

**PERCEIVED EFFECTS OF JOB STRESS ON THE WORK  
BEHAVIOUR AND ATTITUDE OF NURSES TOWARDS  
PATIENTS IN THE UNIVERSITY OF ILORIN TEACHING  
HOSPITAL (UITH), NIGERIA**

**Abdussalam Abdulhameed<sup>1\*</sup>, Wemimo Damilare Emmanuel<sup>2</sup> & Abdullahi  
Kayode Ibrahim<sup>3</sup>**

<sup>1,2</sup>Department of Social Work, Faculty of Social Sciences, University of Ilorin, Nigeria.

<sup>3</sup>Department of Criminology and Security Studies, University of Ilorin, Ilorin, Nigeria

\*abdulhameed.a@unilorin.edu.ng, abdusslamabdulhameed46@gmail.com

**ABSTRACT:** The study examined the perceived effect of job stress on nurses' work behaviour and attitude toward patients in the University of Ilorin Teaching Hospital. It aimed at tackling how job stress can be adequately and effectively managed by the nurses, hospital management, and government to avoid unnecessary negative attitudes of nurses towards patients that may adversely affect the quality of services provided. The study adopted a Correlational research survey. A convenient sampling technique was adopted, and the sample size was 150. However, 145 questionnaires were recovered from the participants, and eight in-depth interviews (IDI) were conducted to support the stance of the quantitative data. Three hypotheses were formulated and tested at a 0.05 level of significance. The first hypothesis was rejected because there is a significant effect of job stress on the attitude and work behaviour of nurses toward patients; the second was accepted because there was no significant effect of job stress on the relationship among nurses; the third hypothesis was rejected because there is a significant effect of job stress on the quality of care given to patients by nurses. The study concludes that job stress significantly affects nurses' work behaviour and attitude towards patients. Therefore, the study recommends that the government and other stakeholders give the welfare of the nurses' utmost priority in the hospital setting, which will boost the morale of nurses to cope with the working conditions they find themselves in. The government and hospital management should implement policies allowing work flexibility amongst nurses, preventing them from experiencing frequent stress.

**Keywords:** Job Stress, Work Load, Work Behaviour, Attitude, Nurses, Patients

## **INTRODUCTION**

In every organisational setting, each job has its peculiar stress, and the nursing profession is not immune to job stress. Stress is conceived as a state of unease and disequilibrium characterised by complaints and incapacitation to accomplish the desired goal expected of employees in an organisation demand (Loriol, 2017). Fleming and Spicer (2003) see stress as a normal reaction to unfavourable conditions of service that are inimical to an individual's health condition in the working environment. Therefore, occupational life has been observed as a fundamental cause of mental strain and stress, and it has been considered an issue that a worker sustains in fulfilling his/her job demands (Loriol, 2019). Stress is seen as a diagnosable problem that individual workers experience, adversely affecting their behaviour and attitude

towards patients, their well-being and the job performances of health workers in a hospital setting (Mojoyinola, 1984; Olaleye, 2002; Loriol, 2019).

Stress is manifested through three major stages, which include the alarm stage, which is characterised by a heartbeat and an increase in respiration; the resistance stage is when the affected body system attempts to restore the damage and return to homeostasis; and the exhaustion stage is when the body capacity for resistance is exhausted which resulted from general adaptation syndrome (Selye, 1976). Selye opines that each stage has its own peculiar and unique symptom that indicates the manifestation of stress in an individual in the organisation setting (hospital seething inclusive). Depending on its nature, it may be severe or chronic (Akinboye et al., 2002). The nursing profession is generally well understood to have enormous responsibilities, which usually gives rise to stress, particularly in developing nations where most patients patronise/prefer public hospitals to private ones because of their low cost (Phillip, 2014). Nadin (2013) Posited that multiple responsibilities and a nursing shortage in various units/wards in most public hospitals in Nigeria have resulted in the emotional labour of nurses, which has contributed to negative attitudes of health workers towards their patients. Kazmi et al. (2008) conducted a study on the consequence of job stress on organisational employee outcomes. Kazmi discovered that job stress negatively correlates with employee effectiveness and output. Shahu and Gole (2008) reveal that the genesis of stressors in several situations are associated with horrible and unfavourable working conditions, which is inherent in an organisational condition of service, feuds among employees as a result of conflicting job roles, which usually lead to low and poor performance, authoritative style of directive between supervisors and subordinates, rancour among colleagues as well as other staff of the organisation setting are noted to have a significant effect in the poor performance of employees and their attitudes towards the service users such as patients in the hospital setting. This is because the more individual worker is stressed in discharging their official job responsibilities, the greater it affects their effectiveness, efficiency, and job performance (Mojoyinola, 2008; Olaleye, 2002; Piko, 2003).

The uncaring attitude of nurses toward patients has been found in many discourses (Jacelon, 2002; Ajzen, 2005; Chokwe & Wright, 2012 & Dias et al., 2012) to be very disheartening, dissatisfied, inimical, disrespectful, devastating, inhuman, and insensitive amongst others to human nature (Wiman & Wikblad, 2004). Haskins et al. (2014) investigated the attitudes of health workers, especially nurses, towards the well-being and wellness of patients in the KwaZulu-Natal province of South Africa. They found that a limited number of health workers with enormous roles and stressful conditions among the nurses, which usually led to their sickness, which in turn resulted in absenteeism and lateness, patients with a history of disease record and profile, obsolete equipment, communication gap, nonchalant attitude by the management towards the plight and complaints of the staff, nurses unfriendly behaviours amongst others has been found as a predisposing factor that responsible for nurses negative attitude and behaviours towards patients in their areas of study. Baker and Naidu (2021) emphasized that high-quality health delivery can only be guaranteed if all the stakeholders in the health sector endeavour to do needful as required by the job assignment as well as proper context and enhance the health outcomes of patients, families, and communities in general. This is only achievable if the nurses direct positive attitudes and behaviour toward patients who come to seek health delivery in their respective hospitals.

However, Loriol (2003) pointed out that nurse unions need to be more sensitive in their view that stress in their various responsibilities is due to insufficient staffing and poor organisational

management. Cho et al. (2006) conducted a study in Ontario and discovered that 66% of newly employed nurses suffered chronic burnout, stress, and strain mainly because of their unhealthy workplace conditions. It is evident in the above study that unfavourable working conditions contributed adversely to the negative attitude of health workers toward their service users (patients). In a similar vein, hostile behaviours and reactions have been noted to hurt the caring and well-being of aged patients (Jacelon, 2002) and other patients who have been diagnosed with Hepatitis C and other related terminal diseases (Frazer et al., 2011). Brilowski and Wendler (2005) pointed out that a caring attitude is one of the measures towards ameliorating suffering experienced by patients and a means of reawakening patients' hope, which might have been lost in the first instance as a result of an uncaring attitude by other health workers. Activities that cause stress are referred to as "stimuli." In contrast, the response to these activities is referred to as "strain" based on Euro found report (Anand et al., 2014).), some activities that cause occupational stress include but are not limited to stressful roles, frequent changes in organization regulations that guide official duties of employees, victimisation, and violence. These stressors complicate the job role of employees in the workplace in the contemporary hospital setting.

Job stress cannot only demotivate nurses in the hospital but also hurt the agency's performance and growth. Therefore, it is fundamental always to be alert and focus on the physical and mental functioning of nurses in the hospital, as their optimum mental alertness and stability are needed to deliver optimum performance. Furthermore, much discourse has been carried out on job stress in Nigeria and other parts of the world; little or none of these studies focused on the perceived effects of job stress on nurses' work behaviour and attitude towards patients in the University of Ilorin Teaching Hospital (UITH). This lack of study creates a knowledge gap which this study intends to fill. This study aims to proffer a feasible panacea to the identified problems.

### **Objectives of the Study**

The general objective of the study is to investigate perceived effects of job stress on the work behaviour and attitude of nurses towards patients in University of Ilorin Teaching Hospital (UITH). The specific objectives of the study are:

1. Ascertain effect of job stress on the attitude and work behaviour of nurses towards patients in the University of Ilorin Teaching Hospital.
2. Explore the effect of job stress on the relationship among nurses in the study area.
3. Find out the effect of Job stress on the quality of care given to patients by nurses in the area of study.

### **Research Hypotheses**

1. Ho<sub>1</sub>: There is no significant effect of job stress on the attitude and work behaviour of nurses towards patients in University of Ilorin Teaching Hospital.
2. Ho<sub>2</sub>: There is no significant effect job stress on the relationship among nurses in the study area
3. Ho<sub>3</sub>: There is no significant effect of Job stress on the quality of care given to patients by nurses in the study area.

## METHODOLOGY

This study was conducted at the University of Ilorin Teaching Hospital, Nigeria. A correlational research survey was adopted to survey the respondents' opinions, preferences, and experiences in one survey contact. Equally, phenomenological qualitative research was employed to understand and support the perceived effect of job stress in the facility. The population of this study exclusively covered nurses at the University of Ilorin Teaching Hospital. However, the researchers had access only to nurses available in the wards during the study period. The total number of nurses available during the study period was over 400. The population of this study exclusively covered nurses at the University of Ilorin Teaching Hospital. However, the researcher had access only to nurses available in the wards during the research period. The sample size of this study was 150 participants.

The researchers used the purposive sampling technique for in-depth interviews. In contrast, a convenient sampling technique was used to select 30 respondents from the five wards/units of the hospital whose tasks were highly demanding for the administration of the questionnaire. The wards/units included Emergency, Maternity, Outpatients, Paediatrics, and Orthopaedics units. Furthermore, the researchers purposively selected eight nurses to participate in an in-depth interview. The researchers, mindful of the importance of accurate data collection, solicited the assistance of two research assistants. These research assistants were carefully selected for their expertise and understanding of the study's objectives, ensuring the instruments were administered with utmost care. They played a vital role in the interview process, assisting the researchers in recording, note-taking, and data sorting. The primary instrument used for the study was a single questionnaire tagged "Stress and Attitudes Assessment Questionnaire for Hospital Nurses (SAAQFHN)". It contains items measuring job stress, attitude, and work behaviours. The items were adapted from the Secondary Traumatic Stress Scale (STSS) by Ting et al. (2005).

The study was analysed using Pearson's Product Moment Correlation (PPMC) for the inferential data. At the same time, the qualitative data obtained through in-depth interviews were transcribed before being analysed using thematic and content analysis. Ethical approval was sought before the commencement of data gathering in the facility, and approval was granted because all the information provided must be treated with the utmost confidentiality and anonymity.

## RESULTS

**Table 1: Distribution of respondents by gender, marital status, age, religion and rank**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Female	127	87.6
Male	18	12.4
<b>Total</b>	<b>145</b>	<b>100</b>
<b>Marital Status</b>		
Married	91	62.8
Single	42	29
Divorced	12	8.3

<b>Total</b>	<b>145</b>	<b>100</b>
<b>Age</b>		
27-32 years	39	26.9
44-49 years	30	20.6
39-43 years	29	20
33-38 years	21	14.5
21-26 years	14	9.7
<b>Total</b>	<b>145</b>	<b>100</b>
<b>Religion</b>		
Christianity	88	60.7
<b>Total</b>	<b>145</b>	<b>100</b>
<b>Level</b>		
NO II	42	29
NO I	32	22.1
SNO	31	21.4
CNO	18	12.4
ACNO	17	11.7
Others	5	3.4
<b>Total</b>	<b>145</b>	<b>100</b>

*Source: Field Survey, 2023*

Table 1 above indicates the distribution of respondents by gender. According to the survey, female respondents are the largest at 127 (87.6%), while male respondents are the smallest at 18 (12.4%). Regarding marital status, married respondents are the largest at 91 (62.8%), followed by single respondents at 42 (29%), while divorced respondents are the smallest at 12 (8.3%). On age distribution of respondents, respondents within age range 27-32 years are the largest with 39 (26.9%), followed by respondents within age range 44-49 with 30 (30%), then respondents within age range 39-43 years with 29 (20%), respondents within age range 33-38 years with 21 (14.5%), respondents within age range 21-26 years with 14 (9.7%), while respondents within age range 50 years and above are the smallest with 12 (8.3%). Regarding the respondents' religion, Christians are the largest, with 88 (60.7%), while Muslims are the smallest, with 57 (39.3%). Regarding the respondents' level, NO II respondents are the largest at 42 (29%), followed by NO I respondents at 32 (22.1%). SNO respondents are 31 (21.4%), CNO respondents are 18 (12.4%), ACNO respondents are 17 (11.7%), while other ranks (e.g., PNO) and above respondents are the smallest with 5 (3.4%).

**Hypothesis One:** There is no significant effect between job stress and attitude and work behaviour

**Table 2:** Pearson's Product Moment Correlations (PPMC) on job stress and attitude and work behaviour.

<b>Variables</b>	<b>Mean</b>	<b>SD</b>	<b>N</b>	<b>R</b>	<b>P-Value</b>	<b>Decision</b>
Job Stress	12.9310	2.22253	145	0.307	0.000	Rejected
Attitude & Work Behaviour	13.2276	2.93860				

Table 2 shows the relationship between job stress and attitude and work behaviour. The table shows r-value (0.307), a medium positive relationship between job stress and attitude work behaviour. Thus, it indicates a significant relationship ( $p=0.000 < 0.05$  for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that there is no significant relationship between job stress and attitude and work behaviour, is rejected.

Below are the data gathered from the respondents who participated in the interview session, which are consistent with the hypothesis that “there is no significant relationship effect of job stress and attitude and work behaviour.”

Job stress is a problem that virtually all nurses face. Due to factors such as workload, late working hours, role conflict, multiple tasks, inadequate facilities to work with, etc., nurses have continuously experienced job stress. Patient care has been the core responsibility of nurses in hospitals; however, nurses may not be able to fulfil their responsibilities if they experience stress regularly.

In this perspective, one of the respondents reported that:

Stress affects output due to the number of nurses attending to patients. Reactions towards patients are sometimes adverse simply because of the enormous tasks nurses are saddled with. Stress has caused most nurses to develop symptoms such as back pain and body aches. Stress also significantly affects nurses' effectiveness and efficiency (the interview was conducted on 9 August 2023).

Another interviewee also supported this by asserting that:

Stress causes one to exhibit cold attitudes, such as a lack of accessible flow communication with patients, unresponsiveness to patients' needs, and shouting at patients due to multiple tasks being handled simultaneously. Job stress causes one to develop symptoms such as severe headaches, leg pains, and tiredness. The patients do not often complain about our negative attitude; as a nurse, I do not often allow my personal feelings to interfere with my professionalism. (The interview was conducted on 9 August 2023).

Another respondent also submitted that:

Stress causes me to react negatively towards patients. However, in most cases, I always try to keep my emotions in check. Job stress causes me to experience symptoms such as back pain, body aches, tiredness, and headaches. (The interview was conducted on 9 August 2023.)

One of the participants affirmed this:

Due to nurses' multiple responsibilities, stress triggers negative attitudes towards patients. Nurses always try and strive to serve their patients well. Job stress makes me experience leg pains, headaches, and back pain. My efficiency is usually affected when stressed, as I only partially fulfil my patient responsibilities. (The interview was conducted on 9 August 2023).

**Hypothesis Two:** There is no significant effect of job stress and relationship among nurses.

Table 3: Pearson's Product Moment Correlations (PPMC) on job stress and nurse's relationship.

Variables	Mean	SD	N	R	P-Value	Decision
Job Stress	12.9310	2.22253	145	0.040	0.637	Accepted
Nurse Relationship	11.0759	2.27328				

Table 3 shows the relationship between job stress and nurse relationship. The table shows r-value (0.040), a low positive relationship between job stress and nurse relationship. Thus, it indicates no significant relationship ( $p=0.000 < 0.05$  for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that there is no significant relationship between job stress and relationship among nurses, is accepted.

**Hypothesis Three:** There is no significant effect of Job stress on the quality of care

Table 4: Pearson's Product Moment Correlations (PPMC) on job stress and quality of care.

Variables	Mean	SD	N	R	P-Value	Decision
Job Stress	12.9310	2.22253	145	0.165	0.048	Rejected
Quality of Care	13.4483	2.54932				

Table 4 shows the relationship between job stress and quality of care. The table shows r-value (0.165), a low positive relationship between job stress and quality of care. Thus, it indicates a significant relationship ( $p=0.048 < 0.05$  for a two-tailed test). Therefore, it can be inferred that the null hypothesis, which states that There is no significant effect of Job stress on the quality of care is rejected.

Consistent with the hypothesis "there is no significant effect of Job stress on the quality of care," below are the data gathered from the respondents who participated in the interview session:

One of the interviewees reported thus:

Stress has not made me feel less concerned about patients' predicaments. I sometimes respond promptly to my patients' needs even while I am stressed. Stress affects the quality of time spent with patients to a large extent. Stress has also contributed to medical errors. However, this is only sometimes a deliberate act. (The interview was conducted on 9th August 2023.)

Another interviewee supported this by asserting that:

I often feel irritated by patients' negative comments and attitudes. However, I do not react negatively. Stress sometimes affects the nurse-patient relationship negatively. I always listen to patients' needs, as it is part of the nurse's responsibilities. Stress often minimizes the amount of time I spend with my patients. Nurses are prone to medical errors when stress occurs. However, this is rare. (The interview was conducted on 9th August 2023.)

One of the interviewees also opined that:

When nurses have multiple responsibilities, stress sets in, cutting short time spent with patients. When stressed, I sometimes felt irritated by patients' comments and attitudes; however, due to our professional ethics, I listened to patients' needs. Medical errors may occur when nurses are stressed, but this is rare. (The interview was conducted on 9th August 2023.)

Another participant affirmed this:

Stress affects the quality of time spent with patients, as time will be limited when I am stressed. Nursing professional ethics prioritize patients' health first; as such, I always respond to patients' plight. I am always careful not to commit medical errors, as the outcome could be devastating (Interview conducted on 9th August 2023).

## **DISCUSSION OF FINDINGS**

The study examined the effects of job stress on nurses' work behaviour and attitude towards patients in the University of Ilorin Teaching Hospital (UIH), Kwara State, Nigeria. The first hypothesis stated that "job stress has no significant effect on nurses' work behaviour and attitude towards patients." However, the first hypothesis was rejected. The study found that job stress hurts nurses. Nurses reported numerous consequences of stress, which included being tired after the day's work, the need to take drugs after the day's work, and being unable to get up early the following day for work. This finding is consistent with the study of Marín and García-Ramírez (2005), who posited that enormous tasks are strongly associated with stressors and fatigue experienced by health workers, especially nurses, in carrying out their duties. The study also discovered that a limited workforce contributes to job stress, which lowers the efficiency and effectiveness of nurses.

This study is also in tandem with Greenglass and Burke (2001), who state that job stress experienced by nurses when discharging their official duties is inevitable but often affects their attitudinal disposition towards patients who are also key stakeholders in a hospital setting. In a similar development, Albar Marín and García-Ramírez (2005) advocated for adequate recruitment as the solution to the shortage in the workforce. The findings of this study are also in line with Qattan (2017), who discovered that job-related stress hurt nurses' job performance, which in turn affects their attitudes and behaviour towards patients and their job satisfaction.

The second hypothesis stated that "job stress has no significant effect on the relationship among nurses." The study revealed that despite the stress nurses go through, nurses still maintain a high level of productivity and teamwork amongst themselves, as indicated. This is consistent with the study of Ella et al. (2016), which revealed that nurses expressed their readiness to overcome job stress, which may affect their performance if adequate measures are not implemented. Ella et al. emphasised that enormous tasks, limited personnel, and several conflicting tasks could cause job stressors. The third hypothesis states that "there is no significant effect of job stress on the quality of care given to patients by nurses." This hypothesis was rejected as the study showed that job stress affects the quality of care given to patients by nurses. This is in line with the study of Sarafis et al. (2016), which revealed that nurses' exposure to stress-related roles and assignments was considered a predictor of their



performance below expectation, and it equally negatively affects their health-related quality of job. The findings of Donkor (2013) supported the stance that job stress affects the quality of care given to patients by nurses. He pointed out that stress affects the quality of work, which is the fundamental objective of caring in the hospital setting and health delivery system.

### **Conclusion**

Job stress has been found to significantly affect health workers' work behaviour and attitude toward patients in public hospitals. The study revealed a positive relationship between stress and nurses' work behaviour and attitude toward patients. It was discovered in the survey that job stress experienced by nurses is inevitable. However, if various factors are taken into consideration and addressed, stress experienced by nurses can be minimized if not eradicated. The nursing profession deals with the well-being and health of individuals. However, if nurses cannot function optimally due to job stress, patients may only partially experience optimal service delivery.

### **Recommendations**

Based on the findings gathered from the study. The following recommendations are made:

1. The government and other stakeholders should give the welfare of nurses the utmost priority in the hospital setting. This will boost nurses' morale and help them cope with the working conditions they face.
2. Stakeholders in managing job stress, such as industrial social workers, human resource managers, psychologists, etc., should draft feasible activities for nurses to help them manage stress.
3. The hospital management should look at factors responsible for job stress, such as shortage in the workforce and inadequate facilities, and address these factors accordingly.
4. The government should implement policies allowing work flexibility amongst nurses, preventing them from experiencing frequent stress.
5. Nurses should also engage in recreational and other activities to ease stress.
6. Hospital management should be aware of how stress can affect the output and efficiency of nurses.
7. High-ranked nurses should avoid delegating their duties to their subordinates, as multitasking also contributes to job stress.

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