

Occupational Stress and Coping Strategies as Predictors of Quality of Life Among Mental Health Practitioners in Federal Neuro-Psychiatric Hospital Barnawa, Kaduna State

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Abstract

Mental health practitioners such as psychiatrists' medical doctors, psychologists, clinical social workers, professional counselors, and psychiatric nurses, often work with individuals who are experiencing mental health challenges and deal with a high level of stress in their work. It is on this base that this study examined occupational stress and coping strategies as predictors of quality of life among mental health practitioners in Federal Neuro- Psychiatric Hospital Barnawa Kaduna State. The research adopted a cross-sectional survey design using purposive sampling technique to select one hundred and forty participants. Two hypotheses were tested using (SPSS) version 27. The descriptive statistics used to describe the demographic characteristics were frequency, percentages, mean and standard deviation while the inferential statistics for the test of hypotheses were Pearson Product Moment Correlation, Linear Regression, Univariate Analysis of Variance and One-Way. Hypothesis one revealed a statistically significant negative relationship between occupational stress and quality of life of mental health practitioners in Kaduna $r(138) = -0.354, P < 0.05$. In other words, the hypothesis was confirmed in this study. Hypothesis two revealed that coping strategy has a significant influence on the quality of life thus, accounted for about 15% variance for the quality of life among mental health practitioners in Kaduna State ($R = .387; F = 24.288, P < .01$). The results indicate a significantly positive impact of coping strategy on quality of life of mental health practitioners in Kaduna State ($\beta = 0.549, t = 4.928, p < .01$). In other words, this hypothesis was confirmed significant in this study. The study concluded and recommended among others that the federal government should implement interventions to alleviate occupational stress and enhance coping skills among mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.

Keywords: Occupational Stress, Coping Strategies, Predictors, Quality of Life, Mental Health practitioners

Introduction

The field of mental health is an ever-evolving one, with new research constantly shedding light on the many factors that contribute to an individual's overall sense of well-being (Katsounari, 2019). One of the key components of well-being is the concept of quality of life, which is often used to measure an individual's overall satisfaction with their life (Smith & Pope, 2018). However, it is not always easy to achieve a high level of quality of life, especially for those who work in the mental health field (Sexton et al., 2016). Quality of life (QoL) can have a significant impact on mental health professionals, as it is closely related to overall well-being and satisfaction with life.

Quality of life (QoL) is a broad concept that encompasses various aspects of an individual's physical, psychological, and social well-being. One of the key determinants of QoL is physical health. Research has shown that individuals with chronic illness or disability often report lower levels of QoL compared to those without (Bickenbach *et al*, 1999). Additionally, studies have found that individuals with higher levels of physical activity, better nutrition, and regular check-ups tend to report higher levels of QoL (Kamimura *et al.*, 2018). Individuals with mental health conditions such as depression and anxiety tend to also report lower levels of QoL compared to those without (Kakuma *et al.*, 2012). Furthermore, studies have found that individuals who receive appropriate mental health treatment and support tend to report higher levels of QoL (Kakuma *et al*, 2012). Quality of life (QoL) can have a significant impact on mental health professionals, as it is closely related to overall well-being and satisfaction with life. Research has shown that a lower QoL is associated with increased levels of stress, burnout, and mental health problems in mental health professionals (Schaufeli *et al*, 2008).

Occupational stress is a common experience among mental health practitioners due to the nature of their work, which can be emotionally and physically demanding. Occupational stress can be defined as the response to work-related demands that exceed an individual's coping resources, leading to physical and emotional strain (Selye, 1956). In the health profession, stress plays a significant role in contributing to attrition and the widespread shortage of professionals (Hersch *et al*, 2016). Recently, there has been significant attention given to workplace stress, which has been acknowledged as a worldwide concern due to its detrimental effects on the physical, emotional, and psychological health of individuals across different occupational categories (Godifay *et al*, 2018; Afulani *et al*, 2021). The reduced psychological and physiological challenges that health professionals face affect their quality of life and consequently their productivity and overall quality of health service delivery and outcomes. Occupational stress is a significant risk factor for mental health practitioners' well-being and has been shown to impact their quality of life negatively. The impact of occupational stress on mental health practitioners' well-being has been studied in several countries including Nigeria. A study by Adeyemo *et al* (2015), examined the factors influencing the professional quality of life of mental health professionals in a tertiary psychiatric facility in Nigeria. The researchers collected data from 234 participants through questionnaires related to professional quality of life, general health, and workplace experiences. The results indicated that experiencing violence in the workplace was significantly associated with secondary traumatic stress and they suggesting that mental health professionals who encounter violence are more likely to experience this form of stress. Additionally, the study found that being married was associated with better professional quality of life, indicating that marital status can influence the well-being of mental health professionals.

It's worth noting that while coping strategies are helpful, the context of the stressor, the individual's characteristics and the type of stressor also influence the effectiveness of the coping strategy. Therefore, mental health practitioners should not just rely on one strategy to manage stress but rather use a combination of different strategies that suit their needs and circumstances (Folkman & Lazarus, 1988). Mental health practitioners, such as psychiatrists' medical doctors, psychologists, clinical social workers, professional counsellors, and psychiatric nurses, often work with individuals who are experiencing mental health challenges and often deal with a high level of stress and burnout in their work (Melchior & Gérard, 2015). This can have a negative impact on their well-being and quality of life, as well as the quality of care they provide to clients (Speckens & Zitman, 2013).

Upon stating that the professional quality of life of mental health professionals is influenced by workplace characteristics, including experiences of violence, the study highlights the importance of addressing workplace factors and providing support to mental health

professionals to promote their well-being and ensure the delivery of effective care to patients. While the study by Adeyemo *et al* (2015) provides insights into the relationship between workplace experiences and professional quality of life among mental health professionals in a specific Nigerian setting, there is a need for further research that expands the geographical scope, explores different mental health settings, and considers additional factors that contribute to their overall Quality of life.

Similarly, a study by Awosoga *et al* (2022) examined the wellbeing, quality of work life, and quality of care among health professionals in southwest Nigeria. This mixed-method study utilized a convergent parallel design, combining a cross-sectional survey involving 1580 conveniently selected participants and a focus group interview with 40 purposively selected participants. The study found that a considerable proportion of the participants reported poor personal wellbeing, quality of life, quality of care, and quality of work life. Gender differences were observed, with females reporting higher levels of personal wellbeing and quality of care. An increase in work volume was associated with a decrease in quality of work life. HPs with higher education levels, such as master's or PhD degrees, reported better quality of work life, while those with diploma qualifications reported better quality of care. The study emphasizes the need to address the factors influencing the wellbeing and work environment of health professionals to improve the quality of care they provide. While the study examined various factors such as age, gender, education level, and work volume, there may be additional factors that influence the wellbeing, work life, and quality of care of health professionals. The existing literature may lack a comprehensive assessment of all the potential factors contributing to these outcomes. Further research should aim to explore a wider range of variables and their interplay to gain a more comprehensive understanding.

A study by Schaufeli *et al* (2009) found that mental health practitioners who reported higher levels of burnout due to occupational stress were less effective in their work and had a harder time forming therapeutic relationships with their clients. Other study by Shanafelt *et al* (2015) found that mental health professionals often experience high levels of stress and burnout due to the demands of their work, which can have negative impacts on their mental health and wellbeing. Burnout and satisfaction with work-life integration among US physicians improved between 2014 and 2017, with burnout currently near 2011 levels. Physicians remain at increased risk for burnout relative to workers in other fields. (Shanafelt *et al*, 2019). Also, the study conducted by Alabi *et al* (2021) on burnout and quality of Life among Nurses in Selected Mental Health Institutions in South West Nigeria" confirms a high prevalence of burnout among mental health nurses. The study further establishes a strong association between this burnout and a decrease in the overall quality of life experienced by these nurses. Wang *et al* (2019) found that high levels of occupational stress were associated with poor mental health outcomes, including burnout, depression, and anxiety, among mental health professionals in China. Similarly, a study by Park *et al* (2018) found that occupational stress was a significant predictor of psychological distress among Korean mental health professionals. In summary, existing literature on occupational stress and quality of life demonstrates agreement, although these studies have been conducted in various regions.

Several studies have investigated the relationship between coping strategies and quality of life among different populations across and within the country. For example, a study by Fairfax *et al* (2019), A systematic review of the association between coping strategies and quality of life among caregivers of children with chronic illness and/or disability. The objective of this review was to examine the current body of research on the correlation between coping strategies and quality of life (QoL) in caregivers of children with chronic illness. The researchers specifically aimed to investigate whether coping strategies play a mediating role in the association between caregiving complexity and QoL, or if they have the potential to modify this association. A

comprehensive electronic search strategy was employed to identify relevant citations in Medline, EMBASE, PsycINFO, and CINAHL. Two reviewers independently assessed retrieved citations against pre-specified inclusion criteria. Data on study characteristics, measurement tools, and results were extracted and validated. A total of 2602 citations were screened, with 185 full-text articles reviewed. The review included 11 articles that met the inclusion criteria, encompassing 2155 caregivers of children with chronic illness. The majority of the studies (10 out of 11) utilized a cross-sectional design. The results indicated that coping strategies were associated with QoL.

However, there are significant research gaps pertaining to the consistent and clear measurement of coping strategies and their prospective association with QoL. Understanding the relationship between coping strategies and QoL is crucial for informing the development of interventions aimed at supporting families of children with chronic illness. Based on the study by Fairfax *et al* (2019), there are several gaps identified in the literature regarding the association between coping strategies and quality of life. The review highlights a scarcity of studies exploring the mediating or moderating role of coping strategies in the association between caregiving complexity and quality of life. Further research is needed to understand the potential mechanisms through which coping strategies may influence quality of life outcomes. Inconsistent measurement tools: The review points out variability among the instruments used to measure coping strategies and quality of life. The lack of standardized measures hampers comparability across studies and makes it challenging to draw meaningful conclusions or conduct meta-analyses. Limited examination of specific coping strategies; The review highlights a lack of consensus on the specific coping strategies examined across studies. There is a need for more research focusing on specific coping strategies used by caregivers and their impact on quality-of-life outcomes.

It is important to note that the systematic review by Fairfax *et al* (2019) primarily examined the association between coping strategies and quality of life among caregivers of children with chronic illness and/or disability, rather than mental health practitioners. While this review provides valuable insights into the experiences of caregivers, there is a need for research specifically targeting mental health practitioners. While this review provides valuable insights into the experiences of caregivers, there is a need for research specifically targeting mental health practitioners. Given the unique challenges and stressors faced by this population, conducting similar studies focusing on coping strategies and quality of life among mental health practitioners is essential.

Statement of the Problem

Mental health practitioners are at high risk of experiencing occupational stress due to exposure to traumatic events, high caseloads, long working hours, dealing with challenging and complex cases, and inadequate resources and support from the organization. These can lead to negative effects on their quality of life as well as the quality of services they provide. (Shanafelt *et al*, 2015). According to Omotayo (2023), the combination of occupational stress and coping strategies can adversely affect the well-being of a mental health practitioner. Occupational stress arises when professionals are faced with heavy workloads, excessive client or patient caseloads, and related assignments. It is important to consider the individual's coping abilities and strengths in managing these stressors and difficulties. When these variables are imbalanced, it can negatively impact the quality of life of mental health practitioners.

In recent years, research has found that job demands, job resources, and coping strategies were significant predictors of quality of life among mental health professionals in Nigeria (Ogundipe *et al*, 2020). According to a study by Demerouti *et al.* (2009) when mental health practitioners experience stress, it can negatively impact the care they provide to their patients, leading to

decreased patient satisfaction. These negative outcomes can, in turn, affect mental health practitioner's quality of life. A study by Shapira-Lishchinsky et al. (2019) found that mental health practitioners who participated in MBSR training reported lower levels of occupational stress and higher levels of life satisfaction compared to a control group. However, despite these efforts, occupational stress and coping strategies remain a significant matter of concern in the mental health field. MBSR has decreased perceived stress, anxiety, and depression in individuals who practice it regularly (Carmody & Baer, 2009).

While studies have identified factors that contribute to the quality of life of mental health practitioners, there is still a need to better understand the root causes of this stress. Also, to investigate the impact of coping strategies on the overall quality of life of mental health practitioners and to identify effective interventions aimed at improving their well-being and ultimately enhancing the quality of care provided to patients. However, there is a notable gap as no studies have been conducted specifically in Kaduna state. Therefore, there is a pressing need for further research to be conducted in relation to these variables, particularly in the context of Kaduna state. By addressing this research gap, a more comprehensive understanding of the relationship between occupational stress and quality of life can be achieved, specifically within the unique circumstances and context of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. Additionally, it would be valuable for future studies to incorporate other relevant variables, into the investigation.

Objectives of the Study

The specific objectives of this study are to

- i. Examine the relationship between occupational stress and the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.
- ii. Examine the relationships between coping strategies, and the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.

Hypotheses

- i. There will be a significant relationship between occupational stress and the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.
- ii. Coping strategies will significantly influence the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.

Methodology

Design: The research adopted a cross-sectional survey design. This is because the researcher made use of questionnaires which assess occupational stress, coping strategies and quality of life among mental health practitioners simultaneously at one point in time.

Setting: This study was conducted at The Federal Neuro-psychiatric Hospital, Barnawa, Kaduna State. This is a tertiary hospital under the Federal Ministry of Health that provides comprehensive mental health services to patients suffering from various mental illnesses, including substance use disorder. The hospital operates a rehabilitation centre called DATER and has a current bed capacity of 154 for inpatient care. It runs daily outpatient clinics under the care of competent staff, including psychiatric medical doctors, clinical psychologists, clinical social workers, professional counsellors, consultants, and psychiatric nurses. Established in 1975, the hospital is also a research centre in the field of mental health and serves as a training institution for residents in psychiatry, post-basic psychiatric nurses, student nurses,

social workers, and laboratory students. It is situated along Barnawa Road, opposite Shagari Federal Low-Cost Houses, Barnawa, Kaduna South. Kaduna State, located in the north-western part of Nigeria, is the fourth largest and third most populous state in the country.

Participants: A total number of 140 Mental Health Practitioners in the field of Psychiatric Medical Doctors, Psychologists, Clinical Social Workers, Occupational therapists, and Psychiatric Nurses who were currently working at the Federal Neuro-Psychiatric Hospital Barnawa, Kaduna State, twenty eight (28) from each department and from the ages of 22-53 years., with a mean age of 60.94 and a standard deviation of 12.009.

Sample Size/ Sampling Technique: According to the information from the FNPHK, there are two hundred and seventeen (217) mental health practitioners presently employed at the hospital. To get the required sample for this study, Yamane's (1967) formula was employed.

$$\text{Yamane's formula is: } n = \frac{N}{1+N(e)^2}$$

Where:

n= desired sample size

N=the population size

e=error

In this study the population size was

$$n = \frac{217}{1+217(0.5)^2} = 140$$

n=140

This study adopted a purposive sampling technique to arrive at the participants. The Purposive sampling technique allows for the selection of participants who are knowledgeable about the topic being studied and who can provide in-depth information about their experiences and perceptions.

Instruments: The study employed three instruments consisting of three self-report psychological Scales namely; the workplace Stress Scale, Bref Cope Inventory, and The World Health Organization Quality of Life-Bref Questionnaire. The questionnaire was divided into four sections: Sections A, B, C, and D. Section A: This section comprised of demographic information, such as Age, Occupation, Years of practice, Educational level, Gender and Department/Unit. Section B: Workplace Stress Scale (WSS): Occupational stress was measured using The Workplace Stress Scale developed by the Marlin Company, North Haven, CT, USA, and the American Institute of Stress, Yonkers, (2001). It's an 8-item self-report scale that assesses the level of workplace stress and has been widely used in many populations. The instrument measures workplace stress at low, mild, moderate, severe, and very severe levels by asking respondents to indicate how they perceive different aspects of their work environment using a five-point Likert. The scale has good psychometric properties, including high internal consistency (Cronbach's alpha coefficients ranging from 0.78 to 0.88), good test-retest reliability (correlation coefficients ranging from 0.76 to 0.86). The WSS has been validated and used in Nigeria for example, The scale was used in a study by Adeolu et al. (2016) to assess the "Effect of workplace stress on the perceived health of resident doctors in Nigeria".

Section C: The Brief Cope Inventory: In this section, coping strategies was measured using The Brief Cope Inventory. (BCI) is a 28-item self-report measure that assesses a range of coping strategies that individuals use to deal with stress and adversity. The BCI was developed

by Charles (1997) as a shorter and more practical version of the Cope Inventory, which contains 60 items. The coping strategies measured by the BCI include: active coping, planning, positive reframing, acceptance, humour, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioural disengagement, and self-blame. Each item is rated on a 4-point Likert scale. The psychometric properties have been found to have good internal consistency, with Cronbach's alpha coefficients ranging from .50 to .90. The BCI has also demonstrated good test-retest reliability, with correlations ranging from .46 to .86 over periods of several weeks to several months. The BCI has been validated and used in Nigeria. For example, a study conducted by Omeje *et al* (2014) used the BCI to assess coping strategies in the study, coping strategies as predictors of posttraumatic stress disorder (PTSD) among flood victims in Nigeria and another study by Obadeji *et al* (2016) used the BCI to examine the relationship between coping strategies and quality of life among women living with breast cancer in a Nigerian teaching hospital.

Section D: The World Health Organization Quality of Life (WHOQOL-BREF) Scale. Quality of life as a variable in this study was measured using the World Health Organization Quality of Life scale a self-report measure developed by the World Health Organization (WHO) in 1996 to assess an individual's overall quality of life (QoL) across four domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF consists of 26 items, with each item rated on a 5-point Likert scale. The WHOQOL-BREF consists of 26 items, which are grouped into four domains: i) Physical health (7 items) - Assessing physical well-being, pain, energy, and sleep. ii) psychological health (6 items) - Assessing psychological well-being, self-esteem, and negative feelings. iii) social relationships (3 items) - Assessing social support, personal relationships, and sexual activity. iv) Environment (8 items) - Assessing physical safety, access to healthcare, and access to transportation, among other things. The WHOQOL-BREF has been found to have good reliability and validity at .76, .94. Studies have been conducted in Nigeria using the WHOQOL-BREF scale. The factor analytical study conducted by Ohaeri *et al.* (2004) in Nigeria revealed that the short version of the World Health Organization quality of life instrument was found to be suitable and relevant within the cultural context of the study. Using Yamane's formula, one hundred and forty questionnaires were administered and collected for further analysis.

Data Analysis: The researcher used the Statistical Package for Social Sciences (SPSS) version 27 for analysis of the data. The descriptive statistics used to describe the demographic characteristics were frequency, percentages, mean and standard deviation while the inferential statistics used for the test of hypotheses were Pearson Product Moment Correlation, Linear Regression, Univariate Analysis of Variance and One-Way ANOVA.

Test of Hypotheses

Hypothesis 1: There will be a significant relationship between occupational stress and quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. This hypothesis was tested using Pearson Product-Moment Correlation in table 1.

Table 1: Relationship between Occupational Stress and Quality of Life among Mental Health Practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State

Variables	M	SD	Df	r	Sig.
Occupational stress	25.05	2.781			
Quality of life	60.94	12.009	138	-.354	.000

r(138) = -0.354, P < 0.05

Table 1 presents the summary results of the relationship between occupational stress and quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kauna State. The results revealed the mean and standard deviation scores for occupational stress (M= 25.05; SD= 2.781) and quality of life (M= 60.94; SD= 12.009). Further analysis of the data using Pearson Correlation revealed a statistically significant $r(138) = -0.354$, $P < 0.05$ negative relationship between occupational stress and quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. In other words, this hypothesis was confirmed significant in this study. Therefore, it implies that an increase in occupational stress will lead to a relatively decreased in quality of life in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.

Hypothesis 2: Coping strategy will significantly influence the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. This hypothesis was tested using Linear Regression Analysis in Table 2.

Table 2: Influence of Coping Strategy on the Quality of Life of Mental Health Practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State

Variables	B	t	R	R ²	F	Sig.
(Constant)	26.746	3.820	.387	.150	24.288	.000
Quality of life	0.549	4.928				.000

df= 1, 138

Table 2 shows the summary results of the Linear Regression Analysis of the influence of coping strategy on the quality of life of mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. The results revealed that coping strategy has a significant influence on the quality of life ($R = .387$; $F = 24.288$, $P < .01$) thus, accounted for about 15% variance for the quality of life among mental health practitioners in Kaduna State. Also, the results indicate a significantly positive impact of coping strategy ($\beta = 0.549$ $t = 4.928$, $p < .01$) on quality of life of mental health practitioners in Kaduna State. In other words, this hypothesis was confirmed significant in this study. Thus, it implies that practitioners' quality of life was positively influenced by the coping strategies employed by the mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State.

Discussion

This study investigated the influence of occupational stress and coping strategies on quality of life of mental health practitioners in the Federal Neuro-psychiatric Hospital, Barnawa, Kaduna State. Two hypotheses were formulated and tested. Hypothesis one suggests a significant relationship between occupational stress and the quality of life among mental health practitioners in the FNPH Kaduna State and it was confirmed that there is a negative relationship between occupational stress and the quality of life of mental health practitioners in FHPH Kaduna State. This finding aligns with the existing literature, which consistently emphasizes the adverse impact of occupational stress on mental health practitioners' well-being, as highlighted by studies such as Etim *et al* (2015), Schaufeli *et al* (2009), Shanafelt *et al* (2015), Alabi *et al* (2021), Wang *et al* (2019), and Park *et al* (2018) Additionally, studies by Adeyemo *et al* (2015) highlighted workplace experiences, including violence, as significant factors influencing professional quality of life in a Nigerian psychiatric facility. Similarly, Awosoga *et al.* (2022) emphasized the importance of addressing factors like personal well-being, work volume, and education level to improve the quality of work life among health professionals in southwest Nigeria. The literature review laid a solid groundwork by exploring

diverse factors contributing to occupational stress and its consequences on the quality of life for mental health practitioners. It underscored the need for a nuanced understanding of these dynamics. Notably, the existing studies offered insights from various regions, but a research gap existed in understanding these dynamics specifically within Kaduna State, a gap that this study effectively addresses.

In the second hypothesis, it was stated that coping strategies will significantly influence the quality of life of mental health practitioners at the FNPH Kaduna. The Analysis reveal a noteworthy positive impact of coping strategy- on the quality of life, confirming the hypothesis. These findings align with the existing literature, particularly the systematic review by Fairfax et al. (2019), which investigated the association between coping strategies and quality of life among caregivers of children with chronic illness and/or disability. While their focus was on caregivers, the review emphasized the need for similar studies among mental health practitioners due to their unique challenges. This study contributes significantly to this perspective by demonstrating the positive influence of coping strategies on the quality of life among mental health practitioners in Kaduna State. The results, showing that coping strategies account for approximately 15% of the variance in quality of life, highlight the substantial impact these strategies have in this specific context. The literature review underscores gaps in existing research, such as the lack of studies exploring coping strategies among mental health practitioners. This study effectively addresses this gap, providing valuable insights into the coping mechanisms employed by mental health practitioners in Kaduna State and their direct impact on quality of life.

Conclusion

In conclusion, this study delved into the intricate dynamics of occupational stress and coping strategies and their collective impact on the quality of life among mental health practitioners at the Federal Neuro-psychiatric Hospital, Barnawa, Kaduna State. The findings unveiled a significant negative relationship between occupational stress and quality of life, emphasizing the critical need for tailored interventions to address the well-being of practitioners in this specific context. The positive influence of coping strategies on quality of life further highlights the importance of cultivating effective coping mechanisms within the mental health profession.

Recommendations

Based on the findings, the study makes the following recommendation:

- i. Implementation of targeted interventions to alleviate occupational stress and enhance coping skills among mental health practitioners in the Federal Neuro-Psychiatric Hospital, Barnawa, Kaduna State. Additionally, recognizing the absence of significant demographic influences, tailored support programs should focus on the unique challenges faced by practitioners in this specific region. Based on the findings and implications of this study, the following recommendations are proposed for consideration by policymakers, healthcare institutions, and mental health practitioners at the Federal Neuro-psychiatric Hospital, Barnawa, Kaduna State:
- ii. The Federal Government should design and implement stress management programs specifically tailored to the unique stressors faced by mental health practitioners in Kaduna State. These programs should address occupational stressors identified in this study and provide practical coping strategies.
- iii. The Federal Government should integrate coping skills training into the professional development and training curriculum for mental health

practitioners. Equipping practitioners with effective coping mechanisms can enhance their resilience and overall well-being.

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