

Effect of Stress Management Strategy on Home-Keeping and Job Performance of Nursing-Working Mothers in Ogun State

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Abstract:

This research addresses a significant gap in the literature by investigating the complex interplay between stress management strategies, home-keeping efficacy, and job performance among mothers actively engaged in dual roles balancing familial responsibilities and professional commitments. Employing a quasi-experimental research design, this study employs a pretest-posttest control group to explore the stress levels experienced by mothers, the effectiveness of stress management strategies on home-keeping, and the subsequent impact on job performance. The findings aim to contribute valuable insights to inform targeted interventions and support mechanisms, facilitating a more nuanced understanding of the challenges faced by mothers in dual roles. The study adopted a pretest-posttest control group quasi-experimental research design. The sample for the study comprised 100 WNM who were randomly selected from 10 public Secondary Schools in Ijebu-Ode Local Government Area of Ogun State. Two instructional guides and one data collection instrument with four segments WNMLSEI with $r = 0.81$, WNMPSHQ with $r = 0.80$, WNMHKI with $r = 0.70$ and WNMJPI with $r = 0.87$ were used to collect data. While two research questions were answered, seven hypotheses were tested at a 0.05 level of significance. The results showed a significant main effect of treatment ($F_{(1, 91)} = 3181.916$, $P < 0.05$) on participants' home-keeping scores. The result also showed a significant main effect of treatment ($F_{(1, 91)} = 422.149$, $P < 0.05$) on participant's job performance scores. The respondents experienced and responded mainly to cognitive stress (34%) and emotional stress (35%) with emotional stress being the most prevalent. Findings also showed that the respondents exhibited two types of stress namely: acute stress and episodic stress, however, the majority of the sampled working nursing mothers exhibited episodic stress (79%). The treatment accounted for 97.9% of the variance in home-keeping and 86.7% of the variance in job performance scores respectively. The study concluded that stress management is effective in reducing stress and coping with stress experienced by working nursing mothers. It also promotes family ties and improves the wellness and efficiency of working nursing mothers. It was recommended that stress management should be infused into ante-natal and post-natal services to improve health care and health education of working nursing mothers in general.

Keywords: Home Keeping, Job Performance, Working Nursing-Mothers, Stress Management.

Introduction

Balancing the demands of professional life with the responsibilities of motherhood poses a unique challenge for working nursing mothers. The transition back to work after childbirth introduces a plethora of stressors that can impact both their home-keeping duties and job performance. In response to these challenges, the implementation of stress management strategies becomes imperative to alleviate stress and maintain optimal functioning in both domains. The intricate balance between the demands of work and the responsibilities of motherhood can create a complex interplay of stressors, potentially leading to adverse outcomes if left unaddressed (Modak et al., 2023). For working nursing mothers, the challenges of balancing professional responsibilities with caregiving duties can be particularly pronounced. Juggling the demands of breastfeeding, childcare arrangements, household chores, and job-related tasks can create a delicate balancing act that can strain even the most resilient individuals. The effects of unmanaged stress among working nursing mothers extend beyond personal well-being, affecting both their effectiveness as caregivers and their performance in the workplace (Ranehrov & Håkansson, 2019). Chronic stress can lead to physical and mental health issues, decreased job satisfaction, and compromised productivity, ultimately impacting organizational outcomes and patient care quality.

Home-keeping involves taking care of every member of the family with attention divided among the husband, the children, house chores and other important family activities, some of these demands are attended to simultaneously (e.g., cooking and feeding the baby at the same time). The family pressures could therefore add to workplace pressures for working nursing mothers which may influence their job performance.

Job performance relates to carrying out expected roles and responsibilities attached to the job description of an employee which will aid the achievement of organizational goals. Most often, stress at work affects employees' performance with relatively dangerous health implications especially for nursing mothers. Psychologically, workplace stress is a result of the disparity between environmental supply and individual needs and the variation between environmental demands and individual motivation and skills (Mi et al., 2020). Jain, Torres, Teoh, and Leka (2022), elucidated that psychosocial risks concern the interplay amongst work content, work organisation and management, environmental and organisational conditions, and employees' expertise and needs. Those interactions could predispose workers' health to risky effects through their perceptions and experiences. Psychosocial stress is obvious in the workplace and its effect in terms of workers' health, absenteeism, and reduction in production and performance is immense, most especially for divorced nursing mothers.

The experiences of stress among working nursing mothers seem to vary based on available help as determined by their family type. The family type could be classified as being single as a mother, still married or being divorced. The prevailing situation at work and homes of nursing mothers based on this classification may suggest that single and

divorced mothers may have more stress than their counterparts who are still with their husbands. Nursing mothers who are still in their marriage are supposed to be assisted by their husbands to relieve their level of stress exposure (Senanayake, Wickramasinghe, Edirippulige, & Arambepola, 2020). However, literature revealed that life as a single mother is often associated with many challenges and great demands; these women are forced to play some key roles expected of their supposed husbands, which invariably would add to their stressful experience (Magnuson & Duncan, 2019). On the account of divorced single mothers, literature pointed out the difficulties in adjusting to single parenting via depressed mood, and anxiety, especially with several children involved in the separation (Quchani, Arbabi, & Smaeili, 2021). Invariably, working nursing mothers from different family structures may unlikely have similar stress experiences. An investigation into the role effects of these family types classifications on the level of stress experiences of these groups of working nursing mothers was an important gap that was filled by this study.

Another important variable that could interplay in the level of stress experienced by working nursing-mothers is their job description. The job description with which working nursing-mothers are involved varies from being a junior staff member to being a senior staff member (Amos, Amoako, Antwi, & Amoah, 2021). Fundamentally, working nursing-mothers who are senior staff members in their organisations would take more important roles including highly demanding administrative activities, however, junior staff members are usually subjected to more rigorous work activities in the workplace (Grzegorzczuk, Mariniello, Nurski, & Schraepen, 2021). In essence, the determination of their separate stressful conditions may be difficult to assume along with their motherly activities. Literature recognized a variance in the intensity and enormity of the work roles between junior and senior staff members in every conventional organization (Babalola, du Plessis, & Babalola, 2021). However, the stress related to the variance, most especially for the working nursing-mothers, is yet to be verified. Hence, this important gap in verifying the moderating roles of the job description of working nursing-mothers was necessary in this present study.

Motherhood comes with its responsibilities which sometimes put the mothers at conflicting ends; hence stress is unavoidable (Collins, 2019). However, combining motherhood with having a career is an additional stressor for working nursing-mothers. Hence, balancing between work and family responsibilities may therefore be highly challenging for mothers. Piszczek (2020), established that workplace relationships may provide a key to understanding the reciprocal influences of work and family roles for women workers. Women workers who face challenges at work may transfer a level of aggression to the family. Therefore, women workers who acquire stress management skills could actively manage and reduce the effects of work and family stressors and therefore maintain a balance between work and family roles. Work-family conflict has been linked

with numerous dysfunctional outcomes, which include: burnout, fatigue, decreased family and occupational health, physical complaints and psychological costs (Obrenovic, Jianguo, Khudaykulov, & Khan, 2020), job and life dissatisfaction (Cao, Liu, Wu, Zhao, & Jiang, 2020). The consequence of this multiple responsibility for working with nursing-mothers both at work and in the family would make maintaining an equilibrium between work and family responsibilities become a serious challenge and more importantly deteriorating health status in the absence of effective stress management application. If efforts are not made to balance this situation, many working nursing mothers may eventually have a short life span, persistent ill-health, depression, and family problems amongst many other problems which can be avoided with the application of appropriate stress management techniques. Thus, working nursing mothers could acquire requisite stress management skills through appropriate stress intervention strategies such as the adoption of the model of the interaction between context, coping and adaptation for stress management.

Hypotheses

The following research hypotheses were tested at a 0.05 level of significance.

1. There will be no significant main effect of Stress management strategy on Home-keeping and Job Performance of nursing- working mothers
2. There will be no significant main effect of Stress management strategy, on family type, Home-keeping and Job Performance of nursing- working mothers
3. There will be no significant main effects of Stress management strategy on the job description, Home-keeping and Job Performance of nursing- working mothers

Methodology

This focuses on the research design, target population, sample and sampling techniques, instrumentation, method of data collection and procedure for data analysis.

Research Design

This study adopted pre-test, post-test, control and experimental design involving a 2×2×3 factorial matrix to determine the effects of an independent variable on the dependent variable. The row consists of an intervention and the control groups. The row was rated with job descriptions at two levels (junior and senior cadre) and type of family at three levels (single mother, married and divorced).

Target Population

The population for this study comprised all nursing - working mothers in public secondary schools in Ijebu-Ode LGA of Ogun State.

Sample and Sampling Procedure

The sample size for this study was one hundred (100) for both experimental and control groups.

To select a valid sample for this study, a multi-stage sampling was employed, the stages include.

Stage one: The use of a simple random technique to select 10 public secondary schools (80%) out of the 12 public secondary schools in Ijebu-Ode Local Government.

Stage Two: Ten secondary schools selected were stratified into senior secondary school and junior secondary school.

Stage Three: A purposive sampling technique was used to select 10 nursing-working mothers available in all the schools proposed for the study.

Stage Four: The school selected were randomly assigned to either experimental group or control

Instrumentations

Three instruments were used for data collection in this study; these included a questionnaire titled “Questionnaire on Nursing –Working Mothers Stress Experience, Home Keeping and Job Performance Questionnaire (NMSEHJP), an intervention manual titled stress- education training, control group package. The questionnaire comprises four sections. The first section of the questionnaire elicited information on the demographic variables of each of the participants in the study which included family size, job description, parity, age range and the assigned code.

The questionnaire and test instruments were administered twice to both experimental and control groups, first, before the intervention as the pre-test and after the intervention as the post-test.

Procedure for Data Analysis

Both descriptive and inferential statistics were used as tools for data analysis. Descriptive statistics involving frequency counts, percentages and graphical illustrations were utilized to provide answers to the research questions asked in the study.

The inferential statistics used to test all the hypotheses formulated was the analysis of covariance (ANCOVA) test with pre-test scores serving as covariates. The analysis was done at the 0.05 level of significance.

Results

H_{01(a)}: There is no significant effect of treatment (stress management strategy) on Home-keeping and Job Performance of nursing- working mothers

Table 1: Summary of Analysis of Covariance of Nursing Working Mothers' Stress Management Strategy Scores According to Home Keeping, Family Type and Job Description

Source of Variation	Sum of Squares	df	Mean Square	F	Sig. of F
Main Effects	998.195	1	998.195	21.191	.000
Covariates (pre-test)	29.319	1	29.319	.622	.432
Treatment (SMS)	43102.916	1	43102.916	915.046	.000*
Family Type (FT)	4.621	1	4.621	.098	.755
Job Description (JD)	2.856	1	2.856	.061	.806
2 Way Interactions					
Treatment * Family Type	77.915	1	77.915	1.654	.202
Treatment * Job Description	291.136	1	291.136	6.181	.015*
Family T. * Job Description	7.910	1	7.910	.168	.683
3 Way Interactions					
SMS * FT * JD	39.485	1	39.485	.838	.362
Explained	58442.719	8	7303.340	155.088	.000
Residual	4286.521	91	47.105		
Corrected Total	62729.240	99			

* indicate significant F at .05 level R Squared = .932

(Adjusted R Squared = .926)

The result in Table 1 shows the outcome of the analysis to test the main effect of stress management strategy (i.e. treatment) on nursing-working mothers. The result shows a significant main effect of treatment ($F_{(1, 91)} = 915.046$, $P < 0.05$), thus implying that the difference in the respondents' post-test mean stress management scores after exposure to the stress management package/treatment is statistically significant at the .05 level of significance. Hence, the null hypothesis one A, ($H_{01(i)}$) was rejected.

Table 2: Multiple Classification Analysis of Nursing-Working Mothers' Stress Management Strategy Scores According to Home Keeping, Family Type and Job Description

Grand Mean = 68.700

Variable + Category	N	Unadjusted Deviation	Eta	Adjusted Independent Covariates	for +	Beta
Treatment (SMS)						
1. Experimental Group	50	-24.080		-24.087		
2. Control Group	50	24.080	.961	24.087		.962
Family Type						
1. Single Mother	43	3.748		-.481		
2. Married	57	-2.828	.130	.363		.017
Job Description						
1. Junior Staff	55	-1.976		-.780		

2. Senior Staff	45	2.416	.087	.953	.034
Multiple R Squared					.925
Multiple R					.962

The result in Table 2 shows the magnitudes of the post-test mean stress management scores of the nursing-working mothers exposed to the two levels of treatment (stress management package and conventional method). The MCA shows that with a grand mean of 68.700, the respondents exposed to the stress management package recorded higher adjusted post-test mean stress management score of 92.787 (i.e. 68.700+24.087) than the respondents exposed to the conventional method who recorded adjusted post-test mean stress management score of 44.613 (i.e. 68.700-24.087). This outcome thus shows that when an order of magnitude of the post-test mean stress management scores of the respondents is considered, the respondents exposed to the treatment package come top than those not exposed to the package who served as a control group.

The result in Table 4 further shows that the treatment (stress management strategy) accounted for 96.2% of the variance in the respondents' stress management scores

H_{01(b)}: There is no significant effect of treatment (stress management strategy) on home keeping of nursing-working mothers.

Table 3: Summary of Analysis of Covariance of Nursing Working Mothers' Home Keeping Scores According to Treatment, Family Type and Job Description

Source of Variation	Sum of Squares	df	Mean Square	F	Sig. of F
Main Effects	5.111	1	5.111	1.878	.174
Covariates (pre-test)	185.566	1	185.566	68.190	.000
Treatment (SMS)	8658.943	1	8658.943	3181.916	.000*
Family Type (FT)	.038	1	.038	.014	.906
Job Description (JD)	3.739	1	3.739	1.374	.244
2 Way Interactions					
Treatment * Family Type	.164	1	.164	.060	.807
Treatment * Job Description	2.241	1	2.241	.824	.367
Family T. * Job Description	5.485	1	5.485	2.016	.159
3 Way Interactions					
SMS * FT * JD	6.615	1	6.615	2.431	.122
Explained	11161.112	8	1395.139	512.674	.000
Residual	247.638	91	2.721		
Corrected Total	11408.750	99			

* indicate significant F at .05 level R Squared = .978 (Adjusted R Squared = .976)

The result in Table 3 shows the outcome of the analysis to test the main effect of stress management strategy (i.e. treatment) on the nursing-working mothers' home-keeping. The

result shows a significant main effect of treatment ($F_{(1, 91)} = 3181.916$, $P < 0.05$), thus implying that the difference in the respondents' post-test mean home-keeping scores after exposure to the stress management package/treatment is statistically significant at the .05 level of significance. Hence, the null hypothesis one B, (H_{01ii}) was rejected.

The magnitudes of the post-test mean homekeeping scores of the respondents across the levels of treatment, family type and job description in order is presented in the multiple classification analysis (MCA) that follows.

Table 4: Multiple Classification Analysis of Nursing-Working Mothers' Home-Keeping Scores According to Treatment, Family Type and Job Description

Grand Mean = 29.158

Variable + Category	N	Unadjusted Deviation	Eta	Adjusted Independent Covariates	for + Beta
Treatment (SMS)					
1. Experimental Group	50	-10.470		-10.456	
2. Control Group	50	10.470	.980	10.456	.979
Family Type					
1. Single Mother	43	1.827		.163	
2. Married	57	-1.378	.149	- .123	.013
Job Description					
1. Junior Staff	55	-.514		.096	
2. Senior Staff	45	.628	.053	- .118	.010
Multiple R Squared					.961
Multiple R					.980

The result in Table 4 shows the magnitudes of the post-test mean home-keeping scores of the nursing-working mothers exposed to the two levels of treatment (stress management package and conventional method). The MCA shows that with a grand mean of 29.158, the respondents exposed to the stress management package recorded a higher adjusted post-test mean home-keeping score of 39.614 (i.e. $29.158 + 10.456$) than the respondents exposed to the conventional method who recorded adjusted post-test mean home keeping score of 18.702 (i.e. $29.158 - 10.456$). This outcome thus shows that when an order of magnitude of the post-test mean home-keeping scores of the respondents is considered, the respondents not exposed to the treatment package (control group) come top than those exposed to the package who served as experimental/treatment group.

The result in Table 4 further shows that the treatment (stress management strategy) accounted for 97.9% of the variance in the respondents' home-keeping scores while the independent variables (including moderators) jointly accounted for 96.1% of the variance in the respondents' home-keeping scores.

H_{01(c)}: There is no significant effect of treatment (stress management strategy) on the job performance of nursing-working mothers.

Summary of Analysis of Covariance of Nursing Working Mothers' Job Performance Scores According to Treatment, Family Type and Job Description

Source of Variation	Sum of Squares	df	Mean Square	F	Sig. of F
Main Effects	1507.220	1	1507.220	24.878	.000
Covariates (pre-test)	3408.269	1	3408.269	56.257	.000
Treatment (SMS)	25575.371	1	25575.371	422.149	.000*
Family Type (FT)	2.626	1	2.626	.043	.836
Job Description (JD)	13.079	1	130.079	.216	.643
2 Way Interactions					
Treatment * Family Type	120.557	1	120.557	1.990	.162
Treatment * Job Description	123.515	1	123.515	2.039	.157
Family T. * Job Description	29.609	1	29.609	.489	.486
3 Way Interactions					
SMS * FT * JD	10.412	1	10.412	.172	.679
Explained	37201.064	8	4650.133	76.755	.000
Residual	5513.126	91	60.584		
Corrected Total	42714.190	99			

* indicate significant F at .05 level R Squared = .871 (Adjusted R Squared = .860)

The result in Table 5 shows the outcome of the analysis to test the main effect of stress management strategy (i.e. treatment) on the nursing-working mothers' job performance. The result shows a significant main effect of treatment ($F_{(1, 91)} = 422.149$, $P < 0.05$), thus implying that the difference in the respondents' post-test mean job performance scores after exposure to the stress management package/treatment is statistically significant at the .05 level of significance. Hence, the null hypothesis one C, (H_{01iii}) was rejected.

The magnitudes of the post-test mean job performance scores of the respondents across the levels of treatment, family type and job description in order is presented in the multiple classification analysis (MCA) that follows.

H₀₂ (a): There is no significant main effect of Stress management strategy, on family type of the nursing-working mothers.

The result of the analysis of covariance in Table 3 shows no significant main effect of family type on the stress management strategy of the nursing-working mothers ($F_{(1, 91)} = .098$, $P > 0.05$). This result implies that there is no significant difference in the post-test mean stress management strategy of the sampled single and married nursing-working mothers after exposure to the two levels of treatment used in the study. Hence, the null hypothesis two A ($H_{02(i)}$) was retained.

The result of the multiple classification analysis (MCA) on family type in Table 4 shows that with a grand mean of 68.700, the married nursing-working mothers recorded higher adjusted post-test mean stress management strategy score of 69.063, than the single

nursing-working mothers who recorded adjusted post-test mean stress management score of 68.219. This outcome thus shows that when order of magnitude of the post-test mean stress management scores of the nursing-working mothers according to family type is considered, the married nursing-working mothers comes top than the single nursing-working mothers.

H₀2(b): There is no significant main effect of family type on home keeping of nursing-working mothers.

The result of the analysis of covariance in Table 5 shows no significant main effect of family type on the home keeping of nursing-working mothers ($F_{(1, 91)} = .014, P > 0.05$). This result implies that there is no significant difference in the post-test mean home keeping of the sampled single and married nursing-working mothers after exposure to the two levels of treatment used in the study. Hence, the null hypothesis two B, (H₀2ii) was retained.

The result of the multiple classification analysis (MCA) on family type in Table 6 shows that with a grand mean of 29.158, the single nursing-working mothers recorded higher adjusted post-test mean home keeping score of 29.321, than the married nursing-working mothers who recorded adjusted post-test mean home keeping score of 29.035. This outcome thus shows that when order of magnitude of the post-test mean home keeping scores of the nursing-working mothers according to family type is considered, the single nursing-working mothers comes top than the married nursing-working mothers. The result in Table 6 further shows that family type, as a moderator variable, accounted for 1.3% of the variance in the home keeping scores of the sampled nursing-working mothers.

H₀2(c): There is no significant main effect of family type on job performance of nursing-working mothers.

The result of the analysis of covariance in Table 7 shows no significant main effect of family type on the job performance of nursing-working mothers ($F_{(1, 91)} = .043, P > 0.05$). This result implies that there is no significant difference in the post-test mean job performance of the sampled single and married nursing-working mothers after exposure to the two levels of treatment used in the study. Hence, the null hypothesis two C, (H₀2iii) was retained.

The result of the multiple classification analysis (MCA) on family type in Table 8 shows that with a grand mean of 169.469, the married nursing-working mothers recorded higher adjusted post-test mean job performance score of 170.841, than the single nursing-working mothers who recorded adjusted post-test mean job performance score of 167.650. This outcome thus shows that when the order of magnitude of the post-test mean job performance scores of the nursing-working mothers according to family type is considered, the married nursing-working mothers come top than the single nursing-working mothers.

The result in Table 8 further shows that family type, as a moderator variable, accounted for 7.6% of the variance in the job performance scores of the sampled nursing-working mothers.

Discussion of findings

The findings are presented and discussed regarding the findings from research questions obtained using descriptive statistics and testing of formulated hypotheses at 0.05 level of significance using inferential statistics.

Effect of treatment (stress management strategy) on home keeping of nursing-working mothers.

The findings of the study revealed a significant main effect of treatment on the home keeping of nursing- working mothers. This means, there is a significant effect in nursing working mother's posttest mean home-keeping scores after exposure to stress management strategy. The results of multiple classification analyses revealed nursing working mothers exposed to stress management strategy recorded the highest posttest mean home-keeping while nursing working mothers who were not exposed to the treatment presented the lowest. This result established improved productivity and performance of nursing working mothers as a result of well-managed stress experiences. The study of Van Waeyenberg, Peccei, and Decramer (2022), corroborated the findings of this study in that stress reduction would most likely improve performance and commitment. Several other researches have linked the different aspects and features of the stress management strategy including assertiveness, time management and self-monitoring to improve nursing working mother's performance including housekeeping (Beltz, 2019). This established the effectiveness of stress management strategy in reducing stress faced by nursing working mothers in doing household chores and caring for their husbands, children, aged parents, extended families, and themselves. This simply explains the possibility of little or no role interference concerning women's involvement with work and family responsibilities. This is established by Amah (2021), who ascertained that stress management intervention promotes healthy family relationships of nursing working mothers thereby reducing conflicts among spouses.

Effect of treatment (stress management strategy) on job performance of nursing-working mothers.

This study found that there is a significant difference in the effects of stress management strategy on the job performance of nursing-working mothers. This means, there is a significant effect in nursing working mother's posttest mean job performance scores after exposure to stress management strategy. The results of multiple classification analyses revealed nursing working mothers exposed to stress management strategy recorded the highest posttest mean job performance, while nursing working mothers who were not exposed to the treatment presented the lowest score. These findings revealed according to Alam (2019), that emotional exhaustion due to stress experience which ought to have a strong positive effect on job performance was effectively managed and reduced due to the

exposure of the nursing-working mothers to psychological stress management training. In the same vein, the performance of nursing-working mothers was rather improved despite the level of exposure to work stress which ought to reduce their performance according to Smith (2020), however, the ability of the nursing-working mothers to manage their stressors effectively and improve in the discharge of their respective responsibilities was enhanced by the stress management strategies. Initially, Pandey (2020), asserted that excessive demand for female time and multiple stressors may create uncertainty about the ability to perform all roles effectively. However, the finding thus negates such a position and the outcome of studies like the one conducted by Aldossari and Chaudhry (2021), who found that stress experiences reduce service-oriented organizational behaviour and productivity of nursing-working mothers among other citizens due to exhaustion and that work-family conflict increases with stressful experiences emanating from both important ends. Moreover, Parayitam, Usman, Namasivaayam, and Naina (2021), reported that exhaustion which results as a result of stress mitigated in-role performance among certain employees who are deficient in psychological training for stress management. Invariably, nursing working mothers who are not professionally trained in stress management may most likely have lower job embeddedness, and therefore, display tiredness, absenteeism, or turnover intentions and poor job performance (Wood, 2019).

Effect of treatment (stress management strategy) on job performance of nursing-working mothers.

This study found that there is a significant difference in the effects of stress management strategy on the job performance of nursing-working mothers. This means, there is a significant effect in nursing working mother's posttest mean job performance scores after exposure to stress management strategy. The results of multiple classification analyses revealed nursing working mothers exposed to stress management strategy recorded the highest posttest mean job performance, while nursing working mothers who were not exposed to the treatment presented the lowest score. These findings revealed according to Alam (2019), that emotional exhaustion due to stress experience which ought to have a strong positive effect on job performance was effectively managed and reduced due to the exposure the nursing-working mothers to psychological stress management training. In the same vein, the performance of nursing-working mothers was rather improved despite the level of exposure to work stress which ought to reduce their performance according to Davey, Srikesavan, Cipriani, and Henshall (2022), however, the ability of the nursing-working mothers to manage their stressors effectively and improve in the discharge of their respective responsibilities was enhanced by the stress management strategies. Initially Pandey (2020), asserted that excessive demand on female time and multiple stressors may create uncertainty about the ability to perform all roles effectively.

The main effect of family type on the home keeping of nursing-working mothers.

This study found that there is no significant main effect of family type on home-keeping and the health of nursing working mothers. The effectiveness of stress management strategies in limiting the moderating and or mediating roles of variables like family type

and gender between stress experience and job or work performance was established. This experience and result were explained by Yasmin, Khalil, and Mazhar (2020), that when an individual identifies the existence and effects of stress on their lives, making an appropriate attempt to manage its source positively or change their perception towards it reduces its effect on their personal lives. This view is verified by Mahfouz (2020), who pointed out that whether there is family support or not, a well-equipped nursing-working mother would be able to manage her stressors effectively and maintain appropriate work performance as well as family role efficiency.

The main effect of family type on job performance of nursing-working mothers.

This study found that there is no significant main effect of family type on job performance and health of nursing working mothers. The stress management intervention reduced the interference of family type on nursing mothers job performance. This shows that stress management is not biased with any family structure and thus can be effectively employed by any member from any family background with certainty of effective stress management outcomes.

Conclusion:

The study demonstrates the significant positive impact of stress management strategies on both the home-keeping and job performance of nursing-working mothers. The findings reveal that exposure to stress management interventions led to improved scores in both areas, indicating enhanced productivity and efficiency among participants. This aligns with existing literature suggesting that effectively managing stress can bolster performance and commitment.

Moreover, the results refute notions that stress from multiple responsibilities would inevitably diminish job performance or home-keeping abilities among nursing-working mothers. Instead, the study highlights the resilience and effectiveness of stress management strategies in mitigating the negative effects of stressors, such as emotional exhaustion, thereby enabling nursing-working mothers to excel in their roles.

Recommendations:

Based on the findings, several recommendations can be made to support nursing-working mothers in managing stress and optimizing their performance:

1. **Implement Stress Management Programs:** Organizations should prioritize the implementation of stress management programs tailored specifically to the needs of nursing-working mothers. These programs can include elements such as assertiveness training, time management, and self-monitoring to equip mothers with effective coping mechanisms.

2. **Promote Work-Life Balance:** Employers should encourage a culture of work-life balance by offering flexible work arrangements and supportive policies that accommodate the diverse needs of nursing-working mothers. This can help reduce the conflict between work and family responsibilities, ultimately enhancing job performance.
3. **Provide Supportive Resources:** Organizations should provide access to resources such as counselling services, childcare assistance, and support groups to help nursing-working mothers navigate stressors more effectively. Offering these resources can promote well-being and resilience among employees.
4. **Educate on Stress Management:** Educational institutions and healthcare facilities should incorporate stress management training into nursing curricula and professional development programs. By equipping nurses with the necessary skills to manage stress effectively, the profession can cultivate a resilient workforce capable of delivering high-quality care.
5. **Normalize Seeking Help:** Encourage a culture where seeking help for stress management is normalized and destigmatized. This can be achieved through awareness campaigns, peer support networks, and leadership initiatives that promote open communication about mental health and well-being.

By implementing these recommendations, organizations and communities can better support nursing-working mothers in managing stress, maintaining work-life balance, and ultimately thriving in both their professional and personal lives.

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