



Stressors among Healthcare Workers during Covid-19 Era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka Anambra State Nigeria

O.C.N. Okonkwor (Ph.d)¹, Ifediora U.L.², Nnaemezie, Nkiru O.(Ph.d)³

^{1,2,3}Department of Human Kinetics and Health Education, Nnamdi Azikiwe University, Awka

ABSTRACT: The research on stress, its effect, sources and management cannot be over emphasized. The purpose of the study is to determine the stressors among healthcare workers at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka. Six research questions were posited and four hypotheses were formulated to guide the study. The cross sectional survey research design was used for the study. The multi stage sampling technique was used to draw a sample of 267 out of 772 Healthcare workers (HCWs). The instrument for data collection was a researcher's designed questionnaire. The instrument was subjected to reliability test using the pilot test method. The data collected were analyzed using frequency and percentages for research questions (1-6) while the null hypotheses were tested using Chi – square statistics. The result revealed ten stressors to healthcare workers during covid-19 era which were demanding workload which was endorsed by 96.2% of the respondents, Time pressure (84.5%), sleep deprivation (66.8%), role ambiguity and conflicts (54.3%), home/work interconnection (71.3%), emotional exhaustion (87.5%), limited break periods (78.5), fear of exposure to infection (95.8%), physical and psychological abuse (56.2%), and concerns about children not being taken care of properly when you are away (60.8%). Based on the findings and conclusions, the researcher recommended among other things that the demanding workload of the healthcare professionals can be reduced by employing more workers hereby reducing stress. Also, Annual leave, maternity leave, casual leave and break periods amidst work, etc should not be denied any job category in the healthcare system to avoid break down in health of the HCWs.

KEYWORDS: COVID-19, Healthcare workers, Stressors.

INTRODUCTION

Stress is one of the most occurring physical, psychological and mental health problems witnessed in the world today because every human being have needs and wants that they wish to satisfy. So, as efforts are being made to meet these numerous needs, one finds oneself in stressful situations. This is to say that stress is intertwined with our daily life activities especially work. According to Okonkwor (2019), stress is referred to as the unhealthy reaction of the individual to a variety of factors affecting him or her at any particular time. The American Institute of Stress (2022) opined that the biggest threat to health today is stress. World Health Organization (WHO) (2020) revealed that stress relating to work is the second most frequent health problem impacting one third of employed workers in the world today.

A healthcare worker (HCW) is a person trained and knowledgeable in medicine, nursing, or other allied health professions or public/community health (Wikipedia, 2012). According to Ozor (2014) healthcare workers – HCWs can be referred to as a group of practitioners with specialized education and training, in their various fields of health who render curative, preventive, rehabilitative, and educational services to patients and public on matters relating to their health. The costs of stress in health care workers can affect both the individual and the organization. Koinis (2015) stated that workplace stress can influence healthcare workers' physical and emotional well-being by curbing their efficiency and having a negative impact on their overall quality of life. Okonkwor (2019) also opined that over-working and exposure to work hazards leads to physical and mental stress no matter the type of work. According to Aniza, Malini, and Khalib (2010), stress affect both the organization and individual by causing ill health on the individual and slowing the progress of the organization, it causes economic loss as a result of high absenteeism among staff, low productivity and a decrease in decision making



ability. A report by International Labour Office-ILO (2016), clearly indicated that increased absenteeism among staff have a considerable impact on productivity of an organization. High level of stress results in staff burnout and turnover which adversely affect HCWs in caring for patients. A study conducted by Celmece and Menekay (2020) supported that stress, anxiety and burnout of healthcare workers caring for Covid-19 patients affected their quality of life. Committed Health workers deal with humans than machines every day, exposing themselves to enormous stress, this kind of stress is actually a sign that the HCWs is giving their best to their work but according to International Labour Office-ILO (2021), high stress levels can contribute to developing health-related impairments, including mental and behavioural disorders such as exhaustion, burn out, anxiety and depression, as well as other physical impairments like cardiovascular disease and musculoskeletal disorders.

The coronavirus disease 2019(COVID-19) is a communicable respiratory disease caused by new strain of coronavirus that causes illness in humans; this novel virus affected a lot of countries in the world including Nigeria. The pandemic has not only caused a high mortality rate from viral infections but also psychological and mental effects on the rest of the world. The outbreak of the novel corona virus disease 2019 (COVID-19) pandemic presented a great threat to the physical and mental health of the general population especially the healthcare workers, although the pandemic has been under effective control.

According to a study conducted by Cui et al (2021) Health care workers are more likely to be infected than any other group. Of the confirmed cases worldwide, 6%, or 90,000, were healthcare workers. In Nigeria, NCDC (2020) confirmed that about 812 HCWs were infected with COVID-19. There are many sources from which stress emanates and these sources of stress are called stressors. Centre for Studies on Human Stress (CSHS) (2019) defined stressor as anything that causes the release of stress hormone. Kovacs, Miklos and Bali (2005) stated that stressors posed by the external and internal environment are divided into two main categories: physiological and psychological. Stressors in the work situation are thought to cause poor psychological or physical health, or to cause risk factors making poor health more likely especially during this Covid-19 era.

. It is important, therefore, to be able to identify and manage these stressors early, in order to avoid the more adverse effects of stress on the health and wellbeing of the health care workers.

PURPOSE OF THE STUDY

The purpose of this study is to find out the stressors among Health Care workers during Covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka Anambra State. Specifically, the study seeks to determine;

1. The stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka.
2. The stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their gender;
3. The stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their Job type;

Research Questions

To guide this present study, the following research questions were posed;

1. What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka.
2. What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their gender?
3. What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their job type?

Research Hypotheses

The following hypotheses were formulated to guide the study and were tested at 0.05 level of significance;



1. There is no significant difference in the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their gender.
2. There is no significant difference in the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their job type.

METHODS

The research design used to carry out this research is the Cross sectional survey design. The study was carried out in Awka South L.G.A, Anambra State. Awka South L.G.A is made up of nine (9) towns, namely, Amawbia; Awka; Ezinato; Isiagu; Mbaukwu; Nibo; Nise; Okpuno and Umuawulu. The population of the study consists of 772 health care workers at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka. These will include Doctors, Nurses, Medical laboratory scientist, Pharmacist, Physiotherapists, Dental Technologists, optometrists, Radiographers, Administrative officers, Works Dept, Dietician, Scientific Officers, Health Attendants (Cleaners), Health records officers and Tutors. The sample of the study consists of 267 HCWs working in COOUTH. Multistage sampling was used to select the sample required for the study. The instrument used for data collection was the researcher's designed questionnaire on Stressors of Health Care workers during Covid-19 era questionnaire (SSMPHCWCEQ). The data was analyzed using Statistical Package for Social Sciences (SPSS) version 25. The research questions was answered using frequency and percentage of response. The research hypothesis was tested using Chi Square (X²) at 0.05 level of significance.

PRESENTATION AND ANALYSIS OF DATA

Research Question 1

What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka.

Table 1. Frequencies and percentages on the Stressors among HCWs during Covid-19 Era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka.

Stressors	Yes	No
	Freq. (%)	Freq. (%)
1. Demanding workload (increasing cases, too much to do and patients' expectations and demands)	255(96.2)	10(3.8)
2. Time pressure (meeting deadlines, long working hours)	224(84.5)	41(15.5)
3. Insufficient work equipment/facilities (personal protection device such as facemasks. gloves etc., ventilators, test kits, ambulance and isolation centers)	88(33.2)	177(66.8)
4. Lack of social supports (particularly from hospital management, from colleagues, family and friends)	52(19.6)	213(80.4)
5. Sleep deprivations (call duties)	177(66.8)	88(33.2)
6. Role ambiguity and conflicts (staff conflicts, lack of job clarity and high demands on self and others)	144(54.3)	121(45.7)
7. Lack of career development options (Covid-19 trainings and workshop)	49(18.5)	216(81.5)
8. Home/work interconnection (balancing work with home affairs)	189(71.3)	76(28.7)
9. Emotional exhaustion (dealing with death and dying patients)	232(87.5)	33(12.5)
10. Limited break periods (no regular meal due to work)	208(78.5)	57(21.5)



11. Fear of exposure to infection (needle sticks injuries) and spreading the virus to family members	254(95.8)	11(4.2)
12. Physical or psychological abuse (exposure to work related violence or threats especially from patients' relatives)	149(56.2)	116(43.8)
13. Concerns about your children not being taken care of properly when you are away.	161(60.8)	104(39.2)
14. lifting heavy patients	39(14.7)	226(85.3)

Results presented in Table 1 shows that out of the 14 possible stressors, 10 were identified by over 50% of HCW in COOU as the stressors they experienced in the Covid-19 era.

Research Question 3

What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their gender?

Table 3: Gender Distribution of Frequencies and percentages on Stressors among HCWs during Covid-19 Era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka

Stressors	Male (n=94)		Female (n=171)	
	Yes	No	Yes	No
	N (%)	N (%)	N (%)	N (%)
1. Demanding workload (increasing cases, too much to do and patients' expectations and demands)	91(96.8)	3(3.3)	164(95.9)	7(4.1)
2. Time pressure (meeting deadlines, long working hours)	68(72.3)	26(27.7)	156(91.2)	15(8.8)
3. Insufficient work equipment/facilities (personal protection device such as facemasks. gloves etc., ventilators, test kits, ambulance and isolation centers)	18(19.1)	76(80.9)	70(40.9)	101(59.1)
4. Lack of social supports (particularly from hospital management, from colleagues, family and friends)	14(14.9)	80(85.1)	38(22.2)	133(77.8)
5. Sleep deprivations (call duties)	61(64.9)	33(35.1)	116(67.8)	55(32.2)
6. Role ambiguity and conflicts (staff conflicts, lack of job clarity and high demands on self and others)	40(42.6)	54(57.4)	104(60.8)	67(39.2)
7. Lack of career development options (Covid-19 trainings and workshop)	4(4.3)	90(95.7)	45(26.3)	126(73.7)
8. Home/work interconnection (balancing work with home affairs)	40(42.6)	54(57.4)	149(87.1)	22(12.9)
9. Emotional exhaustion (dealing with death and dying patients)	79(84)	15(16)	153(89.5)	18(10.5)
10. Limited break periods (no regular meal due to work)	81(86.2)	13(13.8)	127(74.3)	44(25.7)



11. Fear of exposure to infection (needle sticks injuries) and spreading the virus to family members	88(93.6)	6(6.4)	166(97.1)	5(2.9)
12. Physical or psychological abuse (exposure to work related violence or threats especially from patients' relatives)	40(42.6)	54(57.4)	109(63.7)	62(36.3)
13. Concerns about your children not being taken care of properly when you are away.	17(18.1)	77(81.9)	144(84.2)	27(15.8)
14. Lifting heavy patients	10(10.6)	84(89.4)	29(17)	142(83)

Table 3 shows that of the 14 stressors listed, six were affirmed by both male and female HCWs to be stressor during the covid-19 era. These included: demanding workload, time pressure, sleep deprivation, emotional exhaustion and limited break periods.

Research Question 4

What are the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their job type?

Table 4: Frequencies and Percentages on Stressors among HCWs during Covid-19 Era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka by Job Type

Stressors	Doctor (n=72)		Nurse (n=87)		*M.L.S (=27)		*H.R.O		*H.A.	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)
1. Demanding workload (increasing cases, too much to do and patients' expectations and demands)	70(97.2)	2(2.8)	84(96.6)	3(3.4)	25(92.6)	2(11.1)	16(88.9)	2(11.1)	60(98.4)	1(1.6)
2. Time pressure (meeting deadlines, long working hours)	45(62.5)	27(37.5)	80(92)	7(8)	25(92.6)	2(7.4)	14(77.8)	4(22.2)	60(98.4)	1(1.6)
3. Insufficient work equipment/facilities (personal protection device such as facemasks, gloves etc.,	10(13.9)	62(86.1)	66(75.9)	21(24.1)	2(7.4)	25(92.6)	2(11.1)	16(88.9)	8(13.1)	53(86.9)



	ventilators, test kits, ambulance and isolation centers)										
4.	Lack of social supports (particularly from hospital management, from colleagues, family and friends)	12(16.7)	60(83.3)	14(16.1)	73(83.9)	4(14.8)	23(85.2)	3(16.7)	15(83.3)	19(31.1)	42(68.9)
5.	Sleep deprivations (call duties)	49(68.1)	23(31.9)	66(75.9)	21(24.1)	18(66.7)	9(33.3)	9(50)	9(50)	35(57.4)	26(42.6)
6.	Role ambiguity and conflicts (staff conflicts, lack of job clarity and high demands on self and others)	14(19.4)	58(80.6)	55(63.2)	32(36.8)	17(63)	10(37)	7(38.9)	11(61.1)	51(83.6)	10(16.4)
7.	Lack of career development options (Covid-19 trainings and workshop)	2(2.8)	70(97.2)	32(32.8)	55(63.2)	3(11.1)	24(88.9)	2(11.1)	24(88.9)	10(16.4)	51(83.6)
8.	Home/work interconnection (balancing work with home affairs)	48(66.7)	24(33.3)	68(78.2)	19(21.8)	18(66.7)	9(33.3)	11(61.1)	7(38.9)	44(72.1)	17(27.9)
9.	Emotional exhaustion (dealing with death and dying patients)	70(97.2)	2(2.8)	84(96.6)	3(3.4)	23(85.2)	4(14.8)	4(22.2)	14(77.8)	51(83.6)	10(16.4)
10.	Limited break periods (no regular meal due to work)	68(94.4)	4(5.6)	49(56.3)	38(43.7)	23(85.2)	4(14.8)	17(94.4)	1(5.6)	51(83.6)	10(16.4)
11.	Fear of exposure to infection (needle sticks injuries) and spreading the	83(95.4)	4(4.6)	83(95.4)	4(4.6)	25(92.6)	2(7.4)	18(100)	-	60(98.4)	1(98.4)



	virus to family members										
12.	Physical or psychological abuse (exposure to work related violence or threats especially from patients' relatives)	23(31.9)	49(68.1)	71(81.6)	16(18.4)	6(22.2)	21(77.8)	9(50)	9(50)	40(65.6)	21(32.4)
13.	Concerns about your children not being taken care of properly when you are away.	30(41.7)	42(58.3)	70(80.5)	17(19.5)	13(48.1)	14(51.9)	11(61.1)	7(38.9)	37(60.7)	24(39.3)
14.	Lifting heavy patients	2(2.8)	70(97.2)	27(31)	60(69)	1(3.7)	26(96.3)	1(5.6)	17(94.4)	8(13.1)	53(86.9)

*M.L.S = Medical Lab. Scientist; H.R.O = Health Records Officer; H.A = Health Attendant (Cleaner)

Results presented in Table 4 shows that out of the 14 stressors listed, 6 were identified as common stressors in Covid-19 era among the 5 different categories of HCWs in COOU. These included: demanding workload, Time pressure, sleep deprivation, home/work interconnection, limited break periods and fear of exposure to infection.

Hypothesis 1

There is no significant difference in the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their gender.

Table 1. Chi-square analysis on the differences in Responses on Stressors of HCWs during the Covid-19 Era at Chukwuemeka Odumegwu Ojukwu Teaching Hospital, Awka Based on Gender

Stressors	Male (n=94)		Female (n=171)		X ² (1)	p	Decision
	Yes	No	Yes	No			
	N (%)	N (%)	N (%)	N (%)			
1. Demanding workload (increasing cases, too much to do and patients' expectations and demands)	91(96.8)	3(3.3)	164(95.9)	7(4.1)	.14	.71	NS
2. Time pressure (meeting deadlines, long working hours)	68(72.3)	26(27.7)	156(91.2)	15(8.8)	16.55	.00	S



3.	Insufficient work equipment/facilities (personal protection device such as facemasks, gloves etc., ventilators, test kits, ambulance and isolation centers)	18(19.1)	76(80.9)	70(40.9)	101(59.1)	12.98	.00	S
4.	Lack of social supports (particularly from hospital management, from colleagues, family and friends)	14(14.9)	80(85.1)	38(22.2)	133(77.8)	2.07	.00	S
5.	Sleep deprivations (call duties)	61(64.9)	33(35.1)	116(67.8)	55(32.2)	.24	.63	NS
6.	Role ambiguity and conflicts (staff conflicts, lack of job clarity and high demands on self and others)	40(42.6)	54(57.4)	104(60.8)	67(39.2)	8.16	.00	S
7.	Lack of career development options (Covid-19 trainings and workshop)	4(4.3)	90(95.7)	45(26.3)	126(73.7)	19.59	.00	S
8.	Home/work interconnection (balancing work with home affairs)	40(42.6)	54(57.4)	149(87.1)	22(12.9)	58.94	.00	S
9.	Emotional exhaustion (dealing with death and dying patients)	79(84)	15(16)	153(89.5)	18(10.5)	1.64	.20	NS
10.	Limited break periods (no regular meal due to work)	81(86.2)	13(13.8)	127(74.3)	44(25.7)	5.09	.02	S
11.	Fear of exposure to infection (needle sticks injuries) and spreading the virus to family members	88(93.6)	6(6.4)	166(97.1)	5(2.9)	1.82	.18	NS
12.	Physical or psychological abuse (exposure to work	40(42.6)	54(57.4)	109(63.7)	62(36.3)	11.07	00	S



	related violence or threats especially from patients' relatives)												
13.	Concerns about your children not being taken care of properly when you are away.	17(18.1)	77(81.9)	144(84.2)	27(15.8)	111.24	.00	S					
14.	Lifting heavy patients	10(10.6)	84(89.4)	29(17)	142(83)	1.93	.17	S					

Chi-square results presented in Table 1 indicates that male and female HCWs were significantly different in their responses regarding the stressors they experienced during the covid-19 era. This was shown by the *p*-values for 10 out of the 14 items on stressors which were less than 0.05 level of significance. The null hypothesis was, therefore, rejected.

Hypothesis 2

There is no significant difference in the stressors among HCWs during covid-19 era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka based on their job type.

Table 2. Chi-square analysis on the difference in the Responses on Stressors of HCWs during the Covid-19 Era at Chukwuemeka Odumegwu Ojukwu Teaching Hospital, Awka Based on Job Type

Stressors	Doctor (n=72)		Nurse (n=87)		*M.L.S (=27)		*H.R.O		*H.A.		X ² (4)	p	Decision
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			
	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)			
1. Demanding workload (increasing cases, too much to do and patients' expectations and demands)	70(97.2)	2(2.8)	84(96.6)	3(3.4)	25(92.6)	2(7.4)	16(88.9)	2(11.1)	60(98.4)	1(1.6)	4.64	.33	NS
2. Time pressure (meeting deadlines, long working hours)	45(62.5)	27(37.5)	80(92)	7(8)	25(92.6)	2(7.4)	14(77.8)	4(22.2)	60(98.4)	1(1.6)	41.23	.00	S



3.	Insufficient work equipment/facilities (personal protection device such as facemasks, gloves etc., ventilators, test kits, ambulance and isolation centers)	10(13.9)	62(86.1)	66(75.9)	21(24.1)	2(7.4)	25(92.6)	2(11.1)	16(88.9)	8(13.1)	53(86.9)	106.65	.0	S
4.	Lack of social supports (particularly from hospital management, from colleagues, family and friends)	12(16.7)	60(83.3)	14(16.1)	73(83.9)	4(14.8)	23(85.2)	3(16.7)	15(83.3)	19(31.1)	42(68.9)	6.72	.15	NS
5.	Sleep deprivation (call duties)	49(68.1)	23(31.9)	66(75.9)	21(24.1)	18(66.7)	9(33.3)	9(50)	9(50)	35(57.4)	26(42.6)	8.0	.0	NS
6.	Role ambiguity and conflicts (staff conflicts, lack of job clarity and high demands on self and others)	14(19.4)	58(80.6)	55(63.2)	32(36.8)	17(63)	10(37)	7(38.9)	11(61.1)	51(83.6)	10(16.4)	61.7	.00	S



7.	Lack of career development options (Covid-19 trainings and workshop)	2(2.8)	70(97.2)	32(32.8)	55(63.2)	3(11.1)	24(88.9)	2(11.1)	24(88.9)	10(16.4)	51(83.6)	32.9	.00	S
8.	Home/work interconnection (balancing work with home affairs)	48(66.7)	24(33.3)	68(78.2)	19(21.8)	18(66.7)	9(33.3)	11(61.1)	7(38.9)	44(72.1)	17(27.9)	3.98	.41	NS
9.	Emotional exhaustion (dealing with death and dying patients)	70(97.2)	2(2.8)	84(96.6)	3(3.4)	23(85.2)	4(14.8)	4(22.2)	14(77.8)	51(83.6)	10(16.4)	84.1	.00	S
10.	Limited break periods (no regular meal due to work)	68(94.4)	4(5.6)	49(56.3)	38(43.7)	23(85.2)	4(14.8)	17(94.4)	1(5.6)	51(83.6)	10(16.4)	40.56	.0	
11.	Fear of exposure to infection (needle sticks injuries) and spreading the virus to family members	83(95.4)	4(4.6)	83(95.4)	4(4.6)	25(92.6)	2(7.4)	18(100)	-	60(98.4)	1(98.4)	2.87	.58	NS
12.	Physical or psychological abuse (exposure to work related violence or threats especially from	23(31.9)	49(68.1)	71(81.6)	16(18.4)	6(22.2)	21(77.8)	9(50)	9(50)	40(65.6)	21(32.4)	55.1	.00	S



patients' relatives)														
13. Concerns about your children not being taken care of properly when you are away.	30(41.7)	42(58.3)	70(80.5)	17(19.5)	13(48.1)	14(51.9)	11(61.1)	7(38.9)	37(60.7)	24(39.3)	26.9	.00	S	
14. Lifting heavy patients	2(2.8)	70(97.2)	27(31)	60(69)	1(3.7)	26(96.3)	1(5.6)	17(94.4)	8(13.1)	53(86.9)	30.5	.00	S	

The results displayed in Table 2 shows that there was a significant difference in the responses of HCWs of different job types regarding the stressors they experienced during the covid-19 era since the *p*-values for 8 out of the 14 items which were less than 0.05 level of significance. The null hypothesis was, therefore, rejected.

Stressors among health care workers during Covid-19 Era.

Findings from the study showed that the stressors among the Healthcare during covid-19 era included: demanding workload, role conflict and ambiguity, sleep deprivation, home-work interconnection, emotional exhaustion, limited break periods, fear of exposure to infections, physical and psychological abuse and concerns about your children not being taken care of properly when you are away at work . This finding is in line with Rose et al (2021) whose findings stated increasing cases, insufficient amount of personal protection equipment, extremely demanding workloads and lack of adequate equipment and facilities to save lives as stressors related to working during covid-19 pandemic. A possible explanation to this may be because the study was also carried out among health care workers during Covid -19 era. These healthcare workers are likely to experience stressor due to the nature of their job and the sudden outbreak of covid-19 pandemic.

The findings was also in line with Ahsan et al (2009) whose findings identified six workplace stressors that may impact on workers and they include: workload pressure, relationship with others (including patients' relative), role conflict, home/work interconnection, role ambiguity and performance pressure. This is because stressors bring about job stress which affects job satisfaction among the staff in various organizations including the healthcare system.

Some stressors unique to female healthcare workers include: role ambiguity and conflict, home/work interconnection, physical or psychological abuse, and concerns about their children not being take care of properly when away.

Nurses (75.9%) identified 'Insufficient work equipment/facilities' among the stressors while none of the other categories of HCWs identified it as a stressor. Again, over 50% of the Nurses, Medical Lab. Scientists and Health Attendants indicated that 'role ambiguity and conflicts were stressors while Doctors and Health Records Officers did not see it as stressors. While 'emotional exhaustion' was common stressors among Doctors (97.2%), Nurses (78.2%), Medical Lab. Scientists (85.2%) and Health Attendants (83.6%), it was not a stressor for Health Records Officers (22.2%). Also, 'physical and psychological abuse' was seen as a stressor by Nurses and Health Attendants but was not identified as a stressor by other categories of HCWs. For Nurses (80.5%), Health Records Officers (61.1%) and Health Attendants (60.7%), 'concerns about children not being taken care of properly when you are away' was identified as a stressor but was not a stressors among Doctors and Medical Lab. Scientists.

CONCLUSION

Based on the findings of the study, it would be concluded that the stressors that affected HCWs in COOUTH, Awka during Covid-19 era were demanding workload, Time pressure, sleep deprivation, role ambiguity and conflicts, home/work interconnection, emotional



exhaustion, limited break periods, fear of exposure to infection, physical and psychological abuse, and concerns about children not being taken care of properly when you are away. It would be also concluded that home/work interconnection, concerns about children not being taken care of properly when you are away and physical or psychological abuse are peculiar stressors among female HCWs than the male in COOUTH, Awka.

REFERENCES

1. Ahsan, N., Abdullah, Z., Fie, D., & Alam, S. (2009). Job stress on Job satisfaction among university staff in Malaysia: Empirical study. *European Journal of Social Sciences*, 8(1), 121-131.
2. Celmece N., & Menekay M. (2020). The Effect of Stress, Anxiety and Burnout Levels of Healthcare Professionals Caring for Covid-19 Patients on their Quality of Life: *Front Psychology* 11:597624. doi: 10.3389/fpsyg.2020.597624
3. Centers for Disease Control and Prevention (CDC)(2020). Support for Public Health Workers and Health Professionals. Retrieved from <https://www.cdc.gov/mentalhealth/stress-coping/healthcare-workers-first-resonders/index.html>
4. Centre for Studies on Human Stress (CSHS) (2019). Two broad categories of stressors. Retrieved from <https://humanstress.ca/stress/what-is-stress/stressors/>
5. Chukwuemeka OdumegwuOjukwu Teaching Hospital, Awka - COOTH (2007). Retrieved October 6, 2011, from <http://www.COOTHnig.com.org>.
6. Chukwuemeka OdumegwuOjukwu Teaching Hospital, Awka - COOTH (2007). Retrieved October 6, 2011, from <http://www.COOTHnig.com.org>.
7. Cui, S., Jiang, Y., Shi, Q., Zhang, L., Kong, D., Qian, M. & Chu, J.(2021).Impact of Covid-19 on Anxiety, Stress, and Coing Styles in Nurses in Emergency Departments and Fever Clinics: A Cross-Sectional Survey. *Risk management and healthcare policy*,14:585-594. Doi:10.2147/RMHP.s289782
8. Ehsan, M.&Ali, K.(2015).The Impact of work Stress on Employee Productivity: Based in the Banking Sector of Faisalabad, Pakistan. *International Journal of Innovation and Economic Development* 4(6) pp 32-50.doi:10.18775/ijied.1849-7551-7020.2015.46.23
9. International Labor Office-ILO (2016). *World Employment and Social Outlook*. Geneva: Document and Publications Production, Printing and Distribution Branch of the ILO.
10. International Labor Office-ILO (2021). *World Employment and Social Outlook*. Geneva: Document and Publications Production, Printing and Distribution Branch of the ILO.
11. Koinis, A. (2015). The Impact of Healthcare Workers Job Environment on their Mental-emotional health. *Coping Strategies: The Case Of a Local General Hospital*. *Health Psychology Research* 3. 10.4081/hpr.2015.1984.
12. Okonkwor, Oby . C.N.(2019) *Stress Management in Challenging times*. Awka Orient Publishers.
13. Ozor C. (2014).Sources of Stress and Stress Management Practices of Healthcare Professionals at National Orthopaedic Hospital in Enugu East Local Government Area of Enugu State. Unpublished masters' thesis, Department of Physical and Health Education, University of Nigeria, Nsukka. X+93
14. Rose, S., Hartnett J. & Pillai S.(2021) Healthcare worker's emotions, perceived stressors and coping mechanisms during the Covid-19 pandemic. *PLoS One* 16(7):e0254252. Doi:10.1371/journal.pone.0254252

Cite this Article: O.C.N. Okonkwor, Ifediora U.L., Nnaemezie, Nkiru O. (2023). Stressors among Healthcare Workers during Covid-19 Era at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka Anambra State Nigeria. International Journal of Current Science Research and Review, 6(3), 2059-2071