study by Xie and Johns (1995), involving 418 full-time employees, which investigated the relationship between the JSS and the Emotional Exhaustion Sub-Scale of the Maslach Burnout Inventory (Maslach & Jackson, 1986). The correlation coefficient between the JSS and emotional exhaustion sub-scale was $r = .66$, $p < .01$, indicating a strong relationship between the two measures. Additionally, concurrent validity was established by examining the associations between the JSS scores and related variables such as reduced gratification, low job performance, and willingness to leave. The scale exhibited high internal consistency reliability, with values ranging from .74 to .89 across different career groups and cultures (Addae & Wang, 2006). Further validation of the JSS was conducted by Lasebiken (2016) through modification and validation, resulting in a Cronbach's Alpha of .943 and an item mean score of 2.60 (ranging from 1.86 to 3.56). Concurrent validity was evidenced by significant correlations ($p < 0.001$). Test-retest reliability yielded a high coefficient of .988. Similarly, Oseghare (1988) validated the Job Stress Scale in Nigeria, finding a correlation coefficient of .46 when comparing the JSS with the Checklist Symptoms Stress by Kyriacou and Sutcliffe (1978). Although the JSS has been utilized in various contexts, it is important to note that its application has extended to diverse samples beyond doctors and nurses. The JSS has demonstrated its reliability and validity in assessing job stress levels, contributing to the understanding of this critical occupational dimension.

The 13-item job stress scale was further subjected to pilot among 50 doctors and nurses drawn from General Hospital Umuguma Owerri. This was done so as to ascertain the reliability and internal consistency of the job stress scale (JSS) for use among Nigerian samples. All 13 items of the scale obtained corrected item totals ranging from .40 to .69 indicating that the item is measuring the same construct thus exceeding the recommended corrected item totals by Pallant (2005). The 13-item also yielded a Cronbach's alpha coefficient of .87, which exceeded Nunnally's (1978) minimum internal consistency criteria of .70 for determining the adequacy of measures of internal consistency and thus indicating that the scale is reliable for use among Nigerian samples. The norm obtained for the modified job stress scale (JSS) is 39.82 with high scores implying higher job stress while lower scores imply lower job stress.

The Work Locus of Control Scale (WLCS), introduced by Spector (1988), evaluates beliefs in the workplace. It employs a 16-item summated rating format with responses on a scale of 1 to 6. The scale's total score ranges from 16 to 96. Spector reported an alpha reliability coefficient of .83 for an American sample. In Nigeria, Onyekuru and Ibegbunam (2014) established a reliability coefficient of 0.78 through test-retest and Pearson correlation. In the current study, the WLCS underwent a pilot test with 48 Doctors and Nurses at General Hospital Umuguma Owerri. The pilot confirmed high reliability (Cronbach's alpha .93), consistent factor structure, and convergent validity. Principal Component Analysis indicated strong item loadings on the first component, endorsing convergent validity among Nigerian samples. The norm for the instrument is 57.35, with higher scores reflecting internal work locus of control and lower scores indicating external work locus of control.

The Psychological Well-being scale (PWS), designed by Ryff (1989), assesses six dimensions of psychological functioning: self-acceptance, mastery of environment, positive relations with others, personal growth, purpose in life, and autonomy. It employs a 6-point response format (1 to 6), with higher scores indicating greater wellbeing. The scale comprises 42 items, of which 22 are directly scored and 20 are indirectly scored. In Nigeria and Africa, the Psychological Well-being Scale has been widely utilized. For instance, Wissing, Temane, and Khumalo (2010) aimed to validate the General Psychological Well-being Scale (GPWS) in an African sample, achieving satisfactory psychometric properties (Cronbach's alpha .89).

A pilot study involving 50 doctors and nurses from General Hospital Umuguma Owerri was conducted for the 42-item psychological well-being scale. Corrected item totals ranged from .32 to .69, exceeding recommended benchmarks for construct consistency. The scale's Cronbach's alpha coefficient was .96, indicating strong internal consistency. The norm for the modified PWS was 195.90, where higher scores indicate greater psychological well-being and lower scores suggest lower psychological wellbeing.

Procedure

The researchers initiated their study by obtaining permission from the relevant institutions, specifically Federal Hospitals located in Owerri, Umuahia, and Abakaliki. This involved presenting a letter of permission and identification to the management, which enabled them to engage doctors and nurses for their study. The researchers also selected individuals to assist in the administration and collection of questionnaires. These assistants received training on the study's topic and proper approach to respondents.

Once the groundwork was laid, the researchers and their assistants visited the hospitals to introduce themselves, explain the purpose of the study, establish rapport, and distribute questionnaires to willing doctors and nurses. The distribution process occurred across the three hospitals: 152 questionnaires were given out in Owerri, resulting in 137 (45.06%) completed and valid responses; Umuahia saw 107 questionnaires distributed, with 96 (31.57%) returned completed; Abakaliki received 83 questionnaires, leading to 71 (23.37%) completed ones. Overall, a total of 342 questionnaires were distributed, and 304 (88.88%) were returned as valid and completed. The remaining 38 (11.11%) questionnaires were excluded due to incomplete or missing information. This comprehensive process spanned approximately one month to be completed.

Ethical Consideration

This study adhered to ethical guidelines in its research approach, ensuring the rights and well-being of participants were upheld. Throughout the study, the researchers-maintained transparency and honesty with the doctors and nurses who were approached for participation. No undue pressure or influence was exerted to encourage their involvement; instead, the researchers emphasized the option to withdraw from the study at any stage without consequence. All participants provided informed and voluntary consent to participate in the research. A stringent commitment to maintaining confidentiality was established between the researchers and the participants. The researchers pledged to uphold the privacy of the information provided by the respondents, and it was explicitly agreed upon that no data would be disclosed or shared. Additionally, the anonymity of the respondents was preserved to safeguard their identities throughout the study.

Design and Statistics

The researchers used cross-sectional survey as design because samples from a large population cutting across people with different age, gender and marital status were used. Hierarchical multiple regression statistic was adopted for analysis of data because the dependent variable (psychological wellbeing) was scored at a continuous level and because 3-Step Hierarchical Multiple Regression reveals variables that explain a statistically significant amount of variance on the dependent variable after accounting for all other variables.

RESULT

Table 2: Hierarchical Multiple Regression Analysis for Psychological Well-being on Job Stress and Work Locus of Control

Predictors	R	R^2	F	β	t	Sig
Job Stress				.047	.941	.348
Work Locus of Control	.012	.012	.913	-.059	-1.018	.310

Criterion variable: Psychological wellbeing

The table above shows the results for the two hypotheses of the study. As shown in the result above, job stress did not significantly predict psychological well-being [β=.054, P=.348, t=.941)] implying that increased levels of job stress do not significantly result to increased psychological wellbeing, therefore, the first hypothesis is rejected

Similarly, the result for the analysis of the second hypothesis, as shown in the table above, shows that work locus of control did not significantly predict psychological well-being [β =-.059, p= .310, t = -1.018] implying that though increased work locus of control result to reduced psychological wellbeing, the outcome was not significant. Therefore, the second hypothesis is rejected.

DISCUSSION

The initial finding derived from this study underscores that job stress does not wield a determinant influence on the psychological well-being of medical professionals, including doctors and nurses, employed within Federal hospitals situated in the South East region of Nigeria. This observation aligns with similar conclusions drawn by Terry, Pierchard, and Nielson (2011), as well as Duygulu et al. (2012), where their respective investigations reveal that job stress exhibits no statistically significant impact on psychological well-being. Conversely, the research conducted by Basinka (2018) and Suleman et al. (2018) presents contradictory results, indicating a notable correlation between job stress and psychological well-being. This disparity in outcomes may stem from variations in contextual factors between the current study's locale and the settings of the prior research, possibly involving distinctions in cultural influences.

The theoretical framework advanced by Edward and Rothbard (2000), pertaining to the spillover theory, proposes that employees inherently transfer emotions, attitudes, skills, and behaviours between their professional and personal spheres, thereby potentially inducing conflict and detriment to psychological well-being when such crossovers transpire. Notably, a considerable number of participants in this study report lower levels of psychological wellbeing, as evidenced by the mean score of 185.27. It is prudent to acknowledge that the psychological well-being of medical professionals, encompassing doctors and nurses, might be subject to multifaceted factors beyond job stress, such as motivation, perceived organizational support, and job security. The transactional theory of stress posited by Lazarus and Folkman (2006) elucidates that direct interactions between employees and their work environments could tax their psychological resources, thus jeopardizing their overall psychological well-being.

Furthermore, the notion of "Eustress," a positive manifestation of stress, must not be overlooked. It signifies that stress can stimulate optimal performance among medical professionals, potentially driving them to accomplish tasks efficiently and expediently, thereby leading to achievements and even advancements in their careers. This achievement-oriented facet of stress, however, does not preclude the potential for adverse effects on psychological well-being.

The subsequent finding of this study ascertains that the concept of "work locus of control" does not emerge as a prominent factor in determining the psychological well-being of medical

practitioners, encompassing doctors and nurses, within the Federal hospitals in the South East region of Nigeria. Contrary to the hypothesis positing a significant predictive relationship between work locus of control and psychological well-being among medical professionals, the empirical data gathered in this study do not substantiate this proposition. This non-corroborative stance aligns with previous research, as evidenced by studies conducted by Vanderzee, Buunk, and Sandarman (2016) and Lawson, Waddell, and Webb (2016), which indicate the absence of substantial disparities in psychological well-being between individuals characterized by internal and external locus of control orientations. Conversely, the investigations conducted by Rifat, Shannak, and Ammar (2012) and Marrero, Quevedo, and Carbelleira (2013) introduce a contradictory perspective, suggesting a predictive capacity of work locus of control on psychological well-being. It is pertinent to underline that work locus of control pertains to an individual's beliefs regarding the locus of reinforcement, which can be either internally or externally controlled, and though this construct influences attitudes and behaviours within work and personal contexts, its direct influence on psychological well-being remains limited.

Implications of the Study

The primary implication stemming from this study is the discernment that job stress does not emerge as a statistically significant predictor of psychological well-being within the medical fraternity, encompassing doctors and nurses. This insight accentuates the need for further exploration into the phenomenon of "Eustress," which, despite being relatively underrepresented in scholarly inquiry, bears the potential to enrich the existing body of knowledge. It is plausible that nuanced investigations into the positive attributes of stress could yield valuable insights.

The discovery that work locus of control does not significantly forecast psychological well-being among medical professionals, encompassing both internal and external orientations, signifies that the prevalent assumption of one orientation engendering higher psychological well-being is unsubstantiated in the healthcare sector. Consequently, human resources practitioners and recruitment personnel who utilize work locus of control as a selection criterion should reevaluate their approach, considering that this construct alone cannot guarantee heightened psychological well-being.

Conclusion

In conclusion, this study delved into the perceived impact of job stress and work locus of control on the psychological well-being of medical professionals, including doctors and nurses, functioning within Federal hospitals situated in the South East region of Nigeria. The investigation, encompassing 304 participants selected through convenience sampling from Federal hospitals in Owerri, Umuahia, and Abakiliki, was supported by a hierarchical multiple regression analysis. The research findings indicate that job stress and work locus of control, in isolation, do not possess predictive powers over the psychological well-being of medical practitioners within the specified context.

Recommendations

Derived from the outcomes of this study, several recommendations can be advanced. Firstly, organizational leaders and management personnel should proactively seek avenues to enhance the psychological well-being of their workforce, recognizing its potential to foster improved work performance. Secondly, acknowledging that certain levels of stress can be non-harmful and even beneficial, organizations should endeavour to mitigate excessive stress levels through the provision of state-of-the-art equipment, conflict resolution mechanisms, and facilitating work-life balance seminars. Thirdly, the remuneration of medical practitioners should be commensurate with the demanding nature of their roles, which necessitates intervention from federal authorities. Lastly, addressing the complexities of psychological attributes, such as emotional labour, psychological wellbeing, job stress, and social networks among medical practitioners, calls for a comprehensive approach from both governmental bodies and healthcare institutions.

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