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Work Stress, Psychological Morbidity and Coping Strategies Deployed by University Lecturers in Lagos, Nigeria

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ABSTRACT

***Purpose of Study**: University lecturers were observed to be exposed to various degrees of occupational stress that could make them vulnerable to developing psychological morbidity. This study aimed to investigate the prevalence of work-related distress, psychological morbidity, and coping mechanisms among the academic staff of a university in Lagos, Nigeria.*

***Methods**: A multistage sampling technique was used to recruit four hundred and five lecturers from the Lagos State University, Lagos, Nigeria, in this descriptive and cross-sectional study. The participants completed the work stress questionnaire, the general health questionnaire-28, and the Brief COPE psychometric instruments. Descriptive and inferential statistics were used to describe the data.*

***Results**: The prevalence of work-related stress was 22.6%, 13.5%, 34%, and 37.1%, respectively, regarding influence at work, indistinct organization and conflicts, individual demands and commitments, and work to leisure time. Only 11.6% of them manifested psychological morbidity. Most of the participants deployed an emotional-focused coping mechanism of 26.9±6.0, followed by problem-focused coping at 21.5±6.0, while the avoidant coping strategy at 13.0±3.2 was least adopted.*

***Conclusions**: University lecturers were observed to experience high work stress, which may negatively impact their physical and mental health. The university management authorities should develop psycho-educational programmes on work-life balance for lecturers and psychological interventions for those who might have already experienced high psychological distress, burnout, anxiety, and depression.*

Keywords

Work Stress, Psychological Morbidity, Coping Strategies, University Lecturers, Nigeria.

Introduction

Education is the transmission of knowledge, skills, attitudes and character traits to individuals, intended to prepare them for significant life and also help solve the problems of a nation. Likewise, university education refers to higher education and research leading to the granting of academic degrees [1,2]. According to the National Policy on Education, the goal of a university education is to prepare the individual for useful and sustainable living within society [3]. The attainment of educational programmes is dependent on the teachers' capability and capacity to impart knowledge and skills to the students. In this light, university lecturers play multiple roles, including teaching, learning, research, publications, administration and community services. In performing these occupational duties, the lecturers

were observed to be exposed to various degrees of occupational stress [3,4]. According to the United States National Institute for Occupational Safety and Health, job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, responses or needs of the worker [5]. Stress in the workplace has been recognized as a global condition due to its negative impact on the physical, emotional and psychological well-being of individuals in various occupational groups [6,7]. The World Health Organization (WHO) declared stress a global epidemic of the 21st century [8]. Occupational stress is characterized as a tension reaction experienced and accumulated by stressful events, frustration, insufficient or insufficient attempts to carry out activities, and varying and excessive adaptive responses, resulting in physical and mental health problems that damage the individual [9]. Work-related psychological distress can be described as a physiological and psychological reaction to the harmful aspects of the workplace.

A study conducted in the United Kingdom reported that a large proportion of the surveyed academic staff found their work to be stressful [10]. Similar studies conducted in China and India revealed that almost all of the academic staff were reported to be stressed [11,12]. Another study conducted among university teachers in Northwest Ethiopia found that the prevalence of work-related stress was 60.4% [13]. In the same vein, other studies conducted in Africa observed high degrees of stress among university lecturers. For example, one study conducted in Egypt on occupational stress, anxiety, and depression revealed that almost 100% of the university lecturers were observed to experience work-related stress [14]. Another study conducted among university teachers in Ondo State, Nigeria, reported a prevalence of 87% work stress among the surveyed teachers [15].

Regarding the psychological morbidity of university teachers, studies indicated that university teachers' face deplorable working conditions and most teachers claimed that their job was more stressful compared to previous years, which culminated in most teachers developing psychological morbidity. University lecturers were observed to experience an increasing workload globally due to higher emotional and cognitive demands, lack of due promotions, job insecurity, competitive career advancement among colleagues, poor finances, increasing demands of published scientific research, conflicts and administrative duties, limited social support from management, and poor work-life balances. Psychological morbidities such as anxiety and depression negatively impact university teachers' general well-being. If this problem is not addressed, it could further affect the productivity, fruitfulness, and integrity of the affected lecturers [16-18].

Concerning the coping mechanisms of university teachers, evidence showed many adopted techniques such as relaxation, sleeping, physical exercise, healthy eating, meditation, laughter, and social support [19]. One recently published Nigerian study on coping mechanisms among university lecturers revealed that the coping strategies deployed included maintaining a healthy relationship with co-workers and keeping a positive attitude at all times [15]. Since the demands of teaching and researching by lecturers are on the increase, coping mechanisms were also observed to be constantly changing cognitively and behaviourally. The efforts to cope with these demands, if not properly applied, could affect the effectiveness of lecturers, which is also dependent on their personalities and perceptions about life experiences. Nonetheless, the main aim of effective coping is to reduce stress, reach a balanced state of functioning socially and within the family, and continue to enjoy a good quality of life [20,21]. From the previous literature search, it could be deduced that university lecturers in a busy city such as Lagos State, the former capital city of Nigeria, can be said to face numerous occupational, social, environmental, economic, and political challenges compared to lecturers working in other universities in Nigeria. The stated challenges could be attributed to the high cost of living in the state as well as the expanding student population, coupled with other societal expectations. In this light, fewer studies on work-related distress and coping strategies were observed to have been carried out among university teachers in Lagos State, Nigeria. Therefore, this study aimed to determine the prevalence of work-related distress, psychological morbidity, and coping mechanisms among the academic staff of a university in Lagos State and to identify the factors influencing work-related distress and coping mechanisms among the respondents.

Methodology

Location of the study area

The study took place at the Lagos State University located in Ojo, a town in Lagos State, Nigeria. The university has an estimated population of forty thousand (40,000) people comprising teaching, non-teaching staff and students. The university staff comprised of people from different backgrounds from within and outside Nigeria. The university has three (3) campuses, namely Ojo, Epe and Ikeja campuses. Each campus comprises different faculties, departments and units. The main campus has a total of 940 academic staff; the 1keja campus has 181; and the Epe campus has 74. The study took place from October 2023 to March 2024.

Study population

The study population comprised academic staff from the three campuses of the university.

Inclusion Criteria

The academic staff of Lagos State University consented to participate in the study.

Exclusion Criteria

The academic staff of the university who were on any form of leave.

Study Design

The study design was descriptive and cross-sectional.

Sample Size Determination

Cochran's formula $n=Z^2pq/d^2$ was used to determine the minimum required sample size for the study.

Where n is the minimum required sample size in a population >10,000
Z is the confidence interval set at 1.96 for a 95% confidence interval
P = prevalence of work-related stress in a previous study - 60.4% (0.604)13
Q = 1-p (0.396)
d = precision value/degree of error set at 0.05
Putting the figures in the formula.
$n = 1.96^2 (0.604 \times 0.396)/0.05^2$
$n = 3.8416 \times 0.239184/0.0025$
$n = 367.5$
$n = 368$
To account for non-response or recording errors, the sample size was increased by 10%.
$= 368 + 36.8 = 404.8$
$= 405$. Therefore, the minimum sample size for the study was 405.

Sampling Technique

The respondents were selected using a multistage sampling technique. The number of academic staff on each campus was used to determine the respondents for the study. A list of the academic staff at the 3 campuses was obtained, which served as the sampling frame. The academic staff on the main Ojo campus was 940, the Ikeja campus was 181, and the Epe campus was 74.

The first stage was the proportional sampling technique to select faculties on each campus by balloting. The second stage was followed by a simple random sampling technique that was used to select the 3 departments from each faculty by balloting. In the third stage, a systematic random sampling method was used to select the participants by using the departmental register until the sample size was reached.

Pretest

The pretest was carried out on (42) 10% of the respondents in a similar higher institution to address ambiguous questions and allow revising the study materials. Data collection procedures were also tested to ensure that appropriate questions were asked that did not make the respondents uncomfortable.

Measures

Three quantitative psychometric tools were used to collect data from the participants.

1. General Health Questionnaire (GHQ-28): The GHQ-28 is used to indicate psychological well-being and detect possible cases of psychological morbidity in an individual. The GHQ-28 requests participants to indicate how their health, in general, has been over the past few weeks. GHQ-28 assesses the presence of somatic symptoms (A, items 1–7), anxiety and insomnia (B, 8–14), social dysfunction (C, 15–21) and severe depression (D, 22–28). GHQ scores by using items with a 4-point scale indicating the following frequencies of experience: "not at all", "no more than usual", "rather more than usual" and "much more than usual". The scoring system is the same as the original scoring system, such as the Likert scale 0, 1, 2, 3. The minimum score for the 28th version is 0, and the maximum is 84. Higher GHQ-28 scores indicate higher levels of distress. Goldberg suggests that participants with total scores of 23 or below should be classified as non-psychiatric, while participants with scores above 24 may be classified as psychiatric, but this score is not an absolute cut-off [22]. The higher the GHQ-28 scores, the higher the levels of psychological distress.
2. The Work Stress Questionnaire (WSQ): The Work Stress Questionnaire was developed by Kristina Holmgren in 2008 [23]. WSQ is a tool designed to assess the level of stress experienced by an individual in their workplace. WSQ consists of 21 items covering 4 main dimensions. The WSQ-21 items include concerns about work-related factors, individual characteristics and perceived stress. The items are categorized into four dimensions:

1. Influence at work (items 1–4) includes both decision authority and consideration of opinions related to the conduct of work tasks and the workplace in more general terms;
2. Indistinct organization and conflicts (items 5–11) concern the division of tasks, goals, and decision-making as well as the prevalence and handling of conflicts caused by an indistinct organization or due to other causes.
3. Individual demands and commitment (items 12–18); concern the individual's perceived demands (self-imposed demands about demands imposed by work) and the commitment to work, as well as the effect thereof on setting limits, taking responsibility and hours worked.
4. Work-to-leisure time interference (items 19–21) includes the effects that work has on time spent with family and friends as well as on recreational activities.

The questions on the first two themes can be answered Yes, partially or No. To determine the level of stress in the items of the first two themes, the questions are followed by the question Do you perceive it as stressful? The respondent grades the level of stress by answering: not stressful, Less stressful, Stressful or Very stressful. The items of the second two themes can be answered Yes, always, Yes, often, No, rarely; or No, never. The interpretation of the Work Stress Questionnaire (revised version) is scored by summing up the responses to each item. Each item is rated on a 4-point scale ranging from 1 to 4. Higher scores indicate higher levels of work-related stress.

3. The Brief-COPE is a 28-item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale is often used in academic settings to ascertain how academics are emotionally responding to a serious circumstance. It can be used to measure how someone is coping with a wide range of life's adversities. The scale can determine someone's primary coping styles with scores on the following three subscales: Problem-focused coping; emotional-focused coping and Avoidant coping. In addition, the following facets of coping are reported: self-distraction, denial, substance use, behavioural disengagement, emotional support, venting, humour, acceptance, self-blame, religion, active coping, use of instrumental support, positive re-framing, and planning [24]. Scores are presented for three overarching coping styles as average scores (sum of the item scores divided by the number of items), indicating the degree to which the respondent has

been engaging in that coping style. "I haven't been doing this at all"; "a little bit"; "a medium amount"; and "I've been doing this a lot."

The three overarching coping styles are outlined below.
Problem-Focused Coping (Items 2, 7, 10, 12, 14, 17, 23, 25)
Characterized by the facets of active coping, use of informational support, planning, and positive re-framing. A high score indicates coping strategies that are aimed at changing the stressful situation. High scores are indicative of psychological strength, grit, and a practical approach to problem-solving and are predictive of positive outcomes.

Emotion-Focused Coping (Items 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, 28)
Characterized by the facets of venting, use of emotional support, humour, acceptance, self-blame, and religion. A high score indicates coping strategies that aim to regulate emotions associated with the stressful situation. High or low scores are not uniformly associated with psychological health or ill health but can be used to inform a wider formulation of the respondent's coping styles.

Avoidant Coping (Items 1, 3, 4, 6, 8, 11, 16, 19)
Characterized by the facets of self-distraction, denial, substance use, and behavioural disengagement. A high score indicates physical or cognitive efforts to disengage from the stressor. Low scores are typically indicative of adaptive coping.

In addition to the three overarching sub-scales, scores are presented for the under 14 facets. Individual examination of the questions can pinpoint adaptive or maladaptive styles of coping and be useful for eliciting a discussion with the respondent.

Scores are also presented for each of the following facets:
- Active coping, items 2 & 7 (Problem-Focused)
- Use of informational support, items 10 & 23 (Problem-focused)
- Positive reframing, items 12 & 17 (Problem-focused)
- Planning, items 14 & 25 (Problem-Focused)
- Emotional support, items 5 & 15 (Emotion-focused)
- Venting, items 9 & 21 (Emotion-focused)
- Humour, items 18 & 28 (Emotion-focused)
- Acceptance, items 20 & 24 (Emotion-Focused)
- Religion, items 22 & 27 (Emotion-focused)
- Self-blame, items 13 & 26 (Emotion-focused)
- Self-distraction, items 1 & 19 (Avoidant)
- Denial, items 3 & 8 (Avoidant)
- Substance use, items 4 & 11 (Avoidant)
- Behavioural disengagement, items 6 & 16 (Avoidant)

The Brief COPE scores range from 1 to 4; higher scores indicate a higher use of coping strategy. A high score indicates coping strategies that aim to regulate emotions associated with the stressful situation. The Brief COPE has been validated in many settings and is one of the most frequently used self-reported measures of coping strategies.

Procedure
Data was collected by ten (10) trained Research Assistants (RAs). Seven (7) RAs collected data from the main Ojo campus, two (2) RAs collected data from the Ikeja campus, and one (1) collected data from the Epe campus. The RAs were undergraduate and postgraduate students who were trained for two days on data, tools, various instruments and other field activities.

Statistical Analysis
The collected data was analysed with the Statistical Packages for Social Sciences (SPSS) software version 25. Descriptive and inferential statistics were used to describe the data. Bivariate analysis and Chi-square test were used to determine significant associations, and the level of significance was set at P ≤5%.

Ethical Consideration
The approval to carry out the study was obtained from the Research and Ethics Committee of Lagos State University Teaching Hospital, Ikeja. Confidentiality of the participants was also assured by not including the names and addresses of respondents. The respondents were enlightened on the aims and implications of the study. Informed consent of all the participants was also obtained while autonomy, confidentiality and anonymity were all assured both during and after the course of the study.

Results
The majority of the participants 321 (75.7%) were within the age range 45 to 65 years old, 93 (21.9%) were within the age group 45 to 65 years, and 10 (2.4%) were elderly and above the age of 65 years. The mean age was 49.9 ± 8.2 years, with a range of 25-70 years. There were more males (70.8%) than females (29.2 %) Most of the respondents, 396 (93.4%) were married while an equal number of 4 (0.9%) of the respondents were divorced and separated. The median income was three hundred and forty thousand Naira (NG340, 000.00), while the majority had a PhD as their highest level of educational qualification. Regarding their designation, the majority 126 (29.7%) were senior lecturer II, while forty-five (10.6%) of the teachers were professors. Most 319 (80.4%) of the teachers lived in Lagos, however, the majority 119 (75.2%) worked on the university campus in Ojo, the majority having a family size of at most five persons per household. The years of work experience were 16.7 ± 8.6 with a majority of the teachers had worked for between 11 and 20 years.

Regarding the results of the work-related stress, the prevalence of work-related stress concerning influence at work revealed that 11.6% and 12.0% of the participants were either stressful or very stressful. In terms of work stress due to indistinct organization and conflicts, the prevalence was 4.5%, and 9.0% of the participants were either stressed or very stressed. The prevalence of stress at work due to individual demands and commitments revealed that 28.3% and 5.7% of the participants were either stressed or very stressed. Finally, in terms of work-to-leisure time interference, the prevalence was 36.1% stressful and 10.4% very stressful as shown in Table 2.

Concerning the psychological morbidity scores of the respondents, only 49 (11.6%) manifested psychological morbidity. When the

subscale of the GHQ, somatic symptoms, anxiety and insomnia, social dysfunction and severe depression were further looked into none of the respondents showed psychopathology in those subdivisions. However, the gender distribution showed that males 40 (13.3%) had higher scores compared to the female participants 15 (12.1%). The relationship between psychological morbidity and gender revealed a significant difference between the psychological morbidity of the male and female (P=001) with the male presenting with a significantly higher score in somatic symptoms. In the designation, a significant difference was found between the psychological morbidity and the designation of the teachers with the associate professors and the head of departments having a significantly higher score in the total score. The correlation between GHQ28, age, and years of work experience of respondents identified a negative weak correlation between the age, total score, somatic symptoms, anxiety and insomnia, and severe depression (P<0.05) and a negative weak correlation between years of work experience and total score, somatic symptoms and severe depression (P<0.01) as reflected in Tables 3 to 7.

Concerning the coping mechanism deployed by the participants, the results showed that most of them deployed an emotional-focused coping mechanism (26.9 ± 6.0), followed by problem-focused coping (21.5 ± 6.0), while the avoidant coping strategies (13.0 ± 3.2) were lesser used. Similarly, religion, planning and positive reframing respectively were the most deployed coping styles while substance use, self-blame and behavioural disengagement were the least deployed coping styles as reflected in Table 8. Meanwhile, the logistic regression model for factors that predicted work stress of the participants revealed a significant correlation between gender (P<0.04) and work experience (P<0.018) as shown in Table 9.

Table 1: Demographic and Clinical Characteristics of the Participants.

Variable	Freq (N= 424)	Percentage (%)
Age Group (Years)		
18 – 44	93	21.9
45 – 64	321	75.7
≥65	10	2.4
Age range	**25–70**	
Mean ± SD	**49.9 ± 8.2**	
Gender		
Male	300	70.8
Female	124	29.2
Religion		
Christianity	290	68.4
Islam	132	31.1
Traditionalist	2	0.5
Ethnicity		
Yoruba	357	84.2
Hausa	4	0.9
Igbo	23	5.4
Others	40	9.4
Marital Status		
Single	15	3.5
Married	396	93.4
Separated	4	0.9
Divorced	4	0.9
Widowed	5	

Table 1b: Demographic and Clinical Characteristics of the Participants (ctd).

Variable	Freq (N= 424)	Percentage (%)
Income (NGN)		
≤200,000	76	17.9
200,001 – 400,000	214	50.5
400,001 – 600,000	77	18.2
600,001 – 800,000	35	8.3
800,001 – 1000000	25	5.2
Qualification		
M.sc	143	33.7
MBBS Fellowship	44	10.4
PhD	237	55.9
Designation		
Professor	45	10.6
Associate Professor	119	28.1
Head of Department	22	5.2
Lecturer 1	112	26.4
Lecturer 2	126	29.7
Place of Residence		
Lagos central	30	7.1
Lagos North	53	12.5
Lagos west	341	80.4
Work location		
Epe	48	11.3
Ikeja	57	13.5
Ojo	319	75.2
Family Size		
≤5	314	71.4
>5	110	25.9
Mean ± SD	**4.7 ± 1.5**	

Table 1c: Demographic and Clinical Characteristics of the Participants (ctd).

Variable	Freq (N= 424)	Percentage (%)	Mean±SD
Work Experience (Years)			
≤10	114	26.9	
11 – 20	182	42.9	
21 – 30	102	24.1	
31 – 40	23	5.4	
>40	3	0.7	
Mean ± SD	**16.7 ± 8.6**		
Range	**2- 45**		
Mental Health (GHQ 28)			
Somatic Symptoms			.6 ± 1.4
Anxiety and insomnia			.6 ± 1.2
Social dysfunction			.6 ± 1.2
Severe depression			.1 ± .4
Coping Style			
Problem focus coping			21.5 ±6 .0
Emotion focus coping			26.9 ±6 .0
Avoidant coping			13.0 ±3 .2
Coping Style			
Active coping			5.3 ±1 .8
Information			5.1 ±1 .8
Positive reframing			5.5 ±2 .0
Planning			5.7 ±1 .9
Emotional support			5.0 ±1 .6
Venting			3.5 ±1.5
Humour			3.6 ±1.9
Acceptance			5.3 ±1 .8
Religion			6.8 ±1 .9
Self-blame			2.8 ±1 .1
Self-distraction			4.7 ±1.5
Substance use			2.4 ±0.9
Behavioural disengagement			2.9 ±1 .2
Denial			3.0 ±1 .2

Table 2: Prevalence of Work Stress of the Participants.

Variable	1(f (%)	2(f (%)	3(f (%)	4(f (%)
Influence at work	161(37.9)	209(49.3)	49(11.6)	5(12.0)
Perceived distress due to indistinct organization and conflicts	391(92.2)	10(2.4)	19(4.5)	4(9.0)
Perceived stress due to individual demands and commitments	205(48.3)	75(17.7)	120(28.3)	24(5.7)
Work to leisure time interference	109(25.7)	118(27.8)	153(36.1)	44(10.4)

f=Frequency, 1=Not stressful, 2= Less stressful, 3= Stressful, 4= Very stressful

Table 3: Prevalence of Psychological Morbidity among the Participants.

Variable	Freq (N= 424)	Percentage (%)
Psychological morbidity		
Psychiatric	49	11.6
Non-Psychiatric	375	88.4

Table 4: Distribution of the GHQ Scores by Gender.

Variable	Low (0- 4)	Medium (5 -9)	High (10 -28)	Mean ± SD
Male	86.7%	8.0%	5.3%	1.8±3.5
N= 300	n=260	n=24	n=16	
Female	87.9%	8.1%	4.0%	1.8±3.5
N=124	n=109	n=10	n=5	

Table 5: The Relationship between GHQ 28, Gender, and Designation.

	TS	Somatic symptoms	Anxiety/insomnia	Social dysfunction	Severe depression
Gender					
Male	1.8±3.5	0.7±1.4	0.6±1.3	0.6±1.2	0.1±0.4
Female	1.8±3.5	0.5±	0.6±1.3	0.6±1.2	0.1±0.4
F(P-value)	**199(0.001) ***				
Designation					
Professors	1.4±2.5	0.3±1.0	0.3±0.9	0.6±1.2	0.1±0.3
Ass Professor	1.9±3.8	0.7±1.4	0.5±1.3	0.6±1.3	0.1±0.4
HOD	1.6±3.0	0.5±1.5	0.5±0.9	0.5±1.1	0.0±0.0
Lecturer 2	1.3±3.0	0.5±1.3	0.3±1.0	0.5±1.1	0.1±0.3
Lecture 1	2.6±4.0	0.9±1.6	0.9±1.6	0.6±1.2	0.2±0.6
F(P-value)	**24.8(0.001) ***				

Mean±SD, Ts= Tota Score, Hod= Head of Department, *=Statistically significance, Ass= Associate

Table 6: Correlation between GHQ28, Age, and Years of work Experience of the Participants.

GHQ28	TS	Somatic symptoms	Anxiety/insomnia	Social dysfunction	Severe depression
Age (yrs)	-0.209**	-0.212**	-0.215**	-0.081	-0.128**
Experience (yrs)	-0.122*	-0.102*	-0.162**	-0.021	-0.110*

*P<0.05, **P<0.01, Pearson correlation coefficient

Table 7: Correlation between GHQ 28, and Coping Strategies of the Participants.

GHQ28	TS	Somatic symptoms	Anxiety/insomnia	Social dysfunction	Severe depression
Self-distraction	0.059	0.055	0.136**	-0.031	-0.028
Active coping	-0.083	-0.029	-0.008	-0.151**	-0.143**
Denial	0.262**	0.203**	0.296**	0.200**	0.017
Substance use	0.238**	0.171**	0.295**	0.130**	0.129**
ES	0.038	0.012	0.033	-0.096*	-0.187**
BD	0.224**	0.163**	0.211**	0.216**	0.053
Venting	0.219**	0.161**	0.238**	0.148**	0.127**
+ve reframing	-0.004	0.029	0.074	-0.084	-0.120*
IS	-0.056	-0.044	0.014	-0.08	-0.132**
Planning	-0.087	-0.039	-0.023	-0.161**	-0.059
Humor	0.234**	0.209**	0.231**	0.186**	0.004
Acceptance	0.008	0.023	0.079	-0074	-0.043
Religion	-0.189**	-0.138**	-0.142**	-0.198**	-0.114*
Self-blame	0.253**	0.167**	0.295**	0.151**	0.205**

*P<0.05, **P<0.01, Pearson correlation coefficient, ES= Emotional support, +ve=positive,
BD= Behavioural disengagement, IS=Information support

Table 8: Coping Strategies Deployed by the Participants.

Variable	Mean ± SD
Coping Style	
Problem focus coping	21.5 ±6 .0
Emotion focus coping	26.9 ±6 .0
Avoidant coping	13.0 ±3 .2
Coping Style	
Active coping	5.3 ±1 .8
Information	5.1 ±1 .8
Positive reframing	5.5 ±2 .0
Planning	5.7 ±1 .9
Emotional support	5.0 ±1 .6
Venting	3.5 ±1.5
Humour	3.6 ±1.9
Acceptance	5.3 ±1 .8
Religion	6.8 ±1 .9
Self-blame	2.8 ±1 .1
Self-distraction	4.7 ±1.5
Substance use	2.4 ±0.9
Behavioural disengagement	2.9 ±1 .2
Denial	3.0 ±1 .2

Table 9: Logistic Regression Model for Factors that Predict Work Stress of the Participants.

	Stress level		COR (95% C.I)	P	AOR (95% C.I)	P
Family size	Stressful	Not stressful				
≤5	63	251	1.873(.986 – 3.557)	0.055	1.609(.820 – 3.157)	0.167
>5	15	97				
Gender						
Male	61	259	1.856(1.009 – 3.409)	0.047*	1.911(1.031 – 3.541)	0.04*
Female	15	109				
Work Experience						
≤20	64	232	2.667(1.384 – 5.137)	0.003*	2.472(1.170– 5.225)	0..018*
>20	12	116				
OR=Odd Ratio, AOR=Adjusted Odd Ratio, *= Statistically significant						

Discussion

The study sought to evaluate the work stress and psychological morbidity experienced by the participants and their various adopted coping strategies. The evaluation of the influence at work that determined decision authority and consideration of opinions related to the conduct of work tasks by the participants showed that 23.6% of the participants were stressed. The assessments of the indistinct organization and conflicts that concern the division of tasks, goals, and decision-making and handling of conflicts showed that 13.5% of the participants were stressed. Regarding the individual demands and commitment that involved individual's perceived demands, demands imposed by work, commitment to work, setting limits, taking responsibility, and hours worked showed that 34% of the participants were stressful, while the work-to-leisure time interference that evaluated the effects that work has on time spent with family and friends as well as on recreational activities showed that 46.5% of the participants were stressful. The findings on work and leisure time showed that almost half of the participants were stressed because they could not find time for recreational activities.

The results of this study were in tandem with the findings of other researchers on work stress. For example, one recent literature review conducted on teachers' work stress claimed that the prevalence ranged from 8.35% to 87.3% [27]. Another study from Sweden indicated that 26% of the female workforce and 19% of the males experienced work stress [28]. Empirical evidence showed that the teaching profession was stressful. Persistent work stressors among teachers were noted to lead to reduced job satisfaction, poor work performance, emotional exhaustion, and burnout [27,28]. The identified work-related psycho-social factors experienced by teachers were conflicts with co-workers, bigger class size, years of teaching, technicalities of the subject taught, poor co-worker support, pitiable organizational structure, and reduced interpersonal relationships with other workers [2,28]. To add to the workers' stress is the reduced boundaries between work and home due to recent technology, such as working at home since the COVID-19 pandemic [28].

The predictors of work-related stress that could also lead to job dissatisfaction and psychological morbidity were reported to be an expanding number of students, accountability to multiple stakeholders, classrooms that were not conducive, lack of resources to carry out robust research, work overload, poor time management, lack of promotion opportunities, inadequate supervision of junior lecturers, poor interpersonal relationships with colleagues, lack

of feedback performance, job insecurity, excessive overload, and inadequate work-life imbalance, poor power supply, living far away from the university campus, poor salary, societal derogatory perception of lecturers, and incessant strike actions due to lack of infrastructural development in the universities [27-31].

Regarding gender, research has shown that excessive workload, inadequate salaries, and feelings of underachievement were also perceived as significant sources of stress by men when compared to female teachers. On the other hand, female lecturers consider job insecurity, work politics, underfunding, and a lack of material resources to be the major obstacles to improved work efficiency. Again, lack of support from colleagues and superiors and feelings that their work was not adequately recognized, which they claimed could lead to feelings of under-achievement, lower morale, and inadequate work-life balance [32,33]. Nonetheless, female teachers were observed to experience higher degrees of stress compared to their male counterparts. The experienced stressors were due to the management of academic pressures and family stress together. On one hand, some studies showed no differences between men and women in the perception of work stress, and on the other hand, some noted that men experienced more work stress than women [33-35]. This could be due to the consequences of the different positions that men and women have in universities. Since most universities are largely dominated by men, female lecturers may experience more stressors compared to their male colleagues, probably due to a lack of role models, less socialisation of women from their rank, gender stereotypes, and increased role conflict when they endeavour to balance roles at work and home [33-35]. Nevertheless, in Nigeria, university lecturers were found to be daily confronted with many factors that prevent them from being maximally fruitful and effective, such as infrastructural decays, overcrowded classrooms and laboratories, inadequate lecturers in certain departments, outdated laboratory facilities for research activities, rapidly changing strenuous promotion guidelines, a heavy academic workload, and difficulty getting finished research published in international journals [29-31]. Similarly, the popular catchphrase "publish or perish" is a familiar negative slogan to university lecturers in Nigeria, which in itself can be considered a stressor. The intense pressure to publish as many research studies as possible for promotion purposes sometimes contributes to the work stress and psychological morbidity experienced by university lecturers.

Regarding the findings on the psychological morbidity of the participants, the scores of the general health questionnaire showed that 11.6% of the participants experienced psychological morbidity. This result was in agreement with that of other similar researchers. For example, one Ukrainian study found that 9% of the surveyed lecturers experienced psychological morbidity [35]. In another similar study, one American study reported that 62.9% of their researched sample experienced psychological morbidity [36]. Nonetheless, the literature indicated that almost two-thirds of academics reported experiencing mental health issues, such as anxiety, psychological distress, depression, and burnout, at some point in their career [37,38]. In this study, males experienced more psychological morbidity compared to their female colleagues. Evidence indicated that the high prevalence of psychological distress was caused by heavy teaching loads, research expectations, meeting tight deadlines for teaching, and inadequate funding for research, which could lead to feelings of job insecurity due to temporary contracts, limited opportunities for promotion, and the competitive nature of academia [27-31]. Lecturers who may not be meeting academic expectations may isolate themselves, which can contribute to feelings of loneliness and some symptoms of anxiety and depression. Other factors that could contribute to the psychological distress among lecturers include dealing with challenging student behaviours, increasing student expectations, and at the same time providing emotional support to students [27-31].

Concerning the adopted coping skills of the participants, the results of the administered brief COPE instrument showed that the emotion-focused coping strategy characterized by the facets of venting, use of emotional support, humour, acceptance, self-blame, and religion was the most frequently used coping strategy adopted by the participants. Similar findings were reported by workers in studies conducted in Ghana [40] and Saudi Arabia [41]. The problem-focused coping category was the second most utilized coping strategy adopted by the respondents, as determined by positive reframing, planning, acceptance, seeking emotional support, and seeking informational support. The same results were reported in studies carried out among lecturers [42,43]. However, the avoidant coping category characterised by denial, substance use, venting, behavioural disengagement, self-distraction, and self-blame was the least adopted coping strategy by the participants. The avoidant coping strategy was reported to be associated with poorer physical health among those with medical conditions [44].

The literature showed that the frequently used coping mechanisms deployed by the teachers were religion, planning, and positive reframing [41,42], while substance use, self-blame, and behavioural disengagement were the least deployed coping styles [44]. The emotion-focused coping strategy deployed by the participants was found to have a positive mediating effect on work-related stress and psychopathology, which meant that they could cope better with work-related stress and were less likely to experience psychological morbidity. This finding was found to be consistent with previous research that demonstrated the importance of coping strategies in buffering the negative effects of work stress on psychological distress [41-44]. In the same vein, evidence showed that the coping methods of lecturers were a key factor in determining their productivity and effectiveness. Coping skills help to enhance resilience and the ability to quickly recover from life's stresses. Those who deploy effective coping strategies will be able to manage their emotions more healthily and also prevent psychopathological conditions such as anxiety and depression because they will be able to tolerate and deal adequately with academic stress [41-44].

Recommendations

It is therefore, suggested that the university management authorities frequently evaluate the mental health status of university lecturers

to detect those experiencing high work stress, psychiatric morbidity, and burnout and quickly provide psychological interventions to further promote the mental well-being of lecturers and ensure a healthy and productive academic environment. Similarly, university authorities should provide support systems and resources for stress management and emotional resilience seminars and workshops to foster a positive work culture and manage the unique challenges faced by university lecturers.

Limitations

The limitations of this study include its cross-sectional nature, which limits the ability to establish causality between the variables. The research was conducted among lecturers at a state-owned university in Lagos State, Nigeria, which may limit the generalization of the findings to other federal university settings. However, future studies should explore not only the psychopathological morbidities of university lecturers but also the effectiveness of psychological interventions aimed at improving work stress and psychiatric morbidity among university lecturers. Nonetheless, this study has contributed to the body of academic knowledge on these important topics.

Conclusion

The workload in academia was found to be negatively impacting the mental health status of the lecturers. The university management authorities should develop psycho-educational programmes on work-life balance to prevent them from developing academic psychological distress. Likewise, psychological interventions should be provided for those who have already experienced high levels of psychological distress, burnout, anxiety, and depression.

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