

An Assessment Of Some Stress Factors In Academic Profession And Their Health Implications Among Academics In Tertiary Institutions In Cross River State Nigeria

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Abstract: The goal of this study was to assess the influence of some occupational stressors like workload and clarity of work role in the health of academics in tertiary institutions in Cross River State. The need to attain high productivity, job effectiveness and healthy living prompted the study. Two hypotheses were formulated and the design employed was the causal comparative design. A structured questionnaire was constructed by the researcher and completed by 1050 respondents selected through stratified random sampling technique. A one way analysis of variance (ANOVA) was used to analyse the data at .05 level of significance. The findings revealed that: academics' workload significantly influence their health and perceived clarity of work role also significantly influence academics' health. The recommendations made include staff involvement in decision making to reduce work role ambiguity and regular training programmes on stress coping strategies.

I. INTRODUCTION

BACKGROUND OF THE STUDY

Stress behaviors have their links to stressful events in people's lives. Manifestation of stress which Selye (1976) defined as body's physiological response to threatening events has negative effects on performance. In the same vein Ukpong (2000) asserts that stress may not appear threatening as diseases but its impact (as shown in peoples behaviors) on health as general performance can be inhibiting and disastrous.

Stress could be viewed as a condition that occurs when a threat or challenge compels one to adjust in order to effectively adopt to the environment. Stressors are specific conditions or events in one's environment that threaten or challenge a person in different ways including ones health. Since stress is bound to occur in people's lives it is of essence to develop coping strategies thus, stress management is the application of behavioural strategies to reduce stress and improve the coping skills.

Health on the other hand is a complete state of wellbeing which has become almost illusive among workers especially academics. A great number of death among academics are traceable to unhealthy lifestyles and behaviours including stress related behaviours. Coon (1992) reveals the fascinating evidence of the link between the body and the brain which work together as a kind of health care system. The author further stated that stress, emotion and upsetting thoughts could affect the immune system in ways that increase susceptibility to disease.

Health issues that may arise as a result of occupational stress among academic could manifest in the form of depression, aggression, impatience withdrawal and procrastination. These unhealthy expressions could be inhibiting with debilitating consequences. Depression according to Freud (1949) could arise when an individual fails to resolve early developmental conflicts. It could also occur due to depressed anger which is displaced and turned inward as self-blame and self-hate. Aggression on the other hand may occur out of frustration. Anderson and Bushman

(2003) believes that depression could be influenced by emotional state and environmental factors. Victims of impatience are easily irritated and can lose self-control easily. They are unable to deal calmly with people and situations.

Withdrawal is an expression of depersonalization and detachment from others. Procrastination which can lead to postponement or delay of actions on job function is equally not a healthy development in work organization.

The stressors that may lead to health challenges among academics given attention in this study are workload and clarity of work role. Workload here refers to the intensity of work activities assigned to workers in an organization. It may be viewed as too much, which is overload, average or too little which is under load, all of which can generate stressful conditions with devastating consequences. When workers roles in work organization are not clearly defined the tendency for job dissatisfaction is high. It is therefore important to investigate the link between stress and health among workers especially academics in order to enhance their job performance and wellbeing.

STATEMENT OF THE PROBLEM

An assessment of stress factors and their health implications among academics is within the ambit of health psychology. This is a specialty that study mostly interrelationship between psychology and physical health. The major concern in this study is with the effect of stress on health of individuals (academics) in their area of operation.

The term stress is used to describe pressure or demands placed upon an individual to adjust or adapt to its environment. Stress is a fact and part of life. A certain amount of stress is needed for people to remain active, alert and energized, but when it reaches a point that challenges people's ability to cope it may result to distress, which is an internal state of physical pains and suffering. Headache, depression, aggression, procrastination, withdrawal, impatience and other more complicated health problems have been found to be strongly related to stress.

The academic profession like many others expose members to working under pressure such as duties considered to be overload or under load, deadline and ambiguous assignments and other duties that are beyond their control. These stressors need close investigation to ensure productivity, efficiency and a state of wellbeing in work place. This study seeks to assess the impact of some stressors example workload and clarity of work role on health challenges such as depression, impatience, withdrawal, aggression and procrastination. The question attempted in the study goes thus-is there a strong impact of stress on the health of academics especially in the study area?

PURPOSE OF THE STUDY

The purpose of the study is to investigate the extent to which stress factors in academic profession influence the health conditions of academic staff in Cross River State tertiary institutions. The specific objectives are as follows;

- ✓ To find out whether workers (academics) workload influence their health as expressed in stressful behaviours.

- ✓ To find out how stressors like perceived clarity of work role in the academics work influence their health.

RESEARCH QUESTIONS

The following research questions were posed to guide the study.

- ✓ How does workers' (academics) workload (under load, average load and over load) influence their health?
- ✓ How does perceived clarity of work role in tertiary institution influence academics' health?

Statement of hypothesis

The following hypothesis were tested in this study:

Hypothesis one: Academics' workload (under load, average load and overload) does not significantly influence their health.

Hypothesis two: Perceived clarity of work role in work setting does not significantly influence academics' health.

SIGNIFICANCE OF THE STUDY

This study was undertaken with the hope that the findings will be of benefits:

To workers generally and academics in particular, and employers of labour. All would have the right and appropriate appreciation of adjustments disorders identified in work stress. This can lead to job efficiency. Tertiary institutions would be alerted through the findings or the study on the effects of stress on workers' health for the purpose of enhancing good job performance and healthy living as fully functional human beings.

The findings would be useful to government at different levels in their policy formulations regarding personnel in tertiary institutions. The study will be of benefit to counsellors as they carry out their duties among workers especially in areas covered by the study.

SCOPE OF THE STUDY

This study was restricted to tertiary institutions in Cross River State. Public tertiary institutions were preferred for the study because they to a large extent, share uniform employment and working conditions. The researcher explained stressors in academics occupation and their health implications. Stressors such as workers workload and clarity of work role among academics were given attention. The corresponding health conditions like depression, aggression, impatience, withdrawal and procrastination were juxtaposed.

THEORETICAL FRAMEWORK

Some theories that provide impetus for this study are reviewed:

STRESS RELATED BEHAVIOR-APPRAISING MODEL

It is common knowledge among psychologist that the way a situation is appraised greatly affects the course of emotion that will follow. Appraisal here refers to the personal evaluation of the meaning of a stimulus: e.g is it good or bad,

threatening or supportive, relevant or irrelevant and so on. Proponents of this theory like Coon (1992) and Lazarus (1991) are all of the opinion that stress related health challenges like anger, depression, impatience and withdrawal depend on how a situation is perceived. The theorists believe that some people experience the various mood disorders identified above by events that others view as a thrill or a simple challenge.

The model indicates that animals and human are prone to adverse behaviours when they cannot, or assume they cannot control their immediate environment. A perceived lack of control is as important as actual lack of control in causing people to feel threatened. An individual feels threatened if there is a feeling of incompetence to cope with a particular demand, especially work demand. How workers, academics in particular, appraise their work environment e.g. their official task and interpersonal relationship could determine their level of stress and corresponding health situation.

JOB BURNOUT MODEL

Proponents of this model like Maslach (1982) and Lee and Ashforth (1990) explained job burnout as a condition that exists when an employee is physically, mentally and emotionally drained. The theorists believe that workers, who have burnout lose all patience with their clients, do poor work and feel helpless, hopeless and angry. These are likely indices of stress and poor health. Three aspects of burnout were identified.

- ✓ Emotional exhaustion-Affected persons are fatigued, tense, and apathetic and they suffer from various physical complaints.
- ✓ Depersonalization or detachment from others-Burned-out workers in this case coldly treat clients as if they were objects and find it difficult to care about them.
- ✓ Reduced personal accomplishment-their self-esteem suffers and they yearn to even change their job.

They believe that burnout may occur in any job, especially emotionally demanding profession like teaching, nursing and social work.

II. LITERATURE REVIEW

The review focused attention on major concepts and themes of the study.

STRESS AND HEALTH CHALLENGES

It is not arguable that stress is a fact of life.

A certain amount of stress keeps people active and energized. The healthy measure of stress is good stress, while the high amount of stress that challenges our ability to cope is distress. Distress according to Nevid (2009) is an internal state of physical or mental pain or suffering. It may take the form of psychological problems like depression and anxiety or physical health problems examples: digestive problems, headaches, irregular heart conditions and so on-see Table 1. This claim is in line with the survey carried out by the American Psychological Association which revealed that 43

percent of adult Americans suffer adverse health effects from stress (American Psychological Association, 2006).

Biological problems	Psychological problems
Tension or migraine headaches	Depression
Allergic reactions	Anger
High blood pressure	Irritability
Skin inflammations	Difficulty concentrating
Rheumatic arthritis (painful inflammations of the joints)	Feeling over whelmed
Ulcerative colitis (inflammation and open sores of intestine or colon)	Alcohol or substance abuse.
Hearth diseases and cardiac irregularities	
Sleep problems	
Nausea and vomiting	
Frequent urination or diarrhea	
Fatigue	
Asthma	

(Adapted from Nevid, 2009)

Table 1: Stress-related health problems

SOURCES OF STRESS

Sources of stress that are called stressors range from work and school demands to household chores, relationship problems, traffic jams and other daily hassles. The positive and negative experiences in people's lives create stress that may impact on their health and performances. Nevid (2009) believes that happy events such as getting married, having a baby, and graduating from school like negative ones are stressors because they impose demands on our ability to adjust and cope. How well people are able to cope with the stress they experience in their daily lives plays a key role in determining their mental and physical well-being. In the same vein the author posits that negative life events or life changes such as loss of loved ones, termination of job or relationship can impose stressful burdens that require adjustment.

WORKLOAD AND HEALTH CHALLENGES

Workload here refers to the volume and intensity of work activities assigned to workers in their work place. It may be viewed as overload that is, too much or average which is moderate or under load which is too little, all of which can generate stress accompanied with health problems.

For Akinade (2007) Nigerians are working harder and longer hours with increasing workload for employees in some places of work. The author further presented the reports of American Institute of Stress (AIS) and American Psychological Association (APA) who estimated that employee turnover, unscheduled absenteeism and declining morale all affect the bottom line. The problem related to stress according to the report cost some companies an estimated 200 billion or more annually in USA. Also that death from overwork called "karoshi" has been recognized in places such as Japan.

Robbin (2001) indicated that stress outcome is major cause for concern. In a study the author used 1,038 subjects who were workers. The result showed that stress behaviours

and mental health were the top two causes of ill health among non-manual employees. It was also found out that the main reported causes of stress and its disorders across all sectors was workload/volume of work experience by individuals.

The Mental Health Charity (2005) reported in Campbell (2006) conducted a stress poll in London and found that over half of the employees they surveyed thought that stress in the workplace was a serious issue. Interestingly, over 40% also felt that their career would suffer if they admitted to suffering from occupational stress. It suggest that employees workplace did not fully recognize the extent of workplace stress, nor did they have adequate procedures in place for managing stress related problems.

Two categories of work overload have been differentiated by French and Caplan (1973). These include:

- ✓ Quantitative (having too much to do) and
- ✓ Qualitative (work is too difficult)

The authors concluded that both categories of work overload (qualitative and quantitative work overload) produced at least nine different symptoms of both psychological and physical strain such as job tension, job dissatisfaction, lower self-esteem, threat, embarrassment, high cholesterol levels, smoking, increased heart rate and skin resistance.

Ekpo (1993) noted that executive administrative overload such as the management of myriad of visitors trouping in to see the executive, the number of telephone calls to receive and make, and files to attend to can render the executive stressed up and also make him/her vulnerable to further debility. The author concluded that the executives who over exert themselves in carrying out brain work or physical activities in the office are liable to stress and its related health challenges.

CLARITY OF ROLE IN WORK PLACE AND HEALTH CHALLENGES

Workers' role at work organizations like the tertiary institutions could constitute a major source of occupational stress that may consequently impact on their health. If workers' roles in their organizations are not clearly defined the tendency for role ambiguity, confusion, depression, neglect and job dissatisfactions is high.

In a study which investigated the relationship between symptoms of ill-health and role ambiguity among workers Margolis, Kroes and Quinn (1984) using a representative and national sample of 1,496 subjects found that there is a number of significant relationship between indicators of physical and mental ill health with ambiguity. Among others, depressed mood, lowered self-esteem, job dissatisfaction, low motivation to work and life dissatisfaction were the stress indicators related to role ambiguity. Similarly Coopers and Marshal (1986) agreed that role conflict exist when an individual in a particular work role is turn by conflicting job demands or troubled by having to undertake tasks which he or she does not want or does not think are part of the job specification.

Mc Gregor (1997) indicated that when a worker clearly identifies himself/herself and the role in an organization, the goals of the organization and those of the individual become increasingly integrated and congruent Thus, working towards

goals that are simultaneously his and those of the organization is a source of strong satisfaction to the individual.

In an academic journal-<https://academicjournals.org>. Health reports suggested that stress is one of the largest killers of man today-(Health reports, 2008). In the same vein the World Health Organization WHO (2020) publications on occupational health listed among other: workload (too much or too little to do) and role in the organization (unclear role, conflicting roles) as sources of stress related hazards at work that can impact on workers' health. WHO defined a healthy job to be one where the pressure on employment are appropriate in relation to their abilities and resource-control they have over their work and the support they receive from people who matter to them. That a healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of health promoting ones like assessment of risks to health, provision of appropriate information, training on health issues and so on.

In a study by Jarmas and Raed (2018) on stress and burnout (a condition where an employee is physically, mentally and emotionally drained) among lecturers and pedagogical instructors in colleges of education. It was found that there is a strong and distinct positive connection between the level of stress and the level of burnout among college teachers –meaning, the more the degree of stress and the sense of stress caused by various sources among college teachers rises, the level of burnout arises as well.

In summary, there may be few divergent position on the issues of stress indicators such as workers workload, and clarity of role versus health of workers, this review however, found enormous support for the debilitating effect of occupational stress on the health of workers.

III. RESEARCH METHODS

The research design for this study was causal comparative design. This design is appropriate for this study because it seeks to establish cause-effect relationships where the researcher usually has no control over the variables of interest and therefore cannot manipulate them.

AREA OF STUDY

The study area is Cross River State of Nigeria. The state is one of the thirty six (36) states in Nigeria. The state has four major tertiary institutions namely: Cross River State College of Education Akamkpa, Cross River State University of technology with campuses in Calabar, Obubra, Ogoja and Okuku, and one Federal university-the University of Calabar, and Federal College of Education Obudu.

POPULATION/SAMPLE OF THE STUDY

The population of the study consist of all academic staff (lecturers) in all the tertiary institutions in the state. The sample for the study was selected using simple random sampling across all the tertiary institutions in the state. The sample size for each institution was determined based on the size of the population.

INSTRUMENT AND METHODS OF DATA COLLECTION

Data collection was based on a structured questionnaire prepared to elicit information from respondents on the effect of some stress factors on the health of academics. Research team members and assistants visited all the institutions to administer and collect the questionnaires.

METHOD OF DATA ANALYSIS

The data collected from the field was analyzed using analysis of variance (ANOVA).

IV. RESULT AND DISCUSSION

This study was aimed at assessing some occupational stress factors and their health implications among academics in Cross River State tertiary institutions. This goal was accomplished through the analysis of data collected with the aid of Tables and interpretation of the results.

GENERAL DESCRIPTION OF DATA

The data collected for the study were of two major categories namely: the stress factors (workload and clarity of role) and the health challenges manifested in the form of depression, aggression, impatience, withdrawal and procrastination. The description of the two sets of data are presented in Table 2 with the mean scores and standard deviation of the variables.

Variables	N	Mean	SD
Workload	1050	15.55	2.76
Clarity of role	1050	17.70	1.62
Depression	1050	14.50	2.04
Aggression	1050	15.12	1.95
Impatience	1050	14.13	2.19
Withdrawal	1050	13.13	2.69
Procrastination	1050	14.04	3.01

Table 2: Means and standard deviation of respondents in the research variables

The result in Table 2 indicates that academics in the state experience health challenges substantially, that is associated with some occupational stressors.

PRESENTATION OF RESULT

HYPOTHESIS 1

Academics work load (under load, average load and overload) does not significantly influence their health. The result of the analysis are presented in Tables 3 and 4.

Health challenges	Group	N	Mean	SD
Depression	Under load	225	12.44	1.50
	Average load	427	15.42	1.50
	Overload	398	14.69	1.99
	Total	1050	14.50	2.04
Aggression	Under load	225	15.08	2.00
	Average load	427	14.24	1.50
	Over load	398	16.09	1.90
	Total	1050	15.12	1.95

Impatience	Under load	225	12.56	1.50
	Average load	427	14.00	2.29
	Over load	398	15.17	1.82
	Total	1050	14.13	2.19
Withdrawal	Under load	225	9.96	1.00
	Average load	427	14.71	1.94
	Over load	398	13.23	2.49
	Total	1050	13.13	2.69
Procrastination	Over load	225	11.68	4.51
	Average load	427	13.23	1.33
	Over load	398	16.25	1.33
	Total	1050	14.04	3.01
Total	Under load	225	61.72	5.51
	Average load	427	71.59	6.26
	Over load	398	75.42	6.12
	Total	1050	70.93	7.91

Table 3: Group sizes, means and standard deviation of respondents health challenges based on their workload

Health challenges	Source of variation	Sources of sequence	DF	Mean Square	F- Value	Sig Level
Depression	Between groups	1329.715	2	664.858	228.924*	.000
	Within groups	3040.769	1047	2.904		
	Total	4370.487	1049			
Aggression	Between groups	704.591	2	352.295	112.224*	.000
	Within groups	3256.766	1047	3.139		
	Total	3911.357	1049			
Impatience	Between	989.106	2	499.553	127.930*	.000
	Within	404.493	1047	3.866		
	Total	5036.599	1049			
Withdrawal	Between	3330.499	2	1665.249	507.044*	.000
	Within	4283.364	1047	4.091		
	Total	7613.863	1049			
Procrastination	Between	3479.729	2	1739.864	303.538*	.000
	Within	6001.343	1047	5.732		
	Total	9481.072	1049			
Total	Between	27304.101	2	13.652.051	373.052*	.000
	Within	3815.541	1047	36.596		
	Total	65619.642	1049			

*P<.05; critical F=3.00; df=2 & 1047; N=1050

Table 4: Analysis of variables of influence of workload or health challenges of academics

The actual result of ANOVA shown in Table 4 revealed thus: calculated F-value of 228.924 for depression, 112.224 for aggression, 127.930 for impatience, 307.044 for withdrawal, 303.358 for procrastination and 373.052 for total health challenges. Each of these F-values is higher than the critical F-value of 3.00 at .05 level of significant with 2 and 1047 degrees of freedom. The null hypothesis is thus rejected. This means that there is a significance influence of workload on academics health.

A post-hoc multiple comparison analysis using Fisher's least significant difference (LSD) test was done and the results are presented in Table 5.

Health Challenges	Group	Mean	Group Comparison	Mean Difference	Sig Or Not
Depression	Under load	12.44	UL-AL	-2.98*	Sig
	(UL)	15.42	UL-OL	-2.25*	Sig
	Average load (AL)	14.69	AL-OL	0.73*	Sig
	Over load (OL)				
Aggression	Under load	15.08	UL-OL	0.84*	Sig
	(UL)	14.24	UL-OL	-1.01*	Sig
	Average load (AL)	16.09	AL-OL	-1.85*	Sig
	Over load (OL)				
Impatience	Under load	12.56	UL-AL	-1.44*	Sig

	(UL)	14.00	UL-OL	-2.61*	Sig		Within groups Total	3991.356	1049			
	Average load (AL)	15.18	AL-OL	-1.17*	Sig							
	Over load (OL)					Impatience	Between groups Total	1399.243	2	699.621	201.383*	.000
Withdrawal	Under load (UL)	9.96	UL-AL	-4.75*	Sig		Within groups Total	3673.356	1047	3.474		
	Average load (AL)	14.71	UL-OL	-3.27*	Sig							
	Over load (OL)	13.23	AL-OL	1.48*	Sig	Withdrawal	Between groups Total	1693.590	2	846.795	149.756*	.000
Procrastination	Under load (UL)	11.68	UL-AL	-1.55*	Sig		Within groups Total	5920.272	1047	5.655		
	Average load (AL)	13.23	UL-OL	-4.57*	Sig							
	Over load (OL)	16.25	AL-OL	-3.02*	Sig	Procrastination	Between groups Total	894.677	2	447.338	54.547*	.000
Total	Under load (UL)	61.72	UL-AL	-9.87*	Sig		Within groups Total	8586.395	1047	8.201		
	Average load (AL)	71.59	UL-OL	-13.70*	Sig	Total stressful Behavior	Between groups Total	2158.419	2	1079.201	373.052*	.000
	Over load (OL)	75.42	AL-OL	-3.83*	sig		Within groups Total	63461.22	1047	60.612		
								23	1049			
								65619.64	2			

All the pairwise group comparisons are significant at .05 level
Table 5: Fisher's least significant difference (LSD) multiple comparison analysis of significant influence of workload on health of academics

* $p < .05$; critical $F = 3.00$; $df = 2, 1047$; $N = 1050$

Table 7: Analysis of variance of influence of clarity of work role on health challenges of staff

The ANOVA results on Table 7 showed that each of the calculated F-values is higher than the critical F-ratio of 3.00 at .05 level of significance with 2 and 1047 degrees of freedom. The null hypothesis is this rejected. This means that there is a significant influence of perceived clarity of work role on the health of academics.

The pattern of the significant influence is shown by a post-hoc multiple comparison analysis using Fisher's least significant difference (LSD) test as presented in Table 8.

HYPOTHESIS 2

Clarity of work role in tertiary institution does not significantly influence academics' health.

The results of the analysis are presented in Tables 6 and 7

Health Challenges	Group	N	Mean	SD
Depression	low	233	13.49	2.51
	Moderate	418	14.72	2.21
	High	39	14.87	1.19
	Total	1050	14.50	2.04
Aggression	low	233	16.00	1.00
	Moderate	418	15.33	2.62
	High	39	14.38	1.10
	Total	1050	15.12	1.95
Impatience	low	233	15.99	2.00
	Moderate	418	12.95	1.23
	High	39	14.29	2.29
	Total	1050	14.13	2.19
Withdrawal	low	233	11.49	2.51
	Moderate	418	14.62	2.09
	High	39	12.53	2.57
	Total	1050	13.13	2.69
Procrastination	low	233	15.50	0.50
	Moderate	418	14.17	2.54
	High	39	13.05	3.83
	Total	1050	14.04	3.01
Total	low	233	72.48	5.51
	Moderate	418	71.78	8.39
	High	39	69.13	8.25
	Total	1050	70.93	7.91

Table 6: Group sizes, means and standard deviations of respondents' health challenges based on their perception of clarity of work role

Stress Related Behavior	Group	Mean	Group Comparison	Mean Difference	Sig* Or Not
Depression	Low	13.49	Low-Moderate	-1.23*	Sig
	Moderate	14.72	Low-High	-1.238*	Sig
	High	14.87	Moderate-High	-0.15&	Not Sig
Aggression	Low	16.00	Low-Moderate	0.67*	Sig
	Moderate	15.33	Low-High	1.62*	Sig
	High	14.38	Moderate-High	0.95*	Sig
Impatience	Low	15.99	Low-Moderate	3.04*	Sig
	Moderate	12.95	Low-High	1.70*	Sig
	High	14.29	Moderate-High	-1.34	Sig
Withdrawal	Low	11.49	Low-Moderate	-3.13*	Sig
	Moderate	14.62	Low-High	-1.04*	Sig
	High	12.53	Moderate-High	2.09*	Sig
Procrastination	Low	15.50	Low-Moderate	1.33*	Sig
	Moderate	14.17	Low-High	2.45*	Sig
	High	13.05	Moderate-High	1.12*	Sig
Total stress	Low	72.48	Low-Moderate	0.70*	Sig
	Moderate	71.78	Low-High	3.35*	Sig
	High	69/13	Moderate-High	2.65*	sig

Table 8: Fisher's least significant difference (LSD) multiple comparison analysis of significant influence of perceived clarity of work role on health of academics

There are no definite pattern in the results presented in Table 8. However, in majority of the cases, the more academics staff perceived their work role to be clear, the less their health challenges will be.

V. DISCUSSION OF FINDINGS

ACADEMICS WORKLOAD (UNDER LOAD, AVERAGE LOAD AND OVER LOAD) AND THEIR HEALTH CHALLENGES

The findings revealed that there is significant influence of workload on academics' health as expressed in depression, aggression, impatience, withdrawal and procrastination. This

finding support the job burnout model of Lee and Ashford (1990). The theorist believe that emotional exhaustion which is associated with burnout occurs commonly with jobs such as teaching and social work. The findings also support Akinade (2007), Robbin (2001) and French and Caplan (1973) who all agreed on the debilitating effect of workload experience by workers. The authors believed that all categories of workload (qualitative and quantitative) produced multiple symptoms of both psychological and physical strains. In the same vein Ekpo (1993) opined that the executives who over exert themselves in carrying out brain work or physical activities are liable to stress and health challenges. The World Health Organisation WHO (2020) and Jarmas and Reed (2018) in their publication listed workload as a source of stress that can impact on workers' health.

CLARITY OF ROLE ON WORK PLACE AND HEALTH CHALLENGES

The finding revealed a significant influence of clarity of work role on academics' health as manifested in depression, aggression, impatience, withdrawal and procrastination. This finding followed a similar pattern with Coon (1992) and Lazarus (1991) in the stress appraising model. The theorists believe that people are prone to aversive behavior when they cannot, or assume they cannot control their immediate environment. The findings also agreed among others with Coopers and Marshall (1996) and Mc Gregor (1997) who found significant relationship between indicators of physical and mental ill health with work role ambiguity. Also WHO (2020) listed role in organization (unclear role, conflicting roles) as a source of stress related hazards at work that can impact on workers' health.

The findings in the two hypotheses revealed significant relationship between stressors such as workload and clarity of role with health of academics. The natural human tendency to adjust to environmental situations (some of which could be met with difficulties and frustration) could account for this results.

VI. SUMMARY AND CONCLUSION

The study was on the assessment of some stress factors and their health implications among academics in tertiary institutions in Cross River State Nigeria. The stressors given attention were workload (under load, average load and overload) and clarity of work role. The possible health challenges investigated were depression, aggression, impatience, withdrawal and procrastination. A questionnaire was used to gather data from the sample size of 1050 academics. Major findings from the two null hypothesis were:

- ✓ There was significant influence of workload on the health of academics.
- ✓ There was significant influence of perceived clarity of work role on the health of academics.

Based on the foregoing, it was recommended that a proper appraisal and rearrangement of staff workload (considering

individual differences and their schedule of work) should be done for effective control of stress manifestation. It is also essential to involve academics in decision making and allow for their input to reduce ambiguities in work role.

Lastly, regular training on stress coping strategies could also prove useful.

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