

# EFFECTS OF PSYCHO EDUCATION INTERVENTION ON INTERPERSONAL RELATIONSHIP STRESS AMONG NURSE EDUCATORS IN PLATEAU STATE NIGERIA

GRACE I. ONYEJEKWE; GRACE O. DANIEL & ERIC ISAAC

## ABSTRACT

*Interpersonal relationship stress is a significant occupational stressor that negatively affects the job performance of nurse educators. This study investigated the impact of psycho-education intervention on reducing interpersonal relationship stress among nurse educators in Plateau State, Nigeria. A quasi-experimental pretest-posttest design was adopted. Thirty-four nurse educators from seven public nursing institutions were randomly assigned into experimental (17) and control (17) groups. Data were collected using the Nurse Educators Occupational Stress Scale (NEOSS, reliability = 0.83) before and after a six-week psycho-education intervention. Baseline findings revealed high stress levels in the experimental group (mean = 26.88) and high stress levels in the control group (mean = 29.00). After the intervention, the experimental group's stress level significantly decreased to a low level (mean = 13.59), while the control group remained at a moderate level (mean = 26.18). Gender analysis showed no significant difference in pre- or post-test scores between male and female participants, indicating that gender does not influence interpersonal relationship stress levels among nurse educators. Statistical analysis confirmed a significant difference in post-test stress levels between the experimental and control groups,  $F(1, 31) = 68.71$ ,  $P < 0.05$ , with the intervention accounting for 71.3% of the variance. The study concludes that psycho-education is an effective tool for reducing interpersonal stress among nurse educators. It recommends that nursing institutions conduct regular workshops and seminars on psycho-education to support educators, and encourages active participation by nurse educators to improve interpersonal relationships and overall job performance.*

**Keywords:** Nurse Educators; Occupational stress; Psycho-education Intervention; Interpersonal Relationship Stress.

## INTRODUCTION

Occupational stress is a growing global challenge which can incur huge financial burden to individuals, families, organisations and the society at large. World Health Organisation (WHO) in 2018 reported increasing levels of work-related stress, and this affects teachers most (Kaur, 2017). This stress could be long or short term, depending on the length of time and the individual stays on the job. Long-term chronic stress augments the risk of suffering from mental health and behavioural health outcomes (such as absenteeism, low productivity and physical ill health) than the short-term stress. Occupational stress can cause physical, mental and social illnesses for individuals and may have adverse effect on the employees' performance which can consequently affect the entire organization (McNulty and Stewart, 2015). A meta-analysis assessing psychosocial stress prevalence and its risk factors among health-care workers in Nigeria has revealed that the overall prevalence of psychosocial stress was 61.97% with work overload as the most prevalent at the rate of 67.72%. Other risk factors were poor communication and staff attitude and lack of resources and equipment which constituted 32.28% (Onigbogi & Banerjee, 2019). Lack of job satisfaction, inadequate school facilities and pressure at work can be dangerous to the mental health of educators (Stevianus, 2019; Yusuf, Olufunke, & Valentine, 2015), especially in the nursing profession regarded as dual profession.

Interpersonal relationship stress is one of the occupational stressors that are likely

persistently challenging for nurse educators due to the current national shortage of nurse educators, the volume of work and the long hours of work (Owen, 2017). Interpersonal relationship stress is a form of occupational stress emanating from individuals surrounding the worker (nurse-educators). Colleagues can be important sources of support but they can also be potential sources of stress (France, 2009). Interpersonal relationship stress refers to stress experience by an employee as a result of different existing opinions and conflicts between individuals and others in the organization (Gittleman et al. 2010). Furthermore, stress from interpersonal relationships include: poor social environment, lack of support or help from co-workers and supervisors (Narban, et al., 2016); poor work and social support systems; lack of management concern for the worker, political rivalry; jealousy, or anger. For instance, school of nursing is a communication and interaction ground between educators, students, and management. These relationships have either developed or are developing and can be problematic or positive. When they become problematic, common stressors may be produced such as harassment, discrimination, biased opinions, hearsay and other derogatory remarks among the nurse-educators.

Unhealthy or hostile relationships of nurse-educators with school administrators, colleagues or students as well as the feedback from such interactions can lead to stress (Göksoy & Argon, 2016; Nappo, 2020). Interpersonal conflicts in Nursing Institutions such as strained relationships, harassment and/or bullying become risk factors when they remain unresolved and may result to prolonged friction and anger among colleagues. These could lead to negative psychological impacts that include discomfort, insecurity, insignificant feelings, sadness, resentment, frustration, and stress. At the social level, hostility, intolerance and violence, as well as the existence of a tense environment, weakened cooperation, communication failures, poor performance and an

undisciplined environment have decreased education quality (Göksoy & Argon 2016). A prolonged interpersonal relationship stress among nurse-educators could also has the potential to affect job commitment, satisfaction and job productivity.

The unhealthy relationships at work with superiors, colleagues and subordinates could be a potential stressor that can impede work productivity and psychological wellbeing. A study by Andiappan and Dufour (2018) revealed that strong socio-emotional components such as workplace jealousy and envy amongst employees have been blamed for pathological outcomes such as workplace violence and stress, lowered self-esteem and damaged self-trust with jealousy which can also result in animosity and aggression. A workplace jealousy can hamper co-workers' communication, give rise to behavioural misinterpretations and incite destructive behaviours. Another study noted that mistrust of co-workers is related to high role ambiguity, poor communication, low job satisfaction, and poor psychological well-being (Wali, 2013). Chovwen (2013) concurred that misunderstanding, mistrust and poor communication among workers are potential stressors. By implication, where relationship among nurse-educators, students and school management is hostile, nurse-educators may be bound to have interpersonal relationship stress, but where the interpersonal relationship is cordial, it will serve as a significant intervention in occupational stress management, and hence cordial relationships among nurse-educators can provide valuable social support and can ease job strain.

Personal characteristics of nurse educators can also be a source of occupational stress experience. Gender is one of these personal characteristics of nurse-educators that may likely determine their interpersonal relationship stress experience. Gender stratification refers to a system in which the male and the female gender experience unequal access to basic, yet highly valuable social resources. Olatunji and Mokuolu (2014)

reported that job stress is significantly higher among females than male workers. Regression analysis was used to see whether parameters such as sex and age may have an effect on respondents' levels of work stress. Female teachers reported higher degree of stress compared to males (Anastasiou & Papakonstantinou, 2014). The results from these previous studies tend to suggest that gender may be an active factor of interpersonal relationship stress among nurse-educators with female nurse-educators likely experiencing higher occupational stress than male nurse-educators.

A study on gender and mental health by Lee et al. (2016) reported gender-specific workplace psychosocial factors for low well-being. In a univariate analysis, most of the psychosocial factors on working conditions are significantly related with workers' low well-being except for insufficient job autonomy in both genders and job insecurity in males only, after adjusting for socio-demographic and structural factors on working conditions. Psychological factors also have significant correlation with gender and self-discipline, but the correlation coefficients are very small (Visser, 2017). The issue of combining occupational work and family responsibilities may heighten stress for the females while the male nurse-educators may have a better opportunity of utilizing more time for the job. Nurse-educators who may be confronted with these gender stereotypes may have stress which can result to poor interpersonal relationship.

Alleviating the impact of interpersonal relationship stress among nurse educators requires a psychological and educational intervention. Several approaches seem to have been used in nursing institutions and hospital management to reduce the stressors. One of these approaches is psycho-education. Psycho-education interventions could be beneficial for reducing high levels of interpersonal relationship stress among nurse educators. The efficacy of psycho-education in addressing psychological disorders has been established in the USA, Serbia Kosovo, South Africa and Germany (Mebu, 2017). Psycho-education

interventions have been discovered to be effective in reducing role stress (Onyejekwe, et al., 2023). Psycho-education is an intervention that combines elements of psychology and education with the goal of helping people recognise symptoms and learn coping mechanisms. Its three components—condition-specific information, skills training for handling difficult situations, and emotional support—provide a psychological and educational treatment plan for people with mental health issues. People who have developed or have the ability to develop accurate information about their condition (e.g., interpersonal relationship stress) are assumed to be the target audience for the education component of psycho-education intervention. These could be physical (physiological), psychological or behavioural.

The psycho-educational stress management services focus on helping people improve stress management, coping, and reduction skills such as mindfulness training, health promotion, exercise, cognitive behavioural therapy, relaxation techniques, meditation, personal and interpersonal skills training, acceptance and commitment therapy, psycho-social intervention training, coping skills training, and resilience training (Holman, et al., 2018). The psycho-education intervention consists of a series of weekly courses in which participants learn fundamental self-help skills and strategies for short-term stress reduction as well as broad knowledge about stress, occupational stress, and related psychopathology. These can be achieved by managing physical sensations with progressive breathing and relaxation exercises, cognitive strategies like questioning dysfunctional thinking, and some useful problem-solving approaches that support safe behaviours and homework assignments.

Empirical investigations reveal mixed findings on psycho-educational interventions for occupational stress. Onyejekwe et al. (2020) found that nurse-educators in Plateau State universities experienced high occupational stress and low job productivity, with role stress,



interpersonal relationship stress, and organizational style stress negatively predicting job productivity. Barakat and Mostafa (2020) demonstrated that psycho-educational programs significantly reduced post-traumatic stress disorder severity, while Maheshwari et al. (2021) found psycho-education training highly effective in reducing stress levels among education sector workers during one-month follow-up.

Brooks et al. (2021) conducted a systematic review yielding contradictory conclusions: no evidence that psycho-education was more effective than other interventions in reducing mental health symptoms, yet participants generally found psycho-education highly effective. Supporting evidence from Henry et al. (2021) and Lam et al. (2022) showed psychological education notably reduced stress and stress-related conditions while improving positive mental health aspects and stress-related behavior among employees.

Subel et al. (2022) found workplace interventions potentially useful in reducing worker stress among older employees, while Ahmad et al. (2022) reported psycho-education programs generally successful in optimizing stress processes and enhancing coping abilities. Abu and Elechi (2022) demonstrated that occupational health interventions significantly impacted female teachers' use of behavioral, cognitive, and physical stress-reduction techniques in Rivers State public schools. Ayasrah (2022) provided solid evidence of psycho-educational intervention efficacy in reducing stress levels among workers in businesses and educational institutions. However, few studies examine psycho-education interventions' effects on role stress in Nigerian nurse educators. Onyejekwe et al. (2023) found that psycho-education interventions reduced occupational stress among nurse educators.

Based on the reviewed studies, limited research has verified the effects of psycho-education intervention on interpersonal relationship stress. The present study was designed to address these gaps. The findings of this study would help nurse-

educators become acquainted with factors affecting nursing education, such as job demands, workload, rigid organizational structures, and poor communication and relationships among them. Findings would also help nursing personnel accomplish tasks and perform at high satisfaction levels through early identification of occupational stress and exposure to psycho-education interventions. Heads of colleges of nursing would become aware of how psycho-education can help reduce stress to maximize performance. High role stress among nurse educators will promote job discontent and decrease job productivity if left unchecked. The majority of trainee nurses graduating from stressed-out educators will not be competent and professionally developed. Because the system will be run by inexperienced professionals, this could impact the future of the national healthcare service system. Therefore, the aim of the current study was to determine the extent to which a psycho-educational intervention influenced the interpersonal relationship stress of nurse educators in Plateau State, Nigeria.

### **Aim and Objectives of the Study**

The study aimed to investigate the effect of the psycho-education intervention on interpersonal relationship stress among nurse educators in Plateau State, Nigeria. The specific objectives of the study are to:

1. assess the level of interpersonal relationship stress of nurse-educators before and after psycho-education intervention;
2. determine the level of interpersonal relationship stress among nurse-educators in Plateau State based on gender.
3. identify the effect of psycho-education intervention on interpersonal relationship stress of nurse-educators in Plateau State.

### **Research Questions**

1. What is the level of interpersonal relationship stress of nurse educators before and after psycho-education intervention?

2. To what extent do gender influence the interpersonal relationship stress of nurse educators in Plateau State?

## METHODOLOGY

**Research Design:** To ascertain how a psycho-education intervention affected role stress among nurse educators, the study employed a true experimental (pre-test–post-test randomised control group) research design.

**Setting:** The study was conducted in Plateau State, Nigeria, in the city of Jos, which was made up of the Jos North and Jos South Local Government Areas. Multiethnic residents define Plateau State, which is situated in Nigeria's north-central geopolitical zone.

**Population:** The population consisted of all 87 nurse educators (clinical instructors and academic personnel) from Plateau State's seven public nursing schools.

**Sample Size Determination:** The sample size was chosen using Andrew Fisher's Formula at 95% confidence interval, a standard deviation of 0.5, and a confidence interval (margin of error) of  $\pm 5\%$  to arrive at the sample size. A multistage sampling process was adopted to select the sample size. State-owned public nursing schools were first chosen using a purposive selection technique, which was followed by male and female stratification and the use of a basic random sample technique.

**Sample Size:** Thirty-four (34) nurse-educators were chosen from four state-owned public nursing schools in Plateau State to make up the study's sample. Thirteen male and twenty-one female nurse educators that took part in the study comprised this sample.

**Instrument for Data Collection:** The "Nurse Educators' Occupational Stress Scale (NEOSS)" questionnaire was the tool utilized to gather data. The items were adapted from Occupational Stress Indicator (OSI), created by Wu, Li, Yao, Luo, He, and Yin (2018) to gauge occupational stress. The NEOSS was divided into A and B sections. Two questions in Section "A" elicited data on demographic

factors, including gender, of the nurse educators. Seven (7) items out of the 22 items that made up Section "B." are measuring interpersonal relationship stress on a 5 point scale of Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree.

**Validation of the Instrument:** Experts from the University of Jos Nigeria particularly, Educational Foundations Department who are professionals in Educational Psychology, as well as Research, Measurement, and Evaluation determined the content validity. To conduct construct validation, exploratory factor analysis (EFA) was used. Based on the results, 56.51% of the variation was explained by three (3) components with commonality extractions ranging from 0.627 to 0.971. A reliability coefficient of 0.83 was obtained via the Cronbach's alpha reliability test.

## Method of Data Collection

**Pre-intervention:** First, based on ethical considerations, the researchers determined which volunteers were qualified and wrote them consent letters. The administrators of nursing schools received an invitation letter from the University of Jos' Department of Educational Foundations allowing them to access the teachers and some school resources. The approval was given when the post-test and baseline data were collected directly before and after the intervention program. After reading the instructions and introductory letter, participants were instructed to complete the instrument on their own. Within forty minutes, they were to finish the questionnaire and send it back to the researcher or research assistants. Participants and research assistants were later thanked for their time and work. Participants' answers were guaranteed and handled with the highest confidentiality.

**Intervention:** The researchers and research assistants conducted the psycho-education intervention (PEI) for occupational stress, primarily for nurse educators who were randomly assigned to the experimental group. Within six (6) weeks, the six-session activities

were finished. Each two-hour (120-minute) session included fifty (50) minutes of theoretical instruction prior to the twenty (20) minute break, followed by another fifty (50) minutes of exercise and practical application. The objectives of the first session were to cover the introduction and pretest. The second session was to operationalize meaning of stress and occupational stress generally. The understanding of the meaning of interpersonal relationship stress was observed in the next sessions. The subsequent sessions of the intervention focused on relaxation and muscle progression techniques, and as well as the exercises, assignments, and summary.

**Post Intervention:** A posttest and a one-week follow-up are part of the post-intervention activities. Eight of the nine participants who were randomly allocated to this group finished the intervention, while one participant dropped out. Interaction with Nurse-educators who were exposed to psycho-education intervention after post-test, revealed that they were no more stressed due to; uncooperative students' behaviour, little misunderstanding with their superior, and dealing with many students during the day as previously indicated before exposure to the psycho-education intervention.

**Control Placebo:** The Nurse Educators in the control group received a placebo that focused on "Child Abuse" instead of being exposed to PEI. Activities that were divided across six (6) sessions and lasted for six (6) weeks made up the placebo. Each session lasted two hours, or 120 minutes, and included fifty (50) minutes of

instruction prior to the break, twenty (20) minutes of instruction during the break, and fifty (50) minutes of instruction following the break. The participants' meetings were planned to take place once every seven days. The introduction, definition, and varieties of child abuse, as well as the causes and consequences of physical and sexual abuse, neglect, and maltreatment, were among the topics covered in the program. This group likewise included seventeen participants, all of whom finished the sessional teachings.

**Data Analysis:** Descriptive statistics (means and standard deviation) were used to analyse the data and determine how stressed out NEs were in their interpersonal relationships. At the 0.05 level of significance, the hypotheses were tested using analysis of covariance (ANCOVA). By eliminating the influence of the covariate component, namely the pre-test impact, this statistical technique enables the comparison of the interpersonal relationship stress mean scores of nurse educators exposed to the psycho-educational intervention and those who are not (Cohen, Manion & Morrison 2013). The software SPSS V26 was used for every analysis.

**Ethical consideration:** A consent form was given to each participant (academic staff and clinical instructors), and only those who signed the informed consent form took part in the study. Respondents' answers were handled with the highest confidentiality, and any information they provided was used exclusively for study.

## RESULTS

Results in Table 1 showed that the experimental group had pretest mean score within moderate range ( $\bar{X} = 26.8$ ) and that of the control group is within high range ( $\bar{X} = 29.00$ ). Consequently, the posttest means scores of the experimental group ( $\bar{X} = 13.59$ ) was low, while that of the control group

( $\bar{X} = 26.18$ ) was moderate. It indicated that nurse-educators had moderate to high interpersonal relationship stress before exposure to psycho-education intervention, but after the psycho-education intervention, the interpersonal relationship stress reduced to low level.

**Table 1: Level of Interpersonal Relationship Stress among Nurse Educators Before and After Psycho-Education Intervention**

| Group        | Test     | N  | $\bar{X}$ | SD   | Percentage | Remark   |
|--------------|----------|----|-----------|------|------------|----------|
| Experimental | Pretest  | 17 | 26.88     | 2.93 | 48.1 %     | Moderate |
|              | Posttest | 17 | 13.59     | 3.59 | 34.2 %     | Low      |
| Control      | Pretest  | 17 | 29.00     | 3.10 | 51.9 %     | High     |
|              | Posttest | 17 | 26.18     | 4.59 | 65.8 %     | Moderate |

**Note:** N= 34,  $\bar{X}$  score = 7-16 = low, 17-26 = Moderate, and 27-35 = high on 5-point scale

Table 2 indicated that the pretest mean and standard deviation scores of male Nurse-Educators were  $\bar{X} = 28.14$  respectively, while that of the female counterparts were  $\bar{X} = 30.24$  respectively. At posttest, male nurse-educators had  $\bar{X} = 15.01$  respectively, while the female nurse-educators had  $\bar{X} = 15.54$ . This implies that

even though, female Nurse-Educators had slightly higher interpersonal relationship stress than males at baseline, the level of stress was high for both groups. The stress later reduced to low level after exposure to psycho-education intervention.

**Table 2 Level of Interpersonal Relationship Stress among Nurse Educators Before and After Psycho-Education Intervention based on gender**

| Group  | N  | Pre-test  |      |       | Post-test |      |       |
|--------|----|-----------|------|-------|-----------|------|-------|
|        |    | $\bar{X}$ | SD   | Level | $\bar{X}$ | SD   | Level |
| Male   | 12 | 28.14     | 6.71 | High  | 15.01     | 5.08 | Low   |
| Female | 22 | 30.24     | 5.99 | High  | 15.54     | 6.87 | Low   |

**Note:** N= 34,  $\bar{X}$  score = 7-16 = low, 17-26 = Moderate, and 27-35 = high on 5-point scale

Table 3 has indicated that the probability value of 0.000 for post-test mean difference between the experimental and control groups was less than the level of significance ( $P < .05$ ) at  $df = 1, 31$ . Consequently, there is significant difference between the experimental ( $\bar{X} = 13.59$ ) and control groups ( $\bar{X} = 26.18$ ) on post-test interpersonal

relationship stress after controlling for pre -test effect,  $P < 0.05$ . Psycho-education accounted for 71.3 % variance of interpersonal relationship stress. This suggested that psycho-education significantly decreased interpersonal relationship stress of Nurse-educators.

**Table 3: ANCOVA Result of Post -test Interpersonal Relationship Stress Mean Scores of Nurse-Educators in the Experimental and Control Groups**

| Source                                   | Type III Sum of Squares | Df | Mean Square | F     | P     |
|------------------------------------------|-------------------------|----|-------------|-------|-------|
| Corrected Model                          | 1347.151 <sup>a</sup>   | 2  | 673.58      | 38.50 | 0.000 |
| Intercept                                | 157.348                 | 1  | 157.35      | 8.99  | 0.005 |
| Pre-test                                 | .210                    | 1  | 0.21        | 0.01  | 0.914 |
| Group Post-test (Experimental & Control) | 1202.075                | 1  | 1202.08     | 68.71 | 0.000 |
| Error                                    | 542.378                 | 31 | 17.50       |       |       |
| Total                                    | 15330.000               | 34 |             |       |       |
| Corrected Total                          | 1889.529                | 33 |             |       |       |

NB: R Squared = .713 (Adjusted R Squared = .694)

Table 4 analysis revealed that the P-value=0.728 and 0.355 for pre and post-test respectively were greater than the level of significance ( $P > 0.05$ ) at  $df=32$ . Therefore, there is no significant difference in post-test interpersonal relationship stress mean scores between male ( $\bar{X} = 15.01$ ) and

female ( $\bar{X} = 15.54$ ) NE,  $t(32) = -0.35$ ,  $p > 0.05$ , as well as pre-test mean scores between male ( $\bar{X} = 28.14$ ) and female ( $\bar{X} = 30.24$ , ) Nurse-educators,  $P > 0.05$ . This implies that gender has no significant influence on Nurse Educator's interpersonal relationship stress.

**Table 4: t-test Analysis of Gender Difference in Interpersonal Relationship Stress of Nurse - Educators**

| Test     | Gender | N  | $\bar{X}$ | SD   | df | T     | P     | Decision |
|----------|--------|----|-----------|------|----|-------|-------|----------|
| Pretest  | Male   | 13 | 28.14     | 6.71 | 32 | -0.35 | 0.728 | Not Sig. |
|          | Female | 21 | 30.24     | 5.99 |    |       |       |          |
| Posttest | Male   | 13 | 15.01     | 5.08 | 32 | -0.94 | 0.355 | Not Sig. |
|          | Female | 21 | 15.54     | 6.87 |    |       |       |          |

Note:  $n = 34$ .  $P > 0.05$



## DISCUSSION

The study investigated the effects of Psycho-education Intervention (PEI) on the interpersonal relationship stress of nurse educators in Plateau State, Nigeria. Baseline data indicated that nurse-educators had high interpersonal relationship stress in the control group and moderate stress in the experimental group before exposure to the psycho-education intervention, but stress levels reduced after exposure to the psycho-education intervention. In line with the present findings, Narban et al. (2016) in Pakistan showed that poor social environment and lack of support or help from co-workers and supervisors were reported as stressors. Nappo (2020) assessed job stress and interpersonal relationships in Europe, and the findings support the present study. Their findings affirmed that colleagues can be important sources of support, but they can also be potential sources of stress. Nurse-educators before psycho-education intervention indicated that conflict with colleagues at work and lack of support from colleagues tended to stress them.

This study indicates that although female nurse-educators had slightly higher interpersonal relationship stress than males at baseline, the level of stress was high for both groups. The stress later reduced to a low level after exposure to psycho-education intervention. This finding was consistent with McNulty and Stewart (2015) in the United Kingdom and Rahm and Heise (2019) in Germany, who observed that their respondents experienced positive effects from psychological interventions on teachers' stress levels. This study differs from Manne, Babb, and Pinover (2013), who found no differences concerning wives' psychological distress. This study is similar to Bohlmeijer, Haverman, Westerhof, Riper, Smit, and Bohlmeijer (2013), who showed that positive psychological interventions had overall small to moderate effects on the mental health of their respondents. The authors interacted with nurse-educators who were exposed to psycho-education intervention after the post-test, and findings revealed that they were no longer

stressed by uncooperative students' behavior, minor misunderstandings with their superiors, and dealing with many students during the day, as previously indicated before exposure to the psycho-education intervention.

In the first hypothesis tested, the study indicated that there is a significant difference between the experimental and control groups on post-test interpersonal relationship stress after controlling for pre-test effects. This confirmed that the intervention significantly decreased interpersonal relationship stress among nurse-educators. Compatible with this finding is the result by Mygind et al. (2016), which found that psychological interventions had succeeded in improving communication between workers and supervisors and reducing work stress in Denmark. Supporting the findings of this study, Abbas and Roger (2013) discovered that social support significantly moderated the relationship between overload and stress from the social environment in Pakistan. This study is consistent with Purba and Bukit (2016), who revealed that psycho-education intervention showed positive effects on decreasing caregivers' burden on persons with schizophrenia in Indonesia.

During the intervention period, participants learned how to apply the general information on interpersonal stress and its management techniques to their situation, and to create a personalized time to handle conflict with colleagues at work, tackle issues that border them due to lack of support from colleagues, uncooperative students' behaviour, as well as when having a little misunderstanding with their superior and when dealing with many students during the academic activities. In Contrast, Masuku and Muchemwa's (2015) findings revealed that most lecturers in Zimbabwe are stressed and exhausted by increased workload, need to meet deadlines, and long working hours despite the interventions provided. The contrasting findings may be attributed to the target population, the context of the study, as well as the design of the studies, and the research procedure.

The second hypothesis confirmed that there is no significant difference between male and

female Nurse-Educators' interpersonal relationship stress after the psycho-education intervention. Gender had no significant influence on their level of interpersonal relationship stress. This finding agreed with Lee et al. (2016) who reported no gender-specific workplace stress in China. On the contrary, Olatunji and Mokuolu (2014) in Nigeria and Anastasiou and Papakonstantinou (2014) in Greece reported that job stress is significantly higher among females than male workers. The disparity in the findings may be attributed to the study design, targeted population, and other methodological issues, including the context of the study.

## CONCLUSION

Interpersonal relationship stress has been a challenging mental health condition affecting workers' well-being, job performance, and quality of life of nurse educators. From the findings of this study, many NEs had interpersonal relationship stress. Psycho-education intervention was found to be an effective intervention for reducing interpersonal relationship stress. In addition, although gender influence the stress level of individuals as reported in some studies, it is not always the cases with interpersonal relationship stress. One can therefore conclude that nurse educators, teachers, lecturers, or tutors in any academic setting who would use psycho-education intervention would likely experience reduction in interpersonal relationship stress.

## RECOMMENDATIONS

The following recommendations are made based on the findings of the study: occupational stress scales should be used periodically to assess the stress levels of nurse educators. This will assist them in looking for a successful intervention such as psycho-education. Also, the government ought to lessen interpersonal relationship stress among Nurse Educators by increasing the number of educators and improving their welfare.

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