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Job Stress and ILL-Health among Formal Workers in Cape Coast Metropolis, Ghana

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Abstract:
In the current global environment, human beings are surrounded by different jobs in which they are required to participate for survival. Consequently, they develop different skills and capacities that enable them to effectively participate in different jobs. Participation in these different jobs creates different stress and health conditions which we need to deal with to continue with our participation and survival. This study examined stress conditions on the job and how they affect the health of lecturers, administrators and health workers in Cape Coast. Using a cross sectional design in a descriptive study and purposive sampling technique, the study recruited 300 participants.
Results indicated that while among administrative staff respondents were not always able to take sufficient breaks, among lecturers, colleagues were not often willing to listen to their work related problems and for health workers some tasks had to be neglected because they had too much to do. Finally, it was found that generally, a proportion of the participants had suffered some levels of injury and illnesses that were closely related to stress at their workplaces.
There was time pressure and a higher demand of work at workplace with little control over participants' responsibility of their workloads, especially among administrative staff and health workers. Although the percentages of participants who had suffered injury and illnesses appeared very insignificant, it required a critical consideration. If, for every institution a proportion of its human resources frequently suffer from stress-related injuries and illnesses the implications would be dire for its human resource capacity and work output.
It was therefore recommended that heads of departments/institutions provosts, deans, directors, and or managers should properly regulate the time schedule of subordinates they work with to ensure they have sufficient break times, quality interpersonal relationships and reduced work schedules to reduce pressure of work. Very importantly, they should adopt strategies to reduce worker injury and or illnesses to achieve sufficiency in productivity.

1. Introduction

People engage in different economic activities at the primary, secondary, tertiary and quaternary levels to satisfy their needs. Their involvement in the different economic activities results in the evolution of different physical, technical and administrative environments to which the individual must respond. Individuals vary in how they respond to different environments (Bower & Suzanne, 2004). Consequently, they develop skills and strategies to enhance their effective participation in these activities. Their participation in those activities creates different stress levels to which they must learn to manage if they are to continue with their participation. Individuals respond differently to stress; whereas some can deal with stress and continue with their productive activities, others are less capable of dealing with stress and thus easily get frustrated (Bower & Suzanne, 2004). People who tend to be repressors deal with stress by means of denying or minimizing its existence. They use the avoidance-coping-mechanism such that they do not suffer the potential negative outcomes of the stressful experiences. In contrast, sensitizers tend to react to stress with rumination, excessive worrying and obsessive search for information on stress-related cues (Abbott, 1972).These different ways of dealing with stress include self-controlling, confrontational coping, social support, distancing, escape-avoidance, accepting responsibility, positive reappraisal and planful problem-solving to deal with stressful situations (Lazarus & Folkman, 1984).

According to Feldman (2008) stress is the physical and emotional response we have to events that threaten us and that it is rooted in the primitive fight or flight response wired into human and non-human animals. Stress is also considered to be a situation and the state of tension it generates in an individual as a result of the person's perception of that situation as threatening to his or her existence. This

means that no situation or event can be considered stressful in itself, but then the individual's perception or interpretation of the demands placed on him or her by the situation or event makes it stressful. It is these perceptions and interpretations that cause the harm and not the demands themselves (Omura, 2007; Ross, Niebling & Heckert, 1999). Robotham (2008) opined that situations and events that are perceived positively as challenges may lead to positive responses whiles those perceived negatively as threats may lead to negative responses. Research has shown that stress affects everyone (Anspaugh, Hamrick & Rosato, 2003; Feldman, 2008). This is because everything; good or bad can produce stress if it in some way presents a challenge us with a challenge. Anything that would make an individual adjust, adapt or stress.

There are different stresses and different causes of stress at different work places. There are also different perceptions and different attitude towards stress. Stress can, for instance, occur when superiors put pressure on subordinates or where there is need to meet time lines or in some instances where the individual is excluded from the work process (Keith, 2015). Job stress is a timely and important topic for workers, that is the condition in which some factors or combinations of factors interferes with the worker to disrupt his or physical, psychological, or social homeostasis (Lou, 1999).

Furthermore, the workplace is an important source of both demand and pressure-causing stress, and structural and social resources to counteract stress. Workplace factors that have been found to be associated with stress and health risks can be categorized as those to do with the content of work and those to do with the social and organizational context of work (Cooper & Marshall, 1976). Those that are intrinsic to the job include long hours, work overload, time pressure, difficult or complex tasks, lack of breaks, lack of variety, and poor physical work conditions (for example, space, temperature, light) (Cooper & Marshall, 1976).

Unclear work or conflicting roles and boundaries can cause stress for people. The possibilities for job development are important buffers against current stress, with under- promotion, lack of training, and job insecurity being stressful. There are two other sources of stress, or buffers against stress: relationships at work, and the organizational culture. Managers who are critical, demanding, unsupportive or bullying create stress, whereas a positive social dimension of work and good team work reduces it. An organizational culture of unpaid overtime or "presenteeism" is a good cause of stress. Organizational change, especially when consultation has been inadequate, is a huge source of stress. Such changes include mergers, relocation, restructuring or "downsizing", individual contracts, and redundancies within the organization (Gardell & Gustavsen, 1980).These are evidence for work factors associated with psychological ill health and associated absenteeism (Michie & Williams, 2001).

Stress is associated with impaired individual functioning in the workplace and other negative effects include reduced efficiency, decreased capacity to perform, dampened initiative, reduced interest in working, increased rigidity of thought, a lack of concern for the organization and colleagues, and loss of responsibility. Imperatively, job related stress can induce poor health outcomes including injury and even death among formal workers. Stress is believed to be a major contributor to coronary heart diseases, cancer, lung problems, accidental injuries, cirrhosis of the liver, six of the leading causes of death in the United States and beyond (Heron, 2013). Stressors such as pressure and demands can facilitate better stress response and thus, higher levels of performance. For instance, a basketball player tries to run faster, shoot a three-point shot and succeeds in it because of the pressure he has obtained from the audience, the close scores and the tough opponents. Another example is the short but adequate deadline given to an employee, which motivates and encourages her to work actively and efficiently on the project assigned to her. Yet another instance is an approaching major examination which leads a student to double time on studying and reviewing of lessons (Bernardin, 2003). Adversely, formal workers are physically and emotionally affected when the requirements of their jobs do not match their capabilities, resources, and or needs at the workplace, resulting in job stress (Harkness, Long, Bermbach, Patterson, Jordan & Kahn, 2005). When stress is perceived as uncontrollable or unmanageable, it results in a gradual to drastic decrease in performance levels, causing a decline in productivity and enthusiasm to respond to the stress. For instance, when a very tight deadline is given to an office employee who has to take care of her four children at home and a sick mother at the hospital. This overwhelming mix of situations, if not managed carefully and totally, will result in a poor performance, bad relationships with other members of the family, ill-health, and burnouts (Bernardin, 2003).

Stress is known to recur in almost every worker's life so much that it cannot be ignored (Fairbrother & Warn, 2003). Arguably while the term 'stress' is so ubiquitous that it has been entirely cut adrift from both professional discourse and real life experience, it still retains a profoundly serious currency. Whichever way one may look at it, stress remains a central issue in every formal worker's (from labourer to managerial level) life. Whether imagined, misunderstood, or misused, the problem of stress among formal workers cannot be ignored (Harkness et al, 2005).

Working as a lecturer, an administrator or a health worker (doctor/nurse, laboratory technician) is considered stressful because these jobs are linked to heavy workloads, many deadlines or time bounds and time pressures. These workers are often under pressure to produce quality work, and yet may be under serious resource constraints to accomplish their work on time (Bower, & Suzanne, 2004). In addition, continually dealing with people in stressful situations might lead to mental and physical distress for workers (Chau, 1998; Houdmont, & Leka, 2010).

Short-lived or infrequent episodes of stress might pose little risk. But when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to the biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself can become seriously compromised resulting in the escalation of injury or disease (Sauter, Hurrell, Murphy & Levi, 1997).

Some studies have looked at the relationship between workers' job stress and variety of ailments but not limited to, mood and sleep disturbances (Nofzinger, 2005; Neckelmann, 2007), upset stomach and headache (Neckelmann, 2007), and disturbed relationships with family and friends (Sauter, Murphy & Hurrell, 1990) are examples of stress-related problems that are commonly experienced by workers. These early signs of job stress are usually easy to recognize. However, the effects of job stress on chronic diseases are more difficult to see because chronic diseases take a long time to develop and can be influenced by many factors other than stress.

Nonetheless, evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems, especially cardiovascular disease, musculoskeletal and psychological disorders (Goetzel, Anderson, Whitmer, Ozminkowski, Dunn, Wasserman , 1998).

This study is based on Karasek's demand-control model (JDC) of job stress. In Karasek's model, workplace stress is a function of how demanding a person's job is and how much control (discretion, authority or decision latitude) the person has over his/her own responsibilities. It is one of the most influential models in research on the relationship between work stress and health, also known as the job strain model (Karasek, 1979).

Thus, this study pays attention to stress and ill-health among three categories of workers; lecturers, administrative staff and health workers.

1.1. Statement of the Problem
Some evidence from Ghana purports that some workers in the same department, institution and organization experience more stress at work than others. For instance, frontline health care providers such as doctors and nurses are far more likely than other workers in the hospital to feel that their jobs were highly stressful. In addition, a misfit between workers and their working environment, exclusion in decision-making, lack of control over works/jobs, intensive pressure at work, uncertain job expectations and role conflicts have been found among some workers in Ghana (Dwamena, 2012). Workload, the pattern of work and its design, as well as the work environment have been identified as the causes of stress (Abor, Abekah-Nkrumah, & Abor, 2008; Abaa, Atindanbila, Mwini-Nyaledzigbor & Abepuoring, 2013).

Arguing from the point that workers are heavily loaded with job demand at workplace and its resultant stress, it was identified that little or no attention has been given to work-related stress and formal workers' well-being in the Cape Coast Metropolis in a broader perspective (looking at different categories of workers). It was therefore necessary to examine working conditions of lecturers, administrators and health workers in the Cape Coast Metropolis in the Central Region of Ghana.

1.2. Research Questions
Four research questions were answered by this study. These were;
1. What interpersonal relationships exist among formal workers in Cape Coast metropolis in relation to stress that emanates from their work?
2. What work roles do formal workers in the Cape Coast metropolis have that put them in stress?
3. What environmental conditions exist at work places that result in stress among formal workers in the Cape Coast metropolis?
4. What type of injury or illness do formal workers in the cape coast metropolis suffer on their jobs as a result of stress?

2. Methodology

2.1. Design
This study was found to be mostly descriptive in nature and therefore made use of a cross-sectional design to observe a representative subset of lecturers, administrators and health providers in the Cape Coast Metropolis on job stress and ill health (Coggon, Rose, & Barker, 1997; Cresswell, 2013). Descriptive research approach was used to give account regarding characteristics of the respondents. According to Burns and Grove (2001:30,52), descriptive research provides an accurate portrayal or account of characteristics of a particular individual, situation or group for the purpose of discovering new meaning, describing what exists, determining the frequency with which something occurs and categorizing information. These authors state that the purpose of descriptive research is the exploration and description of the phenomenon in real-life situation. Thus the study applied this approach to describe the real-life situation of participants regarding job stress and health.

2.2. Population
The population for the study was 18, 642 formal workers including lecturers, administrators and health providers in the Cape Coast Metropolis (Estimate based on 2010 Population and Housing Census). The target population was 12, 303.

2.3. Sample and Sampling Procedures
The sample for the study was three hundred (300), selected using a multi-stage sampling technique. This techniques involves the combination of sampling techniques in a variety of useful ways that help address the sampling needs in the most effective and efficient manner possible (Trochim, 2006). Purposive sampling technique was used select workers from the three fields of work) in the Metropolis, whilst stratified sampling technique was used to group the population into their respective work groupings; lecturers, administrators, and nurses.

In each field of work, one hundred (100) staff were selected using the convenience sampling techniques. Trained field workers approached the participants at their workplaces in order to obtain their consent. The schedule for approaching each category of workers differed; lecturers and nurses were approached as and when it was appropriate or convenient for them in their offices. This means that appointments had to be booked followed by actual face to face contacts. This was done to reduce non-response rate associated with people who have busy schedules. For administrators, the study employed the regular break hours (12:30pm-1:30pm) to reach them.

2.4. Instrument

The study adapted items of work-related stress in the Health and Safety Executive (HSE) model as the key measurement in the questionnaire. The questionnaire was closely based on the Management Standards Indicator Tool produced by the HSE.The HSE model was adapted on its own merit. The questionnaire embraces all the essential variables which existing models have determined as potential work-related stress among employees: Design of Tasks, Interpersonal Relationships, Work Roles, Management Style, Career Concerns and Environmental Conditions. The adapted instrument covered three key areas which were found to be associated with workers' stress and can result in poor health, lower productivity and absenteeism.

Content validity and reliability of the questionnaire were established by rigorously pre-testing with selected groups of workers with the same characteristics but outside the study area to refine the wordings. All construct items were measured on a five-point Likert-Type scale (1-Never, to 5-Always; and 1- Strongly Disagree, to 5- Strongly Agree). The instrument contained 32 items excluding a set of demographic questions concerning age, sex, marital status, number of children, educational level, professional qualification, job title and number of years in service. The demographic background of clients constituted the major tasks involved in adaptation of the instrument.

3. Results

3.1. Demographic Data

In all, 65 percent of the respondents were males. Ages of respondents ranged from 23 to 60 years of age (M = 3.05, SD = 1.015). The number of years spent by participants in their various job positions ranged from 2 to 32 years (M = 2.19, SD = 1.212). Most were married (69%) and about half (45.7) of the participants had between one and three children.

In terms of academic qualification, about 55 percent of them had first or second degree. Thirty four percent of the participants were lecturers while 33 percent each were health workers and administrative staff respectively (See Appendix for Table).

> ➤ Research Question 1: What interpersonal relationships exist among formal workers in Cape Coast metropolis in relation to stress that emanates from their work?

Participants were asked to indicate whether or not they were able to take sufficient break time at work. The results showed that the proportion of participants who were sometimes unable to take sufficient break was higher among administrative staff (50.5%) compared to 41.1 percent and 37.1 percent among health workers and lecturers respectively.

Staff	I am unable to take sufficient breaks				
	Never	Seldom	Sometimes	Often	Always
Lecturers	15.2	30.5	37.1	15.2	1.9
Administrators	5.1	28.3	50.5	14.1	2.0
Health workers	24.2	22.1	41.1	7.4	5.3
Total	14.7	27.1	42.8	12.4	3.0

Table 1: Working Conditions
Source: Fieldwork, 2016

Generally, there was no difference in the level of responses between administrative staff (36.2%) and lecturers (36.4%) who reported that, sometimes colleagues were willing to listen to their work related problems.

Staff	My colleagues are willing to listen to my work related problems				
	Never	Seldom	Sometimes	Often	Always
Lecturers	9.5%	25.7%	36.2%	20.0%	8.6%
Administrators	6.1%	9.1%	36.4%	30.3%	18.2%
Health workers		7.4%	25.3%	42.1%	25.3%
Total	5.4%	14.4%	32.8%	30.4%	17.1%

Table 2: Interpersonal relationship
Source: Fieldwork, 2016

> ➤ Research Question 2: What work roles do formal workers in the Cape Coast metropolis have that put them in stress?

Regarding work role, about half of the participants (44.8%) who were health workers said they had to neglect some tasks when they had too much to do. Administrative staff were the least (34.3%) likely to neglect work when they had too work to do. (See Table 3)

Staff	I have to neglect some task because I have too much to do				
	SD	D	N	A	SA
Lecturers	5.7	15.8	35.2	25.0	18.2
Administrators	10.1	20.2	35.4	28.3	6.0
Health workers	4.2	21.5	29.5	38.5	6.3
Total	7.7	25.1	33.4	25.1	8.7

Table 3: Work Role
Source: Fieldwork, 2016

➢ Research Question 3: What environmental conditions exist at work places that result in stress among formal workers in the Cape Coast metropolis?

From Table 4, a majority of participants (72.6%) who disagreed that they had poor sitting arrangement and logistics were health workers. A slight difference was found in the level of responses among the administrative staff and lecturers who disagreed (51.5% and 50.5%).

	We have poor sitting arrangement and logistics				
Staff	SD	D	N	A	SA
Lecturers	23.8	26.7	22.9	17.1	9.5
Administrators	17.2	34.3	30.3	11.1	7.1
Health workers	30.5	42.1	12.6	9.5	5.3
Total	23.7	34.1	22.1	12.7	7.4

Table 4: Environmental Conditions
Source: Fieldwork, 2016

➢ Research Question 4: What type of injury or illness do formal workers in the Cape Coast metropolis suffer on their jobs as a result of stress?

The study further sought to find out whether participants suffered any injury and or illness at their place of work due to the stress they experience. Almost all the participants (100% 95% and 90%) respectively reported that they had not suffered any injury. The results showed that few health workers (11%) had suffered injury at work, had suffered all the three kinds on injuries listed. For instance, almost 90 percent had suffered from burns, 6 percent had suffered cuts whiles 4 percent had needle pricks (See Table 5).

	Have you ever suffered any injury at work?			If yes what type of injury?				
Staff	Yes	No	Total	Burns		Cut	Needle Prick	Total
Lecturers	0.0	100.0	100	0.0		0.0	0.0	0.0
Administrators	5.1	94.9	100	94.9		5.0	0.0	100
Health workers	10.5	89.5	100	89.5		6.2	4.3	100

Table 5: Experience and Type of Injury at Work
Source: Fieldwork, 2016

Similarly, most of the participants (97% 88% and 87%) respectively indicated that they had not suffered any illness at work. However, some administrative staff and health workers had suffered all the seven types of illnesses listed apart from TB and fatigue. The types of illnesses suffered by participants were recorded as follows: lecturers; 1 percent (Fatigue, Malaria and Typhoid); administrative staff; 3 percent (backache), 2 percent (cold), 1 percent (eye problem) and 6 percent (malaria); health workers; 3 percent (backache), 6 percent (malaria) and 1 percent (cold, fatigue and tuberculosis). This information is presented on Table 6.

Have you ever suffered any illness at work?					If yes, what type of illness?						
	Yes	No	Total	Backache	Cold	Eye problem	Fatigue	Malaria	Tb	Typhoid	Total
Staff											
Lecturers	2.9	97.1	100.0	97.1	0.0	0.0	0.0	1.0	1.0	1.0	100
Administrators	12.1	87.9	100.0	87.9	3.0	2.0	1.0	6.1	0.0	0.0	100
Health workers	12.6	87.4	100.0	87.4	3.2	1.1	0.0	1.1	6.3	1.1	100

Table 6: Experience and Type of Illness at Work
Source: Fieldwork, 2016

4. Discussions

Results indicate that participants were not always able to take sufficient breaks at their various workplaces, mostly administrators. This probably may be as a result of the desire to use break periods to complete some of the piled up work they might have had. The absence of breaks seen as rest to regain energy has the potential to induce work related stress on formal workers. Respondents reported that colleagues were not often willing to listen to their work-related problems. Furthermore, they had to neglect some task because they had too much to do, especially among health workers. Additional results revealed that participants have better sitting arrangement and logistics. Finally, a proportion of the participants have suffered some levels of injury and illnesses at their workplaces.

The results suggest that, having a break is not routine among participants due to the nature of their work and the pressure or demand on them at their workplaces. Over 50 percent (50.5%) of the participants who were administrators as compared to 41.1 percent and 37.1 percent health workers and lecturers respectively, were not able to make time for break due to heavy workload. This suggests that the workload for administrators were more likely to be heavier than health workers and lecturers in that, they often have piles of paper work deal most of the time. Moreover, when they least expect more work, their bosses were more likely to receive more especially those that may demand immediate attention and action. These might offers administrative staff less time space and might sacrifice their routine break times to accomplish an assignment. Unlike administrators, health workers (doctors/nurses, laboratory technician,

etc.) are more likely to have some time to rest and do other things after the morning rush period when majority of those suffering from diseases are more likely to report for health care instance. Apart from emergency calls for critical cases, a doctor may have the rest of the day after and ward rounds. Even so a nurse may be under heavy pressure and demand at work but he/she is released after his/her shift is over and can go home to rest or do other things. Even though lecturers sometimes combine teaching with some administrative work, the core of their work entails teaching coupled with marking and assessment. Considering the results, it is obvious that it is difficult for administrative staff to take sufficient break times as compared to health workers and lecturers even when they need it, perhaps the most. Working under such conditions is no doubt stressful and can, in the long run, affect the health of these categories of formal workers. They are often under pressure to produce quality work, and yet may be under serious resource constraints to accomplish their work in less time (Brown & Mendenhall, 1995). Lecturers, administrators and health workers deal with people of different background, which can be stressful. Again, administrators are likely to experience intensified pressure and demand which could directly affect them psychologically. In addition, continually dealing with people in stressful situations may lead to mental and physical distress (Chau, 1998).

Having an interactive and a socially cohesive life at work means shedding off some stressful conditions but in a working environment where the pressure and demand for work is high, it becomes difficult to gain the attention of colleagues, not to mention getting them listen to your work related problems. A little more than one-third (36%) of the administrators and lecturers reported that colleagues were not always willing to listen to their work related problems with one-forth (25%) of the health workers reporting the same. This indicates that administrators and lecturers are less likely than health workers to have colleagues who are ready to listen to their work related problems. Contemporarily, the nature of work that administrators and lecturers do may contribute to their inability to have colleagues who are ready to listen to or share their work related problems with. An administrator, alone with a subordinate (a cleaner) in an office cannot communicate his/her work related issues with the subordinate but would easily and preferably talk to a colleague administrator. However, in most cases, it might not possible to have the opportunity to talk with colleagues, especially when their bosses are demanding so much from them. One will easily say a phone call will do the trick but again, an administrator will pick a colleague's call from other office and say "Hello…please I will call you back" due to the pressure and demand on him/her in the office. Moreover, the kind of work lecturers do is such that they often meet with their colleagues but most of the times, they meet each other at seminars and presentations where it is difficult to communicate about work related problems. However, this could be different for health workers in that, a doctor who develop a good relationship with a nurse who assist him/her in the consulting room can easily share his/her work-related problem with the nurse. Then again nurses in the same ward or on the same shift can easily communicate or listen to each other's work related problems. Contrary to health workers, administrators and lecturers find it difficult resolve their stressful situations, which might be detrimental to their health. When stressful situations go unresolved, the body is kept in a constant state of activation, which could increase the rate of tear and wear to the body system. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself could become compromised. As a result, the risk of injury or disease escalates (Sauter, Hurrell, Murphy & Levi, 1997). Moreover, inability to share work-related problems with colleagues breed difficulties in interpersonal relationships at workplace and this can be very stressful to the individual. Furthermore, disturbed relationships with family and friends (Sauter, Murphy &Hurrell, 1990) are examples of stress-related problems that are commonly experienced by formal workers. This may explain why stress related problems are common among some administrative staff and lecturers more than health workers.

Results indicate that due to their workload, the pressure and demand at work, with less control over them, administrators, lecturers and health workers find it difficult to attend to everything on their work schedule. However, the pressure and demand at work may differ among different categories of workers. Approximately 45 percent(44.8%) of the participants who were health workers agreed that they have to neglect some tasks because they have too much to do as compared to 34.3 percent and 38.2 percent respectively among lecturers and administrative staff. On a typical day, there might be too many theatre and emergency cases for a doctor, nurse, ward assistants, laboratory technician etc to neglect other tasks that do not need immediate attention as compared to lecturers, who always have structured schedule for teaching and meetings as well as the administrative staff who might have very little or nothing to do within a specific period of time when their bosses have not much work for them or demand less work from them. This justifies the fact that health workers mostly have to neglect some tasks at work because there is too much workloads, pressure and demand on them. Predominantly, this could cause conflicting expectations and resource constraints at work, which could result to job related stress. Excessive workload demands and conflicting expectations are some evidence that argue for a greater emphasis on working conditions as the key source of job stress (Northwestern National Life Insurance Company, 1991). Experience of stressful working conditions such as resource constraints, time pressure and high demand with less control over what to at a point in time can directly affect the health of these category of workers as a result of stressors. Exposure to stressful working conditions (called job stressors) can have a direct influence on worker safety and health.

Interestingly, this study showed some unexpected better environmental conditions with respect to better seating arrangement and logistics, but such environmental conditions were found much among health workers compared to administrators and lecturers. This suggests that although participants' work under certain pressure and demand coupled with resource constraints, health workers enjoy better environmental conditions than the others (administrative staff and lecturers). Working in a better environment could lessen the amount of accumulated stress. Workload, the pattern of work and its design, as well as the work environment have been identified as the causes of stress (Abor, Abekah-Nkrumah&Abor, 2008). The results further suggest that lecturers and administrators might not have a good working environment as that of health workers and this could create environmental misfit for lecturers and the administrative staff, which could also lead to stressful situation and ill-health among thesis workers. In addition, a misfit between workers and their working environment, exclusion in decision-making, lack of control over works/jobs, intensive pressure at work, uncertain job expectations and role conflict are found among some workers in Ghana (Dwamena, 2012). Although more than half of

the participants reported that they had better environmental conditions, it still could be said that formal workers need the comfort and resources if stress is to be reduced and work output increased and health improved.

Obviously, the work of a lecturer does not involve too much to suffer any injury at work. On the contrary, that of administrative staff and especially health workers does. An administrator could get burnt and or cuts by the water heater when boiling water for tea to serve at a seminar or meetings and opening a package by any sharp device or tool in the office. Furthermore, health workers work with needles, sharp cutting devices as well as sterilizers. In this regards, they are bound to get burns, cuts and needle pricks at work. Among all the participants, health workers suffer more illnesses than administrative staff and lecturers. This suggests that the nature of work health workers expose them to different types of illnesses and or diseases as compared to administrators and lecturers. Moreover, health workers work in an enclosed area, where diseases or illnesses can easily spread. This explains why they suffer from such illnesses as backache, malaria, cold, fatigue and tuberculosis (TB) as compared to Fatigue, Malaria and Typhoid among lecturers; and backache, cold, eye problem, and malaria among administrative staff.

5. Findings

The study found that some pressure at work is one reason why participants are not able to make time for break as a result of heavy workloads; especially among administrative staff, although lecturers and health workers are also pressed for time. The results show that interpersonal relationship among formal workers is not encouraging, especially among administrative staff and lecturers, which opens up participants' exposure to stress and ill health. To some extent, it will not come as surprising that some works had to be neglected by lecturers and administrators, most especially among health workers as a result of having too much to do at work. Furthermore, the results revealed that some participants suffer injury and illnesses at work. Hence examining job stress and health among formal workers was imperative to strengthen further research areas in the area of job stress among formal workers. This observation is supported by the fact that formal workers in the Metropolis experience stress at work, which directly affect their health. These findings may have important implications for job stress and health of formal workers in the Cape Coast Metropolis.

6. Conclusion

In conclusion, the findings of the present study do offer some support for the demand-control model in the context of the Metropolis. It does this by revealing time pressure and a higher demand of work at workplace with little control over participants' responsibility of their workloads, most especially among administrative staff and health workers. Moreover, although lecturers, administrators and health workers may have good environmental conditions at workplaces, time pressure and a higher demand of work at the workplace with little control over participants' responsibility of their workloads plays a key influential role in building up work-related stress, which affects their physical and mental health. Although the percentages of participants who have suffered injury and illnesses appear very insignificant, it requires a critical consideration in that, if every institution and or organization has a proportion of its human resources suffering from injuries and illnesses very often, then the implications would be so adverse with respect to its human resource capacity.

7. Recommendations

Based on the findings, this study recommends that Provosts, Deans, Directors, Heads of departments/institutions and or managers should properly regulate the workloads of administrative staff to ensure they have sufficient break times, quality interpersonal relationships and to reduce pressure at work. Very importantly, Provosts, Deans, Directors, Heads of departments/institutions and or managers should, put in appropriate measures to reduce worker injury and or illnesses at work to achieve sufficiency in productivity.

8. Implications for Counselling

Work-related stress is a growing problem as much as stress itself. Anxiety, depression, low-esteem and suicidal thoughts, among other self-destructive and self-defeating behaviours can arise out work-related stress. Also, physical health problems, relationship issues, sleep loss, and feelings of self-doubt and inferiority complex could arise in the worker which would increase accidents at work resulting in absenteeism and huge cost of medical expenses, and eventually affect productivity.

Organizations should set up counselling centres with qualified professionals and roll out comprehensive workplace counselling programmes from workers can benefit. Workers should then be encouraged to seek counselling from such qualified personnel to be assisted to resolve issues at their respective workplaces which may result in stress.

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APPENDIX

Sex	Frequency	Percent	M	SD
Male	194	64.9		
Female	105	35.1		
Total	299	100.0		
Number of children				
<= 1.00	91	38.9		
2.00 - 3.00	107	45.7		
4.00 - 5.00	35	15.0		
6.00+	1	.4		
Total	234	100.0		
Age				
<= 23.00	6	2.2		
24.00 - 32.00	85	31.0		
33.00 - 41.00	100	36.5		
42.00 - 50.00	58	21.2		
51.00 - 59.00	22	8.0		
60.00+	3	1.1		
Total	274	100.0	M=3.05	SD=1.015
Marital status				
Married	206	68.9		
Single	86	28.8		
Cohabiting	4	1.3		
Separated	3	1.0		
Total	299	100.0		
Highest educational level				
Diploma	12	4.0		
First degree	67	22.4		
Masters	98	32.8		
Masters in progress	1	.3		
NMT	2	.7		
NTC	8	2.7		
PhD	39	13.0		
PhD in progress	8	2.7		
SHS	2	.7		
Tertiary	60	20.1		
Total	299	100.0		
Job title				
Lecturer	105	35.1		
Administrative staff	99	33.1		
Health worker	95	31.8		
Total	299	100.0		
Number of years in service				
<= 3.00	92	31.0		
4.00 - 7.00	118	39.7		
8.00 - 11.00	52	17.5		
12.00 - 15.00	22	7.4		
16.00 - 19.00	5	1.7		
20.00 - 23.00	6	2.0		
28.00+	2	.7		
Total	297	100.0	M = 2.19	SD = 1.212

Table 1: Background characteristics of respondents