

Stress Coping Strategies among Health Personnel in Dekina Local Government Area, Kogi State, Nigeria

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Abstract

Stress in healthcare workers is increasingly common in recent times and among healthcare personnel it impacts both individual well-being and the quality of healthcare delivery. Individuals' coping strategies have a profound effect on how well they respond to negative life events. Coping is a continuous, goal-directed process in which individuals consciously and unconsciously engage to adjust their cognitive and behavioural efforts to maintain personal control during specific stressful situations. This study investigated stress coping strategies among health workers in Dekina Local Government Area, Kogi State, Nigeria. Using a quantitative, cross-sectional survey design, data were collected from 97 purposively selected health personnel. The Coping Behaviour Inventory (CBI) was employed to measure stress coping mechanisms. Descriptive and inferential statistical analyses including ANOVA, Kendall's Tau-b, and Point-Biserial correlation, were used to assess patterns and relationships among variables. Results revealed that coping strategies showed less variation (mean = 2.49), suggesting a uniform adoption of coping behaviours. However, no demographic or occupational variables significantly predicted coping behaviours. Correlation analyses also indicated weak associations among variables. The findings portrayed limited influence of demographic characteristics on coping strategies. In summary, the study effectively met its general and specific objectives. It suggests targeted interventions, particularly for experienced personnel, and institutional policies that promote psychological support and resilient coping across all workforce levels. The study recommends future study on this topic domain to be geared towards discovering the solutions to ameliorate stress among senior health workers in Dekina Local Government area, Kogi State, Nigeria.

Keywords: Coping-Strategies, Health-Care, Personnel, Stress.

Introduction

Hospital work stress is a nosocomial stress characterized by stressors like; work over load, under – staffing, use of redundant equipment, poor promotion, poor managerial relationship with staff, poor working environment, excessive/prolonged working hours, etc. [1].

Work stress occurs in all professions and work settings, including health care where health personnel work. Globally, the prevalence of work stress among nurses varies between 9.2% and 68% [2].

Individuals' coping strategies have a profound effect on how well they respond to negative life events [3]. Coping is a continuous, goal-directed process in which individuals consciously and unconsciously engage to adjust their cognitive and behavioural efforts to maintain personal control during specific stressful situations [3].

Ref. [4] Identified three types of coping strategies, which include: the appraisal-focused or adaptive cognitive, the problem-

focused or adaptive behavioural, and the emotion-focused strategies.

1. Appraisal-Focused Strategies

These occur when the health personnel modify the way they think or those coping mechanisms which involves the change of mind-set or a reversion of thoughts. For example, employing denial or distancing oneself from the problem. They may alter the way they think about a problem by altering their goals and values such as by seeing humor in as stressful situation.

2. Problem-Focused Strategies

These are those that modify the behaviour of the person. A good example of this is learning how to cook a family dinner upon knowing that your spouse's family will come over to your house this weekend. These strategies aim at changing or eliminating the sources of the stress [4]. There are three problem focused coping strategies which are: taking control, information seeking and evaluating the pros and cons.

3. Emotion-Focused Strategies

Emotion-focused-strategies involves the alteration of an individual's emotions to tolerate or eliminate stress. Examples include distraction, meditation, and relaxation techniques. This is a mechanism to alleviate distress by minimizing, reducing or preventing the emotional components of a stressor. This mechanism can be applied through a variety of ways such as seeking social support, re-appraising the stressor in a positive light, accepting responsibility, using avoidance, exercising self-control and distancing [4].

Occupational stress has direct link to adopt different coping strategies that improves employees happiness and relieves stress hence, a study on 'Adopted Coping Strategies among Professionals in Stress Management' was carried out and the result revealed that the most common and efficient coping strategy is the use of emotional support from loved ones, speak up about that issues and take help from work. One of the important coping strategy is

meditation e.g. different physical postures, Breathing techniques, Mantra, Imagination and mind focusing meditations etc. 30% of Professionals on the higher-level position have relieved from stress because of different yoga techniques and meditation. In Buddhism, the most likely coping solution is mindfulness relaxation technique that is also a type of meditation in which you focus on being intensely aware of what you are sensing and feeling in moment without an interpretation or judgment and with kind heartedness to relax your body and reduce the stress level. In addition to mindfulness, 'spiritual connections also have a good impact on wellbeing to gain comfort and pleasure [2].

A research on the Mingled Dynamics of Work Stress, Consequences, and Coping Strategies among Healthcare Workers came up with the results that most of the respondents are going through stress at a high level (66.8%), 22.1% had low level while 11.1% had severe level of stress. The coping strategies devised by workers was that they communicate issues of concern through the proper channel; seek clarity about job descriptions from superior when the need arises; engage in self-planned recreation activities and participated in workplace organized recreation activities [5].

According to the findings from a study on Correlation between Stress and Coping Strategies Among Nurses Caring for COVID-19 Patients the positive reappraisal, seeking social support, self-controlling strategies and accepting responsibility was not correlated with age, gender, education level, or history of COVID-19 infection ($P > 0.05$). Nevertheless, a significant relationship was observed between this strategy and job tenure ($r = 0.153$, $P < 0.05$). Furthermore, the results showed no significant association between planful problem-solving and gender, age, education level, or history of COVID-19 infection ($P > 0.05$). However, this coping strategy was significantly correlated with job tenure ($r =$

0.169, $P < 0.05$). However, no significant relationship was observed between perceived stress and the escape-avoidance strategy ($P > 0.05$) [6].

A study conducted [7] on Occupational stress among health professionals in Ahmadu Bello University Teaching Hospital (A.B.U.T.H.), Shika, Zaria, Nigeria showed that seventy five percent (75%.) of the respondents stayed long (7-10hours) at work which could be a contributing factor to development of occupational stress in them. Most of the respondents (90.4%) were identified to be stressed due to work overload because the number of health professionals available to carry out a particular function is inadequate. A lot of respondents (78%) combat the signs and symptoms of stress by the use of physical exercise. In addition [8] stated that emotional defences are often used to seek relief from anxiety.

Problem to be Solved

Occupational stress is stated as; the destructive emotional and harmful physical response that occur when the requirements of the work do not match the capabilities and needs of the worker. This emotional distress mainly affects health care provider's performance so that they cannot give their best services to patients [2]. An individual's response to stress can be influenced by personality traits, coping skills and coping reserves [9]. If the perceived stressor persists, the individual may reach a stage of exhaustion in which the individual loses the ability to resist the stressor. If stress continues and the adaptation is not successful, the excessive stress may impair the immune response or lead to heart or kidney failure [10]. Work-related stress has been implicated as a major contributing factor to growing job dissatisfaction, rapid turnover, and high attrition rates among health care workers [11]. It was found that job stress impacts not only on personnel's health but also their abilities to

cope with job demands. This will seriously impair the provision of quality care and the efficacy of health service delivery [12].

A survey of the literature revealed that although many studies had been carried out relating to stress, stress response and coping strategies among health care workers internationally and in Nigeria, no study has been published on stress coping strategies among health care personnel in Dekina Local Government area and in Kogi state. This is the focus of the study.

Existing Solutions for the Problems

According to researchers one of the important coping strategies to stress adopted by people is meditation while using different physical postures, breathing techniques, mantra, imagination and mind focusing meditations. Professionals on the higher level position have relief from stress by using different yoga techniques and meditation. In Buddhism, the most likely coping solution is mindfulness relaxation technique that is also a type of meditation in which you focus on being intensely aware of what you are sensing and feeling in moment without an interpretation or judgment [2].

The Best Solution

The result of research on adopted coping strategies among professionals in Stress Management revealed that the most common and efficient coping strategy is the use of emotional support from loved ones, speak up about that issues and take help from work [2].

Limitations

There is no consensus among researchers on the best way to conceptualize the coping effort and categorize coping strategies despite the fact that an analysis of research on coping identified more than 400 types of coping strategies [13].

Achievements

Following the pandemic, several countries have provided important guidelines and examples of practices for managing stress in the workplace. Recently the WHO presented a comprehensive guide on the consequences of stress and stressful situations, providing styles and symptoms, as well as teaching how to deal with stress, which can help our mental and physical well-being. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), has developed the guide *Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue*. Also, the implementation of digital health interventions has recently been found to improve stress-coping behavior, and some internet and app-based interventions were developed for the digital coaching of individual stress coping for healthcare workers [14].

The Aim of Study

The aim of this study is to determine the stress coping strategies among health personnel in Dekina LGA, Kogi State, Nigeria.

Objectives

The objectives of this study are to:

1. Assess the stress coping strategies adopted by health personnel in Dekina LGA, Kogi State, Nigeria.
2. Ascertain the relationship between age range, level of education, hours of work, years of work experience, pay (salary) and coping behaviour among health personnel in Dekina LGA, Kogi State, Nigeria.

Methodology

This study adopted a quantitative cross-sectional survey design. Quantitative research is defined as a systematic collection of numerical information and analysis of that information using statistical procedures [15].

This is supported by [16] who stated that quantitative design is used to count and measure data including counting frequencies, use of percentages and averages. Cross-sectional design according to [17] is aimed at determining the frequency (or level) of a particular attribute, such as a specific exposure, disease or any other health-related event, in a defined population at a particular point in time. In this study, the health personnel coping strategies to stress were identified and the relationship between coping strategies and the demography of personnel was described. [18] used this design in a study - *Developing a Measurement Instrument for Coping with Occupational Stress in South African Higher Education Institutions*. Therefore, the researcher deemed it appropriate to adopt the design for this study.

Population and Sample

The study population was three hundred and twenty-two certificated health personnel who are working in fourteen existing hospitals in Dekina Local Government Area, Kogi State, Nigeria.

Sample:

The sample size for this study will be determined by purposive sampling technique. There is no formula for calculation of sample size in purposive sampling techniques but the rule of thumb can be applied which suggests the use of at least 10% of the population size or 30% for the smaller study population [19]. Purposive sampling technique is a type of non-probability sampling in which the researcher selects her sample to satisfy predetermined criteria [20].

The inclusion and exclusion criteria used in selecting the participants are as follows:

The inclusion criteria are:

1. Health personnel who work in the hospitals in Dekina LGA in Kogi State.

2. Health workers who had official certificates and had at least two years of training in any approved School of Health.
3. Health care personnel who had up to 1 year working experience in the hospital.
4. Those who gave their consent and responded to all the items on the questionnaire.

Out of the 322 (study population) 97 health personnel were selected by purposive sampling techniques from the under listed five hospitals which were also purposely selected from the fourteen existing hospitals in Dekina LGA: Prince Abubakar Audu Teaching Hospital, Grimard Catholic Hospital, Zonal Hospital, General Hospital Egume, Mrs. Jennifer Etu Medical Centre. At least one hospital was selected from each of the Districts in this LGA to ensure proper representation.

Data Collection

Ethical approval for the study was obtained. The participants were anonymous and confidentiality of participants' information was maintained. Data was collected using a standardized, structured, questionnaire, originally developed in China and translated [21].

The questions contained quantitative variables which were designed by the researcher following review of related literature and based on research objectives.

The structured questionnaire consists of two sections, namely A and B. Section A contains the socio-demographic information of the respondents: gender, age, marital status, level of education, hours spent at work, years of experience, hours of sleep, family monthly income; section B consists of the coping behavior inventory (CBI). The CBI was used

to find out the workers' coping strategies. The inventory consists of 19 items classified into four types; avoidance behavior, problem solving behaviour, optimistic coping behaviour and transference behaviour. Each item was rated on a 5 Likert scale (0 = never, 1 = infrequently, 2 = sometimes, 3 = frequently and 4 = always), high scores indicate more use of coping behaviour. The questionnaires were administered to the respondents in person and were collected two days later. The reliability of the instrument was established when the Cronbach Alpha reliability test result value read 0.75. The validity of the instrument was ascertained from the report of the research experts of Prince Abubakar Audu University, Kogi State who were given a draft copy of the questionnaire, research questions, hypotheses, aim and objectives of the study.

Data Processing and Information Analysis

Data analysis was conducted using the R Statistical Software. Initially, the questionnaire responses were cleaned and formatted for compatibility with R. Descriptive statistics, such as frequencies, percentages, and means, were employed to summarize respondent characteristics and core variables. For hypothesis testing, Kendall' tau-b correlation was utilized to assess associations involving ordinal variables, while Point-Biserial correlation was applied to examine relationships between continuous and dichotomous variables. Statistical significance was evaluated at the conventional 5% level ($p < 0.05$).

Results of Data Analysis

Demographic Characteristics

Table 1. Demographic Summary of Health Personnel in Dekina LGA

Category	Details	
Gender	Female: 60%,	Male: 40%
Age Distribution	26–35 years:	47%

	36–45 years:	29%
	46–55 years:	20%
	56–65 years:	4%
Marital Status	Married:	60
	Single:	36
	Separated:	4
Education Level	Tertiary:	84%
	Masters & Above:	12%
	School of health:	4%

Table 1 summarizes the demographic characteristics of health personnel in Dekina Local Government Area of Kogi State, Nigeria. These demographics provide a foundation for understanding the stress and

coping patterns observed, particularly among a well-educated and youthful health workforce.

Descriptive Statistics and Sample Data

Table 2. Descriptive Statistics Coping Scores

Measure	Min	Q1	Median	Mean	Q3	Max
Coping Index	1.27	2.12	2.54	2.49	2.98	3.50

Table 2 shows that for coping, the mean index is 2.49, with a narrower spread, ranging from 1.27 to 3.50.

Table 3. Coping Index Scores with Demographic Information

Respondents	Coping Index	Work Hours	Experience in years	Salary
1.	3.10	3	2	2
2.	3.50	3	3	3
3.	3.06	4	4	4
4.	2.85	1	2	3
5.	3.31	3	2	4
6.	2.74	4	1	2
7.	2.86	4	2	3
8.	3.00	4	1	4
9.	3.03	2	2	3
10.	3.03	2	2	3

Table 3 Provides individual-level data on coping index scores alongside demographic indicators, work hours, experience, and salary, for health personnel. Resp. 1 and 9 do not necessarily report lower coping index values, suggesting varied coping efficiency. Most respondents work between 2–4 hours and show moderate experience levels. Salary distribution appears evenly spread. While

some higher-stress individuals report moderate coping index, the pattern highlights the need for targeted psychosocial support, as coping effectiveness may not fully offset the effects of occupational or financial stressors.

Coping Index Model

Table 4. Linear Regression Coefficients for Coping Index

Predictor	Estimate	Std. Error	<i>t</i> value	Pr (> <i>t</i>)
(Intercept)	2.975	0.497	5.982	< 0.001***
Age36–45	0.032	0.163	0.199	0.843
Age46–55	-0.123	0.225	-0.545	0.587
Age56–65	-0.275	0.354	-0.778	0.439
Education: Secondary	-0.339	0.594	-0.572	0.569
Education: Tertiary	-0.604	0.413	-1.463	0.147
Education: Masters+	-0.731	0.445	-1.642	0.104
Work Hours = 8	0.013	0.157	0.081	0.936
Work Hours = 9	0.145	0.208	0.696	0.488
Work Hours > 10	-0.046	0.193	-0.236	0.814
Work Exp < 5 yrs	-0.171	0.186	-0.917	0.362
Work Exp > 6 yrs	0.045	0.215	0.210	0.834
Work Exp > 15 yrs	0.043	0.259	0.166	0.868
Family Salary > 50k	0.111	0.191	0.583	0.561
Family Salary > 100k	0.285	0.200	1.427	0.157
Family Salary > 200k	0.205	0.204	1.006	0.317

Table 4 displays the linear regression coefficients for the Coping Index among health personnel in Dekina Local Government Area of Kogi State, Nigeria. The intercept is statistically significant ($p < 0.001$), indicating a baseline Coping Index level. However, none of the individual predictors—such as age, education, work hours, work experience, or family salary, are statistically significant ($p > 0.05$). This

suggests that these demographic and occupational factors do not have a meaningful impact on coping abilities in this population. The lack of significant coefficients aligns with previous findings showing a poor model fit, emphasizing the need to explore other psychological or contextual predictors of coping behavior.

Correlation and Hypothesis Testing

Table 5. Correlation Matrix: Coping, and Demographics

	Stress Response	Coping	Hours	Experience	Salary
Coping Index		1.00	0.02	0.07	0.10
Work Hours			1.00	-0.00	0.01
Work Experience				1.00	0.30
Family Salary					1.00

Table 5 indicates that individuals using more coping strategies may experience slightly higher stress, possibly due to heightened stress awareness. A moderate positive link between stress and experience ($r = 0.23$) suggests more experienced staff

report higher stress. Work hours and salary exhibit negligible correlations with coping index. These findings suggest other psychosocial factors may play a larger role in stress dynamics.

Table 6. Mean Responses of Coping

Variable	Mean Score
Coping Score	2.49

Table 6 presents the average score of coping index among health personnel. The mean coping index score is 2.49, which reflects a relatively moderate use of coping strategies. These findings highlight the need

for institutional support, stress management training, and mental health interventions tailored to the needs of frontline health personnel in Dekina LGA.

Table 7. Residual Summary: Stress Coping Index Models

Model	Min	1st Quartile	Median	3rd Quartile	Max
Coping Index	-1.1380	-0.3522	0.0827	0.3908	0.9792

Table 7 presents that residual summary reflects the difference between observed and predicted values, indicating model accuracy. The coping index model displays a narrower range (from -1.14 to 0.98),

indicating better model stability. These findings highlight the complexity of modelling psychological responses and the need for further refinement in predictive modelling.

Visualization

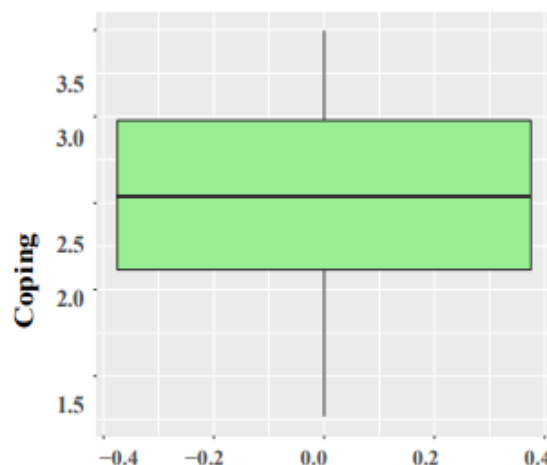


Figure 1. Coping Index Boxplot

Figure 1 presents a boxplot of Coping Index scores among health personnel in Dekina Local Government Area of Kogi State, Nigeria. The plot summarizes the distribution and variability of coping strategies used to manage stress. The median line reflects the typical coping level. The interquartile range (IQR) shows the spread of the central 50% of scores, where a wider IQR implies greater variability in coping. Outliers beyond the whiskers represent extreme coping behaviors. Skewed

whiskers suggest asymmetry, highlighting diverse coping tendencies and the need for tailored intervention strategies.

Discussion

Objective 1: Assess Coping Strategies Adopted

Coping strategies were assessed via the coping index and specific mechanisms such as avoidance and emotion-focused coping. The coping index (Table 2) showed a moderately high median value (2.54), with

limited variability. This suggests that while health personnel adopt a variety of coping mechanisms, implying that these strategies may be more influenced by individual traits or contextual stressors than by observable characteristics. This agrees with the finding of a study on 'Adopted Coping Strategies among Professionals in Stress Management' which states that the most common and efficient coping strategy is the use of emotional support from loved ones, In contrast the avoidance strategy used by respondents in the present study was not used in the cited study [5]. Also a study revealed that 27% of respondents applied absenteeism to combat stress [6] and this is in keeping with the avoidance coping strategy used by the respondents of this study. This also supported by Roy's theory; emotional defenses are often used to seek relief from anxiety [7]. In general, results of both studies proved that different coping strategies were used by the respondents to manage stress at work. H_{02} which states that there is no significant difference in the coping strategies adopted by the health personnel in Dekina LGA, Kogi State, Nigeria is retained because No significant difference was found in the coping strategies applied across the groups.

Objective 2: Ascertain the Relationship between Demographics and Coping

The study explored how variables such as age, education, work hours, experience, and salary relate to coping: Coping behaviour was not significantly associated with any demographic or job variable. These results partially fulfil Objective 2 by highlighting specific links emphasizing the weak or absent relationships with coping.

Hence, the null hypothesis (H_{02}) which states that there is no significant relationship between age range, level of education, hours of work, years of work experience, pay (salary), and coping behaviour is partially rejected. Similar to the above findings of this

research is the results of a study on Correlation between Stress and Coping Strategies among Nurses Caring for COVID 19 Patients showed no significant relationship between coping strategies and demographic and underlying features. Nevertheless, the distancing strategy was detected less among nurses with higher education levels. In fact, distancing is the first approach against stress, but it is less utilized by educated nurses due to their higher skills in stress control. Additionally, self-controlling was associated with gender. Moreover, the escape-avoidance strategy was detected less among older nurses and those with longer job tenures, but this strategy was used more by male nurses. Nurses with greater work experience, however, tended to use positive reappraisal and planful problem-solving. Generally, wishful thoughts involve behavioral attempts to avoid or escape stressful situations, similar to wishing for a miracle, excessive sleeping, eating, drinking, smoking, and drug abuse, which equal escaping from reality [5].

In summary, the study effectively met its general and specific objectives. Coping strategies are consistent but not strongly predicted by observable demographics. These findings highlight the need for tailored interventions addressing both individual and systemic contributors to stress within the health workforce of Dekina LGA.

Conclusion

This study presents a nuanced view of coping among health personnel in Dekina. Coping strategies are applied more uniformly. The weak explanatory power of demographic and occupational factors, especially in predicting coping behaviour, highlights the need to investigate psychological and organizational determinants. These findings suggest the importance of targeted interventions, particularly for experienced and senior staff, and underline the value of institutional policies that support mental well-being and

adaptive coping practices across the workforce. This study provides essential and useful indicators for the Nursing Council of Nigeria to incorporate in the Mandatory Continuing Professional Development Programme (MCPDP) such as coping strategies to stress and for Hospital Directors to organize workshops/seminars for their health personnel in coping strategies. More so, the research equally contributes to the body of knowledge in this area of study. The study will also help the policy makers in health to consider acknowledging the effect of stress on health and health care outcome and hence state a policy on how to help Health Care workers cope with stress at work.

Conflict of Interest

There is no conflict of interest in this work as it is purely self-sponsored.

Ethical Clearance

This was obtained from the Prince Abubakar Audu Teaching Hospital, Anyigba, Kogi State, Nigeria.

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