



Occupational Challenges of Nursing Professionals as Perceived by Nurses in Kwara State, Nigeria

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ARTICLE INFO

Article history:

Submitted 10.07.2025

Accepted 20.11.2025

Published 31.12.2025

Volume No. 12

Issue No. II

ISSN (Online) 2414-8512

ISSN (Print) 2311-293X

DOI:

Keywords: Occupational challenges, Nursing Professionals, Guidance Counsellors, Kwara State, Nigeria

ABSTRACT

Nursing professionals face daunting challenges that have serious impact on their ability to provide quality care to their patients at different time. This study examined occupational challenges of nursing professionals in Kwara State, Nigeria. Descriptive survey was adopted, with samples consisting of 398 nurses 398 drawn from the three senatorial districts in Kwara State. Purposive sampling was used and self-designed questionnaire tagged Occupational Challenges of Nurses Questionnaire was used to gather data for this study. A research questions was answered and four hypotheses tested using Analysis of Variance at 0.05 level. Findings revealed that nurses had problems balancing between home and work life; suffer hardship in the cause of discharging my duties; feel harassed by patient relatives; experience envy by other health care professionals, among others. It was recommended that hospital management boards should establish counselling center and employ counsellors that will assist nurses in coping with occupational challenges.



Introduction

Nursing is one of the most crucial and influential occupations in any community because nurses always play an important role in public health. In almost all countries of the world, nurses constitute the largest part of the health workforce some centers are as high as 80% (Alilu et al., 2016). Nursing in Nigeria has evolved over the years, with the profession growing in size and importance. Nigerian nurses work in diverse healthcare settings, from hospitals and clinics to community health centers and rural areas. Despite their crucial role, nurses encounter a range of challenges that impact their well-being, job satisfaction, and overall performance (Adeniran & Bhengu, 2017). There had been issues related to challenges at health centers such as work injuries, uncertain job security, stress, physical demands, violence, fear of being disregarded on the job, extended work shifts, accidents and many others.

Nurses play a crucial role in the healthcare systems across the globe, Nigeria inclusive. Nurses are at the forefront of patient care, providing essential services and contributing significantly to the overall healthcare delivery of a country. However, like any other profession, nursing is not without its challenges. The study was carried out to examine the occupational challenges faced by nurses in Nigeria and explore the strategies they can employ to mitigate these challenges effectively. By focusing more on Nigerian authors' and few

foreign contributions, this study provides a comprehensive understanding of the unique challenges and adjustment strategies within the Nigerian healthcare context is necessary.

A nurse is a worker whose primary function is to provide care services in health centers. However, the services provided by these nurses in the hospital environment were still not appreciated. Nursing duties in hospital environments are recognized as highly challenging and several challenging conditions such as stress, long working hours, heavy workload, violence, physical and emotional demands, poor communication among others were linked to the responsibilities assigned to nurses.

Occupational challenges are difficult situations, experiences or expectations that are common in any profession. These challenges include workload, staff issues, limited resources and lack of professional development opportunities among others. Occupational challenges in the nursing profession constitute hazards that can lead to harm or danger to those practicing the profession nurses in Nigeria in several ways. Nurses are exposed to a variety of physical hazards in the workplace, such as needlestick injuries, back injuries, exposure to hazardous chemicals and radiation. These hazards can lead to serious health problems, such as infections, musculoskeletal disorders, and cancer (Adegboyega, Oluwatosin & Ogunleye, 2017). In addition to these general occupational challenges, nurses in Kwara state, Nigeria face challenges due to the state's unique healthcare system and demographics. For example, Kwara state is a relatively poor state with a high population density. This can lead to overcrowding and understaffing in hospitals and clinics. Furthermore, Kwara state is home to a large number of rural and underserved communities. This can make it difficult for nurses to access the resources and support they need.

Nurses most of the times deal with stressful and emotionally demanding situations, such as caring for critically ill patients or those who are almost at the point of death. This can lead to burnout, compassion fatigue, and other mental health problems. Nurses often work long hours and have irregular schedules of duties which makes it difficult to have a work-life balance which can bring about stress, fatigue, and decreased productivity (Igbinedion, Anyakoha & Adefule, 2018).

Nursing facilities in Nigeria are grossly inadequate and this to a great extent may lead to the provision of low-quality care services. The inadequate facilities in most hospitals can lead to nurses feeling overwhelmed and unable to provide the best possible care for their patients. Apart from inadequate facilities, nurses sometimes experience lack of support from their colleagues, supervisors, or administration and this can make it difficult for them to cope with the challenges of the job leading to job dissatisfaction and turnover. These occupational challenges also have a significant impact on the ability of nurses to perform their jobs at an optimum level. The challenges can lead to decreased productivity, increased errors, and increased risk of patient harm. It is important to address these challenges in order to improve the quality of care provided by nurses in Nigeria (Eze, Onwuegbu & Chinedu, 2019).

Hospitals today remain the primary institutions responsible for delivering medium- and high-complexity care, bringing together professionals from many fields who work closely with patients. Within this setting, nursing teams face a variety of ongoing and interconnected challenges. These include having too few staff, an overwhelming workload, and unclear boundaries between the roles of nurses, technicians, and assistants. Nurses also deal with the complexities of interpersonal relationships, the heavy responsibility of caring for patients, and organizational pressures that come from the hospital structure itself. Added to this are issues such as stagnant and undervalued wages, the need to take on multiple jobs, and long, exhausting work hours (Lin et al., 2017).

Although the challenges facing nurses may appear overwhelming, nursing leaders and healthcare experts are actively working to ease the pressures and difficulties of the profession. Addressing these issues is vital, as it can help prevent burnout, minimise medical errors, and enhance the overall quality of patient care. Nurses make up the largest segment of healthcare workers, and in Nigeria alone, more than 239,951 individuals held active nursing licences as of December 2021, with the majority serving in hospitals and long-term care settings. However, it is important to note that not all registered nurses have active licenses. Some nurses may have lapsed licenses, while others may have moved to other countries and no longer need a Nigerian license (Nursing and Midwifery Council of Nigeria, 2021).

Many of the difficulties nurses face can cause significant stress, emotional exhaustion, and even depression. When nurses do not have effective ways to cope with these pressures, it can increase the likelihood of mistakes, threaten patient safety, and negatively affect overall health outcomes (World Health Organization Report, 2020).

Lei et al. (2010) note that challenges faced in health centres and other healthcare settings can be reduced, leading to better performance and productivity. In line with this view, the present research seeks to examine the occupational difficulties nurses encounter and the strategies they use to cope with them. The aim of this review is to identify effective adjustment methods that nurses employ, especially as nursing has

become one of the most demanding and stress-filled professions today.

Aims and Objectives of the Study

The main purpose of this study was to investigate the occupational challenges of nursing professionals as perceived by nurses in Kwara State Nigeria. Specifically, other objectives of the study are to: examine the occupational challenges of nurses in Kwara State, Nigeria and to determine whether respondents would differ based on specialization, cadre, working experience and highest educational qualification.

Research Question

In order to guide the study “Occupational Challenges and Adjustment Strategies of Nurses in Kwara State, Nigeria, the research question stated below has been drawn to guide the conduct of the study;

1. What are the occupational challenges of nurses in Kwara State, Nigeria?

Research Hypotheses

Having considered the statement of the problem and available literature; the following null hypotheses were formulated for testing in this study;

1. There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of specialization.
2. There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of cadre.
3. There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of working experience.
4. There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of years of highest educational qualification.

Methodology

This study was a quantitative research which adopted descriptive survey design. The population for the study consisted of 625 nurses in healthcare facilities and hospitals in Kwara State, Nigeria. According to the report from National Association of Nigerian Nurses and Midwives (NANNM), Kwara State Chapter, there are 625 nurses in Kwara State as at 2023. The target population for this study consisted of 398 nurses in hospitals (government and private, health facilities) and other healthcare centres under the Kwara State Ministry of Health, Kwara State Hospital Management Board. The study involved a total sample of 398 participants, determined using the recommendations of the Research Advisor (2006) and the Krejcie and Morgan (1970) sample size table. A multistage sampling approach was employed. In the first stage, proportional sampling was used to select the Local Government Areas. In the second stage, purposive sampling helped identify the hospitals and healthcare facilities that took part in the research. Finally, in the third stage, simple random sampling was used to select the 398 nurses who served as respondents. Data were collected using a researcher-developed instrument titled the Occupational Challenges of Nurses Questionnaire (OCNQ). The tool demonstrated good reliability, yielding a coefficient of 0.74 based on a test-retest procedure analyzed with the Cronbach Alpha method.

Results

Demographic Data of Respondents

Table 1: Percentage Distribution of Respondents' Demographic Data

Variable	Frequency	Percentage
<i>Specialization</i>		
Paediatric	31	7.8
Midwifery	188	47.2
Oncology	41	10.3
Mental Health	56	14.1
Cardiac	11	2.8
Orthopaedic	53	13.3
Obstetric	18	4.5
Total	398	100
<i>Cadre</i>		
Level 10	105	26.4
Level 12	108	27.1
Level 13	75	18.8
Level 14	61	15.3
Level 15	19	4.8
Level 16	30	7.5
Level 17	0	0.0
Total	398	100
<i>Years of Working Experience</i>		
Below 5 years	99	24.9
6-10 years	115	28.9

11-15 years	123	30.9
16 years and above	61	15.3
Total	398	100
<i>Educational Qualification</i>		
CAN	40	10.1
LPN	6	1.5
RN	64	16.1
NP	28	7.0
BNSC	199	50.0
CNM	36	9.0
CRNA	18	4.5
NI	7	1.8
Total	398	100

Source: Researchers' Fieldwork, 2023

Key: CNA: Certified Nursing Assistant

LPN: Licensed Practical Nurse

RN: Registered Nurse

NP: Nursing Practitioner

BNSC: Bachelor of Nursing Science

CNM: Certified Nurse-Midwife

CRNA: Certified Registered Nurse Anesthetist

NI: Nursing Informatics

Table 1 shows the distribution of demographic data of the respondents. The table reveals that 31 (7.8%) of the respondents were pediatric, 188 (47.2%) of the respondents were midwifery, 41 (10.3%) of the respondents were oncology, 56 (14.1%) were mental health nurse, 11 (2.8%) were cardiac, 53 (13.3%) were orthopedics while 18 (4.5%) were obstetric. Based on cadre, the table reveals that 105 (26.4%), 108 (27.1%), 75 (18.8%), 61 (15.3%), 19 (4.8%), 30 (7.5%) and 0(0.0%) of the respondents were in level 10, 12, 13, 14, 15, 16 and 17 respectively. 99 (24.9%) of the respondents had below 5 years of working experience, 115 (28.9%) of the respondents had between 6-10 years of working experience, 123 (30.9%) of the respondents had between 11-15 years of working experience while 61 (15.3%) of the respondents had 16 years of working experience and above. Based on educational qualification, 40 (10.1%) of the respondents had Certified Nursing Assistant (CNA), while 6 (1.5%), 64 (16.1%), 28 (7.0%), 199 (50.0%), 36 (9.0%), 18 (4.5%) and 7 (1.8%) of the respondents had Licensed Practical Nurse (LPN), Registered Nurse (RN), Nursing Practitioner (NP), Bachelor of Nursing Science (BNSC), Certified Nurse-Midwife (CNM) Certified Registered Nurse Anesthetist (CRNA), Nursing Informatics (NI).

Research Question 1: What are the occupational challenges of nurses as perceived by nurses in Kwara State, Nigeria?

Table 2: Mean, Standard Deviation and Rank Order Analysis on the Respondents' Perceptions on the Occupational Challenges of Nurses in Kwara State, Nigeria

No	Item	As a Nurse, I experienced the occupational challenges such as:	Mean	S.D	Rank
8	have problems balancing between home and work life	3.07	.902	1 st	
1	suffer hardship in the cause of discharging my duties	3.03	.969	2 nd	
10	feel harassed by patient relatives	3.01	.817	3 rd	
11	experience envy by other health care professionals	2.95	.990	4 th	
2	work with obsolete equipment	2.95	.731	4 th	
16	experience a lot of pressure from superiors	2.93	.967	6 th	
20	find it difficult to take my meal due to large number of patients attended to at a time	2.92	1.15	7 th	
7	feel bombarded with too much patients at a time	2.90	.773	8 th	
3	feel marginalized by senior colleagues	2.83	.708	9 th	
19	face security threat especially when going to work for night shifts	2.80	.989	10 th	
17	lack access to necessary tools for effective service delivery	2.79	.966	11 th	
6	experience bullying from other colleagues	2.69	.935	12 th	
14	experience stress in an attempt to further my studies / career	2.67	.958	13 th	
9	get misunderstood by patients	2.58	.990	14 th	
18	often work under extremely harsh conditions	2.52	1.05	15 th	
5	encounter difficulty communicating with patient	2.44	.984	16 th	
15	do not have occupational freedom	2.44	.984	16 th	
4	face difficulties with regards to duty rosters	2.42	1.01	18 th	
12	experience sexual harassment from patient	1.99	.787	19 th	
13	do tasks that are not within my job specifications	1.93	.994	20 th	

Source: Researchers' Fieldwork, 2023

Table 2 presents the mean, standard deviation and rank order of the respondents' perceptions on the occupational challenges. The table indicates that items 8, 1 and 10 which state that as a nurse, I: have problems balancing between home and work life; suffer hardship in the cause of discharging my duties; and feel harassed by patient relatives ranked 1st, 2nd and 3rd with the mean scores of 3.07, 3.03 and 3.01 respectively. On the other hand, items 4, 12 and 13 which state that as a nurse I: face difficulties with regards to duty rosters; experience sexual harassment from patient; and do tasks that are not within my job specifications ranked 18th, 19th and 20th with the mean scores of 2.42, 1.99 and 1.93 respectively. Since fifteen out of 20 items ranked above 2.50 mean cut-off point, it implies that nurses have problems balancing between home and work life; suffer hardship in the cause of discharging my duties; feel harassed by patient relatives; experience envy by other health care professionals; work with obsolete equipment; experience a lot of pressure from superiors among others. Therefore, the occupational challenges of nurses in Kwara State, Nigeria are; have problems balancing between home and work life, suffer hardship in the cause of discharging my duties, and feel harassed by patient relatives, face difficulties with regards to duty rosters, experience sexual harassment from patient, do tasks that are not within my job specifications among others and have problems balancing between home and work life, suffer hardship in the cause of discharging my duties, and feel harassed by patient relatives ranked 1st, 2nd and 3rd respectively as the highest ranked items while face difficulties with regards to duty rosters; experience sexual harassment from patient; and do tasks that are not within my job specifications ranked 18th, 19th and 20th as the least ranked non-significant challenges faced by nurses in the line of this study in Kwara State, Nigeria.

Hypothesis One: *There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of specialization*

Table 3: Analysis of Variance (ANOVA) showing differences in the Respondents' Perceptions on the Occupational Challenges Based on Specialization

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	1247.190	6	207.865	3.19*	2.10	.004
Within Groups	25428.260	391	65.034			
Total	26675.450	397				

*Significant, $p < 0.05$

Table 3 indicates that the calculated F-ratio (3.19) exceeds the critical value (2.10), with a p-value of .004, which is below the 0.05 threshold. Thus, the null hypothesis is rejected, showing a significant difference in nurses' occupational challenges based on specialization in Kwara State. A Scheffe Post-Hoc test was then conducted to identify where the differences lie, as shown in Table 4.

Table 4: Scheffe post-hoc where the significant difference lies based on Specialization

Specialization	N	Subset for alpha = 0.05		
		1	2	3
Paediatric	31	50.48		
Obstetric	18	51.67		
Midwifery	188	53.43		
Orthopaedic	53	53.60		
Mental Health	56		55.36	
Oncology	41		56.22	
Cardiac	11			60.00
Sig.		.303	.151	1.000

Source: Researchers' Fieldwork, 2023.

Table 4 shows that paediatric, obstetric, midwifery, and orthopaedic specialists had lower mean scores (50.48–53.60) in subset 1, mental health and oncology specialists had moderate scores (55.36 and 56.22) in subset 2, while cardiac specialists recorded the highest mean score (60.00) in subset 3, which accounted for the significant difference.

Hypothesis Two: *There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of cadre*

Table 5: Analysis of Variance (ANOVA) showing differences in the Respondents' Perceptions on the Occupational Challenges Based on Cadre

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	5649.671	5	1129.934	21.06*	2.53	.000
Within Groups	21025.779	392	53.637			
Total	26675.450	397				

Source: Researchers' Fieldwork, 2023.

Table 5 shows a calculated F-ratio of 21.06, which exceeds the critical value of 2.53, with a p-value of .000 (<0.05). Thus, the null hypothesis is rejected, indicating significant differences in occupational challenges among nurses in Kwara State based on cadre. Scheffe Post-Hoc results in Table 6 identify where these differences lie.

Table 6: Scheffe post-hoc where the significant difference lies based on Cadre

Cadre	N	Subset for alpha = 0.05	
		1	2
Level 12	108	51.05	
Level 10	105	51.98	
Level 13	75	53.36	
Level 14	61	55.34	
Level 15	19		62.58
Level 16	30		63.57
Sig.		.177	.995

Table 6 shows that respondents who were in levels 12, 10, 13 and 14 have the mean scores of 51.05, 51.98, 53.36 and 55.34 (in subset 1), those who were in levels 15 and 16 have the mean scores of 62.58 and 63.57 (in subset 2). The mean scores of respondents who were in level 15 and 16 is greater than the mean scores of the first group and thus contributed to the significant difference.

Hypothesis Three: *There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of years of working experience*

Table 7: Analysis of Variance (ANOVA) showing differences in the Respondents' Perceptions on the Occupational Challenges Based on Years of Working Experience

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	979.143	3	326.381	5.00*	2.67	.002
Within Groups	25696.307	394	65.219			
Total	26675.450	397				

Source: Researchers' Fieldwork, 2023.

Table 7 indicates that the calculated F-ratio of 5.00 exceeds the critical F-value of 2.67, with a corresponding p-value of .002, which is below the 0.05 level of significance. Because the p-value is less than 0.05, the null hypothesis is rejected. This suggests that there is a significant difference in the occupational challenges faced by nurses in Kwara State, Nigeria, based on their years of work experience. To determine precisely where these differences occur, a Scheffe Post-Hoc analysis was conducted, and the results are presented in Table 8.

Table 8: Scheffe post-hoc where the significant difference lies based on Years of Working Experience

Years	N	Subset for alpha = 0.05	
		1	2
16 years and above	61	50.30	
11-15 years	123		54.02
6-10 years	115		54.77
below 5 years	99		54.90
Sig.		1.000	.907

Table 8 shows that respondents who have 16 years and above working experience a mean score of 50.30 (in subset 1), while those who spent between 11-15 years, 6-10 years and below 5 years working experience have the highest mean scores of 54.02, 54.77 and 54.90 (in subset 2) and thus contributed to the significant difference.

Hypothesis Four: *There is no significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of highest educational qualification*

Table 9: Analysis of Variance (ANOVA) showing differences in the Respondents'

Perceptions on the Occupational Challenges Based on Educational Qualification

Source	SS	df	Mean Square	Cal. F-ratio	Crit. F-ratio	P-value
Between Groups	7341.264	7	1048.752	21.15*	2.00	.000
Within Groups	19334.185	390	49.575			
Total	26675.450	397				

Source: Researchers' Fieldwork, 2023.

Table 9 shows a calculated F-ratio of 21.15, which is greater than the critical value of 2.00, with a p-value of .000 (<0.05). Thus, the null hypothesis is rejected, indicating significant differences in the occupational challenges of nurses in Kwara State based on educational qualification. Table 10 presents the Scheffe Post-Hoc results to identify where the differences lie.

Table 10: Scheffe post-hoc where the significant difference lies based on Educational Qualification

Educational Qualification	N	Subset for alpha = 0.05			
		1	2	3	4
BNSC	199	50.40			
NI	7	51.14			
CAN	40	52.68			
NP	28		56.25		
RN	64		57.70		
CNM	36			59.64	
LPN	6			61.00	
CRNA	18				65.00
Sig.		.250	.095	.111	.075

Table 10 indicates that respondents with BNSC, NI, and CNA qualifications recorded mean scores of 50.40, 51.14, and 52.68, placing them in subset 1. Those with NP and RN qualifications had slightly higher mean scores of 56.25 and 57.70, forming subset 2. Respondents holding CNM and LPN qualifications scored 59.64 and 61.00, respectively, which grouped them into subset 3. Finally, respondents with CRNA qualifications achieved the highest mean score of 65.00 in subset 4, contributing most significantly to the observed differences.

Discussion of the Findings

The study revealed that revealed that nurses have problems balancing between home and work life; suffer hardship in the cause of discharging my duties; feel harassed by patient relatives; experience envy by other health care professionals; work with obsolete equipment; experience a lot of pressure from superiors among others. The reason could be as a result of high workload and shortage of nurses which can result in increased stress, burnout, compromised patient care and difficulty in maintaining work-life balance. The research question one revealed several problems encountered by nursing professionals as perceived by nurses in Kwara State, Nigeria. The findings of this study support the earlier findings by Afolayan, Oyeyemi and Owolabi (2017) found that the most common occupational challenges faced by nurses in Kwara State were heavy workload, inadequate staffing, lack of resources, and exposure to infectious diseases.

The first hypothesis showed that nurses in Kwara State, Nigeria, experienced occupational challenges differently depending on their area of specialization. This means that the type and extent of challenges varied across different nursing specializations. Further analysis using the Scheffe post-hoc test indicated that cardiac nurses, in particular, faced fewer occupational challenges compared to their colleagues in other specializations. The findings support the study of Melnyk et al., (2018) who found that some specialists like informatics experienced lower levels of burnout. Studies carried out by researchers such as Happell et al.,

(2015), Fletcher (2017) and Erci et al., (2017) also reported significant difference in the workplace challenges among nurses across areas of their specializations. This could be that cardiac nurse work might not be too demanding when compare with other specializations.

Hypothesis two showed that there was significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of cadre. This means that respondents from different cadre encountered different occupational challenges. Scheffe post-hoc revealed that respondents who were in levels 15 and 16 do not experience more occupational challenges like other specialists. Adeoye and Oyewusi (2018) reported that nursing practitioners experienced challenges related to the increased responsibility and qualifications. This could be that patient population served by nursing professionals in level 15 and 16 might be small compare to those in lower cadre.

Hypothesis three revealed that there was significant difference in the occupational challenges of nurses in Kwara State Nigeria on the basis of years of working experience. This implies that respondents' occupational challenges were different based on years of working experience. Scheffe post-hoc revealed that respondents who spent between 11-15 years, 6-10 years and below 5 years working experience do not experience more occupational challenges like other specialists. This finding agrees with the earlier work of Chang et al., (2005) who found that novice nurses reported higher levels of stress and lower job satisfaction compared to their more experienced counterparts due to these challenges. Chatzigianni et al., (2018) found that novice nurses, typically those with fewer than two years of experience, often struggle with issues related to the transition from academia to clinical practice. The findings of this study shows that respondents who spent less than 16yrs have too much workloads.

Hypothesis four revealed that there was significant in the occupational challenges of nurses in Kwara State on the basis of educational qualification. This implies that respondents' occupational challenges differ based on educational qualification. The results of the post-hoc analysis revealed that respondents who had certified Registered Nurse Anesthetist (CRNA) contributed more to the significant difference. This finding supports the study of Davis et al., (2018) which revealed that Licensed Practical Nurses (LPNs) often faced more challenges related to scope of practice limitations as they are less autonomous and have fewer opportunities for professional growth compared to Registered Nurses (RNs). In a similar vein, Dong-Mei, Jing and Zhang (2015) reported that level of education among nursing professionals has a significant impact on the occupational challenges they face in the course of discharging their duties.

Implications of Findings for Counselling Practice

Counselling is a helping relationship between the counsellor and the client. This current study revealed that nurses have problems balancing between home and work life; suffer hardship in the cause of discharging my duties; feel harassed by patient relatives among others. Therefore, counsellors can organize counselling sessions for the nurses in a bid to help them develop effective stress management techniques and coping strategies. The session may involve teaching relaxation techniques, mindfulness, and resilience-building exercises to help them deal with the daily pressures of their profession. Counsellors can assist nurses in finding ways to strike a healthier balance between their work and personal lives through setting boundaries, time management, and exploring ways to create more time for self-care and family. Counselling practices can also focus on reducing the stigma surrounding mental health in the nursing profession. Encouraging nurses to seek help when needed and providing resources for mental health support can be part of this effort.

Conclusion and Recommendations

This research investigated the occupational challenges of nurses in Kwara state, Nigeria. It was concluded that nurses have problems balancing between home and work life; suffer hardship in the cause of discharging my duties; feel harassed by relatives of the patients among others. The finding of the hypotheses also showed that there were significant differences in the occupational challenges of nurses in Kwara State, Nigeria on the basis of specialization, cadre, years of working experiences and educational qualification.

Based on the findings of this study, it was recommended that:

1. Counsellors should assist nurses in finding ways to strike a balance between their work and personal lives through setting boundaries, time management, and exploring ways to create more time for self-care and family.
2. Hospital management should establish counselling centre and employ professional mental health counsellors that can assist nurses to manage their occupational challenges.
3. Management of healthcare centers should provide continuing education programme that cater for the challenges of different cadres, allowing them to stay updated with the latest knowledge and skills relevant to their roles.
4. Hospital management should establish counselling centre and employ professional mental health counsellors that can assist nurses to manage their occupational challenges.

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