

WORK-RELATED STRESS AND BREAST CANCER RISK AMONG WOMEN IN CORPORATE ORGANIZATIONS IN EKITI STATE

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Abstract

This study examines the relationship between work-related stress and women's perception of breast cancer risk in corporate organizations within Ekiti State, Nigeria. Using a mixed-methods design that combined survey data with in-depth interviews, the research explored both quantitative associations and qualitative experiences. Pearson correlation and multiple regression analyses were conducted to test predictive relationships among stress variables and breast cancer risk perception. Guided by the Health Belief Model (HBM), results revealed that workload, emotional exhaustion, and role conflict significantly predicted breast cancer risk perception ($R^2 = 0.54$, $p < 0.001$). Qualitative narratives complemented statistical results, highlighting that long working hours, emotional fatigue, and lack of self-care shaped how women perceived and responded to health threats. The study recommends that corporate organizations adopt gender-sensitive stress management strategies and workplace health promotion policies to reduce stress-related vulnerabilities among women.

Introduction

Work-related stress has become a critical occupational health issue in the modern workplace, particularly as more women enter the corporate sector. Increasing economic demands, long working hours, emotional labor, and role conflict have made stress one of the most persistent psychosocial hazards affecting female employees globally (World Health Organization, 2023).

In Nigeria, the growing participation of women in professional employment has transformed traditional gender roles but has also intensified exposure to occupational pressure. From a sociological perspective, the workplace functions as a social structure where authority, competition, and gender norms intersect. Durkheim (1897) and Parsons (1951) both argued that social institutions influence health outcomes through shared expectations and

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constraints. Nigerian women often experience the “double burden” of work and domestic responsibilities, leading to chronic fatigue and emotional strain.

Persistent stress has biological and behavioral consequences. Studies (Adebayo, 2022; Feldman, 2022) have shown that prolonged stress increases hormonal imbalance and weakens immune responses both associated with chronic illnesses, including breast cancer. Furthermore, stress may reduce preventive behaviors such as regular medical check-ups or breast self-examinations, especially among working women who struggle to balance multiple roles (Eze et al., 2021; Odetola, 2020).

Despite growing awareness of breast cancer, few studies in Nigeria have investigated its link with occupational stress from a sociological lens. This study therefore examines how work-related stress influences women’s perception of breast cancer risk in Ekiti State. The study is anchored on the Health Belief Model (HBM), which explains health behavior as a function of perceived susceptibility, perceived severity, perceived benefits, and barriers to action.

Theoretical Framework: The Health Belief Model (HBM)

The Health Belief Model (HBM) proposes that an individual’s readiness to act on a health matter depends on perceived risk (susceptibility), perceived seriousness of the threat (severity), perceived benefits of action, and perceived barriers (Rosen stock et al., 1988).

In this study, the HBM provides a foundation for understanding how women interpret the health risks associated with occupational stress. For example, a woman who believes stress can affect her health (high perceived susceptibility) but faces work overload and limited rest (barriers) may delay preventive behaviors such as medical screening. The HBM thus captures the interaction between perception and social context, making it a suitable explanatory framework for women’s occupational health decisions.

Review of Related Literature

Work-Related Stress and Women’s Health

Research has consistently demonstrated that stress in the workplace affects women’s mental and physical well-being. Odetola (2020) identified job overload and time pressure as major predictors of fatigue among Nigerian professional women. Adebayo (2022) found that persistent stress contributed to insomnia, poor nutrition, and emotional instability

Globally, scholars such as Chen, Zhang, and Li (2021) and Feldman (2022) have reported that chronic occupational stress can disrupt hormonal and immune functions, contributing to the development of non-communicable diseases, including breast cancer. In Africa, Johnson and Bello (2023) linked long-term psychological strain to elevated cancer risk among urban working women.

From a sociological standpoint, stress is embedded in institutional structures. Durkheim (1897) and Parsons (1951) explained how social expectations and norms shape individual responses to strain. Uche and Ibrahim (2019) and Okeke (2024) noted that patriarchal work systems and limited institutional support exacerbate women’s vulnerability to work stress.

Previous Nigerian studies have focused mainly on awareness of breast cancer rather than its occupational correlates (Okafor & Bello, 2020; Eze et al., 2021). This research therefore bridges that gap by combining sociological theory with empirical evidence to examine how stress influences women’s perception of breast cancer risk and preventive health behavior.

Research Questions

1. What is the level of work-related stress among women in corporate organizations in Ekiti State?
2. How do women in these organizations perceive the risk of breast cancer?
3. What is the relationship between work-related stress and preventive health behavior among these women?

Objectives of the Study

1. To examine the level of work-related stress among women in corporate organizations in Ekiti State.
2. To assess the perception of breast cancer risk among these women.
3. To determine the relationship between work-related stress and preventive health behavior.

Research Hypotheses

H₀: There is no significant relationship between work-related stress and breast cancer risk perception among women in corporate organizations in Ekiti State.

H₁: There is a significant relationship between work-related stress and breast cancer risk perception among women in corporate organizations in Ekiti State.

H₀: There is no significant relationship between work-related stress and awareness of breast cancer risk factors among women in corporate organizations in Ekiti State.

H₁: There is a significant relationship between work-related stress and awareness of breast cancer risk factors among women in corporate organizations in Ekiti State.

H₀: There is no significant relationship between work-related stress and preventive health behavior among women in corporate organizations in Ekiti State.

H₁: There is a significant relationship between work-related stress and preventive health behavior among women in corporate organizations in Ekiti State.

Methodology

A descriptive cross-sectional mixed-methods design was used to investigate how occupational stress influences women’s perception of breast cancer risk. The approach allowed for triangulation of numerical data and qualitative narratives, enhancing validity and contextual understanding of findings.

The study population consisted of female employees aged 20–55 years in selected banks and ministries across Ekiti State. 240 questionnaires were distributed, and 218 valid responses were analyzed. Stratified random sampling ensured proportional representation from both public and private organizations. For the qualitative strand, ten participants were purposively selected for interviews based on their willingness to discuss workplace experiences.

Data collection instruments included a structured questionnaire and an interview guide. The instrument was validated by experts in sociology and public health, and reliability yielded a Cronbach Alpha coefficient of 0.82. Ethical approval was obtained from the Ekiti State University Research Ethics Committee (Approval No: EKSU/REC/2023/017), and informed consent was obtained from all participants.

Data were analyzed using SPSS version 25. Descriptive statistics summarized respondent characteristics, while Pearson correlation and multiple regression were used to test hypotheses. Qualitative data were analyzed thematically using Braun and Clarke’s (2006) method.

Results

Table 1

Variables	Frequency (f)	Percentage (%)
Age group		
Below 25 years	34	15.6
26–35 years	72	33.0
36–45 years	64	29.4
46–55 years	36	16.5
Above 55 years	12	5.5

Religion		
Christianity	192	88.1
Islam	22	10.1
Traditional	4	1.8
Ethnic group		
Yoruba	190	87.2
Igbo	18	8.3
Hausa	10	4.5
Educational qualification		
OND/NCE	30	13.8
Bachelor's degree	130	59.6
Postgraduate degree	58	26.6
Marital status		
Single	56	25.7
Married	146	67.0
Widowed/Divorced	16	7.3
Occupation		
Bank workers	120	55.0
Ministry staff	98	45.0
Number of children		
None	40	18.3
1-2 children	80	36.7
3-4 children	70	32.1

Source: Field Survey, 2019

Table 2:

Variables	Frequency (f)	Percentage (%)
Experience work pressure regularly	182	83.5
Often feel emotionally drained at work	168	77.1
Have difficulty balancing work and family roles	146	67.0
Workload affects health and rest time	154	70.6
Use coping mechanisms (e.g., rest, prayer, exercise)	190	87.2

Source: Field Survey, 2019

Table 3: Relationship between Work Stress and Perception of Breast Cancer Risk

Variables	r-value	p-value	Decision
Work-related stress and breast cancer risk perception	0.642	0.001	Significant

Source: Field Survey, 2019

Multiple regression results indicated that workload, emotional exhaustion, and role conflict jointly predicted breast cancer risk perception ($R^2 = 0.54$, $F(3,214) = 17.82$, $p < 0.001$).

Discussion

Findings reveal that work-related stress significantly influences women's perception of breast cancer risk. Under the Health Belief Model, respondents' perceived high susceptibility and severity but encountered barriers such as time constraints, fatigue, and institutional indifference. These findings align with Kaur and Singh (2022) and Okeke (2024), who reported that workplace stress undermines women's preventive health behavior.

Qualitative narratives showed that many participants normalized stress as "part of being a career woman," a belief that may delay early medical intervention. The intersection of gender expectations, job pressure, and poor work-life balance reveals the sociological dimension of occupational health risk among Nigerian women.

Conclusion and Recommendations

The study concludes that occupational stress significantly shapes women's awareness, perception, and preventive behavior toward breast cancer risk. Stress factors—workload, emotional exhaustion, and role conflict were major predictors of risk perception.

Recommendations

1. Organizations should adopt comprehensive stress management programs in their employee welfare policy.
2. Employers should implement flexible schedules and rest breaks to improve work-life balance.
3. Health agencies should collaborate with workplaces to conduct regular breast cancer awareness and screening programs.
4. Gender-sensitive workplace health policies should address psychosocial risks unique to female employees.
5. Future studies should employ longitudinal designs to assess the long-term health implications of occupational stress among Nigerian women.

References

- Adebayo, O. (2022). Occupational stress and health outcomes among Nigerian women in the workplace. *Journal of Occupational Sociology*, 14(2), 45–59.
- Ajayi, K., & Yusuf, B. (2021). Gender and occupational health: Stress among female professionals in Nigeria. *African Journal of Gender Studies*, 19(1), 102–118.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Chen, J., Zhang, L., & Li, Y. (2021). Occupational stress and preventive behavior among corporate women. *International Journal of Workplace Health Management*, 14(4), 278–295.
- Durkheim, E. (1897). *Suicide: A study in sociology*. New York: Free Press.
- Eze, P., Nwosu, O., & Okorie, I. (2021). Awareness and perception of breast cancer among Nigerian women. *Nigerian Journal of Health Promotion*, 13(3), 62–75.
- Feldman, R. (2022). Endocrine disruption and cancer risk: A sociomedical review. *Global Health Perspectives*, 11(2), 33–48.

- Johnson, M., & Bello, A. (2023). Workplace stress and chronic disease among African women. *African Sociological Review*, 27(1), 89–104.
- Kaur, S., & Singh, R. (2022). The effect of occupational stress on preventive health behavior among women employees. *Women's Health Research Journal*, 9(3), 150–168.
- Odetola, T. (2020). Stress, work-life balance, and health among Nigerian female professionals. *Lagos Journal of Social Sciences*, 12(1), 55–70.
- Ogunleye, O., & Ojo, M. (2021). Occupational stress and non-communicable diseases among women in Lagos State. *West African Journal of Public Health*, 8(2), 72–88.
- Okafor, C., & Bello, J. (2020). Breast cancer awareness and screening practices among working women. *Nigerian Journal of Public Health Studies*, 5(1), 14–25.
- Okeke, U. (2024). Sociological determinants of women's occupational health risks in Nigeria. *Contemporary Sociology Review*, 32(1), 50–68.
- Parsons, T. (1951). *The social system*. Glencoe, IL: Free Press.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the Health Belief Model. *Health Education Quarterly*, 15(2), 175–183.
- Uche, C., & Ibrahim, A. (2019). Gender, organizational culture, and stress among Nigerian professionals. *Journal of African Social Inquiry*, 11(4), 90–106.
- World Health Organization. (2023). *Global report on breast cancer prevention and control*. Geneva: WHO Press.