Information Utilization and Stress Management among Medical Personnel in a Tertiary Health Institution in North-Central Nigeria

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ABSTRACT

Occupational stress remains a major challenge among healthcare professionals globally, with significant implications for employee wellbeing, productivity, and quality of healthcare delivery. This study investigated the utilization of stress-management information among medical personnel in a tertiary health institution in North-Central Nigeria. Specifically, the study identified sources of stress-management information, examined causes of work-related stress, assessed stress-management strategies adopted by medical personnel, evaluated challenges encountered in accessing stress-management information, and identified possible solutions for reducing occupational stress.

A descriptive cross-sectional survey design was employed. Data were collected from 153 medical personnel comprising nurses, medical doctors, medical laboratory scientists, pharmacists, community health workers, lecturers, and students using a structured questionnaire. Descriptive statistics including frequencies, percentages, means, and standard deviations were used for data analysis.

The findings revealed that colleagues and peer discussions constituted the most utilized source of stress-management information (M = 3.34, SD = 1.30), followed by social networks such as family and friends (M = 3.18, SD = 1.32). Excessive workload emerged as the leading cause of work-related stress (M = 2.46, SD = 0.70), followed by pressure to meet deadlines and academic workload. Sleep/rest (M = 3.85, SD = 1.12) was the most commonly adopted stress-management strategy, while fatigue or lack of motivation (M = 3.98, SD = 1.26) represented the most significant challenge in accessing stress-management information. Respondents further identified improved remuneration, increased staffing, stress-management training, and improved work schedules as major interventions for reducing occupational stress.

The study concludes that occupational stress among medical personnel is largely influenced by workload-related and organizational factors. Strengthening institutional support systems, implementing regular stress-management training programmes, improving staffing levels, and enhancing access to stress-management information are recommended to promote healthcare worker wellbeing and improve healthcare service delivery.

Keywords: Occupational Stress, Stress Management, Medical Personnel, Information Utilization, Healthcare Workers

INTRODUCTION

Healthcare professionals work within highly demanding environments characterized by long working hours, increasing patient loads, emotional demands, administrative responsibilities, and workforce shortages. These conditions expose healthcare workers to significant occupational stress, which may adversely affect their physical health, mental wellbeing, job performance, and quality of patient care.

Globally, physician burnout and workplace stress have become major public health concerns. Studies have linked occupational stress among healthcare workers to reduced productivity, increased medical errors, absenteeism, poor patient outcomes, and reduced job satisfaction [1], [26], [34]. In low- and middle-income countries,

including Nigeria, the problem is further compounded by inadequate staffing, limited healthcare resources, poor remuneration, and increasing service demands [3], [7], [25].

Access to reliable stress-management information plays a crucial role in helping healthcare professionals develop effective coping strategies and resilience. However, healthcare workers frequently encounter barriers such as inadequate training, poor institutional support, fatigue, and limited awareness of available resources [17], [23].

Despite increasing attention to healthcare worker wellbeing, limited empirical evidence exists regarding the utilization of stress-management information among medical personnel in Nigerian tertiary healthcare institutions. This study therefore examined the utilization of stress-management information among medical personnel and identified factors influencing stress management within a tertiary healthcare setting.

Objectives of the Study

The study sought to:

1. Identify the sources of stress-management information utilized by medical personnel.
2. Determine the causes of work-related stress among medical personnel.
3. Examine the stress-management strategies adopted by medical personnel.
4. Identify challenges encountered in accessing stress-management information.
5. Proffer solutions to occupational stress among medical personnel.

METHODOLOGY

Research Design

A descriptive cross-sectional survey design was adopted for the study.

Study Area

The study was conducted among medical personnel in Bingham University Teaching Hospital, and Bingham University College of Medical Sciences, Jos, Plateau State, a tertiary healthcare institution located in North-Central Nigeria.

Population and Sample

The study population consisted of nurses, medical doctors, medical laboratory scientists, pharmacists, community health workers, lecturers, and students. A total of 153 respondents participated in the study.

Instrument for Data Collection

Data were collected using a structured questionnaire designed to obtain information on demographic characteristics, sources of stress-management information, causes of work-related stress, stress-management strategies, challenges encountered in accessing stress-management information, and proposed solutions.

Data Analysis

Data were analyzed using descriptive statistics including frequencies, percentages, means, standard deviations, and ranking procedures. Results were presented using tables and narrative descriptions.

RESULTS

Table 1: Socio-Demographic Characteristics of Respondents (N = 153)

Variable	Category	Frequency (f)	Percentage (%)
Age (Years)	20–29	40	26.1
	30–39	38	24.8
	40–49	35	22.9
	50–59	30	19.6
	60 and above	10	6.5
Gender	Male	53	34.6
	Female	100	65.4
Marital Status	Single	54	35.3
	Married	90	58.8
	Widowed	8	5.2
	Divorced	1	0.7
Years of Practice	Less than 1 year	20	13.1
	1–5 years	42	27.5
	6–10 years	20	13.1
	More than 10 years	71	46.4
Professional Category	Nurse	66	43.1
	Medical Doctor	31	20.3
	Medical Laboratory Scientist	22	14.4
	Community Health Worker	15	9.8
	Pharmacist	9	5.9
	Lecturer	8	5.2
	Student	2	1.3

Table 1 presents the socio-demographic characteristics of the respondents. The majority of respondents were female (65.4%), while males accounted for 34.6%. Most respondents were married (58.8%), and nearly half (46.4%) had more than ten years of professional experience, indicating a relatively experienced workforce. Nurses constituted the largest professional group (43.1%), followed by medical doctors (20.3%) and medical laboratory scientists (14.4%). The age distribution showed that respondents were predominantly within the economically active age groups, suggesting that the study captured perspectives from healthcare workers actively involved in clinical and academic responsibilities.

Table 2: Sources of Stress-Management Information Utilized by Medical Personnel (N = 153)

Source of Information	SD n (%)	D n (%)	N n (%)	A n (%)	SA n (%)	Mean ± SD	Rank
Colleagues/Peer Discussions	15 (9.8)	18 (11.8)	22 (14.4)	55 (35.9)	43 (28.1)	3.34 ± 1.30	1
Social Networks (Family/Friends)	18 (11.8)	22 (14.4)	26 (17.0)	49 (32.0)	38 (24.8)	3.18 ± 1.32	2
Social Media Health Pages	20 (13.1)	21 (13.7)	29 (19.0)	45 (29.4)	38 (24.8)	3.12 ± 1.33	3
Television/Radio	19 (12.4)	24 (15.7)	28 (18.3)	43 (28.1)	39 (25.5)	3.12 ± 1.37	4
Online Medical Databases	21 (13.7)	26 (17.0)	24 (15.7)	46 (30.1)	36 (23.5)	3.07 ± 1.27	5

Grand Mean = 3.01 ± 1.35

Table 2 shows the sources of stress-management information utilized by medical personnel. Colleagues and peer discussions emerged as the most utilized source of information (Mean = 3.34 ± 1.30), followed by social networks such as family and friends (Mean = 3.18 ± 1.32). Social media health pages, television/radio programmes, and online medical databases were also identified as important information sources. The overall grand mean of 3.01 indicates that respondents actively utilized various channels to obtain stress-management information, with interpersonal communication playing the most significant role

Table 3: Causes of Work-Related Stress Among Medical Personnel (N = 153)

Cause of Stress	Not Stressful n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Extremely n (%)	Mean ± SD	Rank
Excessive Workload	12 (7.8)	26 (17.0)	39 (25.5)	44 (28.8)	32 (20.9)	2.46 ± 0.70	1
Pressure to Meet Deadlines	18 (11.8)	30 (19.6)	37 (24.2)	41 (26.8)	27 (17.6)	2.31 ± 0.70	2
Academic Workload	19 (12.4)	31 (20.3)	36 (23.5)	40 (26.1)	27 (17.6)	2.26 ± 0.80	3
Administrative Demands	20 (13.1)	32 (20.9)	35 (22.9)	40 (26.1)	26 (17.0)	2.24 ± 0.80	4
Poor Staffing Level	22 (14.4)	30 (19.6)	38 (24.8)	39 (25.5)	24 (15.7)	2.20 ± 0.80	5

Grand Mean = 2.15 ± 0.79

Table 3 presents the causes of work-related stress among medical personnel. Excessive workload ranked as the leading source of stress (Mean = 2.46 ± 0.70), followed by pressure to meet deadlines (Mean = 2.31 ± 0.70), academic workload (Mean = 2.26 ± 0.80), administrative demands (Mean = 2.24 ± 0.80), and poor staffing levels (Mean = 2.20 ± 0.80). These findings indicate that occupational stress among respondents is primarily driven by workload-related and organizational factors. The grand mean score of 2.15 suggests that workplace demands constitute a substantial source of stress among medical personnel

Table 4: Stress-Management Strategies Adopted by Medical Personnel (N = 153)

Strategy	Never n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Very Often n (%)	Mean ± SD	Rank
Sleep/Rest	8 (5.2)	14 (9.2)	26 (17.0)	55 (35.9)	50 (32.7)	3.85 ± 1.12	1
Healthy Diet	10 (6.5)	17 (11.1)	30 (19.6)	53 (34.6)	43 (28.1)	3.71 ± 1.12	2
Time Management	11 (7.2)	18 (11.8)	28 (18.3)	54 (35.3)	42 (27.5)	3.71 ± 1.19	2
Taking Annual Leave	15 (9.8)	19 (12.4)	32 (20.9)	49 (32.0)	38 (24.8)	3.52 ± 1.31	4
Relaxation Techniques	16 (10.5)	20 (13.1)	31 (20.3)	48 (31.4)	38 (24.8)	3.47 ± 1.25	5

Grand Mean = 3.47 ± 1.25

Table 4 shows the stress-management strategies adopted by respondents. Sleep and rest were the most frequently utilized coping strategies (Mean = 3.85 ± 1.12), followed by healthy dietary practices (Mean = 3.71 ± 1.12) and effective time management (Mean = 3.71 ± 1.19). Taking annual leave and engaging in relaxation techniques were also commonly reported. The grand mean of 3.47 indicates a high level of engagement in personal coping mechanisms, suggesting that respondents largely rely on self-care practices to manage occupational stress.

Table 5: Challenges Encountered in Accessing Stress-Management Information (N = 153)

Challenge	Not a Challenge n (%)	Minor n (%)	Moderate n (%)	Serious n (%)	Major n (%)	Mean ± SD	Rank
Fatigue/Lack of Motivation	10 (6.5)	15 (9.8)	27 (17.6)	49 (32.0)	52 (34.0)	3.98 ± 1.26	1
Lack of Training	12 (7.8)	16 (10.5)	28 (18.3)	51 (33.3)	46 (30.1)	3.90 ± 1.36	2
Lack of Institutional Support	15 (9.8)	18 (11.8)	31 (20.3)	50 (32.7)	39 (25.5)	3.71 ± 1.29	3
Limited Awareness	18 (11.8)	22 (14.4)	30 (19.6)	45 (29.4)	38 (24.8)	3.41 ± 1.43	4
High Cost of Resources	19 (12.4)	21 (13.7)	32 (20.9)	44 (28.8)	37 (24.2)	3.39 ± 1.43	5

Grand Mean = 3.51 ± 1.39

Table 5 presents the challenges encountered by medical personnel in accessing stress-management information. Fatigue or lack of motivation was identified as the most significant challenge (Mean = 3.98 ± 1.26), followed by lack of training (Mean = 3.90 ± 1.36) and inadequate institutional support (Mean = 3.71 ± 1.29). Other barriers included limited awareness of available resources and the high cost of accessing stress-management information. The grand mean score of 3.51 indicates that respondents face considerable obstacles in obtaining and utilizing stress-management information effectively.

Table 6: Suggested Solutions to Occupational Stress Among Medical Personnel (N = 153)

Suggested Solution	Frequency (f)	Percentage (%)	Rank
Improved Remuneration	58	37.9	1
Increased Staffing	37	24.2	2
Stress-Management Training and Awareness Programmes	30	19.6	3
Better Work Schedules, Rest Periods and Annual Leave	28	18.3	4
Total	**153**	**100.0**	

DISCUSSION

Sources of Stress-Management Information Utilized by Medical Personnel

The study found that colleagues and peer discussions constituted the most utilized source of stress-management information among medical personnel, followed by social networks comprising family and friends, social media health pages, television/radio, and online medical databases. This finding underscores the critical role of interpersonal relationships in facilitating access to stress-management information within healthcare settings.

The prominence of peer discussions is consistent with the findings of Sexton et al. (2022), who reported that healthcare workers frequently rely on colleagues as trusted sources of emotional and professional support during periods of occupational stress. Similarly, Matheson et al. (2016) observed that resilience among healthcare professionals is often strengthened through supportive workplace relationships and collaborative interactions. The reliance on family and friends further supports evidence that social support networks are essential protective factors against occupational stress and burnout among healthcare workers.

The comparatively lower utilization of online medical databases suggests that although evidence-based resources are available, they may not be the primary source of stress-management information for many healthcare professionals. This observation may reflect challenges such as limited awareness, inadequate training, or time constraints, as reported by Igwilo and Ogonna (2025), who identified gaps in awareness and utilization of stress-management programmes among healthcare workers in Nigerian tertiary hospitals.

Causes of Work-Related Stress among Medical Personnel

The findings revealed that excessive workload was the leading cause of work-related stress among medical personnel. Other significant stressors included pressure to meet deadlines, academic workload, administrative demands, and poor staffing levels. These findings indicate that organizational and workload-related factors remain major contributors to occupational stress in healthcare environments.

The finding that excessive workload constitutes the most significant source of stress agrees with previous studies conducted among healthcare professionals globally and within Nigeria. West, Dyrbye, and Shanafelt (2018) identified workload burden as one of the strongest predictors of physician burnout, while Patel et al. (2023) similarly reported that high patient loads and long working hours contribute substantially to occupational stress. In Nigeria, Alao et al. (2022), Bolarinde (2023), and Salihu et al. (2023) all documented workload pressure as a major determinant of stress and burnout among healthcare workers.

The influence of administrative demands and deadline pressures observed in the present study also aligns with the findings of Alobayli et al. (2023) and Bahr et al. (2023), who reported that increasing administrative responsibilities and technological demands have intensified stress levels among clinicians. These findings support the Job Demand–Resources Theory, which posits that excessive job demands without corresponding organizational support lead to emotional exhaustion and burnout.

Stress-Management Strategies Adopted by Medical Personnel

The study found that sleep/rest was the most frequently adopted stress-management strategy, followed by healthy diet, time management, annual leave, and relaxation techniques. The overall findings suggest that medical personnel predominantly rely on self-care and lifestyle-based approaches to cope with workplace stress.

The predominance of sleep and rest as coping mechanisms is consistent with the findings of Oridota (2022) and Nwobodo (2023), who reported that healthcare workers commonly employ personal recovery strategies to mitigate occupational stress. Similarly, Okechukwu and Nwankwo (2023) observed that adequate sleep, healthy nutrition, physical activity, and effective time management significantly contribute to psychological wellbeing among healthcare professionals.

The frequent utilization of annual leave and relaxation techniques further supports the argument that healthcare workers recognize the importance of recovery periods and psychological detachment from work. These findings are consistent with De Hert (2020), who emphasized that adequate rest, resilience-building activities, and structured self-care interventions are essential components of stress reduction among healthcare personnel. However, the reliance on individual coping mechanisms may indicate insufficient organizational-level interventions, as highlighted by Rotenstein, Melnick, and Sinsky (2022), who advocated for broader institutional approaches to clinician wellbeing.

Challenges Encountered in Accessing Stress-Management Information

The study identified fatigue or lack of motivation as the most significant challenge encountered by medical personnel in accessing stress-management information. Other notable barriers included lack of training, inadequate institutional support, limited awareness of available resources, and the high cost of accessing resources.

The finding that fatigue is the most prominent barrier is unsurprising given the high workload pressures identified in this study. Similar findings have been reported by Papazian et al. (2023), who observed that exhaustion and burnout often reduce healthcare workers' willingness and capacity to engage in wellbeing programmes. Shanafelt, Ripp, and Trockel (2021) likewise noted that overwhelmed healthcare professionals frequently struggle to prioritize self-care activities despite recognizing their importance.

The significance of inadequate training and limited institutional support aligns with the findings of Liu et al. (2025), who reported that organizational barriers remain major obstacles to seeking psychological support among healthcare professionals. Likewise, Igwilo and Ogonna (2025) found that limited awareness and inadequate institutional promotion of stress-management programmes significantly hinder utilization among healthcare workers.

The findings further corroborate the work of Kiratipaisarl et al. (2024), who concluded that organizational interventions are generally more effective than individual interventions in reducing occupational stress and burnout. Therefore, addressing institutional barriers through policy reforms, staff education, and wellness programmes may significantly improve access to stress-management information among healthcare personnel.

Implications for Practice

The findings suggest that effective stress management among medical personnel requires a multidimensional approach involving both individual and organizational interventions. While healthcare workers demonstrate substantial engagement in self-care strategies, sustainable improvements in wellbeing will depend on

institutional commitment to reducing workload pressures, improving staffing levels, enhancing access to stress-management information, and providing structured support systems.

Healthcare administrators should prioritize the development of workplace wellness programmes, regular stress-management training, peer-support systems, and policies that encourage work-life balance. Such interventions are likely to improve employee wellbeing, reduce burnout, enhance job satisfaction, and ultimately improve patient care outcomes.

CONCLUSION

The study demonstrated that medical personnel primarily obtain stress-management information through peer discussions and social support networks. Excessive workload, deadline pressure, and administrative responsibilities were identified as major causes of occupational stress. Medical personnel predominantly relied on sleep, healthy diet, and time management as coping strategies. However, fatigue, inadequate training, and insufficient institutional support constituted significant barriers to accessing stress-management information. Addressing these challenges through workforce strengthening, stress-management education, and organizational support systems is essential for improving healthcare worker wellbeing and service delivery.

RECOMMENDATIONS

1. Recruit additional healthcare personnel to reduce workload pressure.
2. Establish institutional wellness and counselling programmes.
3. Conduct regular stress-management training and awareness campaigns.
4. Improve remuneration and incentive structures.
5. Strengthen organizational support systems for employee wellbeing.
6. Promote access to evidence-based stress-management information resources.

Ethical Approval

Ethical approval for this study was obtained from the Bingham University Teaching Hospital Health Research Ethics Committee prior to data collection. Participation was voluntary, and informed consent was obtained

from all respondents. Confidentiality and anonymity of participants were maintained throughout the study.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this study.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The dataset is not publicly available because it contains information that could compromise participant confidentiality.

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REFERENCES

1. Adam, S., Schmittdiel, J., Adams, A., Weiner, M., & Khanna, R. (2023). Mindfulness-based interventions for physician burnout: A systematic review. Frontiers in Psychology, 14, 1123451. https://doi.org/10.3389/fpsyg.2023.1123451
2. Agyapong, V. I. O., Hrabok, M., Vuong, W., Shalaby, R., Noble, J. M., Gusnowski, A., & Surood, S. (2021). Mental health challenges in Sub-Saharan Africa: The urgent need for action. International Journal of Mental Health Systems, 15(1), 10–18.
3. Alao, A. O., Obimakinde, A. M., & Ogunbode, A. M. (2022). Effect of workplace stress on the perceived health of resident doctors in Nigeria. Annals of Ibadan Postgraduate Medicine, 20(1), 18–25.
4. Alhassan, R. K., Ayanore, M. A., Diekuu, J.-B., Prempeh, E. B. A., & Donkor, E. S. (2021). Ghana: Leveraging e-learning technology to enhance pre-service training for healthcare trainees. In Evidence from a pilot project and pointers to policy reforms. Springer.
5. Alobayli, F., O'Connor, S., Holloway, A., & Cresswell, K. (2023). Electronic health record stress and burnout among clinicians in hospital settings: A systematic review. Digital Health, 9, 20552076231220241. https://doi.org/10.1177/20552076231220241
6. American Psychological Association. (2020). Publication manual of the American Psychological Association (7th ed.).
7. Amoran, O. E., Isah, A. O., & Lawal, A. K. (2020). Prevalence and determinants of burnout among doctors in Nigeria. Nigerian Journal of Clinical Practice, 23(6), 788–795.
8. Bahr, T. J., Ginsburg, S., Wright, J. G., & Shachak, A. (2023). Technostress as source of physician burnout: An exploration of the associations between technology usage and physician burnout. International Journal of Medical Informatics, 177, 105147. https://doi.org/10.1016/j.ijmedinf.2023.105147
9. Bolarinde, O. A. (2023). Stress and coping mechanisms among medical doctors in a tertiary hospital in Nigeria. Nigerian Journal of Clinical Practice, 26(4), 587–594. https://doi.org/10.4103/njcp.njcp_400_22
10. Bryman, A. (2016). Social research methods (5th ed.). Oxford University Press.
11. Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.
12. De Hert, S. (2020). Burnout in healthcare workers: Prevalence, impact and preventative strategies. Local and Regional Anesthesia, 13, 171–183.
13. Eleje, G., Okoh, M., & Obi, C. (2025). Occupational stress and coping strategies among resident doctors in Southeast Nigeria. BMC Health Services Research, 25(1), 225. https://doi.org/10.1186/s12913-025-02011-7
14. Field, A. (2018). Discovering statistics using IBM SPSS statistics (5th ed.). SAGE Publications.
15. George, D., & Mallery, P. (2019). IBM SPSS statistics for introductory statistics: Use and interpretation (6th ed.). Routledge.
16. Gómez-Galán, J., Martínez-López, J. Á., Lázaro-Pérez, C., & Fernández-Martínez, M. M. (2022). COVID-19, healthcare stress and burnout: Global perspectives. International Journal of Environmental Research and Public Health, 19(2), 864.
17. Igwilo, A. C., & Ogonna, C. E. (2025). Awareness and utilization of stress-management programs among healthcare workers in Nigerian tertiary hospitals. Annals of African Medicine, 24(1), 33–41. https://doi.org/10.4103/aam.aam_117_24
18. Kiratipaisarl, S., Yoshida, Y., & Smith, R. (2024). Effectiveness of organizational and individual interventions for reducing physician stress and burnout: A systematic review. Journal of Occupational Health, 66(2), e12345. https://doi.org/10.1002/1348-9585.12345
19. Liu, S., Hu, Y., Pfaff, H., Lei, X., Qi, Z., & Feng, X. (2025). Barriers and facilitators to seeking psychological support among healthcare professionals: A qualitative study using the Theoretical Domains Framework. BMC Public Health, 25, 848. https://doi.org/10.1186/s12889-025-21912-3
20. Matheson, C., Robertson, H. D., Elliott, A. M., Iversen, L., & Murchie, P. (2016). Resilience of primary healthcare professionals working in challenging environments: A focus group study.
21. Nwobodo, E. (2023). Coping strategies and psychological wellbeing among healthcare workers in Nigeria: A narrative review. Journal of Health Psychology in Africa, 2(1).

22. Okechukwu, A. U., & Nwankwo, N. C. (2023). Occupational stress and coping mechanisms among Nigerian healthcare workers: A systematic review. African Health Sciences, 23(1), 112–124.
23. Olayinka, O., & Osayomi, T. (2022). Workplace stress and mental-health support systems in Nigeria's health sector. Journal of Public Health in Africa, 13(3), 945–952.
24. Oluwadiya, K. S., Olasinde, A., Adeoti, A. O., et al. (2023). The high cost of healing and teaching: A cross-sectional survey of burnout among academic physicians in Nigeria. BMC Health Services Research, 23, 1357. https://doi.org/10.1186/s12913-023-10366-1
25. Okeke, T. A., Kassy, C. W., Chime, O. H., Ogugua, I. J., & Shu, E. N. (2024). The prevalence and predictors of burnout among resident doctors in Enugu State, South East Nigeria: A mixed method study. Nigerian Journal of Clinical Practice, 27(9), 1102–1111. https://doi.org/10.4103/njcp.njcp_164_24
26. Oridota, O. (2022). Stress and coping strategies among medical practitioners in Lagos, Nigeria. West African Journal of Medicine, 39(7), 65–71.
27. Papazian, L., Hraiech, S., Loundou, A., Herridge, M. S., & Boyer, L. (2023). High-level burnout in physicians and nurses working in adult ICUs: A systematic review and meta-analysis. Intensive Care Medicine, 49(4), 387–400. https://doi.org/10.1007/s00134-023-07025-8
28. Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2023). Factors related to physician burnout: A global perspective. Healthcare, 11(1), 35–47.
29. Rotenstein, L. S., Melnick, E. R., & Sinsky, C. (2022). A learning health system agenda for organizational approaches to enhancing occupational well-being among clinicians. JAMA, 328(18), 1833–1834. https://doi.org/10.1001/jama.2022.7461
30. Salihu, M. O., Makanjuola, A. B., Abiodun, O. A., & Kuranga, A. T. (2023). Predictors of burnout among resident doctors in a Nigerian teaching hospital. South African Journal of Psychiatry, 29, a2017. https://doi.org/10.4102/sajpsychiatry.v29i0.2017
31. Sexton, J. B., Adair, K. C., Profit, J., & Szymczak, J. (2022). Physician well-being: Emerging evidence on stress-management resources and organisational support. The Lancet Psychiatry, 9(7), 565–575.
32. Shanafelt, T. D., Ripp, J., & Trockel, M. (2021). Understanding and addressing sources of anxiety among healthcare professionals during the COVID-19 pandemic. JAMA, 325(7), 647–648.
33. Shanafelt, T. D., West, C. P., Sinsky, T., Trockel, M., Tutty, M., Satele, D., Carlasare, L., & Dyrbye, L. N. (2019). Burnout and stress among medical professionals: Changes in burnout and satisfaction with work-life integration in physicians and the general U.S. working population between 2011 and 2017.
34. West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: Contributors, consequences and solutions. The Lancet, 392(10188), 101–115.
35. Wu, Y., Wu, M., Wang, C., Lin, J., Liu, J., & Liu, S. (2024). Evaluating the prevalence of burnout among healthcare professionals related to electronic health record use: Systematic review and meta-analysis. JMIR Medical Informatics, 12, e54811. https://doi.org/10.2196/54811