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Correlates of Workplace Stress and Quality of Life among Primary Healthcare Workers in Port Harcourt Metropolis, Rivers State

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Abstract: This study examines the correlates of workplace stress and quality of life among primary healthcare workers in Port Harcourt Metropolis, Rivers State. Three objectives, three research questions and three hypotheses guided the study. A descriptive correlational design was adopted for this study with population consisting of 2,605 health workers in primary health centres in Port Harcourt Metropolis. The multistage sampling procedure was employed to select a sample size of 440. The Correlates of Stress and Quality of Life Questionnaire (CSQLFQ) was a structured questionnaire that was used to capture data in this study. Its reliability index was 0.72. The data analysis was conducted using the Statistical Product for Service Solution (SPSS) version 27.0, with Pearson correlation and mean used at a significance level of 0.05. This investigation demonstrated that there was a statistically significant correlation between stress and burden ($n = 421$; $r = 0.43$; $p < 0.05$), work duration ($n = 421$; $r = 0.23$; $p < 0.05$), and organizational support ($n = 421$; $r = -0.22$; $p < 0.05$). In summary, the burden, work duration, organizational support, and years of work experience were the correlates of workplace stress among primary healthcare workers in Port Harcourt Metropolis. Additionally, the quality of life of primary healthcare personnel in Port Harcourt Metropolis was substandard. It was recommended among others that Government should make the primary healthcare workers comfortable in their work place by building more offices, employing more workers, and catering for the welfare of the workers. The result showed workload a correlate of stress, hence, the government should employ more primary healthcare workers to ease the workload on the workers.

Keywords: Stress, Workplace, Primary Healthcare, Quality of Life.

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1. Introduction

Scholars, and policy-makers from all over the globe have taken an interest in workplace stress since it is a global problem. There will likely be a worldwide epidemic of stress in the workplace in the next decade, according to the World Health Organization [1], and this is in addition to the well-documented negative effects that stress has on workers' health and happiness. Companies are putting increasing demands on workers as a result of the ongoing globalization of the workplace and the current economic and financial crisis, according to the International Labour Organization [2]. There has been a rise in stress in the workplace, therefore businesses and policymakers are trying to figure out what causes it and how to reduce it.

People deal with stress in many different parts of their lives, including the job. The term "workplace stress" refers to the difficulties and pressures that workers experience while on the job. Workload, the employee-employer relationship, a lack of job autonomy, a rigid work schedule, an absence of organizational support, a negative work-life balance, a lack of social support, and a lack of family and friends are all workplace and non-work domain stresses. Workplace stress is a growing problem that needs more attention from business leaders, academics, and workers alike due to the negative effects it has on productivity and morale in the workplace.

Hours worked per week, job strain and over-commitment, heavy workload, medical worker scarcity, lack of organizational support, job autonomy, and shift work are some of the risk factors that might lead to stress and burnout among health workers [3]. Workers' isolation from upper-level management and other team members, as well as conflicts of interest, are additional potential dangers [4]. Other characteristics that are considered include marital status, work units, bureaucratic intervention, and equipment shortage. Poor infrastructures, inadequate investment, compensation, and staffing levels are just a few of the many issues plaguing Nigeria's healthcare system. Additionally, medical professionals in the country often face excessive workloads, long hours, and unfriendly working conditions [5]. The government's budgetary commitment to healthcare is a pitiful 4.17% of the federal allocation, or little less than \$5 USD per person in the country [6], exacerbating the problem.

Work overload is one of the most common sources of stress among healthcare workers. High patient demands, increased administrative responsibilities, and a shortage of resources often lead to overwhelming workloads. Healthcare workers managing excessive workloads may experience fatigue, mental exhaustion, and burnout, reducing job satisfaction and overall well-being. Studies have shown that prolonged exposure to work overload can diminish physical and mental health, with consequences such as impaired immune function, increased susceptibility to illness, and higher turnover rates within healthcare institutions [7]. Tawfik et al. [8] examined the effect of work overload on burnout among intensive care unit (ICU) healthcare workers. They found that high patient demands and increased administrative responsibilities correlated with emotional exhaustion and reduced personal accomplishment. The study highlighted that healthcare workers with greater perceived support experienced lower burnout, suggesting that support networks could mitigate the negative impacts of work overload. Salvagioni et al. [9] conducted a systematic review that explored the link between job burnout and its physical, psychological, and occupational consequences. Their findings showed that work overload increased the likelihood of stress-related physical health issues, including cardiovascular diseases, sleep disturbances, and musculoskeletal pain, further impacting overall well-being and job satisfaction among healthcare workers.

Healthcare workers often work long shifts, sometimes exceeding 12 hours, due to staffing shortages, emergencies, or institutional demands. Extended working hours can exacerbate stress levels, leading to issues like sleep deprivation, impaired cognitive function, and reduced productivity. Over time, long working hours contribute to burnout and increase the risk of mental health disorders, including anxiety and depression. Long shifts also reduce personal time for social interaction, family engagement, and self-care, all of which are critical to maintaining employee well-being. Organizational support plays a significant role in influencing workplace stress and employee well-being. Adequate supports from management and access to necessary resources create a positive work environment, fostering a sense of belonging and security among healthcare workers. When employees feel supported, they report higher job satisfaction, reduced stress levels, and a better capacity to cope with workplace demands.

The unpredictability of work schedules, including frequent shift changes and lack of flexibility, contributes to workplace stress among healthcare workers. Irregular schedules can disrupt circadian rhythms and lead to sleep disorders, fatigue, and diminished well-being. Moreover, work schedule flexibility is directly related to job satisfaction and work-life balance, which are essential for mental and emotional well-being. Regular and predictable scheduling allows healthcare workers to plan personal activities, enhancing their ability to manage both personal and professional responsibilities effectively [10]. Healthcare workers in public sector including the primary healthcare workers in Port Harcourt Metropolis are overburdened due to the disproportionate ratio of patients to workers. Research has shown that stress has a detrimental impact on health professionals' well-being [11], [12]. Therefore, it is vital to conduct this study to look at the relationships between job stress and quality of life among primary healthcare professionals in Rivers State's Port Harcourt Metropolis.

Research Questions

The following research questions were stated to guide this study.

1. What is the relationship between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?
2. What is the relationship between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?
3. What is the relationship between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?

Hypotheses

The following hypotheses were formulated and tested at 0.05 level of significance.

1. There is no significant relationship between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State
2. There is no significant relationship between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State.
3. There is no significant relationship between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State.

2. Methodology

The study was conducted in the Port Harcourt metropolis of Rivers State, Nigeria. The population of health workers in primary health centers in Port Harcourt Metropolis was surveyed using a descriptive correlational design [13]. The Taro Yamene method was employed to estimate the sample size of 440 healthcare personnel for the study. Data were gathered by administering a structured questionnaire entitled the "Correlates of Stress and Quality of Life Questionnaire (CSQLFQ)." The data collection instrument is a standardized instrument with a reliability coefficient of 0.72, necessitating no additional reliability analysis. The statistical product for service solution (SPSS) version 27.0 was employed to conduct the data analysis. To address the research questions and test all hypotheses at the 0.05 alpha level, the researcher implemented the Pearson Correlation to analyze the data collected.

3. Result

The results of the study are shown below:

Research Question One: What is the relationship between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?

Table 1: Pearson Correlation between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Workload	Decision
Workplace stress	Pearson Correlation	1	0.43	Moderate relationship
	N	421	421	
Workload	Pearson Correlation	0.43	1	
	N	421	421	

There was a Pearson correlation between primary healthcare professionals' workload and occupational stress in Port Harcourt Metropolis (Table 1). Workload was positively associated with workplace stress to a modest extent ($r = 0.43$) according to the study's results. Therefore, primary healthcare professionals in Port Harcourt Metropolis reported a modest link between workload and workplace stress.

Research Question Two: What is the relationship between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?

Table 2: Pearson Correlation between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Work duration	Decision
Workplace stress	Pearson Correlation	1	0.23	Low relationship
	N	421	421	
Work duration	Pearson Correlation	0.23	1	
	N	421	421	

The Pearson Correlation between the number of hours worked and the level of stress experienced by primary healthcare personnel in the Port Harcourt Metropolis is shown in Table 2. Workplace stress was shown to have a weakly positive correlation with work length ($r = 0.23$) according to the study's findings. Therefore, primary healthcare personnel in Port Harcourt Metropolis did not show a strong correlation between the amount of time they worked and the stress they experienced on the job.

Research Question Three: What is the relationship between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State?

Table 3: Pearson Correlation between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Organizational support	Decision
Workplace stress	Pearson Correlation	1	-0.22	Low relationship
	N	421	421	
Organizational support	Pearson Correlation	-0.22	1	
	N	421	421	

The Pearson Correlation between workplace stress and organizational support among primary healthcare workers in Port Harcourt Metropolis was illustrated in Table 3. The study's results indicated a negligible negative correlation between workplace tension and organizational support ($r = -0.22$). Consequently, the correlation between workplace tension and organizational support among primary healthcare workers in Port Harcourt Metropolis was both negative and low.

Test of Hypotheses

H₀₁: There is no significant relationship between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State

Table 4: Pearson Correlation between workload and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Workload	Decision
Workplace stress	Pearson Correlation	1	0.43	H ₀ rejected
	Sig. (2-tailed)		0.00*	
	N	421	421	
Workload	Pearson Correlation	0.43	1	
	Sig. (2-tailed)	0.00*		
	N	421	421	

Among primary healthcare professionals in Port Harcourt Metropolis, Table 4 shows the Pearson Correlation between load and occupational stress. Results showed a strong relationship between stress in the workplace and labor hours worked, with a p-value of less than 0.05 ($n = 421$; $r = 0.43$; $p = 0.00$). As a result, primary healthcare professionals in

Port Harcourt Metropolis who reported no significant association between labor and workplace stress were considered to have rejected the null hypothesis.

H₀₂: There is no significant relationship between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State

Table 5: Pearson Correlation between work duration and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Work duration	Decision
Workplace stress	Pearson Correlation	1	0.23	H ₀ rejected
	Sig. (2-tailed)		0.00*	
	N	421	421	
Work duration	Pearson Correlation	0.23	1	
	Sig. (2-tailed)	0.00*		
	N	421	421	

*Correlation is significant at the 0.05 level (2-tailed).

Among primary healthcare staff in the Port Harcourt Metropolis, Table 5 displays the Pearson Correlation between work time and workplace stress. According to the study's findings, there was a significant correlation between the duration of work and workplace stress ($p < 0.05$; $n = 421$; $r = 0.23$; $p = 0.00$). This led to the rejection of the null hypothesis, which had held that primary healthcare workers in the Port Harcourt Metropolis did not experience any significant relationship between their work hours and stress levels on the job.

H₀₃: There is no significant relationship between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis, Rivers State

Table 6: Pearson Correlation between organizational support and workplace stress among primary healthcare workers in Port Harcourt Metropolis

Variables		Workplace stress	Organizational support	Decision
Workplace stress	Pearson Correlation	1	-0.22	H ₀ rejected
	Sig. (2-tailed)		0.00*	
	N	421	421	
Organizational support	Pearson Correlation	-0.22	1	
	Sig. (2-tailed)	0.00*		
	N	421	421	

*Correlation is significant at the 0.05 level (2-tailed).

Among primary healthcare staff in the Port Harcourt Metropolis, Table 6 displays the Pearson Correlation between occupational stress and organizational support. The association between organizational support and occupational stress was found to be significantly negative ($p < 0.05$) in the study's sample of 421 participants ($r = -0.22$; $p = 0.00$). For this reason, we may say that primary healthcare workers in the Port Harcourt Metropolis are more likely to experience stress on the job if they have organizational support.

4. Discussion of Findings

The study's results indicated a substantial correlation between workplace tension and labor, with a p-value of less than 0.05 ($n = 421$; $r = 0.43$; $p = 0.00$). This discovery is anticipated; consequently, it is not unexpected, as healthcare practice necessitates substantial effort, particularly in light of the recent shortage of healthcare professionals

in the nation. The findings of this research were consistent with those of Onowhakpor et al. [14], who conducted a study among healthcare workers in Ghana and discovered a substantial correlation between labor and workplace stress. In the same vein, Akaighe et al. [15] delineated the diverse factors that are associated with stress, such as burden. The results of this study support the findings of Segal et al. [16], who discovered that heavy work loads and the pressure to perform in order to meet increasing expectations with a sufficient remuneration are among the main correlates of occupational stress. The results of this study are consistent with the findings of Bashar et al. [17] investigation into occupational stress and exhaustion, which demonstrated a correlation between stress levels and labor. This similarity between the present study and the previous one may be attributed to the homogeneity of the study populations, as both were conducted among healthcare professionals.

The study's findings indicated a substantial correlation between workplace tension and work duration, with a p-value of less than 0.05 ($n = 421$; $r = 0.23$; $p = 0.00$). The results of the study were foreseen as a result of the personal observations that were made during the data collection process. It was observed that certain individuals were perpetually preoccupied with their work and may have very little time for other activities. The results of this study are also consistent with those of Chukwuemeka et al. [18] who demonstrated a correlation between stress and the duration of work in their study on occupational stress. The results of this study are consistent with the findings of Bashar et al. [17] investigation into occupational stress and exhaustion, which demonstrated a correlation between the duration of work and stress levels. Bolarinde et al. [19] conducted a study on occupational stress and exhaustion that demonstrated a correlation between work duration and stress. This finding is also consistent with the findings of this study. The similarity between the present study and the previous ones may be attributed to the similarity in the study design.

The study's results indicated a substantial negative correlation between workplace tension and organizational support, with a p-value of less than 0.05 ($n = 421$; $r = -0.22$; $p = 0.00$). This discovery suggests that workplace tension decreases as organizational support increases. This discovery is not unexpected, as organizational support is a critical component of life that facilitates work. Therefore, if such support is insufficient, it may result in increased tension for employees. The study's findings are consistent with those of Olorunfemi and Chika [20], who demonstrated a correlation between stress and organizational support in terms of occupational stress. The findings of this study are comparable to those of Akaighe et al. [15] who discussed the diverse sources of occupational stress, such as organizational support.

5. Conclusion

In conclusion, the correlates of workplace stress among primary healthcare workers in Port Harcourt Metropolis were workload, work duration, organizational support and years of work experience. Also, the quality of life of primary healthcare workers in Port Harcourt Metropolis was poor. This calls for an urgent action to promote the health of the healthcare workers in Port Harcourt Metropolis.

Based on the findings of the study, the following recommendations were made:

1. Government should make the primary healthcare workers comfortable in their work place by building more offices, employing more workers, and catering for the welfare of the workers.
2. The result showed workload a correlate of stress, hence, the government should employ more primary healthcare workers to ease the workload on the workers.
3. The primary healthcare workers should also make conscious effort to ensure that they recognize the best coping strategy that is appropriate for them and maintain it at all times to help themselves cope with the stress in their work.
4. The primary healthcare management board should as well make the work environment less stressful for the workers by devising techniques to create and maintain optimal stress levels among the healthcare workers for purposes of improving and maintaining their performance.

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