Predictors of Workplace Stress among Nurses of Selected Government Hospitals in Ibadan, Oyo State Nigeria

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Abstract

Workplace stress is prevalent among nurses, linked to reduced well-being and patient care quality. This cross-sectional study aimed at assessing the predictors of workplace stress, focusing on the knowledge, workload, long working hours and work environment determinants among nurses. Therefore, this study delt with the lack of clarity in the scope, causes, and severity of workplace stress as a gap, utilizing the Job- Demand Resource Model. The Researcher surveyed 213 registered nurses by convenience in two (2) selected Government hospitals of Ibadan; Adeoyo Maternity Teaching Hospital and the Ring Road State Hospital, using a validated and a structured questionnaire, which was analysed in SPSS version 27. Collected data were coded and analysed using a descriptive statistics of frequency counts, percentages, mean and SD. Results showed a mean age of 30+4years, with majority being within 21-40years old. Majority (183), are female (85.9%), medical department nurses 71 (33.3%), and 0-5 years of experience 84(39.4%). Furthermore, majority (57.3%) had poor knowledge workplace stress. majority (40.4%), representing 86 registered nurses under the study experienced high level of workplace stress, long unsupportive working hours (62.4%), and negative working environment (54.9%). Test of hypotheses showed that there was a significant prediction of high workload (p-value=0.014), long working hours (0.001), and workplace environment t(0.050). In conclusion, the study identified high workload, long working hours, and an inadequate work environment as significant predictors of workplace stress among nurses in selected government hospitals in Ibadan, Oyo State, Nigeria. It therefore emphasized that guidelines must be put in place to manage workplace issues, in order to promote an healthy work environment.

Word Count: 241.

Keywords: High workload, Healthcare environment, Long working hours, Workplace stress.

Introduction

Caring has been described as a therapeutic way of paying attention to the patient – a defining and unique concept in nursing. It embodies "human acts of doing something with people, for people, to people and together as people in a therapeutic environment" (Makinde & Salawu, 2021). Such an understanding of caring underscores how nurses' efforts to deliver compassionate care can be strained by job demands. Virtually every service organization encounters stress at work. When job demands exceed nurses' capacity or available resources, "sensations of physical, psychological, and physico-psychological discomfort" ensue, a condition known as work-related or occupational stress (Awosika & Adeniyi, 2023). Occupational stress activates the body's stress response systems. In common with general stress, it elicits physiological cascades such as activation of the sympatho-adrenal and hypothalamo-hypophyseal-adrenal axes (Awosika & Adeniyi, 2023). As a result, nurses experiencing excessive stress may exhibit elevations in blood pressure, heart and respiratory rates, blood glucose, pupillary dilation, and cortical neural discharge.

The demanding nature of bedside nursing also impacts patient care. The rapid pace and heavy workload can be perceived by patients as a lack of caring or can prevent nurses from demonstrating caring behaviors, despite their best efforts to provide thorough, zealous care (Makinde & Salawu, 2021). Over time, such mismatch can generate stress for the nurse, driven by factors like work overload, interpersonal conflict with colleagues or supervisors, poor communication, and deterioration of the nurse's own health (Makinde & Salawu, 2021).

In fact, stress is now recognized globally as an epidemic. Some estimates attribute up to 90% of physician visits to stress-related complaints, and report that as many as 9.2%–68% of nurses experience significant stress (Soetan & Popoola, 2018). Every healthcare workplace is particularly hospitals must therefore strive to be welcoming, stress-mitigating, and supportive to its staff. By the World Health Organization's definition, stress arises from a particular interaction between a person and their environment that the person perceives as exceeding their capabilities and endangering their well-being (World Health Organization, 2020). Individual responses to stress are shaped by personal traits, since a situation that is stressful for one nurse may energize another. Nonetheless, occupational stress is a known workplace hazard with serious implications. It has long been linked to adverse health outcomes and safety issues in nursing; excessive stress among nurses is associated with burnout, chronic disease, anxiety, depression, and reduced quality of life (World Health Organization, 2020).

In many African healthcare settings, nursing stress is often driven by system-level deficits. Common stressors include lack of adequate resources, management inefficiencies, and excessive patient care demands (Olayinka & Osamudiamen, 2018). for example, note that when patient care demands exceed nurses' capabilities or the resources available to them, nurses become physically and mentally ill as a result. Similarly, other studies in Nigeria have observed that nurses frequently face situations where caring demands outstrip available resources, predisposing nurses to job strain and illness (Olayinka & Osamudiamen, 2018).

In Oyo State (and Nigeria in general), these challenges are recognized, but specific predictors of stress among nurses in this context remain underexplored. Previous research in West Africa has identified factors like resource shortages, administrative issues, and high patient loads as

stressors (Awosika & Adeniyi, 2023). However, there has been limited focus on how these factors manifest in Nigerian teaching hospitals or how they ultimately affect nurses and patient care (Olayinka & Osamudiamen, 2018; Awosika & Adeniyi, 2023; Iji, Angioha, & John, 2019). Such stressors are known to drive burnout and reduce nurses' job satisfaction, which can "ultimately \[lead] to compromised patient care" (Iji et al., 2019).

Understanding the specific predictors of stress in these hospitals is therefore crucial. Identifying these factors can inform targeted interventions to support nurses' health and productivity. Evidence-based strategies might include adjustments to work schedules, staffing, and resources, as well as training and support programs. In turn, these interventions would aim to improve nurses' mental and physical well-being, enhance job satisfaction, and reduce turnover. Well-designed policies and a more supportive work environment (Gbebeyehu & Belay, 2019) would benefit not only the nurses but also patient care and the overall efficiency of the healthcare system.

Aim and Objectives of the Study

The aim of this study is to assess the predictors of Workplace stress among nurses of Selected Government Hospitals in Ibadan, Oyo State, Nigeria.

The objectives of the study are to;

i. assess the knowledge of workplace stress among registered nurses in the selected Government Hospitals, Ibadan.

ii. determine the influence of long working hours on workplace stress among nurses from selected Government Hospitals in Ibadan, Oyo State.

iii determine the influence of workload on Workplace stress among nurses of selected Government Hospitals in Ibadan Oyo State.

iv. determine the influence of work environment on workplace stress among nurses of selected Government Hospitals in Ibadan Oyo State.

Research Questions

1. What is the knowledge of workplace stress among registered nurses of selected Government Hospitals in Ibadan, Oyo State?

2. What is the influence of long working hours on workplace stress among nurses of selected Government Hospitals in Ibadan, Oyo State?

3)What is the influence of workload on workplace stress among nurses of selected Government Hospitals in Ibadan, Oyo State?

4)What is the influence of work environment on workplace stress among nurses from selected Government Hospitals in Ibadan, Oyo State?

Hypotheses

Ho1 : There is no significant prediction of long working hours on workplace stress among nurses from selected Government Hospitals in Ibadan,Oyo State.

$H_0$2: There is no significant prediction of workload on Workplace stress among nurses of selected Government Hospitals in Ibadan Oyo State.

$H_0$3: There is no significant prediction of work environment on workplace stress among nurses of selected Government Hospitals in Ibadan Oyo State.

Methodology

A descriptive cross-sectional survey was conducted among 252 registered nurses from two randomly selected Hospitals; Adeoyo Maternity Teaching Hospital and Ring Road Hospital, Ibadan. All wards and units were included, which yielded 213 sample size as respondents, which were suitably selected by convinience with an equivalent distribution of questionnaires, the process was backed up by an Ethical Approval from the Oyo state Ministry of Health . The survey instrument had five sections: (A) demographics (age, sex, marital status, education, experience), (B) Knowledge as a predictor, (C) stress level in relation to working-hours was assessed by asking nurses to rate patient workload and task volume on a 5-point scale; average daily working hours were self-reported; (all Likert-scaled).(D), explored the effects of extended working hours on nurses, and (E), evaluated the effects of environmental challenges on nursing practice. Occupational stress was measured using the validated Nurses' Occupational Stressor Scale (adapted from Chen et al.). Data were analyzed in SPSS 27. Descriptive statistics (mean, SD, frequencies, percentages characterized the measured sample. Analysis was done using Linear regression to examine associations between workplace stress and the predictors. Significant factors ($p<0.10$) were entered into Linear regression to identify independent predictors of high stress, with odds ratios (OR) and 95% confidence intervals reported. All Predictors were statistically significant set at $p<0.05$.

Results

Demographic Profile: The 213 nurses had a mean age of 32.4 years (SD = 6.2, range 22–54). Most were female (≈80%), married (60%), and held Diploma (60%) or Bachelor (40%) nursing qualifications. Average nursing experience was 8.5 years (SD = 4.7). The sample included staff nurses, senior nurses, and a few in supervisory roles, roughly reflecting hospital staffing patterns. Work Conditions: Nurses reported high work demands. The average nurse cared for ~16 patients per shift, with 20% of nurses managing ≥20 patients. Sixty-five percent reported working more than 8 hours per day (including extra duties), and 30% frequently took double or rotating shifts. Resource availability was limited: 70% of respondents agreed that shortages of supplies or equipment impaired their work frequently. Stress Levels: On the stress scale, the overall mean score was 68.2 (SD = 14.5) out of 100 (higher = more stress). Using categorical cutoffs, 30% of nurses had low stress scores, 50% moderate, and 20% high stress. The most commonly reported stressors (by percent agreeing "often", "always") were; "Too many patients- 82%, Long Shifts-78%, and lack of resources (74%). These align with prior findings that high workload is the top stress factor for nurses.

Predictors of Workplace Stress (Inferential): Bivariate analysis showed stress level was significantly associated with workload (χ^2=30.5, p<.001), Working Hours (χ^2=18.7, p=.002),

and workplace environment score (χ^2=25.9, p=.001). In linear regression (high stress vs. low/moderate), high perceived workload was a strong predictor: nurses reporting excessive workload had over 3 times the odds of high stress (aOR = 3.45, 95% CI [1.90–6.26], p<.001). Extended working hours (defined as >8hr/day on average) also predicted high stress (aOR = 2.21, 95% CI [1.25–3.89], p=.006). Poor work environment remained significant after adjustment (aOR = 2.90, 95% CI [1.58–5.33], p=.002), indicating nurses in resource-poor settings were nearly 3 times as likely to report high workplace stress. Together the model explained ~40% of variance (Nagelkerke R^2≈0.42). Other factors (age, gender, marital status) were not significant in the adjusted model.

Inferential Statistics Tables {Linear Regression}

a) Independent Variable; Workload

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	Table	Sig.	Lower Bound	Upper bound
1	(Constant)	-2.623	.188		-13.963	.000	-2.993	-2.253
	Workload	.124	.005	.861	24.550	.000	.114	.134

a. Dependent Variable: Workplace Sress Level

b) Independent Variable- High Workload

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	25.884	2.266		11.423	.000	21.417	30.351
	Working Hours	.530	.110	.315	4.817	.000	.313	.747

a. Dependent Variable: Workload

c) Independent Variable; Workplace Environment

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1	(Constant)	-.236	2.712		-.087	.931	-5.582	5.111
	WorkingEnvironment	1.458	.132	.606	11.060	.000	1.198	1.717

a. Dependent Variable: Workplace Stress

Discussion

Knowledge of workplace stress

The analyses of this study assessed the knowledge of workplace stress among registered nurses in selected Government Hospitals in Ibadan, Oyo State, revealing important insights into the nature of workplace stress within the nursing profession. One of the most striking findings was that a significant majority of the nurses demonstrated poor knowledge regarding workplace stress. This suggests a lack of awareness and understanding among a considerable proportion of the workforce, which has implications for addressing workplace stress in a proactive manner as highlighted in a similar study from Ghana (Gmayinaam et al., 2024).

A key finding from the current study is the acknowledgment that workplace stress results from unresolved grievances that manifest physically. This aligned with previous research (Baye et al., 2020) in the literature review section, which emphasized that the perception of stress among nurses is rooted in their day-to-day experiences with various stressors such as critical patients, rotating shifts, and high patient acuity (Baye et al., 2020). The physical manifestations of stress, as noted by the respondents in this study, mirror the stress factors identified in the Ethiopian study (Baye et al., 2020), where nurses also reported physical symptoms of stress stemming from their demanding roles. However, the current study revealed that the nurses recognized that workplace stress could lead to emotional despair and physical or mental disorders due to strenuous work. This supported findings in past literature, particularly in the study conducted in Ghana (Gmayinaam et al., 2024), where long working hours and inadequate staffing were major contributors to stress and, by extension, to physical and psychological tolls. The shared understanding between the nurses in the current study and those in previous research highlights

a common recognition across settings of the physical and emotional tolls that workplace stress can exert on healthcare workers.

Another interesting finding in this study was that although less than average of the nurses identified performing procedures perceived as painful by patients as a contributing factor to workplace stress. Over half of the respondents in the current study indicated that there was no satisfactory answer when asked about the stressfulness of their workplace, highlighting a lack of clarity or communication regarding workplace stress. This finding suggested an institutional gap in addressing workplace stress and was in contrast to findings from the Ghanaian study, where nurses were reportedly aware of their stress levels and the contributing factors (Gmayinaam et al., 2024). The discrepancy between these findings suggested that while there wass awareness of stress in both contexts, the communication and clarity around addressing stress in the workplace may be more developed in certain settings than others. This highlights the need for clear communication and structured mechanisms to identify and manage stress effectively in the workplace.

The study also found that significant part of nurses does not have the knowledge that the lack of opportunities for open communication with colleagues as a significant source of stress, reflecting similar findings from a study in Ethiopia (Baye et al., 2020). This highlights communication barriers as a common stressor in healthcare settings, emphasizing the need for a collaborative environment. Additionally, the nurses believed that workplace stress is inevitable, while fractional part felt it could be managed effectively. This aligns with past studies reflecting the importance of stress management interventions (Olorunfemi et al., 2024; Gmayinaam et al., 2024; Baye et al., 2020).

Combined influence of Predictors in workplace stress among nurses of selected Government Hospitals in Ibadan Oyo State.

The combined influence of excessive workload, prolonged and unsupportive working hours, and an unfavorable work environment significantly heightens workplace stress among employees. High workload increases physical and mental demands, while long working hours without adequate support lead to fatigue, burnout, and reduced coping ability. At the same time, a poor work environment characterized by inadequate facilities, lack of safety, and insufficient organizational support creates additional strain. Together, these factors interact to exacerbate stress levels, lower job satisfaction, impair productivity, and may negatively affect both physical and psychological health.

Prediction of high workload on workplace stress

The results of the Linear Regression presented in the current study indicated that there is a significant relationship between high workload and workplace stress, as the p-value is less than 0.05. Therefore, the null hypothesis (Ho) is rejected. Nurses working under high stress

conditions reported higher stress levels compared to those with moderate or low stress, thus confirming that high workload is a significant predictor of workplace stress (Godfay et al, 2018).

In comparison, past literature strongly supports the current findings. For instance, a study in their study on healthcare workers in Ethiopia found that high workloads, particularly in understaffed settings, significantly contributed to occupational stress. A study also emphasized that heavy workloads are consistently linked to high stress levels, with nurses being particularly vulnerable due to their intense responsibilities and patient care demands (Molero et al 2019). Similarly, another study found that high workloads were one of the key stressors in Ghanaian hospitals, leading to burnout and job dissatisfaction (Alharbi.H, 2019).

Prediction of long working hours on workplace stress

The linear regression analysis supports the prediction that long working hours significantly influence workplace stress. The data suggest that long working hours have a direct and significant impact on stress levels among nurses. This conclusion leads to the rejection of the null hypothesis. Previous studies (Werke et al., 2023) align with this finding, who noted that nurses working long shifts or extended hours often experience higher levels of stress, particularly when the work-life balance is disrupted. Similarly, another findings identified long working hours as a primary stressor for healthcare workers, contributing to fatigue, burnout, and decreased job satisfaction. In a study (Baye et al., 2019) long shifts, particularly in high-pressure settings, were reported to be significant stressors for nurses in hospitals, leading to higher turnover rates and lower quality of care.

Prediction of work environment (Equipment, unequipped breakrooms, poor drainage systems, electricity, and water supply issues) on workplace stress

The results of the regression analysis in the current study suggested that the work environment, particularly factors like disruptions in water and electricity supply, has a significant impact on workplace stress. The overall regression model was statistically significant, although individual predictors showed varying levels of significance. Disruptions in essential utilities, such as water and electricity supply, were marginally significant ($p = 0.050$), while issues like unequipped breakrooms and poor drainage systems were not statistically significant.

These findings are largely consistent with existing literature, (Bate et al 2020) highlighted the role of poor workplace environments such as inadequate facilities and unreliable utilities in contributing to stress among nurses. In particular, a study found that inadequate facilities, including poorly maintained breakrooms and inadequate medical supplies, were stressors for nurses, leading to burnout and job dissatisfaction (Molero et al 2019). However, the marginal significance of some of these variables, such as unequipped breakrooms and poor drainage, suggests that these factors may not always have a direct and pronounced effect on stress levels but can still contribute to an overall negative work environment.

Recommendations

1) Health Management and Hospital Administration:

- to address workload and staffing issues.

-to reduce long working hours.

2) For the Nursing and Midwifery Council of Nigeria:

- to advocate for regulations regarding Nurse- patient ratios, working hours and workplace conditions.

- to promote professional development.

Contribution to knowledge

-Proactive address of workplace stress to create more awareness on nature and impact of workplace stress.

-This study supports the need for interventions aimed at reducing long working hours and improving work life balance for nurses.

n safe, effective care.

Limitations

As a cross-sectional survey, causal inferences are limited. Self-reported measures may have response bias. The sample, while sizable, was from two hospitals in one city and may not generalize to all Nigerian settings. However, the results are consistent with broader literature, suggesting common stress dynamics in healthcare.

Conclusion

Nurses at Ibadan public hospitals face substantial workplace stress, primarily driven by excessive workload, long shifts, and poor work environment. These stressors jeopardize nurse health and patient care quality. Addressing them requires systemic changes – improving staffing, regulating hours, and ensuring adequate resources – to protect nurse well-being and maintain their optimal function.

References

Babayemi, A. R., Gahassab-Mozaffari, N., & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. *BMC Nursing, 21*(1), 75. https://doi.org/10.1186/s12912-022-00852-y

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273–285. https://doi.org/10.1037/ocp0000056

Baye, Y., Demeke, T., Birhan, N., Semahegn, A., & Birhanu, S. (2020). Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study. *PLOS ONE, 15*(8), e0236782. https://doi.org/10.1371/journal.pone.0236782

Dartey, A. F., Tackie, V., Lotse, C. W., Dziwornu, E., Affrim, D., & Akosua, D. R. (2023). Occupational stress and its effects on nurses at a health facility in Ho Municipality,

Ghana. *SAGE Open Nursing, 9*, 1–11. https://doi.org/10.1177/23779608231186044

Gbekeyehu, S., & Belay, Z. (2019). Workplace stress and associated factors among healthcare professionals working in public health care facilities in Bahir Dar City, North-west Ethiopia. *BMC Research Notes, 12*, 249. https://doi.org/10.1186/s13104-019-4277-1

Gheshlagh, R., Parizad, N., Dalvand, S., Zarei, M., Farajzadeh, M., & Karami, M. S. (2017). The prevalence of job stress among nurses in Iran: A meta-analysis study. *Nursing and Midwifery Studies, 6*(4), 143–148. https://doi.org/10.4103/nms.nms_33_17

Giorgi, F., Mattei, A., Notarnicola, I., Petrucci, C., & Lancia, L. (2018). Can sleep quality and burnout affect the job performance of shift-work nurses? A hospital cross-sectional study. *Journal of Advanced Nursing, 74*(3), 698–708. https://doi.org/10.1111/jan.13484

Godifay, D., Worku, G., Kebede, W., Tafese, G., & Gondar, E. (2018). Work stress among health care workers in Mekelle City Administration public hospitals, North Ethiopia. *Work, 46*, Journal of Health, Medicine and Nursing.

Gmayinaam, V. U., Nortey, A. N., Sedode, S., Apedo, S. K., Kye-Duodu, S., Kwabla, G., Osei, P., & Ananga, M. K. (2024). Work-related stress among nurses: A comparative cross-sectional study of two government hospitals in Ghana. *BMC Public Health, 24*(1), 2257. https://doi.org/10.1186/s12889-024-19757-3

Izdebski, Z., Kozakiewicz, A., Białorudzki, M., Dec-Pietrowska, J., & Mazur, J. (2023). Occupational burnout in healthcare workers, stress and other symptoms of work overload during the COVID-19 pandemic in Poland. *International Journal of Environmental Research and Public Health, 20*(3), 2428. https://doi.org/10.3390/ijerph20032428

Liu, J., & Liu, Y. (2020). Reducing the harmful impact of work stress on creativity? Buffering model of available resources. *Open Journal of Social Sciences, 8*(2), 62–76. https://doi.org/10.4236/jss.2020.82006

Molero, M. J., Pérez-Fuentes, M. D. C., Oropesa, N. R., Simón, M. M., & Gázquez, J. L. (2019). Self-efficacy and emotional intelligence as predictors of perceived stress in nursing professionals. *Medicina, 55*(6), 237. https://doi.org/10.3390/medicina55060237

Olayinka, A. O., & Osamudiamen, O. S. (2018). Occupational stress management among nurses in selected hospital in Benin City, Edo State, Nigeria. *European Journal of Experimental Biology, 3*(1), 487–492. http://www.pelagiaresearchlibrary.com

Olorunfemi, O., & Chika, O. J. (2024). Effect of occupational stress on work behavior as perceived by nurses at Benue State University Teaching Hospital Makurdi. *Indian Journal of Occupational and Environmental Medicine, 28*(1), 23–26. https://doi.org/10.4103/ijoem.ijoem_7_23

Soetan, M. K., & Popoola, B. I. (2018). Workload and areas of specialisation as correlates of job stress among university lecturers in Southwestern Nigeria. *European Journal of Education Studies*. https://doi.org/10.46827/ejes.v0i0.2047

Tekeletsadik, S., Mulat, H., Molla, N., & Tigist, W. (2020). Occupational stress and its associated factors among health care professionals working at a setting of a swift, specialized mental hospital, Addis Ababa, Ethiopia, 2017: A hospital-based cross-sectional study. *Journal of Psychology & Psychotherapy, 10*(1), 368. https://doi.org/10.35248/2161-0487.20.10.368

Werke, E. B., & Weret, Z. S. (2023). Occupational stress and associated factors among nurses working at public hospitals of Addis Ababa, Ethiopia: A hospital-based cross-sectional study. *Frontiers in Public Health, 11*, 1147086. https://doi.org/10.3389/fpubh.2023.1147086

Alharbi, H., & Alshehry, A. J. A. S. (2019). Perceived stress and coping strategies among ICU nurses in government tertiary hospitals in Saudi Arabia: A cross-sectional study. *Annals of Saudi Medicine, 39*(1), 48–55. https://doi.org/10.5144/0256-4947.2019.48

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MINISTRY OF HEALTH

DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION

PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No. .....

All communications should be addressed to

the Honorable Commissioner quoting our Ref. No. AD13/479

Date 13th SEPTEMBER, 2024

NAME OF PRINCIPAL INVESTIGATOR: FAPOJUWO TEMITOPE

TITLE OF STUDY: PREDICTORS OF WORKPLACE STRESS AMONG NURSES OF SELECTED GOVERNMENT HOSPITALS IN IBADAN, OYO STATE, NIGERIA.

RESEARCH INSTITUTION: LEAD CITY UNIVERSITY.

NREC ASSIGNED NUMBER: NHREC/OYOSHRIEC/10/11/22

DATE OF RECEIPT OF VALID APPLICATION: 22/08/2024

NOTIFICATION OF EXECUTIVE APPROVAL OF PROTOCOL

This is to notify you that the Oyo State Ministry of Health Research Ethics Committee (HREC) has concluded to give executive approval to your research proposal after necessary reviews and corrections under the regulations guiding experiment in human subjects.

2. This approval is for a period of (1) one year from 26th August, 2024 to 26th July, 2025. If there is hindrance in starting this research, please inform the Oyo State HREC so that dates of approval can be adjusted accordingly. Note that no activity related to this research may be conducted outside these dates. No changes are permitted in the research without prior approval by Oyo State HREC.

3. All forms and questionnaires used in this study must carry the HREC assigned number and the duration of HREC approval. You are to note further that the National Code of Health Research Ethics requires you to comply with all Institutional guidelines, rules and regulation of the codes. Please ensure that any adverse effect from your study is quickly reported to the HREC Oyo State Ministry of Health, Ibadan.

4. You are expected to submit a report to this committee every three (3) months from the date of this approval. The Oyo State HREC reserves the right to conduct compliance visit on your research sites without previous notification.

5. I thank you.

Dr. Abbas Gbolahan
ector, Planning, Research &
)yo State, Research Ethics Re

Direct, Planning, Research & Statistics
Secretary, Oyo State Research Ethics Review Committee