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Sub-Sahara African Journal of Psychology and Contemporary Issues (SAJPCI)



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Manuscripts should be submitted through the dedicated email (psychology@unilorin.edu.ng) using Microsoft word, Times New Roman Font size 12 with double line spacing. The APA (7th Edition) references style should be adopted and article with reference should not exceed 6000 words.

The Editor-in-Chief

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**Work Stress and Coping Strategies among Staff of University of Ilorin Health Service
Unit, Ilorin, Nigeria: A Qualitative Study**

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Abstract

Work stress occurs in all professions and work settings, including healthcare centre's where doctors, nurses, pharmacist, administrative personnel's and allied workers operate. These set of people are exposed to various degrees of occupational stress that could make them vulnerable to psychological morbidity. The objectives of this study explore the experiences and perspectives of work-related stress among staffs in the University of Ilorin health service unit, while covering the causes, effects, and coping strategies as well. The study used a qualitative data collected from 8 clinical staffs, through an in-depth interview guide. The collected data was transcribed and was coded, using Nvivo12 and was analyzed thematically. The findings of the study revealed that heavy workload, staff shortages, lack of sessional break and institutional support were major causes of stressors found. While tiredness, pains, headache, irritability, emotional exhaustion and sleep disturbance, strained relationships with colleagues, family, and friends which are clear signs of anxiety and depression constitute the effects. Further results on coping strategies found were self breaks, physical exercise, talking with friends or colleagues, and time management strategies. The study recommends that the administration should employ additional staffs to all sectional units to ease workload burden; to as well mitigate effects of work-related stress by providing support systems; and enhancing coping strategies by promoting self-care activities, stress management workshops, and training on coping mechanisms for staffs at all levels.

Keywords: Coping strategies; Healthcare services Staff; Work-stress; Unilorin

Introduction

Work-related stress has become a major public health concern, particularly within healthcare settings, where staffs' consistently are exposed to a combination of physical, emotional, and psychological demands. Shemtob et al., (2022) opined that work related stress are combinations of factors that affects the physical, emotional, and psychological wellbeing of healthcare workers across board, especially in settings where excess workload is inevitable. Healthcare workers in Nigeria often operate under intense pressure, with limited support, thereby increasing their vulnerability to stress-induced burnout and mental exhaustion (Iwintolu & Alao, 2023; Emeka, Ozoemena, & Uzodinma, 2025). The World Health Organization (2022) acknowledges workplace stress as a global issue that affects both developed and developing nations, but its impact is particularly severe in under-resourced environments like Nigeria. Healthcare workers are frontline responders and their well-being is directly linked to the quality of care they provide, making the study of work stress and coping mechanisms not only timely but essential for institutional and national healthcare outcomes (De Hert et al., 2020).

The psychological toll of work stressors has been found to manifest in anxiety, depression, job dissatisfaction, and poor patient relations (Omale et al., 2025). In addition to, stress can lead to high staff turnover, decreased morale, and ultimately a decline in service quality outcomes that are detrimental to the already fragile Nigeria healthcare system (Elrayah & Zakariya, 2023). Stress among healthcare professionals is not a monolithic experience; rather, it differs based on professional roles, gender, institutional policies, and individual personality traits. Nurses, for example, are found to be particularly susceptible due to their continuous patient interactions and longer working hours. Fatukasi, Balogun, & Adebayo (2024), asserts that nurses in the Kwara State General Hospital in Ilorin, reported high levels of stress that stemmed primarily from work overload, low staffing levels, and lack of appreciation from management (Fatukasi et. al., 2024). In the vein, medical doctors working in public health institutions have expressed distress over administrative interference and poor access to functional equipment, which hinders their ability to provide effective medical care (Emeka et al., 2025). In a precarious environment as such, feelings of helplessness, frustration, and emotional fatigue come to play, making it imperative for both individuals and institutions to recognize stress and addressing it with appropriate coping strategies.

Effective coping mechanisms are central to mitigating the harmful effects of workplace stress. While coping styles vary among individuals and generally categorized into problem-focused

and emotion-focused strategies, as proposed in Lazarus & Folkman's (1984) Transactional Model of Stress and Coping, a framework that is still in use in most current studies (Coker, Bakare, & Saibu, 2024). Problem-focused coping involves efforts to change the stressor itself, such as time management or seeking additional training, while emotion-focused coping aims to manage the emotional response to stress, through mechanisms like prayer, relaxation, or avoidance. The model emphasizes the dynamic interaction between an individual's perception of stress and their resources to handle it. From this point of view, the introduction of workplace wellness programs, supportive supervision, and regular stress audits are critical to mitigating stress among healthcare workers, especially in under-resourced settings like an institutional health units (Omale et al. 2025).

From the foregoing, the significance of assessing workplace stress within the university health system cannot be overemphasized due to the fact that every tertiary institution expands with large number of students and preferable with little or no staff personnel's employed as well, making the population more robust and alarming, and invariably leads to tensed pressure, and work overload among healthcare personnel's. According to Iwintolu and Alao (2023), health workers in institutions of higher learning often experience stress from both patient care and institutional bureaucracy and more so, expectations of continuous academic development and research output from staff who are also clinicians create further strain. The problems of work stress in some secondary healthcare centres (i.e the university health service units) are not farfetched based on excess workloads and shortage of manpower. In Nigeria, the issue of work related stress is more pronounced due to systemic challenges such as underfunded health systems, workforce shortages, and inadequate infrastructure (Okoro & Agbapuonwu 2025). Work stress has become a silent epidemic within Nigeria healthcare workforce, affecting not only individual well-being but also the overall effectiveness of healthcare delivery. According to the International Labour Organization (ILO, 2023), stress is among the top contributors to occupational illnesses globally, with healthcare workers being one of the most affected groups. Healthcare professionals in Nigeria are frequently overwhelmed by workloads that exceed international standards for patient-to-provider ratios. This burden is compounded by inadequate remuneration, poor working conditions, and organizational constraints such as unclear job roles and lack of autonomy (Okoro & Agbapuonwu 2025). In a nationwide survey by the Nigerian Association of Resident Doctors (NARD) it was revealed that over 85% of healthcare professionals experience high levels of work-related stress, with 72% reporting symptoms consistent with burnout, such as chronic fatigue, irritability, and emotional

exhaustion (Mumeen, et al., 2023). The Nigerian Medical Association (NMA, 2023) has also acknowledged that occupational stress is a major factor contributing to the brain drain in the country's health sector. Despite the growing concern, there is limited empirical data focusing on stress experiences within institutional health units, particularly those operating within the academic system. Staffs in the university-based health service units are often expected to meet dual obligations delivering healthcare services, while adhering to administrative and academic standards. This dual expectation creates a unique form of pressure that is not always captured in mainstream studies that focused on tertiary healthcare systems such as the state general hospitals or the university teaching hospitals. Yet, therein, patients are attended to on first come first serve on a ratio of 10 to 20 patients per day and per doctors on a weekly basis schedule (Okoro & Agbapuonwu 2025).

On the other hand, the increasing student population, staff demands, and other limited resources within some secondary healthcare centres put the health units under persistent strain. The current population of the University of Ilorin undergraduates was estimated to over 50,000 students (University of Ilorin, 2024), in spite of postgraduates and other affiliated programmes. All these populations of students either on campus or off campus are expected to attend the university health service unit, regardless of staff populations and other allied health cases too. The health service unit continues to function with a modest workforce, often requiring staff to sometimes work beyond normal hours and perhaps with little or no rest and minimal support. Omale et al. (2025) acknowledged the fact that healthcare professionals working in a state owned institutions in Abia state experience reduced efficiency, lack of motivation, and higher rates of absenteeism when work stress is not effectively managed. The implications of unmanaged stress among healthcare workers are far-reaching, as it affects morale, productivity, decision-making, and the overall quality of care provided to patients, especially in an academic environment.

Nonetheless, the coping mechanisms adopted by some health workers according to Emeka et al., (2025) are not always healthy or sustainable. It ranges from resorting into exercises or social support, while others engaged in maladaptive practices such as self-medication or withdrawal from work responsibilities (Emeka et al., 2025). 'Institutional context' shapes the nature and impact of stress, suggesting that interventions must be 'context-specific' to be effective (Coker, Bakare, & Saibu 2024). Although, previous studies has predominantly focused on both primary and tertiary healthcare providers, either due to neglect and maintenance approach in the former, or overcrowding and inadequate funding with the latter (Okoro & Agbapuonwu 2025).

Notwithstanding, neglecting smaller and yet critical units among secondary healthcare providers, like the school clinics that are found in academic institutions. This lack of focus on university-based health personnel's presents a gap in knowledge that this study seeks to address, in view of this, the World Health Organisation (2022) asserts that, institutions that fail to address stress among staff are likely to experience increased turnover, patient dissatisfaction, and a decline in health outcomes. Without a clear understanding of what healthcare workers are going through and how they are coping, efforts to improve their work conditions may be misdirected or ineffective. It is based on this that this study tends to identify the major sources of work-related stress, assess its effects on concern healthcare workers, and to examine the coping strategies of work-related stress (based on experience and perceptions) among staff of the University of Ilorin Health Service Unit.

Literature Review

Prevalence of Work Stress in Healthcare Centres

Healthcare services are associated with challenges that make the work of health workers more challenging. Difficulties such as inadequate staff, insufficient resources, and long working hours may negatively affect the productivity, work, and health of healthcare workers themselves (Gao et al., 2012). Globally, work-related stress among healthcare workers ranges from 42 % to 77 %. And in high-income countries, its prevalence is nearly 50 % among nurses (Dubale et al., 2019) while in developing nations, levels of stress is high as 72.5 % (Dubale et al., 2019; Kaburi et al., 2019). In Nigeria, and Ethiopia, up to 66 % of health worker affirmed high levels of stress with work overload, poor communication, and staff attitude being the most prevalent risk factors (Onigbogi & Banerjee, 2019; Baye et al., 2020).

Work related stress is a well-known phenomenon within healthcare workers and it is increasingly considered a global public health issue. Among healthcare workers, doctors and nurses are particularly vulnerable to work stress due to the complex, emotional, and demanding nature of their work (Guppy & Tim, 2017; Mohite, et al., 2018; & Kassa, et al., 2019). Stressors in healthcare centres can be classified into individual, organizational, and environmental categories. On the individual level, factors such as age, gender, family responsibilities, and coping strategies have been proven to influence stress levels (Okita, et al., 2017; Zhou, et al., 2022). Organizational factors, on the other, are the heavy workload, extended working hours, understaffing, role ambiguity, and lack of managerial support, are the major contributors reported (Bardhan, et al., 2019; Werke & Were, 2023). Environmental stressor varies but

includes inadequate resources, frequent exposure to emergencies, and occupational hazards. These three classifications further compounded the problem (Mesa, et al., 2021).

Nigam et al., (2023) asserts the that global prevalence of work stress statistics among nurses is as high as 40% in Uganda, 22% in Australia, 60% in Belgium, and 63% in the U.S, amidst other healthcare workers. While a concerning number of work stress crisis as well emerge in locations such as Lebanon, the United Kingdom, Australia, and China with an alarming sufferings among healthcare workers in depression, insomnia, work dissatisfaction, and suicidal ideation as fatal impact from work burnout (Nigam et al., 2023). Across Africa, work stress prevalence showed wide variation. For instance, in Egypt, over 90% of emergency physicians and nurses were affected by work stress burnout (Abdo et al., 2016). 10.8% of medical doctors in Ghana had emotional exhaustion, while 5.5% depersonalization, and 7.8% low personal achievement (Ayisi-Boateng et al., 2020). In Ethiopia, work stress prevalence was as lower as 13.7% (Bhagavathula et al., 2018).

Systematic reviews across Sub-Saharan Africa shows work stress effects ranging from 30% to 80%, especially among nurses and frontline healthcare workers (Dubale et al., 2019; Moyo et al., 2023). In Malawi, 62% of HIV care providers faces work stress effects (Kim et al., 2018). While in Nigeria, prevalence of work stress ranged from 4.7% in some tertiary hospitals to over 85% in private facilities. More so, 13.6% of primary healthcare settings in Jos suffers emotional exhaustion, and 45% overall effect of work stress in public state facilities in Delta was also recorded. In the South-East, 75.5% of tertiary hospital physicians had experience the effects of work stress, and 85% of nurses and healthcare providers in private hospitals in Abuja as well suffer the brunt. The main causes of theses across regions includes but not limited to heavy workload, extended work hours, inadequate staffing, exposure to violence, poor institutional support, limited welfare policies, and low job satisfaction (Abdo et al., 2016; Oni et al., 2024).

Theoretical Framework

This study is guided by biopsychosocial (BPS) model, conceptualized by George Engel in 1977. Engel posited that to understand a person's medical condition, it is not only the biological factor that matters, but to as well, consider the psychological and social factors (Gatchel, et. al., 2007). The biopsychosocial model states that the workings of the body, mind, and environment all affect each other. According to this model, none of these factors in isolation is sufficient to lead definitively to health or illness. it is the deep interrelation of all three components that leads to a given outcome. Engel does not explicitly delineate the boundaries

between these systems or specify when one begins and the other ends; thus, he emphasizes their interactivity (Engel 1980). This model aims to explain health condition, which may be caused by genetic disorders (biological factors), personality traits (psychological factors) or economic status (social factors), the mechanisms of coping with stress and depression and their associated health outcomes.

This underscores the significance of psychological factors in influencing the biological factors that are likely to be sustained by social factors. Considering these systems and all the factors that interfere with healthcare workers, one can identify the triggers that eventually destabilize their well-being. Due to the nature of their work and continuous exposure to patients with various health challenges, and different biological predispositions as interdependent factors, staffs at the Unilorin Health Service Clinic are at a high risk of having biological factors that influence psychological factors, which are further sustained by social factors, towards work-related stressors. Therefore, this study employed the BPS model to explore the experiences and perceptions covering the causes, effects, and coping strategies of healthcare workers in Unilorin Health Service Unit.

Methods

Design and Study area

This study was conducted within the University of Ilorin Health Service Unit, with health officials and other administrative personnel's working therein. A qualitative phenomenological and explorative research design was adopted with the aim to understand the lived experience and perceptions of a specific population. The population of this study comprises all clinical and non-clinical staff of the University of Ilorin Health Service Unit. These include doctors, nurses, pharmacists, laboratory scientists, administrative staff, and other supportive personnel that are actively engaged in service delivery at the facility. Thus, a phenomenological design allows the formulation of open-ended questions, and the choice of this method aims to explore the subjective experiences, and work perceptions of the individuals regarding causes, effects, and coping strategies of work place stress.

Sampling procedure

The study adopts a purposive sampling technique to select 8 staff members who are most likely to experience high stress. Purposive sampling is a non-probability sampling method that allows the researcher to intentionally select individuals who possess the characteristics relevant to the

research problem. This technique ensures that the respondents are directly involved in healthcare delivery and thus have firsthand experience with the issues under investigation.

Data collection and analysis

Qualitative method of data collection was adopted. In-depth interviews were conducted for data collection, using a semi-structured interview guide to explore participants' experiences and perceptions. While covering causes, effects, and coping strategies for managing stress, and with the aid of a research assistant. Thematic analysis was used to analyse the qualitative data collected for this study. Data were first transcribed. Themes were identified and extracted. Then, the themes were developed. Thus, critical attention to ethical consideration was duly observed and respondents were assured of anonymity and confidentiality while involvement was absolutely voluntary.

Discussion

The results of the findings are presented in themes. And these themes are: causes of work-related stress, effects of work-related stress, and coping strategies.

Theme 1: Causes of work-related stress on staff

The participants were asked questions on work related stress, and from their responses, 5 out of the 8 participants agreed that they have been impacted negatively by stress. They opined that the stress has affected their wellbeing. One of the participants stressed that:

"I attend to countless patients (staff and students) on a daily basis that I hardly can eat, rest, or attend to other self issues. It is very painful the way things work here, in the tertiary healthcare centre's, doctors attend to certain numbers of patient per day or per week without being stressed-out but here, I just don't know. Although shift is been run however, the students keep gushing like water on every alternate days without seizing. All of these makes one stressful and exhausted while counting on time. We are two doctors now on duty, some had left the shore, while few amongst us are not even staff. We are short of doctors any way. We often times pushes work to one another due to tiredness caused by overcrowded." (George, Male, 50 years, Doctor)

In the same vein, another participant posited that:

“Hardly can I stand up from seat once I assumed duty, from 8 am till 2 pm or 2 pm till 6 pm and at times, when on night duty. This is due to the high attendance of students with several complaints. Whenever, I’m opportune to stand up from sit either to eat or ease myself, it sought to be a great relief. The more you attend to them thinking they are few left, the more they increases, as if all the students in this campus are sick, even with the least complains. The population I think is beyond our capacity, and there seems not to be an alternate means to this yet.” (Juliet, Female, 41 years, Doctor)

Also, a female participant stressed that ‘work stress cannot be under emphasized because ever since her assumption as staff 10 years ago, especially during registration of new intake students, and in their multitudes they work, work, and work from one semester to another per session taking sample of bloods in the lab, testing for their genotypes/medical fitness. In fact, this centre is a market hub and not until someone gets home, you remain committed to work till closing time due to the fact that we are just two personnel’s left, others had retired without replacement’ she affirmed. (Bridget, Female, 35years, Lab attendant)

According to another participant:

“I have been working here close to 2 decades and there is never a ceased period without attending to patients. Even when the school is on break, students/staff often attend. And it has become very hard to adjust, although it is the profession one chooses, but too difficult to balance work and personal life, which often lead to conflict and stress, couple with the home affairs” (Mariam, Female, 55 years, Nurse)

In a 2023 survey of health workers across 50 countries, over half of the respondents reported that they regularly considered leaving their jobs (PSI, 2023). Work-related stress triggers among healthcare workers in Lagos teaching hospitals and, as reported by Uche & Nwankwo (2022), extra working hours, inadequate staffing, lack of equipment, and insufficient managerial support were the most cited stressors. In Unilorin health service unit, healthcare staffs as well experience shortage of workforce, increased population of students - in spite of staff and other member of the community in attendance, and quitting the job for traveling out of Nigeria. Thus, Iwintolu and Alao (2023) highlighted that health workers in institutions of higher learning often experience stress from both patient care and institutional bureaucracy. The call for an alternate means and the difficulties to balance work and personal life, which comes as a result from work stress, aligns with the revelations of both the second and third

participants'. Work stress are combinations of factors that affects the physical, emotional, and psychological wellbeing of health workers across board, especially in settings where excess workload is inevitable (Shemtob et al., 2022).

Theme 2: Effects of work-related stress on staff

Many healthcare workers suffers sever physical health problems, emotional distress, impaired relationships, and decreased job satisfaction due to effects resulting out of work stress. However, 4 out of 8 participants have these to say:

“My name is Uba, I am an administrative staff seconded to the record room to give support due to excess work load. The task here is too enormous, we attend to all patients promptly and manually, because record section is the first point of visit. The activities here is duo, we remove patient cards/files (mostly students), address it, and take them to the doctors. Thereafter, we collect the treated files in there multitudes and slot back numerically into the shelves. The record officers are just two and at a point in time and on daily basis, one of them records details from each of the treated files. I often eat my breakfast at mid-days due to influx of patients both staff and students who are most often times in haste to see a doctor. The work is tasking and alarming. We need more hands because, I always become tired on getting home with severe pains, at times headache, irritability, and emotionally exhaust. I pray it didn't result to anxiety or depression.” (Uba, Male, 40 years old, admin. Staff)

Another participant has this to say in an interview session:

“All that I have to say is that, upon the shift that we run, yet each shift has more than enough to attend to, despite the fact that we are three staff on duty. All treated patients resort to the pharmacy room for their medications. And the fact that you remain either seated or standing for a longer period of time, it often result to body aches, sleep disturbance, strained relationships with colleagues, family, and friends. With these, I believe the effect of work-related stress has been felt.” (Talatu, Female, 39 years, pharmacist)

From the results, it is revealed that work stress has adverse effect on healthcare workers. According to Eckleberry-Hunt, et al., (2009); & Dyrbye, et al., (2014), work stress has been linked to numerous adverse physical outcomes, including musculoskeletal pain,

gastrointestinal disturbances, and cardiovascular complications, and as well as psychological consequences such as anxiety, irritability, and depression (Parker & Kulik, 1995; Gundersen, 2001; Aiken, et al., 2022). In a global statistics report on the high effect of work stress among healthcare workers across board shows that, in Uganda it was 40%, Australia 22%, Belgium 60%, and 63% in the U.S, amidst other healthcare workers. While a concerning number of work stress crisis as well emerge in locations such as Lebanon, the United Kingdom, Australia, China, and Africa, with alarming sufferings among healthcare workers that are in depression, insomnia, work dissatisfaction, and suicidal ideation as fatal impact from work burnout (Nigam et al., 2023). With all indications, healthcare staffs in Unilorin health service unit are also not finding it easy with similar sayings such as tiredness, pains, headache, irritability, and emotionally exhaust. More so, sleep disturbance, strained relationships with colleagues, family, and friends. All of which are clear signs of anxiety and depression.

Theme 3: Coping Strategies with work-related stress

In this theme, the participants were asked question on coping mechanisms. It was affirmed that little or no coping strategies are available for healthcare workers. 3 out of the 8 participants agreed that there is no strategised institutional support of coping with work stress other than: self breaks, physical exercise and meditation, talking with family members, friends or colleagues, and time management strategies. They posited that lack of social support, self-care, and time management, had worsened their experiences. An interviewed participant expressed that:

“Although we have off days, yet the task is far beyond reach. In a situation whereby you are pinned down for hours prescribing medications to patients, talking, brain storming, examining test and even attending to emergent patients being rushed in is enormous on a daily basis and for hours, while under ceaseless pressure of patients wanting to see a doctor. For me, engaging in activities such as exercise and meditation that promotes relaxation and stress reduction are my coping mechanisms, and at times I give myself a short break, while managing my time” (Wale, Male, 45 years, doctor)

Another participant says that:

“Work! Work!! Work!!! The saying, that the reward for hard work is more work is really championing here in the record unit. The task here is second to none and there is no amount of coping strategies introduce that will work except certain things are put in place. These things are: i- the record room is too small for shelves and numbers of files

lying on the floor, and for we the record staffs; ii- employing record officers beyond just two and; iii- introducing electronic technological device (laptops, desktops) for filing and passing of patients to doctors, rather than going around offices with patients files on countless times. Aside this, my experience and perception here towards coping strategies is to seek support from colleagues, family, and friends. And at times, exercises.”
(Adenike, Female, 39 years, record officer)

Discussion

From the results, it is evident that there are inadequate institutional supports for staff in the health service unit as expressed by the participants. Healthcare workers in most health centres suffer neglect, emotional exhaustion, and work burnout due to lack of supports and mechanisms to copy with work stress. Hence Etim et al (2025) asserts that high rates of headaches amount to (76.3%), concentration problems (11.6%), and loss of interest in work among health staff is on the raise due to work-related stress environment. Similarly, Uche and Nwankwo (2022) emphasized that long working hours, care giving responsibilities, and insufficient rewards contribute significantly to occupational stress in Nigeria’s health sector while without coping measures. These parallels reinforce the systemic nature of stress among the participants.

Bakare et al., (2023) opined that in Nigeria, healthcare workers commonly use prayer/meditation, social support, and time management as coping tools against burnout. This spectrum of coping methods coincides with participants’ views/perception. From the findings of this study, it could be deduced that in Unilorin Health Service Unit, health workers are going through a lot of work-related stress predicaments, the administration and governing council of Unilorin must seek to change this condition by developing plan and policies that will guarantee the health safety of healthcare staffs in Unilorin. This echoes the principles of psychosocial safety climate (PSC), which emphasize management commitment, two-way communication, and staff participation in reducing work-related stress and enhancing well-being (Etim et al 2025).

Implication of the study

The absence of studies on smaller and yet critical units among secondary healthcare providers, like the school clinics that are found in academic institutions in Nigeria represents a critical gap. Healthcare workers across globe faces severe challenges in work environment where there are excess workload, under/limited resources, inadequate workforce, etc. Therefore, policies

on staff well-being, stress management, and burnout prevention in healthcare settings like the Unilorin health service unit is a presented case. Targeted interventions such as counseling, training, and workload management for healthcare service providers are essential to mitigating stress. Thus, improved patient care can reduce work stress towards improved job satisfaction, staff retention, and ultimately better patient care. Therefore, addressing burnout can enhance overall organizational performance and staff productivity.

Limitation

This study explores the experience and perception of work-related stress and coping strategies among staff of University of Ilorin Health Service Unit covering the causes, effects, and coping strategies amidst several other challenges which they face. The increasing rate of admission into the institution on a yearly basis both graduate and undergraduates, staffs, and other community members there in, that attends the school clinic matters, which the study could not cover. The sample size of 8 may not be representative of the larger population, limiting generalizability. Again, findings of study may be specific to University of Ilorin Health Service Unit alone, limiting transferability to other settings. The data is based on subjective experiences of the participants, which may not be objective or universally applicable. There was a constrained limitation with the participants, as they tend to restrict their words while talking. The manner of their responses was socially desirable, rather than sharing true experiences. Therefore further studies can probe into uncovered areas in a bid to contributing to already existing knowledge.

Conclusion

From the previous sections, it can be deduced that healthcare workers in Nigeria and across nations suffers endemic biopsychosocial trauma resulting from work stress burnt, with little or no coping strategies. Healthcare workers are detained by nature of their profession to patients' health and medical diagnosis, and in the course of discharging their duties and holding to the global nature of health crisis, absolute considerations should be meant on various degrees of challenges reached. Healthcare workers must not be neglected without appropriate care and measures towards excess workload, shortage of man power, work dissatisfaction, applied technological device in needed sections, etc. In a bid finding a lasting solution to the plight of healthcare workers, government/administrators at all levels should provide an enabling work

environment and as well, create a coping mechanisms that will relieve them from emotional exhaustion and workload stressors. Although individual coping strategies are commonly employed, they are not always sufficient in the absence of organizational support. This underscores the importance of institutional reforms and the integration of occupational social work to foster a supportive and stress-aware work culture. Failure to address these issues may compromise staff health, reduce service efficiency, and result in burnout or attrition, which ultimately affects the quality of healthcare delivery.

Recommendation

Based on the study's findings on causes, effects, and coping strategies of work stress among staff of the Unilorin Health Service Unit. The study therefore, recommends that the management should:

1. Address causes of work-related stress by employing additional staffs to necessary units in a bid to reduce workload pressures, improve resource allocation to concern units, and promote work-life balance, in other to mitigate stress related burnout.
2. Mitigate effects of work-related stress by providing support systems e.g, counseling, peer support etc., to address physical and emotional effects of stress on staff.
3. Enhance coping strategies by promoting self-care activities, stress management workshops, and training on coping mechanisms for staff

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