WORK STRESS AND WOMEN'S HEALTH IN EKITI STATE CIVIL SERVICE BY

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ABSTRACT

Stress not only increases medical costs but also reduce the efficient capability of an individual. It becomes imperative to manage stress so as to reduce ill health and associated medical costs as women are at a higher risk for the development of stress or strain related illnesses. This paper seeks to identify the possible causes of stress, investigates the effect of reported stress experienced by women on their health, and examines the coping strategies used by women.

The study adopted the use of structural functionalist theory and Health Belief Model in explaining the disposition of women in the civil service to seek medical attention. The study employed both quantitative and qualitative methods of data collection. A total of 250 questionnaires were distributed among women in Ekiti State Civil Service Commission. 203 questionnaires were retrieved and used for the analysis while 25 respondents were interviewed. The quantitative data was analyzed by using SPSS v 18 while the qualitative data was analyzed through manual content analysis.

The findings revealed that 55.2% are of the opinion that long working hours and overtime is the major cause of stress among women. This implies that as women spend much time at work, results in stress, which in turn affect their health.

Consequently, work-related stress among women should be reduced and women should engage in meaningful activities that are less stressful. The knowledge gained in this paper could be used to develop a rehabilitation programme in the return to work process.

KEYWORDS: Woman, Stress, Civil Service, Health, Ekiti State

INTRODUCTION

Word Count: 245

Background to the Study

Job life is one of the important parts of our daily lives which cause a great deal of stress. Due to the competitive nature of the job environment, most of the people in the world today are spending their time for job related work purposes resulting in stress, which may influence their health and lives. Usually women are more worried about the outcome of their work which can even affect the way they attend to other things, especially on health related issues. For example, people with a higher percentage of occupational stress may not be satisfied with their job and therefore they will not feel happy working in the organization.

Every organisation thus strives not only to be effective but also to be efficient, as this facilitates its core objective of profit making and profitability. In today's globalized economy, where firms face stiff competitions from the global arena, there is a greater challenges on organizations to be more efficient, so as to maintain their edge and survive in a competitive global marketplace. Against this backdrop, organizations in recent times have embarked on strategies geared towards increasing efficiency and in the workplace. These strategies vary in range from outsourcing, downsizing, flexibility management, rightsizing, mergers and restructuring. (Ogunbameru, 2004)

Stress is a pressure or worry caused by the problems in somebody's life which is often a factor in the development of long term sickness. According to Collins (2000), stress is emotional or physical strain or tension". Stress can also be explained as the result of any emotional, physical, social, economic, or other factors that require a response or change. Robbins (2001:563) defines stress as a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important". Kreitner, Kinicki & Buelens (1999:503) define stress as an adaptive response, mediated by individual characteristics and/or psychological processes, that is a consequence of any external action, situation or event that places special physical and/or psychological demands upon a person".

Since the mid-1980s, however, work stress may be escalating due to the increasing use of technology, continuous rises in health care costs, and turbulence within the work environment. In 1974, Freuden berger coined the term "burnout" to describe workers' reactions to the chronic stress common in occupations involving numerous direct interactions with people.

Women continue to juggle multiple roles, including those roles related to the home and family, for which the women may have sole or major responsibility. Family and work are inter-related and interdependent to the extent that experiences in one area affect the quality of life in the other (Sarantakos, 1996).

Problem

Stress and a stressed workforce not only increase costs but also reduce the efficiency capability of an organisation. Thus, it becomes imperative to manage and come with stress so as to reduce ill health and associated medical costs as well as other cost/overheads associated with work inefficiency. In 1992, a United Nations Report entitled "Job Stress the 20th Century Disease" emphasised the severity of the concept and a few years later, the World Health Organization declared that stress had become a 'worldwide epidemic'. A 1998 study reported that rapid changes in the workforce had resulted in a staggering unemployment rate of 10% in the European Union and higher rates of job stress complaints. Nigeria had a similar problem as a result of a major and prolonged recession. Research from across the globe indicates that the phenomenon of occupational stress in the government parastatal is widespread and increasing exponentially.

Women are at a higher risk for the development of stress or strain related illnesses. The Central Bureau of Statistics has shown that absence rates among the women are among the highest of all the sectors and higher than absence rates in other stressful occupational settings such as government sectors, organisation, transport, or education. As a result of the occupational burden of women, stress among the mothers is widely studied. The number of studies on stress or strain among mothers has grown considerably in the last decades.

This may cause them to face plenty of stress and therefore affect their effectiveness and even their physical or mental health. The aim of this study is to identify the stressors issues (Women) that will influence their job efficiency. We selected women because public sectors have been consistently identified as a group experiencing high stress at work.

Numerous studies found that job stress influences the employees' efficiency and their overall performance in their work, because most of the public sectors now are more demanding for the better job outcomes. In fact, modern times have been called as the "age of anxiety and stress" (Coleman, 1976).

The stress itself will be affected by number of stressors. Nevertheless, Beehr and Newman (1978) had defined stress as a situation which will force a person to deviate from normal functioning due to the change (i.e. disrupt or enhance) in his/her psychological and/or physiological condition, such that the person is forced to deviate from normal functioning.

From the definitions that have been identified by researchers, we can conclude that it is truly important for an individual to recognize the stresses they face in their career.

The stress itself will be affected by number of stressors. More generally, stress is a contributing factor for a number of physical and mental health conditions. These health problems have significant costs in decreased quality of life, decreased productivity, and mortality. Relaxation therapies are now commonly used to reduce negative stress consequences and were included in treatments of more than two thirds of the most frequently reported medical conditions in the United States (Eisenberg et al., 1998).

RESEARCH QUESTIONS

This study would attempt to answer the following questions:

- What are the factors causing stress among women in the civil service?

- What are the effects of stress on the health of women?

- In what ways does stress affect the efficiency of women in the civil service?

- What are the coping strategies adopted by women?

OBJECTIVES OF THE STUDY

This study will seek to extend previous research by measuring coping strategies that might be used in dealing with work stress. In trying to find an answer(s) to the research questions and on the basis of the above background discussion and research questions, the main purpose developed for this paper is to assess the factors that affect women in relationship to their job efficiency at work. The broad objectives of this study are to bring to the fore the following:

- Identify the possible causes of stress experienced by women working in Ekiti State Civil Service.

- To investigate the effect of reported stress experienced by the woman on their health.

- To evaluate work efficiency amongst women in the civil service.

- To examine the coping strategies used by the women.

STRESS

The Webster's New World Dictionary defined stress as a factor that induces bodily or mental tension, also a state induced by such a stress". The World Book Encyclopedia defined stress as a body condition that may occur, when a person faces a threatening or unfamiliar situation, such situation includes illness, less of jobs". It is important to note that dictionary definitions of stress are not adequate to facilitate a robust understanding of the concept of stress. There are plethora of definitions that have been given to the concept of stress, this is because various scholars subscribe to various theoretical positions on how stress affect the individual, organisation and the society at large, their divergent theoretical stance, thus influences how they define and conceptualize stress. Job stress is a significant topic of interest for organizational researchers, managers, and society as a whole. It is a great importance, since job stress is one of the factors influencing individual work performance (Warr, 2002).

Another substantial factor is the fact that stress causes a high cost on individual health and well-being (Cooper, Dewe & O'Driscoll, 2001). Thus, the importance of stress is significant for researcher to take note to be more

aware of the costs associated with ignoring the issue of stress (Cranwell-Ward & Abbey, 2005). According to Cranwell-Ward & Abbey2005, stress occurs when there is perceived imbalance between pressures and coping resources for a particular situation.

TYPES OF STRESS

Stress can be described in 4 different ways, depending on the level of pressure:
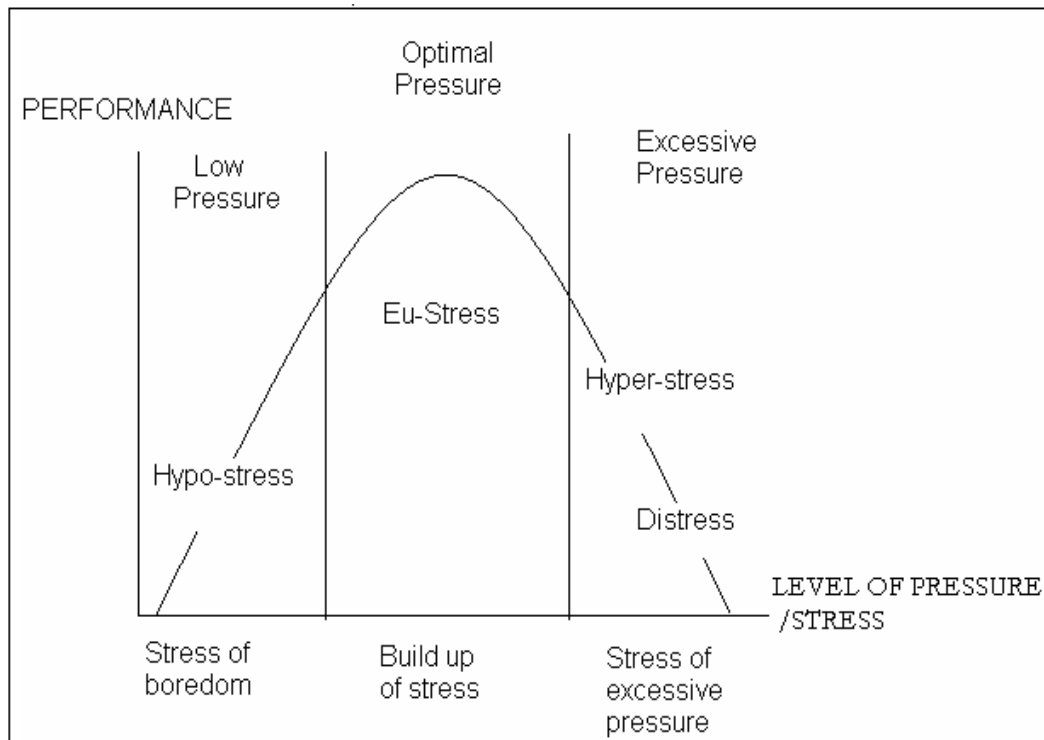
Figure 1: The Relationship between Pressure, Performance and Stress. Melhuish, (1978);

(Cited in Cranwell-Ward & Abbey, 2005, P. 125)

- **HYPO-STRESS:** Cause of this stress may sometimes be boredom or too little pressure and often can take the form of frustration, indifference, depression, and pent-up emotion.

- **EU-STRESS:** When an individual is under the influence of optimum pressure one usually thrives and makes the most out of one action. This is also known as the stimulating side of stress, or "stress arousal". It helps employees to uncover their hidden mental and physical abilities.

- **HYPER-STRESS:** This situation happens when pressure becomes extreme. The hyper-stress reactions may vary from person to person and even for the same person, from situation to situation. In this phase, one is very likely to feel panicked, out of control, and even unable to cope with a given situation.

- **DISTRESS:** After a continuous stress within one individual, the one experiences distress. This might have negative effect or costs for both the individual and the organization. In addition, the individual is most likely to experience health problems and a wish to get away from the situation. When being too high, stress is seen negatively (Cranwell-Ward & Abbey, 2005)

CAUSES OF STRESS

The causes or sources of life problems are known as stressors and they can be grouped into categories.

(Akande, 1996; Morgan et al,. 2006) The first categories are **physical stressors** which could be physiological or external factors such as excessive noise, bodily pain, damage to body tissue, illness, raised body temperature. The second categories are **social stressors** which could arise from social interactions which include: imprisonment, loss of job, moving to a new area, death of a loved one, forced retirement, divorced. The third are **psychological stressor** which consist of negative emotions that people experience. These are the most damaging type of stressors which could arise from either physical or social stressors. They include emotions such as worry, anger, sadness, grief, self-pity, guilt etc. (Akande 1996,.)

The Occupational Safety and Health (OSH) (2003) report classified sources of stress or stressor into two categories; **work related and non-work related**. Whilst non work related stressors are personal (e.g. relationships, child or family problems, financial and intrinsic (feelings of not coping arising, with no apparent stressor being discernable), work related stressors are inevitable (e.g. starting a new job, learning a new skill, unpredictable emergencies in the workplace) and avoidable (e.g. taking hazardous work for too many hours each week for long periods.)

Jaffe-Gill et al. (2007) however claimed that stress is multidimensional and could be classified into 3 dimensions: **major life changes, daily hassles and internal causes.** Major life changes are major life events, examples: divorce, a move to a new town, a career change, graduating from college or a diagnosis of cancer. **Daily hassle**: are daily causes of stress; these include environmental stressors – unsafe neighborhood, pollution, noise and uncomfortable living conditions. Family and relationship stressors – Problems with friends and family members, marital disagreements dysfunctional relationships work stressors – job dissatisfaction, an exhausting workload, insufficient pay and conflict with boss or coworkers. Social stressors – Poverty, financial pressures, racial and sexual discrimination, unemployment, isolation.

Internal Causes of Stress: This kind of stress is self-generated for instance uncertainty or worries, self-criticism unrealistic expectation or beliefs, low self-esteem, lack or assertiveness, perfectionism. However Wheaton (1994) suggested that the context of stressors can be classified into 5 dimensions

- **Chronic Stress:** This is derived from the role strains (Example; role demands and conflicts in family and work; and ungoing life difficulties.

- **Daily Hassle:** This refers to irritating frustrating, distressing demands that capitalized everyday transaction with the environment. Example including rushing to follow and established time schedule, and sleep disturbance.

- **Macro Stressors:** This represent system stressors that occur at the macro level (e.g. recessions, structural constrains associated with gender)

- **Non Event:** This is seen as something desirable or anticipated that do not occur when it occurrence is normative for individual in a particular group, e.g. finding an intimate partner.

- **Traumas:** This is an over whelming stressor whose impact is extremely serious such as death of a loved one, severe illness or injuries, and natural disaster.

- **Stage of Life Issues:** These are stressors uniquely associated with stages of life issues (E.g. Employment, marriage, retirement).

EFFECTS OF STRESS

On the Individual

The Mayo Foundation for Medical Education and Research (MFMER) asserted that stress symptoms often mimic

symptoms of other problems, and stress not only affects the body, but also thoughts, feelings and behavior.

Table 1

Effects of Stress		
On the Body	**On your thoughts and Feelings**	**On your Behavior**
• Headache • Chest Pain • Pounding Heart • High Blood Pressure • Shortness of breath • Muscle aches • Back pain • Clenched jaws • Tooth grinding • Stomach upset • Constipation • Diarrhea • Increased Sweating • Tiredness • Sleep problems • Weight gain or loss • Sex problems • Skin breakouts	• Anxiety • Restlessness • Worrying • Irritability • Depression • Sadness • Anger • Mood swings • Job dissatisfaction • Feeling insecure • Confusion • Burnout • Forgetfulness • Resentment • Guilt • Inability to concentrate	• Overeating • Under eating • Angry outbursts • Drug abuse • Excessive drinking • Increased smoking • Social withdrawal • Crying spells • Relationship • Conflicts • Decreased productivity • Blaming others

Source: The Mayo Foundation for Medical Education and Research (MFMER) Report.

CONSEQUENCES OF WORK-RELATED STRESS AND ITS EFFECTS

Work is generally considered to be beneficial to mental health in that, it provides people with structure, purpose and a sense of identity. It also provides opportunities for people to: develop and use their skills; form social relationships; and increase their feelings of self-worth. The guide aims to prevent the negative health effects of work-related stress. This is best achieved by recognising the precursors to injury and illness, and the negative health outcomes of work-related stress that impact on:

- **Mental Health**, such as post-traumatic stress disorder, depression, and/or anxiety (precursors to mental ill-health outcomes may include low job satisfaction and feelings of discouragement);

- **Physical Health**, such as musculoskeletal disorders, and increased risk of physical diseases or illness, e.g. cardiovascular disease (precursors to physical ill health outcomes may include muscular tension and increased blood pressure);

- **Work Performance**, which can contribute to increased risk of incidents and injuries (precursors to poor work performance may include difficulty concentrating and memory loss); and

- **Social Relationships,** which can contribute to a breakdown of relationships both at work and home (precursors to poor social relationships may include increased irritability leading to social isolation and/or contributing to depression or anxiety).

COPING STRATEGIES

Edwards' cybernetic theory of stress, coping, and well-being views stress as a discrepancy between the individual's perceived state and desired, provided the presence of this discrepancy is considered important by the individual. Coping is conceptualized as attempts to reduce or eliminate the negative effects of stress on well-being.

Five forms of coping are identified, including attempts to bring the situation into conjunction with desires, adjust desires to meet the situation (i.e. accommodation), reduce the importance associated with the discrepancy (i.e. devaluation), improve well-being directly(i.e. symptom reduction), and direct attention away from the situation (i.e. avoidance). Hence, stress and coping are viewed as critical components of a negative feedback loop, in which stress damages wellbeing and activates coping which may improve well-being directly and indirectly, through the perceived and desired states comprising the discrepancy, the level of importance associated with the discrepancy, and the amount of attention directed towards the discrepancy.(Edwards & Banglion 1993:18-19).

A number of researchers make a distinction between problem-focused and emotion focused strategies (Callahan 1993:68). According to this author problem-focused strategies, in terms of dealing with organizational change, involve efforts to modify or eliminate the source of stress by dealing with the situation. In their organization, individual employees can seek information by talking to superiors, co-workers or subordinates, by making plans of action, or through bargaining or reaching a compromise to seek a possible solution. Work-related stressors are likely to elicit problem-focused coping because the situation is often appraised as changeable.

THEORETICAL FRAMEWORK
Structural Functionalism Theory

Structural Functionalism is a broad perspective in sociology and anthropology which interprets society as structure with interrelated parts. Functionalism addresses the society as a whole in terms of function of its constituent elements such as norms, customs, traditions, institutions etc. This theoretical perspective stresses the essential stability and cooperation within modern societies. Social events are explained by references to the functions they perform in enabling continuity within society itself is likened to a biological organism in that the whole is seen to be made up of interconnected and integrated parts; this integration is the result of a general consensus on core values and norms. Through the process of socialization we earn these rules of society which are translated into roles. Thus, consensus is apparently achieved through the structuring of human behaviour.

Health Belief Model

The Health Belief Model is one of the most widely used understanding health behaviour. It was developed in the early 1950's. It has been used for almost half a century to promote medical compliance to facilitate positive health behaviour.

Generally, the Health Belief Model is based on 6 key concepts: **Perceived susceptibility;** one's belief of the chances of getting a condition. **Perceived Severity;** One's belief in the how serious a condition is and the consequences. **Perceived Benefits;** One's belief in the efficacy of the advised action to reduce risk of seriousness of impact **Perceived Barriers;** One's belief in the tangible and psychological costs of advised behaviours **Cues for action:** Strategies to activate readiness **Self-Efficacy;** Confidence in one's ability to take action

METHODOLOGY
Introduction

Methodology is concerned about the systematic and scientific ways of producing knowledge in order to make conclusion about social phenomenon. The need to select appropriate methods in answering challenges poised by social problems is per adopted a multi method approach in which the variable of interest is investigated using multiple research procedures. Triangulation of quantitative and qualitative methods through primary sources of data collection for

complementary purposes was utilized for this study.

Study Design

The study design adopted for this study is survey. Samples were drawn from the study population and inferences were made about the population. It also adopted a cross – sectional design; across the cadres, across departments, among junior, senior and management staff of the Ekiti State Civil Service Commission

Study Population

The study population is the entire Ekiti State Civil Servants. This consist of the – junior, senior and management staff, male, female, educated or uneducated, skilled, semi – skilled and unskilled staff.

Sample Size and Sample Procedure

The sample size for this research was 250 members of staff. In order to obtain samples that represent all units under analysis, the probability sampling was used. Ekiti State civil servants were selected at random and questionnaires were administered to staff randomly. The commission has 49 agencies with the population of eleven thousand two seventy eight (11, 278) personnel which were randomly selected. The 250 questionnaires were administered randomly to female staff within those agencies. However due to constraints of economic resources and time, it will not be feasible to study the whole population. Hence out of the forty nine agencies (49) in the commission, a subsection of it would be selected as the sample frame for this research.

The Study Area

This study on stress, women and efficiency was undertaken in the Ekiti State Civil Service. The Ekiti State civil service commission was created in 1996 following the creation of Ekiti State in the same year. The civil service commission which was formerly known as public service commission is the mother of all commission pursuance's to section 197 of the 1999 constitution of the Federal Republic of Nigeria; the constitution creates civil service commission for each state of the federation.

The civil service commission has responsibility for the personnel management of the staff of the state civil service, the engine room of government which is vital for the implementation of government policies and programs. The functions and responsibilities of the commission are provided under third schedule part II of the 1999 constitution which states that the commission shall have power without prejudice to the power vested in the Governor and the state judicial service commission to :

- Appoint persons to office in the state civil service

- Dismiss and exercise disciplinary control over persons holding offices.

- Promote eligible officers (section 318 subsections 2 of 1999 constitution of Federal Republic of Nigeria.

Sampling Techniques

The population of this study will comprise the staff of Ekiti State Civil Service Commission comprising an estimated total work force of eleven thousand, two hundred and seventy eight people. (11, 278) comprising females in the commission. This will however exclude the casual staff, workers on contract employment and all those engaged in the outsourced services to the commission.

The stratified simple random sampling technique will be utilized for this study to cover the various staff cadres

and gender structure in the commission. The selection of sample for the study will begin by first stratifying the staff into its various departments. Also each stratum of the workers in the commission will further be stratified into various grade levels.

Method of Data Collection

Data collection was triangulated, utilizing both quantitative and qualitative methods. The techniques used are:

• Survey - Questionnaire

• In-depth Interview with Key informants

Quantitative Data Collection- Survey Method of Data Collection

250 questionnaires were distributed to the women, who are civil servants of Ekiti State Civil Service Commission

Qualitative Data Collection

This research work engaged two research assistants for fieldwork. They were recruited in this study in order to collect required information from the respondents.

In-Depth Interview

The in-depth interview was semi-structured one-on-one discussion between interviewer and participant. Interview guide included pertinent probing questions on the on stress, women and efficiency was undertaken in the Ekiti State Civil Service in Ado Ekiti, Ekiti State

Data Analysis:

• Data collected through qualitative method In-depth interviews were transcribed from the tapes and compared with field notes. Both the transcribed tapes and the field notes were utilized for the purpose of data analysis. The content analysis of the transcribed interviews was manually done.

• The data from the survey was analyzed with the use of the statistical package for social sciences SPSS v 18 and presented as frequencies and percentages.

Ethical Consideration for the Study

This study is wholly designed for academic gain. The anonymity of all respondents is of paramount significance to the researcher. At no point during and after the study would any information given be used in a manner that would make it feasible to identify the respondent. Participant has the right to decline from the study at any stage should he/she found it uncomfortable to continue.

Due to the nature of the study, which dealt with painful emotional experiences of the respondents involved, it became very important to strictly adhere to ethical standards. Authorization to carry out the survey was obtained from the joint University of Ibadan and University College Hospital Institution Review Committee. Verbal and written informed consent was obtained and confidentiality was assured for all the participants. This is because many of the participants could not read or write and could be difficult to maintain only written informed consent

The consent of the respondents was sought and obtained. The literate respondents were enjoined to sign consent forms. They were made to know that they were at liberty to withdraw from the research any time they feel that their rights were trampled upon. To achieve this, there was a guarantee of anonymity and confidentiality of the records from the

respondents in the course of data analysis and report writing.

Confidentiality

All information collected in this study was given absolute confidentiality and the identity of any of the participants would not be used in any publication or reports from the study.

Translation of Protocol to the Local Language

The questions were translated into local language, which is Yoruba as result of the fact that many of the respondents may not understand English.

Beneficence

The goal of this research is to examine the effect of work stress on women's health in Ekiti State, Nigeria

Non-Malfeasance to Participate

This research study will not in any way have negative effect or do any harm to the participants.

Voluntariness

Participation in this research is entirely voluntary and no participant wasin form force to participate.

THE INFORMED CONSENT FORM

IRB Research approval number:

This approval will elapse on: / /

Title of the Research

Work stress and women's health of Ekiti State civil service

Name of Researcher

This study is being conducted by Owoseni Joseph Sina of the department of Sociology, Ekiti State University.

Sponsor of the Research

The study is Self Sponsored.

Purpose of Research

The purpose of this research is to find out the effect of work stress on women's health in Ekiti State, Nigeria

Expected Duration of Research and of Participant(s)' Involvement

The study lasted for 3months and participant was expected to use 15 minutes answering the questionnaire.

Risk

There was no risk involved in participating in this research.

Cost of Participant(s)

Your participation in this research would not cost you anything.

Benefit(s)

The goal of this research was to examine the effects of work stress on women's health in Ekiti State, Nigeria

Confidentiality

All information collected in this study was given absolute confidentiality and your identity will not be used in any publication or reports from the study.

Voluntariness

Your participation in this research is entirely voluntary.

Alternatives to Participation

If you choose not to participate, this would not affect your personality in any way.

Consequences of Participants' Decision to Withdraw from Research and Procedure for Orderly Termination of Participation

You can also choose to withdraw from the research at anytime. Please note that some of the information that has been obtained from you before you choose to withdraw may have been modified or used in reports and publications. These cannot be removed anymore. However the researchers promise to make good faith effort to comply with your wishes as much as is practicable.

FINDINGS AND DISCUSSIONS

Table 2: Socio-Economic and Demographic Characteristics of the Respondents

Age	Frequency	Percent
20-29	83	40.9
30-39	83	40.9
40-49	27	13.3
50 & above	10	4.9
Total	203	100
Marital Status	**Frequency**	**Percent**
Single	54	26.6
Married	140	69
Divorced	5	2.5
Widower	4	2
Total	203	100
Educational Qualification	**Frequency**	**Percent**
W.A.S.C	60	29.6
OND/NCE	52	25.6
Degree	79	38.9
Post Graduate	12	5.9
Total	203	100
Length of Service	**Frequency**	**Percent**
Less than 1 year	67	33
Up to 5 years	61	30
5 to 10 years	44	21.7
10 to 15 years	10	4.9
15 to 20 years	5	2.5
20 to 35 years	16	7.9

Table 2: Contd.,

Total	203	100
Religion	**Frequency**	**Percent**
Christianity	146	71.9
Islam	56	27.6
Others	1	0.5
Total	203	100

Source: Fieldwork, 2013

From table 2 above, it was revealed that 40.9% are between 20 - 29 years, 40.9% are between 30 - 39 years, 13.3% are between 40 - 49 years, 4.9% are between 50 years and above. It also showed that 26.6% are singles, 169.0% are married, 52.5% are divorced, and 42.0% are widower. The respondents' educational qualifications are W.A.S.C (29.6%), OND/ NCE (25.6%), Degree (38.9%) and Post graduate (5.9%). Respondents' length of service are as follows less than 1 year (33.0%), up to 5 years (21.7%), 5 - 10 years 44, 21.7%, 10 to 15 years 4.9%, 15 to 20 years 2.5%, 20 to 35 years 7.9%. 71.9% are Christians, 27.6% are Muslims and 1.5% belong to other religion.

POSSIBLE CAUSES OF STRESS EXPERIENCED BY WOMEN

Table 3: Factor Contributing to Work Stress among Women

Causes of Stress	**Frequency**	**Percent**
Long working hours/ overtime	112	55.2
Deadline/ target	18	8.9
Management attitude	22	10.8
Relationship with colleagues	10	4.9
Increased work load	41	20.2
Total	**203**	**100**

Source: Fieldwork, 2012

Table 3 shows the factors that causes stress among women in the civil service. It therefore revealed that 55.2% are of the opinion that long working hours and overtime is the major cause of stress among women, 8.9% stated that deadline target is a major cause of stress, 10.8% reported that management attitude is a major cause of stress, 4.9% stated that relationship with colleague is a major cause of stress and 20.2% reported that increased workload is a major cause of stress among women in the civil service. This implies that as women spend most of their time at work, they developed constant stress which will in turn affect their health.

In corroboration of the above an in-depth interview with one of the respondents reveals that;

We work usually work more than normal official time which has created a lot of health problems which can make staff to stay away from work for more than two to three weeks. At the same time, we are not always paid for the extra hours spent"   **(Mother /37years/Audit Department)**

Furthermore, literature reveals that relationship at work plays a vital role in the emotional health of workers and inadvertently in productivity, where employees enjoys supportive social relationship at work, there is less likely to be interpersonal pressure, rivalry, office politics and competition (Lazarus, 1972; Maclean 1979). Similarly supportive relationship at work were found to moderate the effect of job strain on cortisone level, reducing stress level and blood pressure (French and Camplan, 1972), as well as improved performance, low staff turnover and improved mental and physical wellbeing (Magolis et al 1980).

In addition, long working hours required by many job appears to take a toll on employee health and one research study had made a link between long working hour and death due to coronary heart disease (Breslow and Bueel, 1980).

This investigation of light industrial working in United State found that individual less than 45 years of age, who worked more than 48 hours a week had twice the risk of death from coronary heart disease than individual working in maximum 40 hours a week. Another study of 100 coronary patient reviewed that 25% worked for more than 60 hours a week (Russek and Zohmam, 1958). Many individuals such as executives working long hours and some medics who might have no sleep for 36 hours or more may find that they and the quality of their work suffer. It is now commonly recognize that beyond 40 hours a week, time spent working is increasingly unproductive. (Tucker, Smith, Macdonald and Folkard 1998)

THE EFFECT OF REPORTED STRESS ON THE WOMAN'S HEALTH
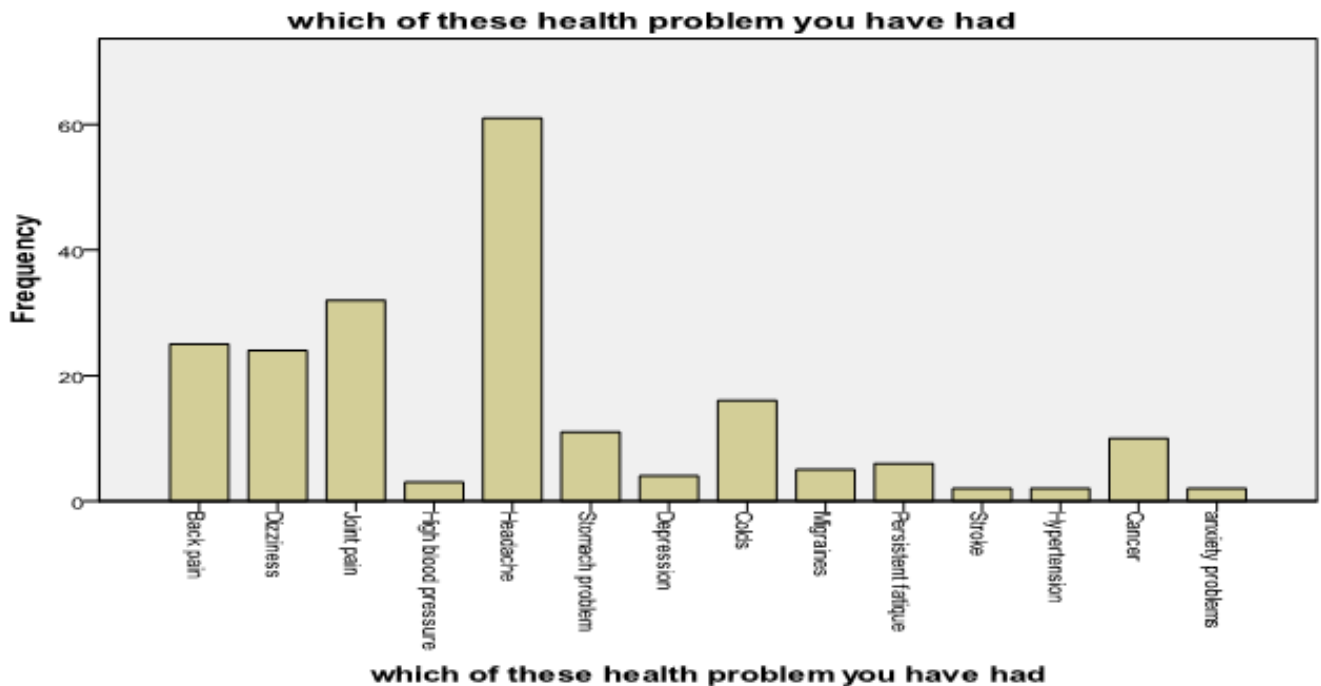
Figure 2: Effects of Stress on the Health of Woman

Figure 2 shows that 30.0% of the respondents stated that they feel headache when stressed, 15.8% stated that they feel joint pain when stressed, 12.3% stated that they feel back pain when stressed, 11.8% stated that they feel dizzy when stressed, 7.9% stated that they feel colds when stressed, 4.9% have cancer, 5.4% stated that they feel stomach pain, 63.0% stated that they feel persistent fatigue, 2.5% stated that they have migraines, 42.0% stated that they feel depressed, 31.5% stated that they have high blood pressure, 21.0% have experienced stroke, 21.0% have hypertension and 21.0% developed anxiety problems. This implies that women are exposed to severe health problems which may endanger their lives.

In support of the finding, according to the OSH (2003) report, the effects of stress for the employee or an organization could be either short term (immediate behavior problems) or long term (health problems and disease). In the short term, workers may become anxious, irritable or clinically depressed, lose confidence, become irritable, indecisive, turn to smoking alcohol, or drugs (OSH, 2003). However prolonged levels of stress not only impacts on behavior negatively, it also impacts health. In the short run, prolonged stress translates to associated with the habitation of some work environment; these symptoms include migraines, tremors and muscular tension and pain, anxiety, hypertension and chest pain, coughs and asthma, heartburn, indigestion and ulcers, abdominal pain and diarrhea, impotence and menstrual disorders (Sutherland & Cooper, 1990).

Table 4: Coping Strategies Adopted by Women

Do you take Work Home most Nights	Frequency	Percent
Yes	71	35.0
No	132	65.0
Total	203	100.0
Do you Frequently Think about Work Problems at Home	**Frequency**	**Percent**
Yes	90	44.3
No	113	55.7
Total	203	100.0
Do you Work Long Hours	**Frequency**	**Percent**
Yes	126	62.1
No	77	37.9
Total	203	100.0
Do Work Problems Affect your Sleeping Habits	**Frequency**	**Percent**
Yes	68	33.5
No	135	66.5
Total	203	100.0
Do you Find it Difficult to Relax and Forget Work	**Frequency**	**Percent**
Yes	68	33.5
No	135	66.5
Total	203	100.0
Do you Find it Difficult to Say "no" to Work	**Frequency**	**Percent**
Yes	83	40.9
No	120	59.1
Total	203	100.0
Do you Find it Difficult to Delegate	**Frequency**	**Percent**
Yes	49	24.1
No	154	75.9
Total	203	100.0
Do you Exercise for at Least 20 Minutes, Three Times a Week	**Frequency**	**Percent**
Yes	104	51.2
No	99	48.8
Total	203	100.0
Do you Practice an Active Relaxation Technique Meditation, Imagery, etc	**Frequency**	**Percent**
Yes	121	59.6
No	82	40.4
Total	203	100.0

Table 4 shows the coping strategies adopted by women in civil service. The table revealed that 65.0% out of the 203 respondents do not take work home most night as a way of reducing stress, 55.7% out of 203 respondents do not frequently think about work problems at home, 37.9% do not work for long hours, 66.5% of the respondents do not allow work problems to affect their sleeping habits, 66.5% do not find it difficult to relax and forget work, 59.1% do not find it difficult to say "No" to work requests, 75.9% do not find it difficult to delegate, 51.2% do exercise for at least 20 minutes, three times a week and 59.6% practice an active relaxation technique meditation, imagery. This implies that greater percentages of the respondents have adopted one or more coping strategies work-life balance for reducing stress.

CONCLUSIONS

In conclusion, women in organisations perceived more stress. It was also found that mothers adjusted to stress using more significantly the constructive coping styles over the non-constructive styles. No significant differences on how they adapted were found to exist between them. From these findings, it was concluded that Organizational Stressors are most stressful while Individual and Group stressors were least stressing. Differences in their nature may yield significant

difference on how the mothers perceived stress. Differences in occupation and civil status did not have any significant differences on the ways the subjects coped with stress. In light of the findings, it was recommended that the administration should take some effort in identifying stressors that affect not only the women but also the other group and in reducing or diminishing the sources of stress. It was also recommended that mothers should learn more healthful ways of managing stress. Also a better mean to relief woman through stress would rather be a preferred long maternity leave offer so as to help them maintain healthy life to improve efficiency at work place.

Furthermore women should employ better mean to solve problem related issues, there was no significant difference in frequency of coping strategies in terms of work area except escape avoidance. The findings of the study suggest that women use adoptive coping strategies in dealing with their work stress as displayed by their use of planful problem-solving. As hypothesized, high scores on the Nursing Stress Scale did correlate with low scores on the ways of coping strategies.

RECOMMENDATIONS

In light of the literature review and study evidence, stress still has an important role to play on the efficiency of work in civil service. At present, based on the discussions and experiences of women clarified in this study, several recommendations can be considered in line with current government policy towards work efficiency

- Society should work together with employers trying to find policies promoting modified workplaces and suitable tasks.

- Taking preventive steps reducing the occurrence of work-related stress ought to be essential for society as well for the work-places.

- Improving co-operation between the parties involved, i.e. the sick-listed person, the supervisors, the case managers at the social insurance office and the health professionals.

- Rehabilitation health professionals should be aware of, and consider the context of the person, support the person's own initiative and promote their gaining control of everyday life and mastering life as a whole.

- Superiors at the workplaces should develop a return to work policy which includes structured directions regarding employer accommodations and adjustment possibilities, supervisor and work-mate support and collaboration.

- Engaging in meaningful activities not only for recreation but also to obtain routines of daily life. Mastering daily life and participating in altering the own situation can result in recaptured faith in competence and facilitate rehabilitation back to work.

- There is a need for preventive methods identifying individuals who risk being placed on sick-leave, and the Work Stress Questionnaire can be a useful tool in this for health professionals.

- Further research is needed to improve the Work Stress Questionnaire, primarily to evaluate if the questionnaire has the required features for a screening instrument. It is of great importance that the instrument dis-criminates the individuals at risk for stress-leave because of work-related stress from those at no such risk.

- If the questionnaire shows these qualities the next step will be to evaluate if screening for individuals at risk and providing preventive interventions will increase health and decrease sick-leave.

REFERENCES

1. AameriA.S., 2003."Source of job stress for nurses in public hospitals", *SaudiMedicalJournal,* 24(11), pp.1183-1187.

2. Alexandros-StamatiosG.A., MatilynJ.D., and CaryL.C., 2003."Occupational Stress, Job satisfaction, and health state in male and female junior hospital doctors in Greece", *Journal of Managerial Psychology*, 18(6), pp. 592-621.

3. Antonovosky, A. 1974. Health, stress and coping. San Francisco: Jossay-Bass.

4. Armstrong, J., Reilly, J. J., & Child Health Information Team, 2002. Breastfeeding and lowering the risk of childhood obesity. *Lancet, 359*(9322), 2003-2004.

5. Beehr, T. and Newman, J. 1978.Work stress, employee health, and organizational effectiveness: a facet analysis, modeland literature review. *Personal Psychology*, 31, 665-699

6. Beehr, T., & Franz, T. 1987.The current debate about the meaning of job stress. In J. Ivancevich, & D. Ganster, *Job Stress: from theory to suggestions* (pp. 5-17). New York: Haworth.

7. Beehr, T . A . & N e w m a n , J . E ., 1978. *"Job S t r e s s , E m p l o y e e H e a l t h a n d O r g a n i z a t i o n a l Effectiveness: A Facet Analysis, Model and Literature Review*", *Personnel Psychology*, 31, pp.665-669.

8. Beehr, T.A., Walsh, J.T., & Taber, T.D. 1976. "Perceived situational moderators of the relationship between subjective role ambiguity and role strain', *Journal of Applied Psychology,*

9. Bowman, G.D. & Stern, M., 1995. Adjustment to occupational stress: the relationship of perceived control to effective control to effectiveness of coping strategies. *Journal of Counselling Psychology* 24 (3):294-303.

10. Campbell, J., 1990. *Modelling the Performance Prediction Problem in Industrial and Organizational Psychology*.Chicago: Consulting Psychologists Press.

11. Coleman J.C. 1976. *Abnormal Psychology and Modern Life* (Indian reprint), Taraporewalla, Collins English Dictionary 2000, *Glasgow Harper Collins Publications*

12. Cooper, C.L., 1991. Stress in organizations. In M. Smith (Ed.). *Analyzing Organisational Behaviour.* London: MacMillan.

13. Dear, M., Weisman, C. & Alexander, C. 1982. The effect of the intensive care unit nursing role on job satisfaction. *Heart and Lung* 11 (6): 560-565.

14. Edwards, J.R. & Baglion A.J. 1993.*The measurement of coping with stress: construct validity of the Ways of Coping Checklist and the Cybernic Coping Scale.* Work & Stress. Darden Graduate School of Business Administration: University of Virginia.

15. Health and Safety Executive 2003, *Best practice in rehabilitating employees following absence due to work-related stress.* Research Report 138. www.hse.gov.uk

16. Kinicki, A.J., Mc K e e -Ryan, F.M., Schriesheim, C.A., Carson, K.P. 2002. "Assessing the construct validity of the job descriptive index: are view and meta-analysis", *Journal of Applied Psychology,* 87(1), pp.14-32.

17. Laposa, J.M., Lynn, E., Fullerton, R.N. & Vancouver, B.C. 2003.*Workstress and Posttraumatic Stress Disorder in*

ED Nurses/Personnel. Journal of Emergency Nursing: 23-28.

18. Lazarus, R.S. 1990. Theory based stress measurement. Psychological Inquiry, 1, 3-13.

19. Menzies IEP. Nurses under stress, Internal Nursing Rev 1960; 7:9-16.

20. Oxford advanced learner's dictionary 1991. *Oxford. Oxford University Press.*

21. *Oxford advanced learner's dictionary* 1991. Oxford. Oxford University Press.

22. Payne, R. 1991. *Individual differences in cognition and stress process. Individual Differences in the Stress Process* (Cooper, C.L. and Payne, R.eds). John Wiley: Chichester.181-201.

23. Roseman, I.J. 1984. Cognitive determinants of emotion: A structural theory. Review of Personality and Social Psychology, 5, 11-36.

24. Streeten, R.G. 1995. An evaluation of a Stress Management Programme. Unpublished manuscript. Medical University of Southern Africa.

25. Thompson, N., Murphy, M. & Strading, S. (1994). Dealing with stress. London. Macmillan.

26. Townley, G. 2000. "Longhoursculturecausingeconomytosuffer", *ManagementAccounting,* 78 (6), pp.3-5.

27. World Health Organisation 2004.*Work organisation and stress*. Protecting Workers' Health Series No. 3. 61, pp.35-40.