

JOB STRESS EFFECT AND NEGLIGENCE OF PERSONAL HEALTH EDUCATION ON CIVIL SERVANT RETIREES IN MBO LGA

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Abstract

This paper is centered on job stress effect and negligence of personal health education among civil service retirees in Mbo LGA. This aim of this study is to establish the causes of job stress, ascertain different categories of job stress, neglect in personal health and the aftermath effect of job stress on retirees. The study was carried out among 153 civil service retirees in Mbo LGA of Akwa Ibom State, Nigeria. This research adopted the Expost-facto research design. A single questionnaire tagged "Job Stress Assessment on Neglect of Physical Health Questionnaire for Civil Service Retirees (JSANPHQCSR)" was developed and used for the study. The contents of the research include 72 items that make up for demographic variables, work stress, physical and mental symptoms, personal and professional job behavior. For this study, analysis of variance and independent t-test were the two hypotheses formulated and tested for validation. The results obtained from the research showed that job stress has significant effect on physical and mental health of the retirees. It also established that there was a significant difference in the job behaviour of highly stressed civil servants. The inference drawn from the findings, suggested that the Federal government and Akwa Ibom State government should improve the welfare of civil servants. One of the study recommendations was to boost the morale of civil servant by constantly involving them in general policy or decision-making concerning their welfare. Their salary should be reviewed and that they should be promoted as at when due.

Introduction

Retirement is defined as a situation in which people move away from business, public life or an active service. According to the Training Center of the Industrial Training Fund (2004), retirement is a real transition. In Kemps and Buttle's (2019) view of Ubangba and Akinyemi (2004), retirement is a transfer from one way of life to another. Many people experience a retirement shock as a feeling of deprivation early in their retirement.

Nigerian public service retirements are covered by Decree 102 of 1979 (Chapter 346), which refers to gratuities and pension. Under this law, the statutory retirement age for civil servants is 60, while academic and university staff are 65. However, with the 1988 reform of Public Service Decree No. 43, the retirement age was set at 60 or 35, whichever comes first. It should be noted here that, regardless of the nature of the retirement, the transition is accompanied by certain stressful situations such as economic, social, psychological and occupational stress.

Stress is a significant mental idea that can negatively affect wellbeing, health and occupation execution (Mojoyinola 2014 and Olaleye 2002). According to Arnold et al (2015), stress is a word derived from the Latin word "Stingere", which means hardening. It is viewed as a powerful force that drives a physical or mental factor out of its scope of strength and causes pressure in the person.

Stress is the procedure by which ecological events (stressors or difficulties) compromise us, how these dangers are translated, and how they feel (Baum et al, 2017). Lazarus (2016) conceived stress as a threat of anticipation of future harm, physical or psychological events that diminish the self-esteem of individuals. It is an emotional behavior and a physical response to the aversive stimuli of the environment.

Selye (2016) described stress as a condition in the body denoted by the disorder of general adjustment. As it were, it is the body's vague reaction to the request. It proposes over excessive demands that cause disturbances in physiological and sociological systems.

Stress might be intense or constant in nature (Akinboye et al., 2002). It exists in various structures. It might be mental, emotional, social, occupation or employment-related. Stress experienced by employees at work is called work stress. It might be because of various factors, for example, poor working condition, exorbitant remaining task at hand, shift work, extended periods of time at work, job uncertainty, job clashes, poor connections, with the chief, partners or subordinate officials, hazard and peril, to make reference to a few.

Research has affirmed that the blend of levels of high demands and low control produces work pressure and is likewise identified with coronary illness. For example, Vitaliano et al (2010) secured that doctors whose positions incorporate an exceptionally high level of demands but also a high degree of control suffer less from stress than medical students, who are burdened with undesirable combination of high demands and low control.

Alterman et al (2014) in their examination, found that the more prominence men had in job decision making, the lower their death from coronary illness was likely to occur. Furthermore, they found that workers in high demand and low choice employments were exposed to danger of coronary illness mortality and the hazard was more noteworthy for white-collar workers.

Control at work has been found to play significant role in physical and mental health of workers. A very low level of personal control has been found to be psychologically harmful whereas greater control has been associated with better mental health (Evans and Carvere, 2011).

Repetti (2013) found strong evidence that jobs with the combination of high demand and low control constitute a risk factor for hypertension and heart disease. He observed that social environment at work is an important factor contributing to stress on the job, which play a role in both physical and mental health.

Among life circumstances, the work environment stands apart as a possibly significant cause of stress simply in light of the measure of time that is spent at work (Erkutlu and Chafra, 2006). For many years, countless working environment stressors of differing degrees of gravity have been recognized. As indicated by Cooper et al (2018) regular authoritative and singular stressors could be arranged into the following gatherings:-

Elements involved in this activity (remaining task at hand), working conditions, innovation, work shifts, hazard and risk at working environment); Profession advancement, advancement and possible openings, job struggle outstanding burden.

Statement of the Problem

Certain reactions demonstrate the presence of job stress in an individual or a group of people in an organization. It might show by the presence of migraine, sleep disturbances, difficulty in concentration, short temper, stomach upset, heart problems, job dissatisfaction and low morale (NIOSH, 2018). Other indicators of job stress incorporate muscular tensions and ache, snugness in the chest, hypertension, heat issues, snapping and contending with others, forceful or unfriendly conduct, accusing others or organization for pressure, truancy and low work turnover.

The above manifestations can be clearly observed in civil service staff and retirees, which may have negative effects on their health, personal and work behaviours.

The problem of this study therefore, is to investigate how job-related stress affects the physical health, mental health, personal and post-work behaviour of civil service retirees.

Objectives of the Study

The study aims at addressing the issue of how stress at work can be effectively managed, reduced, or prevented by the government and civil service in order to enhance the physical and mental health of civil service retirees or improve their personal and work behaviour.

This study is interested in establishing the nature/type of stress management strategies being used by retired civil servants in Mbo Local Government Area of Akwa Ibom State as a way of combating the

stress of retirement being experienced. It is the ultimate aim of the study to analyze the practical implication of study on the entire civil servants. This is with a view to proffering human resources interventions likely to assist civil servants and other stakeholders in retirement adjustment and management process.

Furthermore, it attempts to find out how the quality of care and treatment the civil service retirees give to their patients under stressful working conditions can be improved.

Research Hypotheses

1. There will be a significant effect of job stress on physical and mental health of civil service retirees in Mbo LGA.
2. There will be a significant difference in personal and work behaviour of highly stressed civil servants in Mbo LGA.

II. Review of Related Literature

Work-related stress has become a serious health problem, not only in terms of physical and mental well-being, but also for employers and organizations that have begun to assess the financial impact of work-related stress. Several studies have investigated the prevalence and consequences of fatigue and burnout syndrome among employees who use different inventories.

Van Heck et al (2003) investigated fatigue in people in different professions. They compared the psychometric qualities of six fatigue questionnaires to assess their validity and answer simple or multidimensional fatigue questions. The research showed that on average 30% of the fatigue level of the respondents was influenced by working hours. 40% of the respondents indicated that working conditions and unsupported relationships in the workplace were stress sources. The survey found that 25% of workers who used machines were injured in an accident while feeling stress. This confirmed that fatigue can lead to low productivity, losses and accidents in an organization.

Hurbers et al. (2003) studied fatigue, exhaustion and chronic fatigue syndrome among sick employees with the help of Maslach's exhaustion. He discovered that 40% of employees on sick leave in one year had illnesses related to exhaustion and 27% had symptoms of emotional exhaustion before sick leave. Studies at a medical university in the UK have shown that 30% of the respondents were exhausted, which had an emotional impact on the victims and their families. Of the respondents who had exhausted their work, 25% had symptoms of depersonalization and 40% had a negative personal evaluation of work performance (Mitchell, et al 2010).

Bultmann et al (2002) studied fatigue and psychological distress in the working population among a cross section of employees in an organization. They found that fatigue was fairly well associated with psychological distress. Prevalence of fatigue was 22% and psychological distress was 23%. Again 43% of the employees had fatigue only while 57% had both fatigue and psychological distress. Chronically fatigued individuals develop psychological problems which in turn result in somatic disorders.

In another cross-sectional study of prevalence and degree of burnout reported by maternal health staff workers at a referral hospital in Malawi, in addition to individual and job characteristics that may be associated with burnout were examined. In terms of the three dimensions of burnout using the MBI, of the 101 participants, nearly three quarters (72%) reported emotional exhaustion, over one third (43%) reported depersonalization while almost three quarters (74%) experienced reduced personal accomplishment. Based on these findings, burnout appeared to be common among participating maternal health staff workers than their colleagues working in other medical settings and therefore, the recommendation was need for intervention by the authorities, (Thorsen, et al 2011).

In a study carried out to identify factors associated with occupational stress among 1460 university employees in Botswana, an overwhelming majority of 81% reported substantial stress. Occupational

stress was therefore, positively associated with indicators of burnout including emotional exhaustion, emotional hardness, fatigue and sleeplessness (Fako 2010). This was consistent with the findings of a study of almost 160,000 members of the Association of University Teachers in the United Kingdom (Tytherleigh et al, 2005) which noted that 93% suffered occupational stress and 62% from excessive strain. While in Nigeria, the level of stress among lecturers in universities was found to be significantly high with a mean of 75.8% (Ofoegbu & Nwadiani, 2006).

In a simple random sampling technique, Maslach Burnout Inventory was used to select 40 extension officers to examine the incidence of job burnout and coping strategies in North West Province, South Africa (Oladele and Mabe, 2010). The results revealed that extension officers experienced 29 out of the listed 44 job burnout symptoms, which included cynicism/negativism (1.87) agitation (1.85) accident proneness (1.75) and loss of patience (1.72). The most prominent coping strategies as indicated by extension officers were maintaining an active personal social life outside of work (2.50), maintaining healthy relationship with co-workers (2.47), development of structural and personal support system (2.45) and maintaining healthy relationship with superior officers (2.47). Significant determinants of job burnout were gender ($t = 2.46$), educational level ($t = -3.02$), studying for higher degree ($t = -2.30$) and number of farmers covered ($t = -2.20$). The study recommended that extension officers should be exposed to training and techniques to cope with job burnout.

In a cross sectional comparative study of burnout syndrome carried out by Olley (2003), using MBI, GHQ and the STAI, among 260 health care providers drawn from five main units, found that nurses reported higher scores on all means of burnout, compared to other health providers ($p < 0.05$). The nurses were also found to have higher scores on psychological distress ($p < 0.05$).

In Kenya, there are five studies on burn out that have been done on compassion fatigue and burnout syndrome using Maslach Burnout Inventory (MBI). A study carried at Mathari Hospital using MBI revealed that 38% of the studied subjects had emotional exhaustion, 47% had high levels of depersonalization and 38.6% experienced low levels of personal accomplishment. The results showed that relationships at workplace, family and society contributed to the employee's burnout and recommended that there was need for increased awareness on how to recognize burnout and manage it individually, collectively and institutionally (Ndetei, et al 2009).

Maina (2011) using the Maslach Burnout Inventory and General Health Questionnaires found that 48% of the respondents experienced high levels of burnout while 19% experienced low levels. Again, female health workers suffered higher levels of stress than the male health workers at the Kenyatta National Hospital.

Kokonya (2004) using the Maslach Burnout Inventory found that the prevalence of compassion fatigue at the rate of 29.6% and 94.5% burnout syndrome among medical doctors was higher than those found in other countries of the world. In a study among medical workers at Kenyatta National Hospital, the findings indicated 33.1% of the nurses and 12.5% of medical practitioners were suffering from compassion fatigue while 96.7% medical practitioners and 94.7% of nurses had burnout syndrome.

Ng'ang'a (2008) focused on burnout among the accountants at the University of Nairobi.

He used the Maslach Burnout Inventory – Human General Survey and the General Health Questionnaires for data collection where the prevalence rate for burnout syndrome was 72.6% having high burnout and 27.4% of respondents having low burnout.

Muriungi, (2008) using the Maslach Burnout Inventory - Human general survey and General Health Questionnaire found out that 65.1% of all academic lecturers at the Kenya Medical Training College had high burnout syndrome while 34.9% had average levels of burnout.

Several studies have shown that occupational stress can lead to various negative consequences for the individual and the workplace (Oginska-Bulik, 2006). Stress in the workplace can rob an employee of his passion for the job, resulting in impaired individual functioning, low motivation, decreased morale

dampened initiative, reduced interest in work, high absenteeism rate, poor quality control, decline in productivity and low quality products and services (Vakola et al 2005). Occupational stress can also lead to loss of a sense of responsibility, poor relationships with colleagues and family irritability, indecisiveness and poor communication.

According to the Canadian Community Health Survey and Mental Health and WellBeing (2002), recent prevalence estimates in the United States increased from 13% to 36% with Canadians citing work pressure as their top stressor (Duxbury and Higgins, 2007). The Canadian Community Health Survey performed by Statistics Canada in 2003 found that 30.4% of the labor force reported being extremely stressed on their jobs. The Working Conditions Survey performed in 2000 by the European Foundation for the Improvement of Living and Working Conditions found that 28% of workers in the fifteen European Union member states experience work-related stress as a major health problem, making it the second most common health problem, second only to back pain.

In addition, the European Union's Agency for Safety and Health at Work estimated in 2002 that 50%-60% of all lost working days are related to stress (Occupational Stress Statistics, 2003).

The Stress and Health at Work Survey performed in the United Kingdom in 2000 reported that 20% of workers rated their jobs as extremely stressful (Occupational Stress Statistics, 2003). Based on large population surveys of work-related illness performed in 2001 and 2002, the British Health and Safety Executive estimates that 560,000 workers in the United Kingdom are actively suffering from work related stress, depression or anxiety, with an additional 80,000 reporting work related heart disease (Occupational Stress Statistics, 2003). British data from 2001 and 2002 provides estimates of the incidence of occupational stress – 265,000 persons per year report initial onset of work-related stress conditions.

In 2001 an estimated 13.4 million working days were lost in the United Kingdom due to work-related stress, depression or anxiety. On average, each worker lost 29 days due to their occupational stresses at the workplace (Occupational Stress Statistics, 2003). Many workers may suffer from occupational stress for some time without reporting it to their employers or claiming for occupational stress through the workers compensation system. A study conducted by Mckenna (2016) showed that 42% of employees who participated in the study had taken leave from work during the past 12 months due to stress. Most leave was taken as sick leave and only 5% claimed workers' compensation. Lu et al (2003) estimated that occupational stress causes half of all absenteeism, 40% of turnover and that 5% of the total workforce accounts for the reduced productivity due to preventable stress.

According to Lamontagne et al (2007), short term responses to occupational stress such as elevated blood pressure, anxiety, and smoking as a form of coping can lead to long term adverse health outcomes of physiological (e.g. hypertension, coronary heart disease) psychological (e.g. depression and or behavioural (e.g. smoking, alcoholism) nature. The impact of occupational stress on mental health may be greater among lower socio-economic groups. A higher prevalence of occupational stress was reported among lower status occupations (Gilmour and Patten, 2007). This means that employees do not relate their emotional exhaustion, depersonalization or reduced personal achievements symptoms with stress, fatigue or burnout making them not take any measures to deal with them.

Therefore, prevalence of occupational stress has become a common and costly problem, leaving few workers untouched. Learning how to deal with and manage stress is critical to maximizing job performance, staying safe on the job, and maintaining physical and mental health. This has led to organizations world wide recognizing the value of provision of guidance and counseling for their employees on work related issues in an attempt to improve their physical, psychological and emotional well-being (Cartwright and Cooper, 2017).

Conceptual Framework

Despite the fact that it is difficult to characterize the three terms precisely, an applaudable effort has been made to make a few determinations based on vies given by several credible authors. Various authors and dictionaries have given the meanings of these variables in their own way which have been discussed as follows.

Job Stress

A broad-spectrum idea of work-related stress is the tension associated with work and the workplace. Even then, our deep understanding of the concept of stress at work is of the utmost importance, because it underlies all studies and theories regarding their behavior. Different behavioral specialists have tackled the problem of defining work stress in different ways.

The Oxford Dictionary (www.oxforddictionaries.com, 2011) defines "stress" as "a state of tension or mental or emotional stress due to adverse or demanding circumstances." A condition or circumstance (not always unfavorable) that can disrupt the normal physiological and psychological functioning of a person. In the medical language, "stress" is defined as a change in the body's homeostasis. This requirement in the body of the mind arises when it tries to cope with the constant changes in life. A state of "stress" seems "relative" in nature. Psychologists say that extreme stress conditions are harmful to human health, but that, in moderation, stress is normal and, in many cases, useful. However, stress is synonymous with negative circumstances.

As indicated by NIOSH (1999), "stress in the workplace is the adverse physical and emotional response that occurs when there is a poor coincidence between the requirements of the job and the skills, resources or needs. Employees."

Causes of Work Stress

Caplan and Jones (1975) have adopted an approach in which four types of role conflicts have been identified:

1. Intra-sender role conflict;
2. Inter-sender role conflict;
3. Person-role conflict; and
4. Role overload.

The use of role concepts suggests that work-related stress is associated with individual, interpersonal and structural variables. The presence of support groups and supportive relationships with supervisors correlate negatively with the conflict of roles.

Beehr and Newman (1978) defined stress at work as "a condition resulting from the interaction of individuals and their work and characterized by changes within them that force them to deviate from normal functioning".

Sreelatha (1991) reported that qualitative changes in work posed problems of adaptation to employees. Interpersonal relationships within the department and between departments are highly qualitative issues within the organization.

According to Van Sell et al. (1976), "Stress often arises when a person is assigned significant responsibility without the proper authority or delegation of authority. Interpersonal factors such as group cohesion, functional dependence, frequency of communication, relative authority and organizational distance between the role sender and the focal persons are important aspects of the behavior of the organization. "

While Beehr and Newman and Van Sell et al. stressed the importance of interactions between people and interpersonal relationships in work-related stress, while Pestonjee (1992) stated that "the burden of responsibility causes considerable stress between employees and managers". problems between them.

As Caplan and Jones (1975) put it: the lack of participation in the decision-making process, the lack of effective consultation and communication, the unjustified restrictions on behavior, office politics and the lack of sense of belonging. They are identified as potential sources of stress. Lack of participation in professional activities is associated with negative psychological mood and behavioral responses, including alcohol consumption and moderate smoking. "

According to French and Caplan (1972) "the qualitative and quantitative overload pressure can lead to an excessive number of hours of work, which is a source of extra stress". Having to work under time pressure to meet deadlines is an independent task. Studies show that stress levels increase as deadlines become difficult. Another report indicates that the common causes of excessive stress in the workplace are:

- a) Fear of being fired
- b) Increased demand for overtime due to staff reduction
- c) Performance pressure to meet rising expectations, but without greater job satisfaction
- d) The pressure to work at optimal levels, always! (www.helpguide.org, 2010).

According to a report, it has been stated that work stress can be caused by a complex set of reasons. Some of the most visible causes of workplace stress are:

- a) Job insecurity
- b) Reorganizations, acquisitions, downsizing, mergers and other changes have become important stressors for employees.
- c) Strong demand for performance
- d) Unrealistic expectations, particularly in times of corporate restructuring, which sometimes exert unhealthy and unreasonable pressure on employees, can be a source of tremendous stress and suffering.
- e) The expansion of technology (computers, pagers, cell phones, fax machines and internet) has increased expectations of productivity, speed and efficiency, giving each employee more pressure to work consistently with maximum performance.
- f) Adaptation to the work culture, in a new company or not, can be very stressful.

"Stress occurs when a person feels incompetent to effectively fulfill the role assigned to him. The individual feels that he lacks knowledge, skills and training when performing this role. Personal or family problems also improve stress. Employees with personal or family problems tend to express their concerns in the workplace. When a person is depressed, their lack of motivation influences their ability to perform professional tasks "(www.lifepositive.com, 2005).

Symptoms of Stress at Work

Signs of work stress vary from one person to another, depending on the situation, the duration of exposure to stress and the intensity of stress. Typical symptoms of work stress can be:

- a) insomnia
- b) Loss of mental focus.
- c) anxiety, stress
- d) absence
- e) depression
- f) Poor use of resources.
- g) extreme anger and frustration,
- h) Family conflict
- i) Physical conditions such as heart disease, migraine, headache, stomach problems and back pain (www.lifepositive.com, 2005).

Implications of Work Stress

According to Brief and Aldag (1976), it has been demonstrated that role players with a high ambiguity also respond to their situation through anxiety, depression, physical symptoms, a sense of worthlessness or lack of self-esteem, less organizational participation and involvement, and lower perceptions of performance by the organization, supervisors and themselves. Ivancevich et al. (1982) stated: "Work-related stress is an increasingly serious problem in workplace health and a major cause of economic loss. Work stress can lead to clear physical and psychological disabilities. But it can also be a subtle manifestation of morbidity which can affect personal well-being and productivity. "

According to Katz and Kahn (1978) "a person who is stressed out by work is more likely to be dissatisfied at work, greater absenteeism, increased frequency of alcohol use and smoking, negative psychological symptoms, decreased aspirations and self-esteem. The use of Role concepts suggest that Work stress is associated with individual, interpersonal and structural variables. "

According to Chermis (1980), exhaustion studies have shown that it is related to burnout and workload factors in different organizations. Work stress is expensive for employers, resulting in lower productivity, lower motivation and professional skills and an increase in accidents.

III. Methodology

The study was carried out among civil service retirees in Mbo LGA of Akwa Ibom State, Nigeria. Expost-facto research design was adopted for the study. For this study, 154 civil service retirees from Mbo Local Government council constituted the sample used for the study.

The major instrument used for the study was a single questionnaire tagged "Job Stress Assessment on Neglect of Physical Health Questionnaire for Civil Service Retirees (JSANPHQCSR)". It contains items measuring job stress, state of health, personal and work behaviours before retirement. The items were drawn from Stress Less INC (2005). Job Stress Assessment Scale.

The scale contains items measuring symptoms of stress, physical and mental symptoms, and signs of personal and work behaviours during active years. The instrument was reliably validated, yielding coefficient alpha of 0.80 at 0.05 level of significance.

The civil service retirees were randomly selected from the Local Government Council in which their tasks were highly demanding (budget/finance, education, community development, accounting, administrative, human resource and environmental health departments or units). They were asked to assess the level of stress they experienced at work in the last six months. They were also asked to assess the effect of such stress on their physical and mental health, as well on their personal and work behaviour. The data collected after two weeks were analysed, using one way analysis of variance (ANOVA) and independent t-test. The stated hypotheses were tested at 0.05 level of significance.

Results

Hypothesis I: There will be a significant effect of job stress on physical and mental health of civil service retirees in Mbo Local Government Area. The hypothesis was put to test, using analysis of variance. This was based on items measuring signs and symptoms of job stress and items measuring physical and mental symptoms.

The results obtained from the test are summarized in table 1..

Table 1 reveals the effect of job stress on state of health of civil service retirees in Mbo Local Government Area. The table shows that there was a significant effect of job stress on physical and mental health of civil service retirees in Mbo Local Government Area ($F = 2.736$, $df = 10/153$, $P > .05$).

The result gives support to the first hypothesis. Hence, the hypothesis was accepted.

Hypothesis II: There will be a significant difference in personal and work behaviour of highly stressed and less stressed civil service retirees in Mbo Local Government Area. The hypothesis was put to test

using independent t-test. This was based on items, measuring symptoms of stress and signs of personal behaviour of civil service retirees.

The results obtained from the test are summarized in table 2.

The difference observed in personal and work behaviour of Mbo Local Government civil service retirees is presented in table 2 above. The table revealed that there was a significant difference in personal and work behaviour of the highly stressed and less stressed civil service retirees in Mbo Local Government Area ($t = 2.178, df = 152, P > .05$).

The result gives support to the hypothesis. Therefore, the second hypothesis was accepted.

Discussion

The results obtained from testing the first hypothesis revealed that there was a significant effect of job stress on physical and mental health of civil service retirees in Mbo Local Government Area ($F = 2.376, df = 10/153, P > .05$).

The result is consistent with the findings of Mojinyinola (2014) that job stress had adverse effects on mental health and physical well-being of civil service retirees.

The above result is also supported by the finding of Cheng and Kawachi (2002) that women (female civil service retirees) who reported low job control, high job demand, and low work related social support had greater declines in the physical health subscales and less improvement in mental health subscales.

The result is consistent with the findings of Olaleye (2002) that job stress and burnout syndrome had significant interactive effect on state of health and coping ability of civil service retirees. It is also in line with the finding of Wong et al. (2001) that one-third of Chinese civil service retirees had poor mental health. Findings from the study revealed that 85 (or 55.5%) of the public health civil service retirees experienced high level of stress at work. This is due to work overload, lack of promotion, inadequate staffing, poor working and salary conditions, job dissatisfaction and frustration of all kinds. The effects of the stress on their health were manifested in form of headache, back or neck pain, muscular aches, worry, high blood pressure, lack of concentration or attention, mental chatter, and difficulty in making decision. This implies that both their physical and mental health were adversely affected by job stress.

Table 1: ANOVA showing the effect of job stress on physical and mental health of civil service retirees

<i>Source of variance</i>	<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F-critical</i>	<i>F-cal</i>	<i>P</i>	<i>Remark</i>
Within group variance	23656.318	143	165.429	1.63	2.376	.05	Significant
Between group variance	3931.247	10	393.125				
Total variance	27587.565	153	-				

$F = 2.376, df = 10/153, P > .05$

Table 2: Independent t-test showing the difference in personal and work behaviour of highly stressed civil service retirees and less stressed civil service retirees in Mbo Local Government Areas.

<i>Category of civil service retirees</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Standard Error</i>	<i>df</i>	<i>t-cal</i>	<i>t-critical</i>	<i>P</i>	<i>Remark</i>
Highly stressed Mbo LGA civil service retirees	85	60.2471	14.36174	1.55775	152	1.96	.05	Sig.	
Less stressed Mbo LGA civil service retirees	69	55.5662	11.77420	1.41745		2.198			

t = 2.178, df = 152, P > .05

Effects of Job Stress on Health, Personal and Work Behaviour of Civil Service Retirees

In situations where civil service retirees experienced high level of stress and their health being greatly injured, their level of functioning at work will become greatly reduced. It is imperative therefore, that the workload of civil servants be reduced to the level they can cope with in order to become efficient at work and give maximum input in the Local Government council. Working out late, overtime and job bugging should be reduced in civil service to enable the civil servants perform their duties effectively. Their welfare should be addressed, and psycho-social needs adequately met.

The result of the second hypothesis indicated a significant difference in personal and work behaviour of highly stressed civil service retirees and less stressed civil service retirees (t = 2.178, df = 152, P > .05). It is not gainsaying the fact that the highly stressed civil service retirees will engage in behaviours quite different from the less stressed civil service retirees at work.

Findings from the study revealed that the highly stressed civil service retirees (85 or 55.5%) exhibited personal and work behavioural problems like bullying, absenteeism, resignation or turnover. Due to being stressed or frustrated, some of the civil service retirees engage in aggressive hostile or vindictive behaviours. The result was also in line with the finding of Wong et al. (2001) that Chinese civil service retirees adopted behavioural and cognitive coping behaviours like direct actions, positive thinking, avoidance, resignation, alcohol use, positive coping and negative coping when they experienced stress at work.

It should be noted that negative personal and work behaviour may not bring about positive treatment outcomes. The LGA chairman and other members of staff may become afraid of negative attitude and behaviours of the civil servants.

In situations where the civil service retirees in Mbo Local Government Areas adopt negative personal and work behaviours like absenteeism, apathy, dissatisfactions, tardiness irresponsibility, irritability demoralization and withdrawal from colleagues, maximum output cannot be obtained by the LGA council. They may also experience acute drop in productivity.

IV. Conclusion

Job stress is negatively associated with increased symptoms of ill-health. The complaints of physical and marital symptoms indicated the presence of stress in the civil service retirees, and this suggests that their state of health is greatly injured. As revealed in this study, the presence of stress among the civil service retirees also make them to engage in withdrawal, displaced or hostile aggressive behaviour to fellow workers. Hence, under stressful working conditions, they could not give maximum productivity in the LGA council.

Recommendations

To ensure efficiency in Mbo LGA council, the Federal government and Akwa Ibom State government should help in reducing sources of stress in civil service. Their working conditions need to be quickly improved by giving them adequate salary that commensurate with the demands of their jobs. Their promotion should be done as at when due to boost their morale. They should also be involved in vital decisions concerning their jobs and the LGA. In-service training, workshops and seminars should be organized for civil servant to update their knowledge and skills. They should be sent for courses on human behaviour, resource management, interpersonal relation, stress management and crisis interventions.

It is hoped that when civil servants are given adequate support by the government and their needs adequately met, many of them will experience less tension or stress at work. They will become less aggressive or hostile to the fellow workers or their families. The LGA council will also receive better performance.

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