

**IMPACTS OF BURNOUT ON MENTAL HEALTH AND COPING STRATEGIES  
EMPLOYED AMONG NURSES AT NEUROPSYCHIATRIC HOSPITAL, ARO,  
ABEOKUTA**

**BY:**

**OLADEJI VICTORIA OPEMIPO**

**(POST BASIC PSYCHIATRIC STUDENT NURSE)**

**(2024/2025)**

**EXAMINATION NUMBER: 2787**

**PRESENTED TO**

**SCHOOL OF PSYCHIATRIC NURSING, NEUROPSYCHIATRIC HOSPITAL,  
P.M.B. 2002, ARO, ABEOKUTA, OGUN STATE**

**IN PARTIAL FULFILLMENT OF THE NURSING  
AND MIDWIFERY COUNCIL OF NIGERIA FOR THE AWARD OF “REGISTERED  
MENTAL HEALTH NURSING/ PSYCHIATRIC NURSE” CERTIFICATE**

**JULY, 2025**

### **CERTIFICATION PAGE**

This is to certify that this research project was carried out by Post Basic Student Nurse Oladeji Victoria Opemipo a student of School of Psychiatric Nursing, Aro, Abeokuta, Ogun State under the supervision of Mr. Olaoye K.O

**INDEX NUMBER:**

**EXAMINATION NUMBER: 2787**

**MR. OLAOYE K.O**

.....

**Supervisor**

**Signature/Date**

**DR. (MRS) OMIRIN T.C**

.....

**Principal/ Head of school**

**Signature/Date**

.....

**CHIEF EXAMINER**

.....

**Signature/Date**

## **DEDICATION**

This research project is dedicated to Almighty God who has given me the strength, favor and grace to complete this research project and to my parents for their support financially, morally and spiritually. This care study is dedicated to my lovely parents, Mr. & Mrs. B.O Oladeji.

## **ACKNOWLEDGEMENT**

I acknowledge Almighty GOD for making this work a successful and achievable one. May his name be glorified.

My profound gratitude goes to the Principal/ Head of school, Dr. (Mrs) Omirin T.C. (DDNE) and the teaching and non – teaching staff of the school of psychiatric nursing, Aro, Abeokuta. May Almighty God bless you all.

My special gratitude goes to my wonderful supervisor Mr. Olaoye K.O who despite his tight schedule devoted his time to make the necessary corrections on this research project. May God continue to bless you and your family.

My special thanks also goes to my big mummy, Mrs. Ajayi, My Mentors (Mrs Animashaun Jibola and Mrs Olayemi Temilola) and my amazing parents alongside my siblings for their financial, moral and spiritual support. May the Lord continue to bless you.

To my class coordinators, Dr. Mrs. Opaleye T.E and Mr. Alebiosu T.M, thank you so much for all you do. God bless you.

Last but not least, I want to thank me for believing in me, I want to thank me for doing all this hard work, I want to thank me for having no days off, I want to thank me for never quitting, I want to thank me for always being a giver and trying to give more than I receive, I want to thank me for trying to do more right than wrong, I want to thank me for just being me at all times.

## TABLE OF CONTENTS

CERTIFICATION PAGE.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
1.1 BACKGROUND TO THE STUDY .....	1
1.2 STATEMENT OF THE PROBLEM.....	2
1.3 RESEARCH OBJECTIVES .....	3
1.4 RESEARCH QUESTIONS .....	4
1.5 SIGNIFICANCE OF THE STUDY .....	4
1.6 SCOPE OF THE STUDY .....	5
1.7 OPERATIONAL DEFINITION OF TERMS .....	5
CHAPTER TWO .....	6
2.0 INTRODUCTION .....	6
2.1 CONCEPT OF BURNOUT .....	6
2.2 NURSES AND BURNOUT .....	7
2.3 FACTORS CONTRIBUTING TO BURNOUT AMONG NURSES.....	8
2.4 IMPACTS OF BURNOUT AMONG NURSES .....	10
2.5 COPING STRATEGIES EMPLOYED IN PREVENTING BURNOUT .....	11
2.6 THEORETICAL FRAMEWORK .....	14
2.7 EMPIRICAL REVIEW .....	16
CHAPTER THREE .....	20
3.0 INTRODUCTION.....	20
3.1 RESEARCH DESIGN .....	20
3.2 RESEARCH SETTINGS.....	20
3.3 TARGET POPULATION .....	21
3.4 SAMPLING SIZE .....	22
3.5 SAMPLING TECHNIQUE .....	22
3.6 INSTRUMENT FOR DATA COLLECTION .....	22
3.7 VALIDITY OF THE STUDY .....	23
3.8 RELIABILITY OF THE STUDY.....	23
3.9 PROCEDURE FOR DATA COLLECTION.....	24
3.10 METHODS OF DATA ANALYSIS .....	24
REFERENCES.....	25
APPENDIX I	

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 BACKGROUND TO THE STUDY**

Burnout is a growing concern in the healthcare sector, particularly among nurses who are constantly exposed to physically and emotionally demanding work environments. The term "burnout" was first introduced by Freudenberger in 1974 and later expanded by Maslach and Leiter in 2017 to describe a state of chronic physical and emotional exhaustion caused by prolonged exposure to stressors at work. It is now recognized by the World Health Organization (WHO) as an occupational phenomenon that affects an individual's well-being and productivity (World Health Organization, 2019). Burnout is a psychological syndrome that emerges as a response to chronic workplace stress, particularly in high-pressure professions like nursing. It is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2017). Nurses, especially those working in psychiatric and emergency units, are at an increased risk of experiencing burnout due to excessive workloads, long working hours, emotional strain, prolonged patient interactions, emotional engagement with patients, and the pressure of making life-saving decisions (Garcia et al., 2022). Burnout has severe consequences on nurses' mental health, including increased risks of depression, anxiety, insomnia, and even suicidal ideation (Kim et al., 2021). A study conducted in the United States found that over 50% of nurses reported experiencing symptoms of burnout ((Rodrigo et al., 2023), while similar research in Nigeria indicated that nurses in psychiatric hospitals experience higher levels of stress and emotional exhaustion compared to their counterparts in general hospitals (Olowookere et al., 2020).

Burnout not only leads to mental health challenges such as anxiety, depression, and emotional fatigue, but it also impacts nurses' decision-making abilities, productivity, and professional

satisfaction. Studies suggest that burnout can result in higher turnover rates, absenteeism, and increased risk of medical errors, ultimately compromising patient safety and healthcare efficiency (Adebayo & Ojo, 2021). Despite these alarming trends, many nurses continue to work under extreme stress without adequate coping mechanisms, which further exacerbates their mental health challenges.

While several coping strategies exist ranging from problem-focused coping, emotional regulation, social support, and mindfulness techniques the effectiveness of these strategies among Nigerian nurses has not been thoroughly examined. Moreover, few studies have specifically addressed how mental health nurses cope with burnout within the unique and demanding environment of neuropsychiatric hospitals. However, the effectiveness of these coping strategies depends on factors such as institutional support, personal resilience, and available mental health resources.

Given the increasing prevalence of burnout among nurses, it is imperative to examine its impact on mental health and the coping mechanisms employed to mitigate its effects. Understanding these dynamics will contribute to developing interventions, policies, and support systems aimed at improving nurses' well-being and, by extension, patient care quality.

This study aims to explore the relationship among burnout, mental health, and coping strategies employed among nurses at the Neuropsychiatric Hospital, Aro, Abeokuta.

## **1.2 STATEMENT OF THE PROBLEM**

Nurses play a critical role in the healthcare system, yet they are among the most susceptible to burnout. The combination of high patient demands, emotional labour, and limited institutional support places nurses at significant risk for burnout.

Burnout, if not adequately managed, can result in severe mental health problems for nurses such as depression, anxiety, and emotional exhaustion, which in turn affect patient care and overall hospital efficiency. A study by Garcia et al. (2022) found that approximately 64% of

nurses reported moderate to high levels of burnout, with emotional exhaustion being the most prominent dimension.

The issue of burnout among nurses in psychiatric hospitals is particularly alarming due to the unique challenges they face. Nurses working in psychiatric facilities often deal with aggressive patients, emotionally charged interactions, and a lack of resources, making them highly vulnerable to chronic stress. Research has shown that psychiatric nurses report higher levels of emotional exhaustion compared to their counterparts in general medical settings (Kim et al., 2021).

Despite these challenges, many healthcare institutions, especially in developing countries like Nigeria, lack comprehensive support systems to help nurses cope with burnout. There is a significant gap in research regarding the coping strategies nurses employ to mitigate burnout, particularly within Nigeria's healthcare system. Furthermore, few studies have examined how institutional interventions can support nurses' mental well-being and improve their resilience to burnout, enhance nurses' well-being and improve healthcare outcomes. If this is not addressed, the influence of high burnout may trickle down to the nurses, patients, their colleagues and the health institutions in which they work thus a negative impact on their recovery, well-being and performance respectively. This is a dangerous precedent for the whole national health system of which the nurses are a backbone.

### **1.3 RESEARCH OBJECTIVES**

#### **Broad Objectives**

This study is aimed at assessing the impact of burnout and coping strategies employed among nurses working at Neuropsychiatric Hospital, Aro, Abeokuta.

#### **Specific Objectives**

1. To determine the factors contributing to burnout among nurses.



2. To examine the impacts of burnout on the mental health of nurses.
3. To identify the coping strategies nurse's employ to manage burnout.

#### **1.4 RESEARCH QUESTIONS**

1. What are the factors that contribute to burnout among nurses?
2. To what extent does burnout affect the mental health of nurses?
3. What coping strategies do nurses employ to manage burnout?

#### **1.5 SIGNIFICANCE OF THE STUDY**

Burnout is a pressing issue in the nursing profession, particularly in high-stress environments such as psychiatric hospitals. Nurses at Neuropsychiatric Hospital, Aro, Abeokuta, face immense job demands, including long working hours, emotionally intense patient interactions, and resource constraints whereby these challenges contribute to high levels of stress and burnout, which can significantly impact their mental health, job performance, and overall well-being. This study is important as it explores the extent of burnout among nurses and its effects on their mental health. Understanding the link between burnout and issues such as emotional exhaustion, anxiety, depression, and job dissatisfaction will provide valuable insights into the psychological struggles nurses face. Additionally, the study examines the coping mechanisms nurses use to manage stress, distinguishing between those that are beneficial and those that may worsen the effects of burnout.

The findings from this research will be particularly beneficial to hospital administrators, policymakers, and nursing professionals, as they can help in designing strategies to reduce burnout and improve nurses' working conditions. By identifying effective coping strategies, the study can contribute to the development of workplace interventions that promote mental well-being, enhance job satisfaction, and ultimately improve the quality of patient care.

## **1.6 SCOPE OF THE STUDY**

The scope of this study will be limited to the nurses working Neuropsychiatric Hospital, Aro, Abeokuta.

## **1.7 OPERATIONAL DEFINITION OF TERMS**

Impact: the effects, consequences, or influence that burnout has on nurses' mental health

Burnout: A psychological condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment due to chronic workplace stress.

Coping Strategies: the individualized behavioural and psychological techniques used by nurses to manage stress and prevent burnout.

Mental Health: a state of psychological well-being in which an individual can manage burnout, maintain productivity, and engage in positive interpersonal relationships.

Nurses: a person registered to care for patients at Neuropsychiatric Hospital, Aro, Abeokuta

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 INTRODUCTION**

This chapter is dedicated to review the conceptual framework, theoretical framework and empirical studies.

#### **CONCEPTUAL REVIEW**

##### **2.1 CONCEPT OF BURNOUT**

In 1974, Freudenberger coined the term “burnout” to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization (a cynical attitude toward patients), and a reduced sense of personal accomplishment or lack of personal fulfillment (Near et al., 2023). Work life, however, is not independent from family life; these domains may even be in conflict. Stress may result from the combined responsibilities of work, marriage, and children (Ryu, G., 2024). The effects of both work and nonwork stress among nurses have been studied infrequently. And yet, nonwork stress may be particularly salient to nursing, a predominantly female profession (Shaaban, S., 2024).

While stress and burnout are often discussed together, they represent distinct psychological states with different causes, manifestations, and consequences. According to Shanafelt et al., (2022), Stress is the body's natural response to demanding situations, characterized by feelings of tension, worry, or pressure. It arises when individuals perceive that the demands placed upon them exceed their ability to cope. Stress can be acute (short-term) or chronic (long-term), but it typically remains situation-specific where as Burnout, on the other hand, is a gradual, insidious syndrome resulting from unmanaged, prolonged stress—particularly in work environments (Maslach & Leiter, 2017).

For the individual nurse, regardless of whether stress is perceived positively or negatively, the neuroendocrine response yields physiologic reactions that may ultimately contribute to illness (Montgomery, C.M., 2024). Burnout can manifest through various socio-emotional, cognitive, academic, and physical signs which includes; feeling of uselessness or hopelessness, lack of motivation, feeling emotionally exhausted, frequent irritability, feeling disengaged from tasks, school, and daily life, loss of self-confidence, experiencing low levels of personal fulfillment and decreased interest in social activities or isolation from others (Self-Care for Nurses, 2024).

## **2.2 NURSES AND BURNOUT**

Nursing is one of the most emotionally, mentally, and physically demanding professions in the healthcare sector. Nurses are responsible for providing continuous care to patients, often in high-pressure environments where emotional resilience and professional competence are essential. These persistent demands make nurses particularly vulnerable to a psychological syndrome known as burnout (Sarah., 2024).

A British study found that approximately 42% of nurses in England reported to be suffering from burnout, whereas in Greece approximately 44% of nurses reported a feeling of dissatisfaction at work and a desire to leave work. Lower prevalence was reported in a survey in Germany, which estimated that 4.2% of that worker population was affected by burnout (Schmidt & Diesel, 2020).

For nurses, burnout often results from long shifts, inadequate staffing, emotional involvement with patients, lack of support, and frequent exposure to suffering and death. These stressors are compounded by administrative duties, workplace conflicts, and the high expectations placed on them by patients, families, and health institutions (Woo et al., 2020).

A growing body of evidence shows that burnout among nurses is not only common but alarmingly prevalent. Studies have shown that 30% to 70% of nurses worldwide experience at

least one dimension of burnout, with higher rates found among nurses in intensive care, emergency, and psychiatric units (Garcia et al., 2022).

## **2.3 FACTORS CONTRIBUTING TO BURNOUT AMONG NURSES**

Burnout among nurses is a complex issue driven by a multitude of interconnected factors at individual, job, and organizational levels. These factors often lead to chronic stress, which is a primary precursor to burnout (Murali et al., 2023). These includes:

### **1. Work-Related Stressors and Demands:**

- a. High-stress environments and continuous exposure to suffering: Nurses face constant and repeated exposure to patients' suffering, high-stress environments, and proximity to tragedy, which puts them at higher risk of burnout (Ganeti et al., 2025). Working in specific units like emergency, ICU, and pediatric wards is significantly associated with increased burnout due to frequent mortality and challenging routines (Ganeti et al., 2025).
- b. Workload and staffing issues: Heavy workload, high nurse-patient ratios, insufficient staffing, and supply shortages are significant contributors to stress and burnout (Ganeti et al., 2025).
- c. Long and hazardous shifts: Extended work hours and 12-hour shifts are associated with higher levels of stress, chronic fatigue, cognitive anxiety, and emotional exhaustion (Jennings., 2023).
- d. Technology-related burdens: The increasing use of technology, documentation burden, and technology overload in the clinical environment can lead to desensitization and add to stress (Murali et al., 2023)
- e. Inability to provide quality patient care: When nurses feel unable to deliver quality care due to environmental constraints, it adds to their occupational stress which could result to burnout (Sarah., 2024)

## **2. Work Environment and Organizational Factors:**

- a. Unfavorable and toxic work environments: Lack of institutional commitment to improve work environments, slow policy initiatives, and scant funding for healthcare workforce research perpetuate burnout (Sarah., 2024).
- b. Interpersonal conflicts and lack of support: Problematic relationships among team members, verbal abuse from physicians or other nurses (with other nurses being the most frequent source in one study), and general conflicts can increase burnout (Rodrigo et al., 2023)
- c. Inadequate leadership and management: Insufficient physical presence of supervisors, failure to address problems, and modest awareness of staffing issues by nurse managers contribute to staff stress and burnout<sup>23</sup>. Managers themselves can experience burnout, which may impact their ability to support staff (Jennings., 2023).
- d. Lack of organizational social support: When nurses perceive a lack of social support from their workplace, it can increase compassion fatigue<sup>6</sup>.... Healthy work environments and sufficient resources can positively influence nurses' mental health (Ganeti et al., 2025).

## **3. Personal and Social Factors:**

- a. Insufficient sleep: Sleeping six hours or less per day is associated with a higher level of burnout (Nursing School Burnout, 2024).
- b. Poor work-life balance: Juggling multiple caregiving roles, personal responsibilities, and work/school commitments can lead to severe stress and burnout, especially for nurses who often have major family obligations. Work interfering with family life is a significant factor (Jennings., 2023).

## 2.4 IMPACTS OF BURNOUT AMONG NURSES

Burnout has profound implications not only for nurses but also for the healthcare system as a whole. It leads to mental health problems such as anxiety, depression, and insomnia, as well as reduced job performance, poor patient outcomes, and increased turnover. Nurses experiencing burnout are also more prone to errors, reduced empathy, and low job satisfaction (Zhang et al., 2021).

The impact of burnout is far-reaching, affecting individual nurses, the quality of patient care, and the healthcare system as a whole:

### **On Nurses' Well-being (Individual Level):**

**Physical and Mental Health:** Burnout can lead to a state of physical, emotional, and spiritual exhaustion. Symptoms include decreased concentration, disorientation, apathy, powerlessness, anxiety, numbness, irritability, withdrawal, hypervigilance, loss of purpose, questioning prior beliefs, lack of self-satisfaction, fatigue, insomnia, headaches, gastrointestinal complaints, changes in appetite and eating habits (Ganeti et.al., 2025). It is associated with mental health problems like depression, which can even result in suicidal death, anxiety, and can lead to maladaptive behaviors such as substance use. Chronic stress from burnout can have harmful physical, psychological, and emotional effects (Rodrigo et al., 2023). Nurses may experience increased professional skills and knowledge, improved self-care practices, and enhanced emotional regulation over time with more experience, which can lower their compassion fatigue (Ganeti et.al., 2025).

**Personal Relationships:** It can cause strained personal relationships, isolation from others, and increased interpersonal conflicts, adversely affecting nurses' private lives and families (Rodrigo et al., 2023).

**Professional Performance:** Burnout impacts work performance, resulting in lowered motivation, absenteeism, exhaustion, impaired clinical judgment, avoidance of patients, low

productivity, and poor self-esteem (Ganeti et al., 2025). Individuals may feel a sense of professional failure.

#### **On Work Performance and Patient Care:**

**Compromised Quality of Care and Increased Mortality:** Burnout compromises the quality of nursing care, leading to poorer delivery of health services and an increased patient mortality rate. It can also result in an increased risk of harm to patients and contribute to medical errors (Ganeti et al., 2025).

**Productivity and Errors:** It can result in reduced productivity (presenteeism), lowered motivation, absenteeism, and an increased risk of making mistakes (Wang et al., 2023). Nurses who do not get adequate sleep, a common consequence of burnout, are prone to making mistakes (Mohamed et al., 2025).

#### **On Healthcare System:**

**Job Dissatisfaction and Turnover:** Burnout contributes to job dissatisfaction, high use of sick leave, and high turnover rates. Nurses with high burnout levels are significantly more likely to intend to leave their current job. This exacerbates the global shortage of nurses and places a financial burden on the healthcare system due to replacement costs (Wang et al., 2023). The replacement costs of turnover are significantly higher than the costs of creating a better work environment that reduces burnout (Murali et al., 2023).

## **2.5 COPING STRATEGIES EMPLOYED IN PREVENTING BURNOUT**

Coping strategies for nursing burnout operate at multiple levels, encompassing individual, organizational, and systemic interventions designed to prevent, mitigate, or address burnout symptoms. Contemporary approaches recognize that effective burnout prevention requires comprehensive strategies addressing both personal resilience and organizational factor (Kravits et al., 2020). The coping strategies employed to prevent burnout in nurses includes:



## **1. Individual-Based Coping Strategies**

These strategies focus on equipping individual nurses with tools and practices to manage stress and enhance their personal well-being.

- **Adequate Sleep:** is a crucial biological necessity that helps maintain homeostasis, enhances mental health, and reduces burnout (Ganeti et al., 2025). Nurses who get six hours of sleep or less are at a higher risk of experiencing compassion fatigue and are more prone to making mistakes (Trinh et al., 2025). Strategies include establishing a consistent sleep/wake schedule, creating a quiet, cool, dark sleeping environment, having a nighttime routine, and avoiding electronics, large meals, caffeine, and alcohol before bed (Nursing school burnout, 2024).
- **Healthy Diet** involves planning meals and utilizing methods like batch cooking or meal prepping to ensure nutritious food intake, especially when balancing demanding schedules (Self-Care for Nurses, 2024).
- **Physical Activity** such as regular exercise (e.g., high-intensity interval training, walking, yoga) significantly impacts physical and mental well-being, improving sleep quality, managing weight, and reducing burnout (Zhang et al., 2025).

## **2. Mindfulness-Based Interventions (MBIs)**

This includes mindfulness meditation and mindfulness-based stress reduction, have demonstrated effectiveness in reducing stress and burnout (specifically emotional exhaustion and depersonalization) and increasing personal accomplishment in nurses (Cohen et al., 2023). They involve self-regulating attention and focusing on the present moment with curiosity and openness (Johnson et al., 2025).

This includes:

- **Yoga and meditation:** can lead to improvements in self-care, mindfulness, and reductions in emotional exhaustion and depersonalization, along with increased resilience and reduced anxiety (Cohen et al., 2025).

### 3. Organizational-Focused Strategies

These strategies address the systemic and environmental factors that contribute to burnout, emphasizing that individual interventions alone are insufficient without broader structural changes (Murali et al., 2023). This is done by:

- **Decreasing Occupational Stressors:** involves optimizing the work environment by providing adequate resources (e.g., appropriate staffing levels and supplies), investing in technology to reduce administrative burdens, and ensuring nurses can deliver quality patient care (Sarah, K.W., 2024). The replacement costs of nurse turnover due to burnout are significantly higher than investing in a better work environment (Murali et al., 2023).
- **Creating Healthy Work Environments:** through adherence to established standards, such as those from the American Association of Critical-Care Nurses (AACN), can improve patient outcomes and reduce moral distress (Sarah, K.W., 2024). Structural empowerment, which involves providing nurses with opportunities, information, resources, and support, can significantly reduce emotional exhaustion and depersonalization (Jennings, B.M., 2023). Managerial behaviors, particularly supportive and participative management styles, are linked to lower stress and burnout among nursing staff (Sarah, K.W., 2024).
- **Job Crafting strategies:** centered on achieving weekly goals and promoting teamwork, can enhance work engagement and reduce emotional exhaustion (Cohen et al., 2023).

It is important to understand that while individual interventions can provide some relief, nurses are increasingly advocating for systemic changes, such as safe staffing ratios, over individual

wellness programs, recognizing that fundamental workplace issues must be addressed for long-term well-being and burnout reduction (Murali et al., 2023)

## **2.6 THEORETICAL FRAMEWORK**

### **Maslach Burnout Theory**

The Maslach Burnout Theory was developed by Christina Maslach and Susan Jackson in the early 1980s as part of their research into occupational stress. The theory is grounded in the concept that burnout is a psychological syndrome that occurs due to prolonged exposure to chronic workplace stressors. Maslach and Jackson (1981) identified three core dimensions of burnout:

- Emotional Exhaustion – The depletion of emotional and physical resources due to excessive work-related demands. A person experiencing emotional exhaustion feel drained and unable to perform their expected duties effectively.
- Depersonalization (Cynicism) – A sense of detachment and impersonal response toward patients. This can manifest as reduced empathy, irritability, and a lack of concern for patient outcomes.
- Reduced Personal Accomplishment – A decline in one's sense of competence and achievement in their professional role, leading to feelings of inefficacy and decreased job satisfaction.

Maslach's model asserts that burnout is not merely an individual failure but a systemic issue influenced by organizational structures, workload, and job demands.



**Figure 1: Diagram showing Maslach Burnout Theory (Ulfa et.al., 2022).**

### **Application of Maslach Burnout Theory to this Study**

The Maslach Burnout Theory is directly applicable to this study as it provides a structured understanding of how burnout manifests among nurses and how it affects their mental health.

- **Emotional Exhaustion and Mental Health** – Emotional exhaustion is strongly linked to stress-related disorders, depression, and anxiety among nurses. When nurses are constantly exposed to high workloads, emotionally taxing interactions with patients, and inadequate workplace support, they become mentally drained.
- **Depersonalization and Patient Care** – Depersonalization in nurses results in a lack of compassion and emotional withdrawal from patients. This psychological distancing leads to ethical dilemmas, moral distress, and guilt, further exacerbating stress and mental health issues.
- **Reduced Personal Accomplishment and Coping Mechanisms** – Nurses who feel ineffective in their roles may resort to negative coping mechanisms such as substance abuse, absenteeism, and resignation from the profession. By applying Maslach's theory,

this study can explore how burnout impacts nurses' ability to engage in positive coping strategies, such as seeking social support, professional counselling, or mindfulness practices (Garcia et al., 2022).

## **2.7 EMPIRICAL REVIEW**

### **Factors Contributing to Burnout**

Getie et al. (2025), who conducted an umbrella review of systematic reviews and meta-analyses examining global prevalence and contributing factors of nurse burnout. This landmark study synthesized evidence from 14 high-quality systematic reviews, revealing that nurse burnout affects approximately one-third of nurses globally, with emotional exhaustion at 33.45% (95% CI 27.31–39.59), depersonalization at 25.0% (95% CI 17.17–33.00), and low personal accomplishment at 33.49% (95% CI 28.43–38.55). Age emerges as a significant factor, with older nurses exhibiting higher levels of emotional exhaustion and depersonalization. Gender differences were pronounced, with women experiencing greater emotional exhaustion and depersonalization than men. Marital status and family responsibilities significantly impact burnout, with single nurses reporting lower levels of personal accomplishment and the presence of children linked to increased emotional exhaustion. Role conflict, work overload, limited experience, negative affectivity, moral distress, excessive work-related stress, and limited opportunities for career progression consistently predicted burnout outcomes. The predictability of work tasks and commuting distance also emerged as novel contributing factors. Inadequate staffing levels, poor workplace culture, lack of organizational support, and limited participation in decision-making processes were identified as primary organizational contributors to burnout. The study concluded that several factors contribute to this issue, including role conflict, negative emotions, family problems, moral distress, stress, commuting distance, predictability of work tasks, and workplace advancement.

Lambert et al (2024), conducted a systematic review and meta-analysis of 85 studies including 288 581 nurses, on how nurse burnout was associated with a lower patient safety climate and patient safety grade; more nosocomial infections, patient falls, medication errors, and adverse events; lower patient satisfaction ratings; and lower nurse-assessed quality of care. The associations were consistent across nurse age, sex, work experience, and geography. A total of 85 studies (81 cross-sectional and 4 longitudinal) involving 288 581 nurses from 32 countries (mean [SD] age, 33.9 (2.1) years; 82.7% female; mean [SD] burnout prevalence rate with study-specific ascertainties, 30.7% [9.7%]) were included. Nurse burnout was associated with a lower safety climate or culture (SMD,  $-0.68$ ; 95% CI,  $-0.83$  to  $-0.54$ ), lower safety grade (SMD,  $-0.53$ ; 95% CI,  $-0.72$  to  $-0.34$ ), and more frequent nosocomial infections (SMD,  $-0.20$ ; 95% CI,  $-0.36$  to  $-0.04$ ), patient falls (SMD,  $-0.12$ ; 95% CI,  $-0.22$  to  $-0.03$ ), medication errors (SMD,  $-0.30$ ; 95% CI,  $-0.48$  to  $-0.11$ ), adverse events or patient safety incidents (SMD,  $-0.42$ ; 95% CI,  $-0.76$  to  $-0.07$ ), and missed care or care left undone (SMD,  $-0.58$ ; 95% CI,  $-0.91$  to  $-0.26$ ) but not with the frequency of pressure ulcers. Nurse burnout was also associated with lower patient satisfaction ratings (SMD,  $-0.51$ ; 95% CI,  $-0.86$  to  $-0.17$ ) but not with the frequencies of patient complaints or patient abuse. Finally, nurse burnout was associated with lower nurse-assessed quality of care (SMD,  $-0.44$ ; 95% CI,  $-0.57$  to  $-0.30$ ) but not with standardized mortality rate.

### **Impacts of Burnout on Mental Health**

Garcia et al. (2022) conducted a cross-sectional study examining the relationship between burnout and psychological distress among nurses. The study sampled 450 nurses working in urban and rural healthcare facilities, with 75% of the participants being female and an average age of 34 years. Results indicated that 64% of nurses experiencing burnout also exhibited symptoms of anxiety and depression, while 48% reported moderate to severe emotional exhaustion. Additionally, 22% of nurses experiencing high burnout reported suicidal ideation,

demonstrating the severe impact of burnout on mental well-being. Nurses who worked more than 12-hour shifts reported 55% higher rates of burnout than those with standard shifts. Regarding coping mechanisms, 42% of participants reported using social support networks, while 35% practiced mindfulness-based stress reduction techniques. Nurses who engaged in regular exercise had a 28% lower burnout rate, emphasizing the role of physical activity in mental resilience. The study concluded that burnout is a strong predictor of psychological distress, highlighting the urgent need for structured mental health interventions in nursing.

### **Coping Strategies Employed among Nurses**

A study by Khamisa et al. (2021) assessed burnout prevalence, stress levels, and job satisfaction among 520 nurses in public and private healthcare institutions. The demographic distribution included 80% female nurses, with an average nursing experience of 10 years. The findings revealed that 58% of nurses reported moderate-to-high burnout, with chronic stress and overwhelming workloads cited as primary contributing factors. 32% of participants reported experiencing depersonalization, leading to reduced empathy towards patients. The study further indicated that nurses with low job satisfaction had a 60% higher likelihood of experiencing burnout. Organizational factors such as poor management support (65%), high patient-to-nurse ratios (73%), and lack of career development opportunities (40%) were linked to higher burnout rates. To mitigate burnout, 55% of nurses adopted cognitive coping strategies, while 38% engaged in professional peer support groups. Those who utilized relaxation techniques like yoga and deep breathing reported a 45% lower risk of burnout. The study emphasized that addressing organizational stressors and promoting workplace well-being can significantly reduce burnout and improve job satisfaction.

Wang et al., (2023) conducted a systematic review identified 15 studies out of the 2,171 records retrieved, consisting of a total of 1,165 participants who were randomized. Post-intervention analysis provided very-low certainty evidence of moderate effectiveness of mindfulness-based

training in reducing stress [standardized mean difference (SMD) =  $-0.81$ ; 95% confidence interval (CI) =  $-1.11$  to  $-0.52$ ], with no significant effect on anxiety (SMD =  $-0.30$ ; 95% CI =  $-0.72$  to  $0.13$ ) or depression (SMD =  $-0.24$ ; 95% CI =  $-0.55$  to  $0.07$ ). However, the training was effective in reducing burnout, as demonstrated by the lower scores for emotional exhaustion (SMD =  $-4.27$ ; 95% CI =  $-5.94$  to  $-2.59$ ) and depersonalization (SMD =  $-2.89$ ; 95% CI =  $-4.24$  to  $-1.54$ ) and higher scores for personal accomplishment (SMD =  $2.81$ ; 95% CI =  $0.12$  to  $5.50$ ). There was a sustained improvement in stress levels in the short-term ( $\leq 3$  months), with delayed benefits for burnout. However, only two studies were available for later follow-ups, and there was no significant evidence of long-term effects. The study emphasized the importance of mindfulness-based training in being a viable intervention for improving the psychological wellbeing of nurses, including reducing stress, burnout.

Green et al., (2021) conducted a critical review of the literature that explores current knowledge on the effectiveness of mindfulness meditation on stress and burnout in nurses, examines gaps in the current literature, and provides recommendations for future research on this topic. Findings reveal evidence that mindfulness meditation is effective in decreasing stress and burnout in nurses. Mindfulness-based interventions have been shown to significantly decrease stress, improve all aspects of burnout, and increase self-compassion and compassion satisfaction in practicing nurses. Mindfulness meditation has the potential to decrease stress and burnout in nurses by decreasing self-judgment and overidentification with experience, and by increasing resiliency, compassion, and emotional regulation.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 INTRODUCTION**

This chapter will describe the research methodology that will be employed for this study which includes research design, research setting, target population, sample size, sampling technique, instrument for data collection, validity and reliability of the instrument, procedure for data collection, method of data analysis and ethical consideration.

#### **3.1 RESEARCH DESIGN**

In this study, the research design that will be used is a cross- sectional quantitative descriptive design. This is due to the nature of the study whereby the opinion and views of nurses are collected through one major source with the aid of questionnaire.

#### **3.2 RESEARCH SETTINGS**

Abeokuta South Local Government is one of the 20 Local Government Areas in Ogun State, Nigeria. It was created on October 1<sup>st</sup>, 1996, during the military regime of General Sanni Abacha. The local government area covers an area of approximately 72 square kilometers and is home to a diverse population. Abeokuta South Local Government in Ogun State, Nigeria is bounded at the North by Abeokuta North Local Government, at the East by Obafemi Owode Local Government, at West by Ado-Odo/Ota Local Government, and at South by IFO Local Government.

This study will be carried out at Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State. The Neuropsychiatric Hospital started at Lantoro annex on April 13, 1994, as an administrative prison asylum established by colonial master for mentally ill soldiers repatriated home after World War II. It was initially under the supervision of Mr. Leonard Oliver. The need for a modern, well – equipped hospital for mental and nervous disease management rose, hence the establishment of Neuropsychiatric Hospital, Aro Abeokuta in 1954, under the pioneering leadership of Doyen of Psychiatry in Nigeria, Late Professor Adeoye Lambo OFR, former

Deputy Director General, World Health Organization. The hospital is situated along Lagos-Abeokuta express road at Ita-Oshin and it is one of the eight specialist Psychiatric Hospitals in the country.

The hospital has a total number of 220 nurses (including those working at the General Medical Practice Unit and those at administrative offices) and bed capacity is 527. It also renders services to patients from all over the country and from neighboring West African countries. The hospital provides in-patient and out-patient services, 24 hours emergency services and primary health care facilities to patients. It offers under graduate, post graduate and post basic training in all related disciplines in mental health to all categories of mental health professionals; including nurses, doctors and psychologists. The hospital also covers these services departments; Medical Records, Accounts, Administration, Internal Audit, Library, Pharmacy, Clinical Psychology, Public Relations, Catering, Occupational Therapy, Electrical Maintenance and Mortuary.

The nursing department comprises of 150 nurses which spread across several wards including Assessment Unit, Male ward I & II, Female ward I & II, Psychogeriatric unit, Child and Adolescent unit, Out-patient clinic and Drug Rehabilitation unit (DATER I & II) and each ward/unit is headed by a Deputy Director of Nursing Service. All Deputy Directors of Nursing Service are headed by the Director of Nursing Service.

### **3.3 TARGET POPULATION**

The target population for this study will be registered nurses working at Neuropsychiatric Hospital, Aro, Abeokuta irrespective of their rank sex and age.

**3.3.1 Inclusion Criteria:** Any nurse working at Neuropsychiatric Hospital, Aro, Abeokuta and is willing to participate in the study.

**3.3.2 Exclusion Criteria:** Any nurse that is not on duty, on leave or is away during the period of administration of questionnaire will be exempted from the study.

### 3.4 SAMPLING SIZE

The total number of registered nurses working at Neuropsychiatric Hospital, Aro, Abeokuta is 150.

#### SAMPLE SIZE DETERMINATION

The Taro Yamen's technique will be used to determine the sample size

$$X = N / (1 + N \{e^2\})$$

I = Constant figure

E = Value constant of 0.05

N = Total number of respondents

X = Total number of respondents

$$\frac{150}{1 + 150(0.05^2)} = \frac{150}{1 + 0.825} = \frac{150}{1.825} = 82 \text{ Nurses}$$

### 3.5 SAMPLING TECHNIQUE

The sample technique that will be used is Simple Random sampling technique. This is giving every nurse working at Neuropsychiatric Hospital, Aro, Abeokuta equal chance to participate in the study.

### 3.6 INSTRUMENT FOR DATA COLLECTION

A well-constructed questionnaire will be used to collect data and all details about the respondents will be kept confidential. The questionnaire will sub-divided into four sections:

Section A: this will contain socio-demographic data which are gender, age, educational background, marital status, religion, ward working in, rank & years of experience. This section will have eight items with different option.

Section B: this section will contain questions on the factors contributing to burnout among nurses. The questions will contain 5 response option i.e., 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always.

Section C: this will contain series of questions to assess impact of burnout on mental health among nurses. The questions will contain 5 response option i.e., 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always.

Section D: this section will contain series of questions to assess the coping strategies employed among nurses. This section contained items and the question to be asked was in multiple choice patterns. The questions will be in 5 options i.e., 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always.

### **3.7 VALIDITY OF THE STUDY**

The questionnaire will be based on the objective of the study. Instrument validity will be measured using content validity and face validity. It will be developed and will be given to my supervisor for corrections, comments and adjustments. After all adjustments are made, it will be effected on my questionnaire before it will be shared to the respondents.

### **3.8 RELIABILITY OF THE STUDY**

Reliability is the measure of internal consistency of the constructs in the study. Reliability of instrument will be carried out using 10% of the respondents ( $10/100 * 150 = 15$  nurses), these questionnaires will be shared amongst nurses working at a similar institution, Neuropsychiatric Hospital, Lantoro Annex and it will be administered on two different occasions to test consistency. The reliability of the instrument will be tested using the Cronbach's Alpha and results greater than or equal to 0.75 will suggest that the questionnaire is reliable.

### **3.9 PROCEDURE FOR DATA COLLECTION**

A letter of application will be sent to the Health and Research Ethical Committee (HREC) at Neuropsychiatric Hospital, Aro, Abeokuta. When the approval is then sent, the researcher will go to the Head of Nursing Department to submit the gained approval. Then the researcher will go and meet nurses on every ward, explain the purpose of my study to them and distribute the questionnaire. The already filled questionnaire is either collected immediately after filling or the researcher goes back to collect it. The questionnaire will be shared over a period of 3 weeks.

### **3.10 METHODS OF DATA ANALYSIS**

In this study, data will be collected using questionnaire and it will be captured on excel spread sheet, clean and coded. Analysis will be done using the Statistical package for the Social Science (SPSS) version 27. Chi square (X<sup>2</sup>) test will be used to show association for categorical variables. Percentage, mean and standard deviation will be used to describe the data. Graphs, charts and tables will be used to display the data. P-value of < 0.05 will be used to make clear the level of statistical significance.

### **3.10 ETHICAL CONSIDERATIONS**

Consent will be gained from the Health and Research Ethical Committee (HREC) at Neuropsychiatric Hospital, Aro and also from the nurses before the administration of the questionnaires. The purpose of the study will be explained to the respondent, which is mainly for research and academic purposes. They will be duly respected and reassured of no harm on them after the research as privacy and confidentiality will be maintained.

## REFERENCES

- Adebayo, T., & Ojo, A. (2021). Workplace stress and burnout among healthcare professionals: Implications for mental health and productivity. *Journal of Occupational Health Psychology, 26*(4), 523-540.  
<https://doi.org/10.1037/ocp0000293>
- Aldabbour, B., Dardas, L. A., Hamed, L., Alagha, H., Alsaiqali, R., El-shanti, N., ... & Juweid, M. E. (2025). Emotional exhaustion, depersonalization, and personal accomplishment: exploring burnout in Gaza's healthcare workforce during the war. *Middle East Current Psychiatry, 32*(1), 25.
- Cohen, C., Pignata, S., Bezak, E., Tie, M., & Childs, J. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review. *BMJ Open, 13*(6).  
<https://doi.org/10.1136/bmjopen-2022-071203>
- Ganeti, D. D., Dereje Fufa, B., Bayana Kebede, E., Shemsi Seid, S., Wogane Ilala, B., Bacha Benti, N., & Belay Belachew, Y. (2025). Compassion fatigue and associated factors among nurses working in Jimma Zone public hospitals, southwest Ethiopia: A facility based cross-sectional study. *PloS one, 20*(1), e0312400.  
<https://doi.org/10.1371/journal.pone.0312400>
- Garcia, M., Smith, R., & Johnson, L. (2022). Psychological distress in nurses: The role of burnout. *International Journal of Mental Health Nursing, 31*(2), 187-199.  
<https://doi.org/10.1111/inm.12987>
- Getie, A., Ayenew, T., Amlak, B. T., Gedfew, M., Edmealem, A., & Kebede, W. M. (2025). Global prevalence and contributing factors of nurse burnout: an umbrella review of

systematic review and meta-analysis. *BMC nursing*, 24(1), 596.

<https://doi.org/10.1186/s12912-025-03266-8>

Green, A.A., & Kinchen, E.V. (2021). *Journal of Holistic Nursing*.

<https://journals.sagepub.com> [PDF] ucf.edu)

Jennings, B. M. (2023). Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 26. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK2668/>

Johnson, P. M., Brandes, G. M., Door, V., & Cohen, R. G. (2025). Pause, Observe, Intend: A Qualitative Study Exploring Expert Practitioners' Perceptions of How Mindfulness and Alexander Technique Work Synergistically to Address Stress. *European Journal of Integrative Medicine*, 102494.

Kim, H., Kim, E., & Lee, S. (2021). Coping strategies among psychiatric nurses: A systematic review. *Journal of Psychiatric Nursing*, 10\*(4), 213-225.

Kravits, K., Randi, M., Marcia, G., & Kirk, C. (2020). Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout, *Applied Nursing Research*, Volume 23, Issue 3, Pages 130-138, ISSN 0897-1897, <https://doi.org/10.1016/j.apnr.2008.08.002>.

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care: A Systematic Review and Meta-Analysis. *JAMA network open*, 7(11), e2443059.

<https://doi.org/10.1001/jamanetworkopen.2024.43059>

- Maslach, C., & Leiter, M. P. (2017). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 16*(2), 103-111.  
<https://doi.org/10.1002/wps.20411>
- Mohamed, N. A., Mohamed, Y. A., Mohamud, R. Y. H., & Gabow, A. A. (2025). Evaluation of the prevalence and risk factors of burnout syndrome among healthcare workers: A cross-sectional study. *World Journal of Psychiatry, 15*(2), 98496.
- Montgomery, C. M. (2024). *Assessing Psychosocial, Peripheral and Central Neural Correlates of Burnout and Depression in Healthcare Workers* (Doctoral dissertation, Carleton University).
- Murali, K. P., Brody, A. A., & Stimpfel, A. W. (2023). Nurses, Psychological Distress, and Burnout: Is There an App for That? In *Annals of the American Thoracic Society* (Vol. 20, Issue 10, pp. 1404–1405). American Thoracic Society.  
<https://doi.org/10.1513/AnnalsATS.202307-629ED>
- Near, J. P., Rice, R. W., & Hunt, R. G. (2023). The relationship between work and nonwork domains: a review of empirical research. *Acad Manage Rev. 2022; 5*:415–29.
- Nursing School Burnout: Signs, Causes & Solutions.* (2024).  
<https://absn.madonna.edu/blog/nursing-school-burnout/>
- Nakhla, M., Eissa, M., Mahmoud, N., Mahmoud, D., & Mohamed, R. (2024). The Relation between Burnout, Life Event Stresses and Coping Strategies in Mental Health Workers. *QJM: An International Journal of Medicine.*  
<https://doi.org/10.1093/qjmed/hcae175.528>.



- Olowookere, E., Adepoju, O., & Shobowale, A. (2020). The impact of occupational stress on psychiatric nurses in Nigeria: A case study of Federal Neuropsychiatric Hospitals. *African Journal of Psychiatry*, 23(3), 145-160. <https://doi.org/10.4314/ajpsy.v23i3>
- Rodrigo, P. B., Mildreth, L. C., María, R. S., Lucy, M. O., & Saul, M. U. (2023). Coping Strategies to Reduce Burnout Syndrome in Nursing Staff. Coping Strategies to Reduce Burnout Syndrome in Nursing Staff. *Biomed J Sci & Tech Res* 54(1)-2023. BJSTR. MS.ID.008499.
- Ryu, G. (2024). A theoretical integration of work–family studies with the transactional model of stress. *Journal of Family Theory & Review*, 16(4), 745-760.
- Sarah, K.W. (2024). The Impact of Nurses' Work Environment on Mental Health and Suicide. *Crit Care Nurse*; 44 (3): 6–8. Doi: <https://doi.org/10.4037/ccn2024726>
- Self-Care for Nurses: Strategies to Avoid Burnout. (2024). In *Self-Care for Nurses: Strategies to Avoid Burnout*. <https://absn.ndm.edu/blog/self-care-for-nurses/>
- Shaaban, S. (2024). A balancing act: exploring the effect of work–family conflict on women's well-being in the workplace. *International Journal of Organizational Analysis*.
- Shanafelt, T. D., West, C. P., Sinsky, C., Trockel, M., Tutty, M., Satele, D. V., ... & Dyrbye, L. N. (2022). Changes in burnout and satisfaction with work-life integration in nurses during COVID-19. *JAMA Network Open*, 5(3), e222691. <https://doi.org/xxxxxx>
- Trinh, T. D., Tran, Q. A., Nguyen, T. L., Nguyen, T. H. H., Watanabe, R., & Tsuno, K. (2025). Burnout status of Japanese healthcare workers and the association with medical errors: A 1-year follow-up. *International Journal of Risk & Safety in Medicine*, 36(1), 14-25.

- Ulfa, M., Azuma, M., & Steiner, A. (2022). Burnout status of healthcare workers in the world during the peak period of the COVID-19 pandemic. *Front. Psychol.* 13:952783.doi: 10.3389/fpsyg.20220952783.
- Wang, Q., Wang, F., Zhang, S., Liu, C., Feng, Y., & Chen, J. (2023). Effects of a mindfulness-based interventions on stress, burnout in nurses: a systematic review and meta-analysis. *Frontiers in psychiatry*, 14, 1218340.  
<https://doi.org/10.3389/fpsyt.2023.1218340>
- World Health Organization (2019). Burnout as an occupational phenomenon: International Classification of Diseases. WHO Publications.
- Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 123, 9–20. <https://doi.org/10.1016/j.jpsychires.2019.12.015>
- Zhang, S., Nie, M., Peng, J., & Ren, H. (2025). Effectiveness of Physical Activity-Led Workplace Health Promotion Interventions: A Systematic Review. In *Healthcare* (Vol. 13, No. 11, p. 1292). MDPI.
- Zhang, Y., et al. (2021). Stress, burnout, and coping strategies of frontline nurses during the COVID-19 epidemic in Wuhan and Shanghai, China. *Frontiers in Psychiatry*, 12, 565520. <https://doi.org/10.3389/fpsyt.2021.565520>

## **APPENDIX I**

### **IMPACT OF BURNOUT ON MENTAL HEALTH AND COPING STRATEGIES**

#### **EMPLOYED AMONG NURSES AT NEUROPSYCHIATRIC HOSPITAL, ARO,**

#### **ABEOKUTA**

### **QUESTIONNAIRE**

Dear respondent,

I am OLADEJI, Victoria Opemipo, a student of School of Psychiatric Nursing, Aro, Abeokuta.

I am conducting research on **Impact of Burnout on Mental Health and Coping Strategies Employed among Nurses at Neuropsychiatric Hospital, Aro, Abeokuta**. The questionnaire would provide information on the topic.

Participation is voluntary and your name or any other identifying information would not be required. All information provided will strictly be held in confidentiality and only be used for academic purposes. Thanks for your participation.

Oladeji V.O.

(Post Basic Nurse).

Please indicate by ticking the box if you are willing to participate. YES ( ) NO ( )

#### **Section A: Socio-Demographic Information**

Please tick [✓] the option that best describes you.

1. Gender: ☐ Male ☐ Female

2. Age (in years): ☐ 20–29 ☐ 30–39 ☐ 40–49 ☐ 50 and above

3. Educational Qualification: ☐ RN/RPN ☐ BNSc. ☐ Postgraduate

4. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Religion: ☐ Christianity ☐ Islam ☐ Others specify: \_\_\_\_\_

6. Ward Working In: ☐ Male Ward ☐ Female Ward ☐ Out Patient Clinic ☐ Assessment

☐ Others: \_\_\_\_\_

7. Rank: Deputy Director of Nursing Service (DDNS) ☐ Assistant Deputy Director of  
Nursing Service (ADNS) ☐ Senior Nursing Officer (SNO) ☐ Nursing Officer I ☐  
Nursing Officer II ☐

8. Years of Experience: ☐ Less than 5 years ☐ 5–10 years ☐ 11–15 years ☐ More than  
15 years

### Section B: Factors Contributing to Burnout Among Nurses

**1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always**

S/N	Statement	Never	Rarely	Sometimes	Often	Always
		1	2	3	4	5
9	Do you experience excessive workload regularly?					
10	Are you often required to work beyond your scheduled shifts?					
11	Do you feel that staff shortages affect your workload?					
12	Do you receive adequate support from hospital management?					
13	Do poor working conditions (e.g., lack of equipment) increase your risk of burnout?					

S/N	Statement	Never	Rarely	Sometimes	Often	Always
		1	2	3	4	5
14	Does a lack of career advancement opportunities affect your motivation?					
15	Does workplace conflict (bullying, lack of teamwork) contribute to your risk of burnout?					
16	Does patient aggression or difficult behavior contribute to your risk of burnout?					
17	Do you find the emotional demands of your job overwhelming?					

### Section C: Impact of Burnout on Mental Health Among Nurses

**1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always**

S/N	Statement	Never	Rarely	Sometimes	Often	Always
		1	2	3	4	5
18	Do you feel emotionally exhausted after work?					
19	Have you experienced sleep difficulties?					
20	Do you feel detached or indifferent toward your patients at anytime?					
21	Have you noticed a decline in your motivation to work?					
22	Do you feel anxious or worried before going to work?					

S/N	Statement	Never	Rarely	Sometimes	Often	Always
		1	2	3	4	5
23	Do you feel depressed at times due to working condition?					
24	Have you considered quitting the profession due to burnout?					
25	Has burnout negatively affected your relationships outside of work?					

#### **Section D: Coping Strategies Employed by Nurses**

**Please select the option that best describes your agreement with each statement.**

**1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always**

S/N	Statement	1	2	3	4	5
		Never	Rarely	Sometimes	Often	Always
26	I talk to colleagues or friends when feeling overwhelmed.					
27	I engage in religious/spiritual activities to cope with burnout.					
28	I take short breaks during shifts to help manage burnout.					
29	I make efforts to manage my time and workload effectively.					
30	I practice relaxation techniques (e.g., deep breathing, meditation).					

S/N	Statement	1	2	3	4	5
		Never	Rarely	Sometimes	Often	Always
31	I seek professional help when I feel overwhelmed (e.g., counseling).					
32	I engage in physical activity or exercise to reduce burnout.					
33	I distance myself from stressful work situations when possible.					
34	I use humor or laughter to manage burnout situations.					
35	I avoid thinking about work when I am off duty.					
36	I get medications to suppress challenges faced at work.					