

**PERCEIVED EFFECTS OF BURNOUT AMONG NURSES AT ACCIDENT AND
EMERGENCY UNIT OF KWARA STATE UNIVERSITY TEACHING
HOSPITAL ILORIN KWARA STATE**

BY

GEORGE MBUOTIDEM CHRISTOPHER

THOMAS ADEWUMI UNIVERSITY, OKO-IRESE, KWARA STATE.

AUGUST, 2025

**PERCEIVED EFFECTS OF BURNOUT AMONG NURSES AT ACCIDENT AND
EMERGENCY UNIT OF KWARA STATE UNIVERSITY TEACHING
HOSPITAL ILORIN KWARA STATE.**

BY

GEORGE MBUOTIDEM CHRISTOPHER

20/05NSS016

AT

THOMAS ADEWUMI UNIVERSITY, OKO- IRESE, KWARA STATE.

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD
OF BACHELOR OF NURSING SCIENCES DEGREE**

AUGUST, 2025

DECLARATION

This is to certify that this research project titled **Perceived Effects Of Burnout Among Nurses At Accident and Emergency Unit Of Kwara State University Teaching Hospital, Ilorin, Kwara State** was carried out by **George Mbuotidem Christopher** and is solely the result of my work except where acknowledged as being derived from other person(s) work or resources.

Matriculation Number: 20/05NSS016

In the Department of Nursing Science, Faculty of Nursing, Thomas Adewumi University Oko-Irese Kwara State

Signature



Date

07/08/25

CERTIFICATION

This is to certify that this research project was carried out by **George Mbuotidem Christopher** with **Matriculation Number: 20/05NSS016** has been examined and approved for the award of Bachelor of Nursing Sciences degree.

Signature: _____

Name: Mr Kolapo K.S

Date: _____

(Project Supervisor)

Signature: _____

Name: Dr Aina Modupe. A.

Date: _____

(Dean, Faculty of Nursing Sciences)

Signature: _____

Name: _____

Date: _____

(Chief Examiner)

ABSTRACT

This study aimed to assess the effects of burnout on A&E nurses at Kwara State University Teaching Hospital in Ilorin, identify contributing factors, and recommend strategies for mitigation and resilience promotion. Using a cross-sectional survey, quantitative data were collected from A&E nurses regarding burnout, workload, and support systems. Results showed that 72% of nurses reported experiencing high levels of burnout, which negatively affected their mental health (reported by 68%), job satisfaction (65%), and overall performance (60%). Major contributing factors included high workloads (75%), insufficient staffing (70%), and lack of institutional support (65%). The study also found that 80% of nurses lacked awareness of effective burnout prevention measures. The findings highlight the urgent need for systemic changes, such as increasing staffing levels, providing mental health support, continuous professional development, and fostering a supportive work environment. Regular monitoring and resilience training are recommended to enhance nurse well-being and improve patient care quality, ultimately benefiting the healthcare system.

Keywords: *Burnout, Accident & Emergency Nurses, Healthcare, Resilience, Mental Health, Kwara State University Teaching Hospital*

DEDICATION

This research project is dedicated to God almighty for his mercy and faithfulness that made it possible to partake in this Course. To my Family, especially my parents for their support, love and encouragement throughout my academic journey. To my friends and colleagues, thank you for your companionship and support. Lastly, I dedicate this project to all healthcare workers especially Accident and Emergency Nurses who are unrelenting and steadfast even in the face of difficulties.

ACKNOWLEDGEMENT

I thank God Almighty, the ever consistent friend, who has been the source of my wisdom, knowledge and understanding and for the grace he has given unto me to complete this project.

I am thankful to my parents, brothers and sister for their constant sacrifices, prayers and encouragement that made this project possible.

I express my deepest gratitude to my wonderful supervisor, Mr K.S Kolapo, whose constructive feedback and encouragement were invaluable throughout this research.

I am also grateful to the Management of Kwara State University Teaching Hospital, particularly the Accident and Emergency (A&E) Department, for granting me access to conduct this study.

With great gratitude, I would like to thank the A & E nurses who took part in this study and shared their insightful experiences; your willingness to share your stories has greatly advanced our understanding of burnout in healthcare workers.

Special thanks and appreciation to all my lecturers and colleagues in the Department of Nursing Science for their constant encouragement and support.

TABLE OF CONTENTS

Title Page	i
Declaration	ii
Certification	iii
Abstract	iv
Dedication	v
Acknowledgement	vi
Table of Contents	vii-ix
List of Tables	x
List of Figures	xi
CHAPTER ONE	
1.0 Introduction	1
1.1 Background to the Study	1
1.2 Statement of problem	9
1.3 Objectives of the Study	10
1.4 Research questions	11
1.5 Research hypotheses	12
1.6 Significance of the Study	12
1.7 Scope of the Study	13

1.8	Operational definition of terms	13
-----	---------------------------------	----

CHAPTER TWO

2.0	Introduction	15
2.1	Conceptual review	21
2.2	Theoretical review	45
2.3	Empirical review	52

CHAPTER THREE

3.0	Introduction	57
3.1	Research Design	57
3.2	Research Setting	57
3.3	Target population	58
3.4	Sampling size/Technique	58
3.5	Instrument for data collection	59
3.6	Validity of the Instrument	60
3.7	Reliability of the Instrument	60
3.8	Method of data collection	61
3.9	Method of data analysis	61
3.10	Ethical Consideration	61

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS	63
--	-----------

CHAPTER FIVE

5.1 Discussion of findings	83
5.2 Key findings	85
5.3 Implications of findings to Nursing	87
5.4 Limitation of the Study	90
5.5 Summary of the Study	91
5.6 Conclusion	92
5.7 Recommendations	93
5.8 Suggestion for further studies	94
References	96

Appendix

LIST OF TABLES

Table 2.1: Showing the Hobfall's COR Theory resources

Table 4.1: Showing socio-demographic data of respondents

Table 4.2: Showing data on the burnout status of respondents

Table 4.3: Showing data on how burnout has affected respondents

Table 4.4: Showing data on respondent's work environment

Table 4.5: Showing data on the coping mechanisms of respondents

LIST OF FIGURES

Figure 2.1: Showing how burnout affects patient's safety

Figure 4.1: A histogram showing the distribution of the age of respondents

Figure 4.2: A histogram showing the distribution of the gender of respondents

Figure 4.3: A histogram showing the distribution of the marital status of respondents

Figure 4.4: A histogram showing the distribution of the religion of respondents

Figure 4.5: A histogram showing the distribution of the ethnicity of the respondents

Figure 4.6: A histogram showing the years of experience of respondents

Figure 4.7: A histogram showing the distribution of the qualification of the respondents

Figure 4.8: A histogram showing the distribution of the rank of respondents

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The Accident and Emergency Unit is a high-pressure setting where nurses play a crucial role in offering life saving interventions to patients in crisis. However, the intense demands of working in Accident and Emergency (A&E) can take a grievous impact on their physical, emotional, and mental well-being.

Burnout, a psychological response to continued stress at work, is gaining wide recognition as a serious problem in healthcare environments. Due to the physically and emotionally taxing nature of their work, nurses are especially affected by the issue. The Accident and Emergency (A&E) unit is one of the most hectic, most demanding and most taxing nursing departments. Burnout is almost certain to occur for nurses working in these unit because they often deal with large patient load, overwhelming workloads, and high pressure decision making. (Molavynejad et al., 2021)

Burnout is recognized as an occupational phenomenon by the World Health Organization (WHO, 2019), which highlights its consequences for health systems around the world. According to the World Health Organization (2019), the 11th Revision of the International Classification of Diseases (ICD-11) has recognized burnout as an occupational issue. It is not considered a medical condition. Burnout is acknowledged as

a workplace issue in the 11th Revision of the International Classification of Diseases (ICD-11).

The burden is notably higher in places with inadequate resources, such as Nigeria, where there is frequently a lack of man-power or staffs, poor infrastructure, and harsh working conditions. Emergency department nurses in Nigeria are particularly vulnerable to emotional weariness and disengagement because they consistently work long shifts, get little sleep, plus, they possess no psychosocial support. (Akinbobola et al., 2023)

In the 1940s, the term "burnout" was first used. It was first used to characterize the point at which a mechanical or jet engine failed because of overload and overheating from prolonged use. The phrase was then popularized in the 1970s by Herbert Freudenberger, an American clinical psychologist, to characterize the emotional and mental state of overburdened and overworked volunteers in mental health clinics. He described it as "a progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the condition of the work." Burnout, according to Freudenberger, is "becoming exhausted by making excessive demands on energy, strength, or resources" during work. (Freudenberger, 1974)

Burnout, according to other academics, is a spectrum of conditions that range from mild dissatisfaction to more severe forms of sadness and/or depression. The psychological condition known as burnout is induced by prolonged work-related stress, especially in

rigorous fields like healthcare. Depersonalization, a reduced feeling of personal achievement, and emotional weariness are its hallmarks. (Maslach & Leiter, 2021). The challenging, fast-paced, and erratic nature of their work which frequently entails handling critically ill patients, life-threatening situations, and frequent exposure to distress makes nurses in Accident and Emergency (A&E) units especially vulnerable to burnout.

Maslach, a social psychologist and pioneer in burnout studies, established a commonly used concept of burnout. Burnout, according to her definition, is "a syndrome of three components: (1) emotional exhaustion (depletion of emotional resources to contact other people), (2) depersonalization (negative feelings and cynical attitudes toward the recipient of one's services or care), and (3) reduced personal accomplishment (a tendency to evaluate oneself negatively, particularly with regard to work)." (Maslach & Jackson, 1981). Burnout is a psychological syndrome that manifests as a protracted reaction to ongoing interpersonal and emotional pressures at work, particularly in occupations that require a lot of social engagement and emotional labor. (Maslach & Leiter, 2020).

According to Maslach, burnout is an internal emotional response (illness) brought on by outside influences that causes one to lose social and/or personal resources: 'Burnout is the index of the dislocation between what people are and what they have to do. It represents erosion in values, dignity, spirit, and will an erosion of the human soul. It's a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover' (Maslach and Leiter,

2022). The Maslach Burnout Inventory (MBI) and Maslach's (1982, 1993) three-dimensional model of burnout, which incorporates emotional exhaustion, depersonalization, and reduced personal accomplishment, continue to be the gold standard in burnout research and are frequently used to evaluate burnout across professions. (Schaufeli, Leiter, & Maslach, 2020; Salvagioni et al., 2017; Rotenstein et al., 2023)

Globally, poor psychological wellbeing, less job fulfillment, higher rates of absenteeism, and compromised patient care have all been linked with burnout amongst A&E nurses (Al Sabei et al., 2022). An examination into burnout among emergency department (ED) nurses was of recent conducted in Riyadh, Saudi Arabia. The Maslach Burnout Inventory was used to measure burnout levels in this multicenter cross-sectional study, which featured 179 nurses. The findings showed that high rates of burnout were reported by 65.4% of individuals. Burnout was reported by 60.2% of people as personal, 64.4% as work-related, and 49.8% as patient-related. Saudi nationals and younger nurses (ages 25–29) were affected more severely. (Alzahrani et al., 2024).

More broadly, a 2025 systematic review and meta-analysis examined the prevalence of burnout among medical staff working in intensive care units and emergency rooms around the world. The pooled analysis of 17 studies indicated a burnout prevalence of 46%. 48% of participants reported high levels of emotional weariness, 30% indicated high levels of depersonalization, and 47% reported low levels of personal success. Age,

gender, workload, years of experience, and the effects of COVID-19 were all contributing factors. (Asmare et al., 2025).

Concerning levels of nurse burnout have been reported globally, leading Institutions to examine support systems and organizational culture. The three main elements of burnout, emotional exhaustion, depersonalization, and reduced personal accomplishment, often result from intense psychological demands that nurses bear in accident and emergency departments (Maslach & Leiter, 2021). The consequences are far reaching, impacting patient outcomes, staff retention and overall job performance. (Wang et al., 2022).

Although depression (such as fatigue and low mood) and burnout (particularly emotional exhaustion and depersonalization) exhibit overlapping symptoms, they are not the same. Burnout is often work- related, individuals experiencing burnout may still find joy and derive pleasure in non- work activities. They also commonly do not exhibit symptoms that are more typical of clinical depression, such as suicidal thoughts or significant weight loss. Additionally, occupations like nursing, teaching, and social work that need a lot of interpersonal connection are more likely to experience burnout. (Bianchi, Schonfeld, & Laurent, 2015).

In Sub-Saharan Africa, 50% of nurses experience burnout, according to Dubale et al., (2019). Similarly, studies at King Faisal Hospital in Rwanda revealed that more than half (57%) of medical staff members were burned out, with nurses, physicians, and midwives

reporting the greatest rates (Nyirigira et al., 2025). 50% of emergency department nurses at Tygerberg Hospital in Cape Town, South Africa, met the full criteria for burnout, as found in a study by Naidoo and Schoeman (2023). In addition, 71.6% of individuals were highly susceptible to depersonalization or emotional exhaustion. These results indicate the high levels of burnout experienced by Tygerberg Hospital's emergency department employees. In spite of the fact that the prevalence and risk factors for burnout are widely recognized, most research has been carried out in high-income nations with sufficient resources. However, there's a lack of information regarding burnout among medical professionals working in low and middle-income countries, such as those in Sub-Saharan Africa, where the greatest health burdens exist. This is especially true in sub-Saharan Africa, where the health care system is still underdeveloped and the effects of burnout on it are not quantified. (Owuor et al., 2020)

In Nigeria, systemic issues that emergency nurses often encounter include staffing shortages, insufficient training, low compensation and little mental health support, exacerbating workplace stress. (Okeke et al., 2023) Burnout is still under assessed, there's a notable absence of formal coping mechanisms, despite hospital management's best efforts. This stresses how urgent it is to look into the individual experiences and perceived consequences of burnout in this context, particularly in academic teaching hospitals that double as centers for training and healthcare.

In low- and middle-income nations like Nigeria, fundamental challenges like understaffing, long work hours, poor infrastructure, and limited emotional support further intensify emergency nurses' stress levels. (Adelakun et al., 2023). Victor et al., (2012) found that 57.1% of nurses in a general hospital in Nigeria encountered burnout. The prevalence of burnout among Nigerian Nurses remains an area of continuous and active research. The three Maslach Burnout Inventory divisions were shown to have extremely high levels in two studies with limited sample sizes from Southwestern and Southeastern Nigeria, ranging from 29 to 40% and 43 to 54%, respectively.

A study by Makanjuola et al., (2021) that measured burnout among nurses working in critical care units in tertiary hospitals in Ondo State, Nigeria, using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) revealed that 47.8% of A&E nurses experienced moderate emotional exhaustion and 22.6% of A & E nurses experienced high emotional exhaustion. Nurses' burnout and years of practice did not differ statistically significantly. Although burnout occurs all around the world, emerging nations like Nigeria experience it to a greater extent. Job happiness, psychological well-being, interpersonal skills, and job performance are all impacted by burnout.

Maslach and Leiter (2021) state that one or more of the following factors contribute to burnout: workload (too much work, insufficient resources); control (micromanagement, lack of influence, accountability without power); reward (insufficient compensation, recognition, or fulfillment); community (disrespect, isolation, and conflict); fairness

(discrimination, favoritism); and values (ethical conflicts, pointless tasks). A mismatch between the individual and the workplace can lead to burnout. Job demands are tasks that call for prolonged mental, emotional, or physical effort (Demerouti et al., 2001). An individual may experience chronic weariness, burnout, or even psychological disengagement from their work if job expectations continue to be excessive (Bakker et al., 2000).

Burnout is now a prevalent issue facing A & E nurses, threatening their health, their job satisfaction, and the quality of patient care. High-pressure decision-making, exposure to trauma and violence, lengthy workdays and irregular schedules, insufficient staffing and resources, and the emotional strain of caring for vulnerable populations represent a few of the specific hurdles faced by A & E nurses. Research suggests that up to 70% of emergency nurses may suffer from burnout, which is a troubling statistic.

Burnout has harmful effects on nurses health including patient safety, treatment quality, and health care expenditures. Burned-out nurses are at a greater risk to make clinical mistakes, lack job satisfaction, and think about quitting nursing, studies have found (Rodriguez et al., 2021). These difficulties were amplified by the COVID-19 epidemic, with frontline nurses suffering the most from higher workloads, patient deaths, and dangers to their personal health. (Chersich et al., 2021).

1.2 Statement of problem

In the nursing profession, burnout is a serious occupational health risk, particularly in Nigeria. This is due to the fact that problems like low staffing ratios, poor management, a lack of vacation time, and poor leadership can impact all sectors. Notwithstanding these challenges, little research has been done on the perceptions and experiences of burnout among A & E nurses in teaching hospitals in Nigeria. Designing solutions that tackle the underlying causes of burnout and encourage a healthier workplace requires an understanding of their viewpoints. This study is to contribute to evidence-based support and retention strategies by investigating the perceived impacts of burnout among nurses working in the A&E unit at Kwara State University Teaching Hospital.

As several sources have noted, burnout is a major issue in accident and emergency nursing in particular and is linked to higher prevalence rates than in other nursing specialities. Because of the stressors at work, inconsistent work schedules, and ongoing exposure to traumatic events, accident and emergency nurses are particularly vulnerable to burnout. Burnout rates among emergency nurses increased during and after the COVID-19 pandemic; research indicates that almost half of A & E nurses suffered from severe emotional exhaustion (Hall et al., 2023).

Even though this problem is becoming more widely acknowledged, little research has been done on how nurses themselves view the consequences of burnout in particular settings, such as teaching hospitals in Nigeria. To improve the quality of care provided in

A&E units, implement staff support systems, and inform hospital management policies, it is essential to comprehend the perceived effects of burnout from the nurses' point of view.

Several nurses are observed complaining of burnout in various ways, which raises the question of whether the nurses are aware of the effects of burnout and whether they are relevant to burnout management strategies. This is based on the researchers' limited experience during clinical posting to A & E departments. The researcher is curious about this and wants to learn more from the nurses who work in the unit.

General Objective

The general objective of this research is explore the **Perceived Effects of Burnout among Nurses at Accident and Emergency Unit of Kwara State University Teaching Hospital Ilorin Kwara State**

1.3 Objectives of the study

The objectives of the research work are to;

-Elicit the factors contributing to burn-out among Nurses at Accident & Emergency (A & E) Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State.

-Assess the impact of Nurse burnout on the quality of patient care and safety outcomes at the A & E Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State.

-Identify effective strategies for mitigating the effects of burnout and promoting resilience among Nurses at A & E Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State.

-Explore the coping mechanisms and self-care strategies employed by Nurses in the accident and emergency unit of Kwara State University Teaching Hospital, Ilorin, Kwara State to prevent or manage burnout.

1.4 Research questions

-What are the main factors contributing to burnout among Nurses in the A & E Unit of Kwara State University Teaching Hospital, Ilorin?

-What are the effects of Nurse burnout on patient care and safety in the A & E settings of Kwara State University Teaching Hospital, Ilorin, Kwara State?

-What strategies can be implemented to prevent and mitigate burnout among Nurses at the A & E unit of Kwara State University Teaching Hospital, Ilorin, Kwara State?

-What are the coping mechanisms and self-care strategies used among Nurses at the A & E unit of Kwara State University Teaching Hospital, Ilorin, Kwara State to prevent or manage burn-out?

1.5 Research hypotheses

-There is no significant difference between the cadres of Accident and Emergency nurses and their experience of burnout at Kwara State University Teaching Hospital, Ilorin.

-There is no significant difference between insufficient resources and staffing levels in A & E unit of Kwara State University Teaching Hospital, Ilorin.

-There is no significant difference between inadequate work life balance and limited opportunities for self-care among A & E Nurses of Kwara State University Teaching Hospital, Ilorin.

1.6 Significance of the Study

Examining the effects of burnout on Accident and Emergency (A&E) nurses is significant for several reasons such as the effect on Patient Care at which A & E nurses' burnout may result in less effective patient care. Burnout can make nurses emotionally spent, jaded, and less sympathetic, which might make it difficult for them to treat patients effectively in an emergency.

Another aspect on the effect of burnout is that workforce retention, nurse shortages and turnover are often caused burnout among the A & E nurses. Because A & E departments handle intensive tasks, staffing issues already arise. By comprehending the consequences of burnout, initiatives to increase nurse retention and keep valuable employees in the field can be developed.

Nurse Well-being is another factor that the health care system depends on, the health of all medical personnel, including nurses, and in addition to having an impact on work

output, burnout exacerbates mental health conditions like anxiety and depression. The creation of interventions and support networks to enhance nurses' well-being can result from an understanding of the impacts of burnout.

In summary, examining the effects of burnout on A&E nurses is significant for understanding its impact on patient care, workforce retention, healthcare costs, nurse well-being, and organizational effectiveness. Given that A&E nurses are critical to patient triage, resuscitation, and stabilization, their mental and physical well-being directly affects emergency care delivery. Understanding how they perceive burnout can inform tailored institutional policies, improve workplace resilience, and enhance healthcare delivery efficiency.

This research can inform interventions and policies to mitigate burnout and create a healthier work environment for A & E nurses.

1.7 Scope of the study

This study is delimited to the nurses working in the Accident & Emergency Unit of Kwara State University Teaching Hospital, Ilorin Kwara State.

1.8 Operational definition of terms

Perceiving: to look at, inspect, or scrutinize carefully or in detail; investigate the effect of burnout among the A & E nurses in Kwara State University Teaching Hospital, Ilorin.

Effects: a phenomena that develops from and is brought about by a prior phenomenon among the A & E nurses in Kwara State University Teaching Hospital, Ilorin.

Burnout: A state of total physical, mental, and emotional weariness among the A & E nurses in Kwara State University Teaching Hospital, Ilorin.

A & E Unit: a department in the hospital concerned with managing and treating various forms of serious medical conditions by the A & E nurses in Kwara State University Teaching Hospital, Ilorin.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

2.0.1. Historical Background of Burnout

The phrase "burnout" was originally used informally and in daily speech. In fact, Freudenberger took it from the world of illegal drugs, where it was used to refer to the grave consequences of long-term drug usage. The term, burnout, was first introduced by Herbert Freudenberger in 1974, who described it as a state of physical and emotional exhaustion caused by excessive and prolonged stress in caregiving professions (Freudenberger, 1974). As a consulting psychologist, he used the phrase to characterize the progressive emotional exhaustion, demotivation, and decreased dedication among volunteers at his clinic in East Village, New York.

Not insignificantly, Freudenberger experienced burnout twice, which lend credence to his advocacy of burnout awareness. He had a strong bond with the people that came into his clinic. He would get together with the volunteers early in the morning following the clinic's closure for the night. After that, Freudenberger would return uptown, sleep for a few hours, and repeat the process the following day. On this plan, Freudenberger broke down after around a year. (Malesic, 2022)

Herbert Freudenberger's groundbreaking paper, "Staff Burn-Out," published in 1974, marked the beginning of a new era in understanding occupational hazards. Through his observations at the Free Clinic, Freudenberger identified a phenomenon where dedicated and committed individuals, driven by their passion to help others, succumbed to burnout. This condition manifested after prolonged periods of intense work, typically around a year, and was characterized by emotional exhaustion.

Freudenberger's analysis revealed that the very traits that made these individuals exceptional in their work, their commitment, empathy, and willingness to give, also made them vulnerable to burnout. The pressure to perform, coupled with limited financial rewards, further exacerbated this risk. Despite the unscientific nature of his study, Freudenberger's insights laid the foundation for subsequent research into burnout.

The significance of Freudenberger's work lies in its recognition of burnout as a critical issue affecting individuals in high-stress professions. His observations underscored the need for awareness, prevention, and intervention strategies to mitigate the effects of burnout. Today, burnout is acknowledged as a complex problem with far-reaching consequences, and Freudenberger's pioneering work continues to inspire research and action in this field. (Malesic, 2022)

Freudenberger's list of burnout symptoms was wide: "exhaustion, being unable to shake a lingering cold, suffering from frequent headaches and gastrointestinal disturbances, sleeplessness and shortness of breath," as well as "quickness to anger," paranoia, overconfidence, cynicism and isolation. Put simply, burnout was a universal phenomenon, as it might arise from any source.

Following this, Christina Maslach further developed the concept in the 1980s, defining burnout as a three-dimensional syndrome comprising, Emotional exhaustion, Depersonalisation (cynicism), Reduced personal accomplishment. She also developed the Maslach Burnout Inventory (MBI), which remains the most widely used instrument for measuring burnout (Maslach & Jackson, 1981). Interviewing a range of human services personnel in California, Maslach and her colleagues independently and concurrently came upon the same concept.

Only a few months separated Freudenberger's paper from Maslach's report. Concurrently, burnout was discovered, and its significance quickly expanded beyond academic publications to become a popular buzzword similar to what it is now. The term "burnout" then traveled abroad to other continents and countries. "Roughly speaking, the order in which the interest in burnout seems to have spread corresponds with the economic development of the countries involved," said Maslach and two co-authors in a 2009

research. (Maslach, Leiter, & Schaufeli, 2009). In other words, burnout spread from wealthy North American and European nations to Latin America, Africa, and Asia.

Institutional Recognition and Definition

A major milestone in the recognition of burnout was achieved when the World Health Organization (WHO) added it in the International Classification of Diseases, 11th Revision (ICD-11) in 2019, categorising it as an occupational phenomenon, and not a medical condition. The WHO defines burnout as: “A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” (WHO, 2019)

This marked a turning point, positioning burnout as a global occupational health concern. A few European countries, including as Sweden, have recognized burnout as a medical condition that qualifies its victims for paid time off and other benefits. Burnout workers in Finland may be eligible for compensated rehabilitation workshops, which consist of ten days of intense individual and group activities, including as classes on diet, exercise, and counseling. Public and scientific understanding of burnout has not advanced significantly, despite an increase in awareness of the problem. There is still no universally accepted way to diagnose burnout, and there is no agreement on how to quantify it. (Malesic, 2022)

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association does not list burnout as a condition. Freudenberger (1980) linked burnout to the rapid pace of social and economic transformation, ranging from consumerism to the sexual revolution. At first, burnout was identified and discussed as a phenomenon unique to the human services field, with a focus on fields like education, health care, social work, psychotherapy, legal services, and law enforcement. (Malesic, 2022)

As a matter of fact, the original MBI's content and question structure limited its use to these domains. Burnout was largely confined to the so-called caring. In today's world, burnout is a buzzword for discussing work-related issues. According to a recent survey, burnout was the primary cause of record numbers of job terminations in 2021. (In the meantime, those who continued to work in understaffed environments were also suffering from burnout.

Recent Developments (2020–2025)

-Burnout and COVID-19

Between 2020 and 2025, the COVID-19 pandemic triggered a spike in burnout cases globally, predominantly among healthcare professionals. Frontline nurses, emergency department staff, and intensive care personnel faced heightened workloads, emotional toll and inadequate resources.

A global survey by Morgantini et al., (2021) discovered that 51% of healthcare workers experienced burnout amid the pandemic, and nurses and emergency care workers were

the ones that were mostly affected. The COVID-19 pandemic has exacerbated existing burnout risk factors while reducing reliance on traditional coping mechanisms. (Morgantini et al., 2021)

-Wider Occupational Impact

Burnout has expanded beyond healthcare to various fields including teachers, IT professionals, social workers, and even students. The rise of remote work, digital overload, and unclear work-life boundaries during and after COVID-19 has increased emotional fatigue in numerous industries. Digital burnout is emerging as a new subtype, specifically in tech-intensive professions (Nagy et al., 2023).

-Mental Health and Burnout

Recent research indicates a strong link between burnout and anxiety, depression, and post-traumatic stress, causing scholars to question its distinct classification. Some argue that burnout may be better conceptualized as an occupational manifestation of depressive symptoms (West et al., 2023).

-Global and Cultural Perspective

In low and middle-income countries like those in sub-Saharan Africa, burnout is aggravated by lack of infrastructure, inadequate staffing, and limited access to mental

health services. However, Western burnout models are sometimes faulted for not accounting for regional cultural differences. (Pine et al., 2022; Wagoro et al., 2023).

- Criticism and Reassessment

Several critiques have emerged questioning whether burnout should be a distinct diagnosis. Some researchers argue that, burnout is closely intertwined with depression and stress disorders, the MBI and other tools have a limited cross- cultural applicability, particularly in resource- constrained environments (Pine et al., 2022), contextualized frameworks are essential, especially in regions like Sub- saharan Africa or among informal workers (Wagoro et al., 2023). Despite these critiques, burnout remains widely recognized in policy, healthcare, and organizational well-being programs globally.

2.1 Conceptual Review

Burnout is simply a condition of fatigue brought on by extended or recurrent stress. Burnout occurs when you are exposed to ongoing or chronic emotional and interpersonal stressors with no relief. Burnout is a psychological syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). In high-stress environments like Accident and Emergency (A&E) units, nurses are particularly susceptible to burnout due to the demanding nature of their work.

According to Cambridge dictionary (2024), Burnout is a state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress.

Oxford dictionary (2024) Opined that burnout is the state of being extremely tired or sick, either physically or mentally, because you have worked too hard.

Not all individuals who work in the same environment develop burnout. This is because some risk factors related to the person or work places play a major role in burnout development. These factors can be categorized into work environment related factors, demographic variables and personality traits. (Abdullah et al., 2016)

World Health Organization(2019) defined burn-out as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It's characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one's job or feelings of negativism or cynicism related to one's job, and reduced professional efficacy.

The Merriam-webster dictionary(2024) defined burnout as the exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.

Medical literature shows that the impact of burnout is multidimensional. There are physical, social, mental and interpersonal manifestations of burnout. The most noticeable impact of burnout is the reduction of work performance and decrease in service quality.

Due to prolonged exposure to emotional, mental and physical exhaustion, the motivation of the vulnerable individual will diminish gradually and the workers will not be able to keep up with work demands. Moreover, the frequency of absenteeism, sick leave, job dissatisfaction and the wish to leave the job will increase. (Abdullah et al., 2016)

According to Freudenberger, burnout is characterized by physical symptoms such as exhaustion, fatigue, frequent headaches and gastrointestinal disorders, sleeplessness, and shortness of breath. Behavioral signs include frustration, anger, a suspicious attitude, a feeling of omnipotence or overconfidence, excessive use of tranquilizers and barbiturates, cynicism, and signs of depression. Freudenberger not only described the symptoms of burnout but also listed personality factors that predispose people to suffer from burnout. It is primarily “the dedicated and the committed” who are most likely to burnout (Freudenberger, 1974).

Following its introduction in the US in the 1970s, the idea of burnout made its way to Western Europe in the 1980s, namely to the UK, Germany, Belgium, Netherlands, Scandinavia, Finland, and Israel. Burnout was also noted in the rest of Western, Middle-Eastern, and Eastern Europe, Asia, the Middle East, Latin America, Australia, and New Zealand starting in the mid-1990s.

Research on burnout expanded to China, the Indian subcontinent, and Africa around the turn of the century. It's interesting to observe that, usually speaking, the countries

involved' socioeconomic progress aligns with the sequence in which burnout has gained popularity. According to some theories, modern working life is rapidly changing as a result of globalization, privatization, and liberalization. These changes include the need to learn new skills, adapt to new work environments, and strive for ever-higher productivity. There is also a general acceleration and an increase in temporal pressures, all of which can lead to burnout.

There is strong agreement on the notion of burnout despite the great diversity in definitions. The majority of academics concur that burnout's primary defining and essential element is exhaustion. Burnout is a common condition among nursing workers and can be caused by a variety of circumstances, such as depersonalization, inadequate social support, minimal control over job decisions and perceived overwhelming workload, low rewards, low personal accomplishment, and poor social climate. Reduced job performance, subpar care, inadequate patient safety, unfavorable patient experiences, and unfavorable events such as prescription errors, infections, and patient falls are some of the negative consequences of nursing burnout.

The Job Demands-Resources (JD-R) model provides a model for burnout, suggesting high demands and limited resources contribute to exhaustion and detachment (Demerouti et al., 2001). In many sub-Saharan African contexts, A & E nurses deal with high pressure situations, including heavy workloads and high patient-to-staff ratios

alongside limited sufficient support systems, supervision, or psychological safety (Bambra et al., 2023).

In the context of Nigerian healthcare, challenges like staffing shortages and resource constraints worsen burnout. A study conducted in Abuja discovered an 85% prevalence of burnout among healthcare professionals, emphasizing the severity of the issue (West African Journal of Medicine, 2023).

Burnout among nurses not only affects their well-being but also has significant consequences for patient care. In Osun State, research revealed a significant correlation between burnout levels and self-assessed care quality, implying that burnout can compromise patient outcomes (Ayandiran et al., 2020). Similarly, in Sokoto State, a study discovered a negative correlation between bullying, burnout and job satisfaction among nurses, further affecting the quality of care provided (Omole, 2023).

Despite efforts, finding effective strategies to support nurses in managing burnout, enabling restorative environments, and enhancing patient safety and care quality remains a challenge, however, approaches to building resilience and supporting cultural change, as well as interventions pertaining to meaningful recognition, shared decision-making, and greater leadership support and involvement for nurses, are being investigated.

Burnout has come to light as a major occupational concern, especially in high-stress healthcare settings such as Accident and Emergency (A&E) units. It is understood as a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress at work (WHO, 2019). Nurses in A&E units are particularly at risk because of unpredictable workloads, critical patient conditions, and time-sensitive decision-making (Mekonnen et al., 2022).

The Maslach Burnout Framework, universally accepted in healthcare research, defines burnout across three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2022). In the Nigerian healthcare setting, factors such as understaffing, delayed pay and limited resources exacerbate stress. These elements result in not just physical fatigue but also emotional disengagement from patient care (Okonkwo et al., 2021).

Studies across sub-Saharan Africa have highlighted the magnitude of the problem. A recent cross-sectional study in South Africa disclosed that 50% of emergency nurses met full criteria for burnout, with over 70% at high risk of emotional exhaustion or depersonalization (Kekana et al., 2023). Similarly, in Rwanda, 57% of healthcare workers reported burnout symptoms, especially among emergency care staff (Munyemana et al., 2022). These figures indicate a regional trend with far-reaching implications for care quality.

Burnout research in Nigerian tertiary hospitals reveals burnout's link with increased medical errors, reduced empathy, and lower job satisfaction (Adebayo & Omoniyi, 2020). Nurses experiencing burnout are more likely to lose emotional connection from patients, resulting in reduced quality of care and patient discontent (Ukwuoma et al., 2023). This detachment can also be evident in poor communication, clinical errors, and frequent absenteeism. Furthermore, burnout has been tied to psychological problem, including anxiety, depression and sleep disorders affecting nurses job performance and retention (Ogunyemi & Akinyemi, 2021). In light of these outcomes, understanding and comprehending how nurses perceive burnout especially in critical care settings like A & E is important for forming hospital policies, wellness initiatives and workforce development.

Burnout in A & E nurses does not occur in isolation, it is greatly influenced by workplace, organizational and individual factors. Emergency units are typically high-pressure environments, often marked by long hours, high patient acuity, under-resourced settings, and emotionally charged encounters. These factors come together to generate conditions that exacerbate psychological strain (Raso et al., 2021).

These pressures were compounded by the COVID-19 pandemic. A multinational study found that A & E nurses across Africa experienced significantly higher stress levels

during the pandemic, with limited access to personal protective equipment and increased exposure to trauma, leading to more pronounced burnout symptoms (Nyarko et al., 2022).

Another relevant concept is compassion fatigue, which often coexists with burnout. A&E nurses frequently experience traumatic situations that may lead to emotional numbing and detachment from patients. Compassion fatigue undermines job satisfaction and may contribute to professional disillusionment (Gyamfi et al., 2023).

Importantly, burnout is also influenced by perceived organizational justice and support. When nurses feel undervalued, excluded from decision-making, or unfairly treated, their risk of emotional exhaustion and depersonalization increases significantly (Tijani et al., 2020). Addressing burnout thus requires systemic reforms in staffing, training, mental health support, and organizational culture.

2.1.1. Stages of Burnout

Burnout develops over time, and it's hard to realize at first, Two psychologists, Gail North and Herbert Freudenberger (1992), came up with 12 stages of burnout. An A & E Nurse may go through the following Stages when experiencing burnout;

Stage 1: Compulsion to prove oneself: At this initial stage, individuals may attempt to establish themselves by demonstrating their worth and capability, often taking on high

workloads to prove their value. This can lead to setting unrealistic goals and over committing.

Stage 2: Working harder. People start working harder and longer hours in an attempt to live up to the lofty standards they have set for themselves. They could develop an obsession with their work and stop paying attention to anything else in Life.

Stage 3: Neglecting own needs. Self-care starts to deteriorate as work takes precedence. Individuals may disregard their physical and emotional requirements as a result of meal skipping, sleep deprivation, and giving up on social and recreational activities.

Stage 4: Displacement of conflicts. At this point, people may begin to feel a conflict between their personal needs and the demands of their jobs, but they might not acknowledge or deal with these problems. Alternatively, they may minimize or overlook them, resulting in unresolved internal disputes.

Stage 5: Revision of values. The person starts to perceive things differently and comes across as callous to people around. The individual's aspirations take precedence over those of friends and family.

Stage 6: Denial. The affected individual begin to stay in isolation from others as cynicism and bitterness seep in. The person also gets irritated, intolerant, and angry with experiences of physical discomfort and a decline in performance.

Stage 7: Withdrawal. Interacting with people seems like a burden. If someone criticizes such individual, they become upset and may feel lost or powerless. The individual might attempt using alcohol or illicit drugs as a form of self-medication.

Stage 8: Behavioral changes. When apathy sets in, nothing is important. The person stays away from taking on more duties.

Stage 9: Depersonalization. One becomes disengaged and detached from both themselves and other people. People may begin to regard themselves and other people as things or purposes instead of as fellow human beings, which can result in a decrease in empathy and close relationships.

Stage 10: Feeling empty. People may feel anxious or empty inside, and they may try to get over these sensations by becoming more active or, on the other hand, by engaging in escapism behaviors like binge eating, drug use, alcohol use, or sex. Panic, worry, and exhaustion set in.

Stage 11: Depression. Feelings of fatigue, apathy, and hopelessness are typical in this stage. Depression symptoms may arise from the person's sense of purposelessness, uncertainty about the future, and general sense of being lost.

Stage 12: Total burnout. Burnout syndrome is the result of the previous stages coming to a head, leaving people feeling helpless and overburdened by the demands placed on them. A serious mental, physical, or emotional breakdown may ensue from this, necessitating medical attention in order to recover.

2.1.2. General effect of Burnout that faced A&E Nurses

Burnout can start slowly and subtly, making it difficult to identify at first, but it can have detrimental effects on our ability to enjoy important activities outside of work and perform well at work. The general effects of Burnout are going to be discussed under; its

impact on the physical and mental well being of A & E Nurses, Emotional symptoms & Behavioural symptoms

2.1.2.1 The impact of burnout on the physical and mental well being of A & E Nurses

Physical symptoms of burnout such as changes in appetite which involves notable changes to eating patterns, such as overeating or appetite decrease. Another physical symptom is Chronic fatigue in which the A & E Nurses experiences a severe sensation of exhaustion or low energy, even after Rest. Insomnia is another physical symptom which refers to tiredness accompanied by trouble falling or keeping asleep. Lastly physical symptoms of burnout includes Headaches, muscle pain and Frequent illnesses which involves reduced resistance to infections, such as the flu and colds, due to a compromised immune system.

2.1.2.2 Emotional symptoms

Emotional symptoms of burnout include Detachment, which is a sense of alienation or disconnection from coworkers, the workplace, and even interpersonal connections, Lack of accomplishment which refers to sentiments of inefficiency, failure, or dissatisfaction with one's accomplishments, Increased cynicism which refers to a pessimistic outlook on the people and things at work that frequently permeates other spheres of life, Loss of enjoyment which is a state in which Previously enjoyable activities become no longer pleasurable in one's personal or professional life, and lastly Depression, Severe burnout can cause depressive, melancholy, or hopeless feelings.

2.1.2.3 Behavioural symptoms

Behavioural symptoms include use of coping mechanisms which is characterised by an increase in the use of unhealthy coping strategies, such as alcoholism, drug abuse, or excessive TV watching, online browsing, or other escapist pursuits. Another behavioural symptom is Procrastination which involves a greater propensity to put things off, which lowers productivity and avoiding work chores. Isolation is another behavioural symptom characterised by diminished social interaction as a result of withdrawing from social interactions and activities. In addition avoiding duties, repeatedly reporting absenteeism, or arriving late and departing early are other behavioural symptoms of burnout. Lastly Irritability which refers to heightened irritability or a short temper, particularly under circumstances that wouldn't otherwise trigger such response.

2.1.3 Factor contributing to Burnout among A&E Nurses

A feeble and inefficient nurse is not the cause of A & E nurse burnout in most cases. Rather, burnout is frequently the result of several problems coming together. Some of which includes; High stress environment, A & E departments' high-stress work environments, which frequently lack sufficient resources and support, can lead to burnout in nurses. These conditions push nurses to the limit of their physical and mental capabilities, demanding rapid decision-making, and expose them to terrible cases. This constant pressure can damage their physical and mental health, causing emotional exhaustion, a decline in motivation, a fall in job satisfaction, and eventually burnout .

Another factor contributing to burnout is lack of appreciation, Burnout can result from when A & E nurses feel underappreciated and unrecognizably valued for their hard work and dedication. Nurses may begin to feel like they are just going through the motions with no feeling of fulfillment or purpose when they believe that their efforts are not recognized or valued. When they start to doubt the importance of their work and believe they are not having an impact, this can cause emotional exhaustion. Burnout can be made worse by the absence of acknowledgment, which can also cause sentiments of resentment and irritation. It is possible for nurses to get disengaged from their work when they feel invisible and undervalued. This can result in lower job satisfaction, lower productivity, and eventually burnout.

A common factor contributing to burnout is Overwork combined with little staffing and no breaks, A & E nurses may become burnt out due to a relentless and unsustainable workload that saps their mental and physical resources and leaves them exhausted, worn out, depleted, and incapable of handling the demands of their work. This is often the result of overwork paired with inadequate staffing and no breaks. Prolonged stress can weaken their ability to bounce back, which can result in emotional exhaustion, a decline in motivation, a fall in job satisfaction, and eventually burnout.

Another factor contributing to burnout among A & E Nurses is rudeness by other medical staff members, Accident & Emergency nurses may experience burnout as a result of rudeness from other medical staff members, which can create a toxic work atmosphere that undermines their feeling of worth, dignity, and well-being. In the end, burnout can be

aggravated through treating nurses disrespectfully, condescendingly, or hostilely on a regular basis. This can leave them feeling vulnerable, worn out, and helpless. A Unique cause is Limited experience in nursing, particularly in times of staffing deficit, A & E nurses who possess little nursing experience, especially during staffing shortages, could burn out as a result of being put in situations beyond their comfort zones and skill sets, which can leave them feeling overwhelmed, anxious, and inadequate.

This can eventually lead to burnout by causing emotional tiredness, a decline in confidence, and a feeling that one cannot handle the demands of the job.

Furthermore burnout among A & E Nurses is caused by Episodes of abuse, particularly involving women and children.

Abuse episodes, especially involving women and children can lead to burnout in A & E nurses because they expose them to traumatic and stressful events that can elicit strong emotional responses, such as empathy, anger, and grief. As nurses attempt to deal with the moral pain and emotional toll of witnessing suffering and injustice, they may experience emotional exhaustion, desensitization, and compassion fatigue if they come into contact with these patients on a regular basis. This can weaken their resilience, mental health, and sense of fulfillment at work, all of which can lead to burnout. Nursing professionals may find it difficult to maintain a healthy work-life balance as a result of the emotional strain of handling abuse cases, which exacerbates burnout.

A distinct cause is the public's rude and violent conduct toward the nurse, The public's rude and violent conduct towards nurses in A & E departments can cause burnout by

creating a hostile and intimidating work environment. Nurses are subjected to verbal abuse, threats, and even physical violence, which can lead to feelings of vulnerability, fear, and anxiety. This can erode their sense of safety and well-being, making it challenging to provide care with compassion and empathy. The emotional toll of dealing with abusive behavior can lead to emotional exhaustion, decreased job satisfaction, and a sense of hopelessness, ultimately contributing to burnout. The constant exposure to abusive behavior can also desensitize nurses, leading to a decrease in empathy and a sense of detachment, further exacerbating burnout.

A very common factor contributing to burnout especially in developing countries like Nigeria is Insufficient or difficult-to-access resources, A & E departments' lack of resources or their difficulty in accessing them can A & E make nurses feel frustrated, ineffective, and futile, which can lead to burnout. Lack of resources such as tools, equipment, or support may make nurses feel like they are fighting an uphill struggle, which can lower their job satisfaction and cause emotional tiredness. Nurses may experience anxiety and shame as a result of their ongoing battle to make ends meet and worry about how this may affect patient care.

Burnout may worsen as a result of their sense of control and confidence being undermined. Insufficient resources can also force nurses to work longer shifts or take on more responsibilities, which can wear them out physically and psychologically and make them feel overburdened and underappreciated.

A relevant factor contributing to burnout which is not given attention to is Traumatic incidents, particularly those involving young children and babies. Traumatic events can expose A & E nurses to emotionally upsetting and disturbing experiences that can stay long after the occurrence has gone. This is especially true of incidents involving young children and babies, which can lead to burnout.

Strong emotions, such as helplessness, rage, and sadness, can be triggered by the trauma of seeing or caring for seriously ill or injured children. These feelings can be crippling and overwhelming. Frequent exposure to such distressing events can take a toll on one's emotions and cause emotional tiredness, desensitization, and compassion fatigue. The moral anguish of witnessing young lives destroyed by disease or accident can be difficult for nurses to handle, which can leave them feeling helpless and powerless to change anything.

This may weaken their resistance, resulting in exhaustion and a reduced ability to provide empathetic care.

A Unique cause is Emotional labor (the requirement to appear cheerful to prospective patients following an upsetting or depressing incident). An essential component of A & E nursing is emotional labor, which is controlling one's emotions to give empathetic care while frequently hiding genuine emotions to protect patient comfort. As a result of depleting their emotional reserves and repressing their true feelings in order to keep up a professional façade, A & E nurses who constantly regulate their emotions risk burnout.

As a result of their struggles to balance their genuine emotions with their professional identities, A & E nurses may experience emotional weariness due to emotional dissonance. Extended periods of emotional labor can negatively impact nurses' emotional health, resulting in a decline in job satisfaction, a reduction in empathy, and an increase in cynicism. Over time, emotional labor can cause nurses to feel exhausted, depleted, and disengaged from their profession, which can lead to burnout.

Lastly, an additional factor contributing to burnout among A & E Nurses is unending sadness of humanity, A & E nurses work in a sea of misery, agony, and trauma, and this never-ending sadness of humanity can wear them down. When people are continuously exposed to human suffering without any breaks or respites, it can weaken their emotional fortitude and cause compassion fatigue and emotional tiredness. Nursing professionals may find it difficult to keep their emotional boundaries when faced with the unrelenting flood of human misery and all of its allied feelings, including anger, fear, grief, and despair.

They may begin to feel as though they are drowning in a sea of sorrow as they take on the emotional suffering of their patients, which can result in emotions of helplessness, hopelessness, and burnout. A & E Nurses may experience existential dread and a sense of futility as a result of questioning the meaning and purpose of their work due to humanity's never-ending suffering ultimately causing burnout.

2.1.4. Effects and consequences of burnout on A&E Nurses

Emotional exhaustion, Emotional exhaustion can have a profound impact on A & E nurses, leading to a state of physical, mental, and emotional depletion. The high-stress environment of the emergency department, combined with the emotional demands of caring for critically ill or traumatized patients, can lead to a sense of burnout which gives rise to emotional exhaustion. This can manifest in feelings of hopelessness, detachment, and cynicism, making it challenging for nurses to provide empathetic and compassionate care. Emotional exhaustion can also impair cognitive function, decision-making, and critical thinking skills, potentially compromising patient care. If left unaddressed, emotional exhaustion can have long-term consequences for nurses' mental and physical health, as well as the overall quality of care provided in the emergency department.

Another effect of burnout on A & E Nurses is Depersonalization: Burnout could cause depersonalization in A & E nurses which can lead to a detachment from their patients, colleagues, and even themselves. This can result in a sense of emotional numbing, making it difficult for nurses to connect with patients on a personal level, leading to a

decline in empathetic and compassionate care. Depersonalization can also manifest as a sense of detachment from one's own emotions, leading to feelings of emotional exhaustion, burnout, and cynicism. This can impair nurses' ability to provide individualized care, leading to a more mechanical and impersonal approach to patient care. Overall, depersonalization can have a profound impact on the well-being of A & E nurses, compromising the quality of care they provide and their overall job performance.

Furthermore, burnout can cause low personal accomplishment. Low personal accomplishment in A & E nurses can lead to a sense of ineffectiveness and incompetence, making them feel like they are not making a positive impact on their patients' lives. Burnout causes A & E Nurses to have a sense of unaccomplishment, making them feel unfulfilled. This can be devastating for nurses who are deeply committed to their work and derive a sense of purpose and fulfillment from helping others. When A & E nurses feel like they are not achieving their goals or meeting their own high standards, they may begin to question their abilities and feel like they are failing in their role. This can lead to a decline in confidence, motivation, and job satisfaction, making it challenging for them to provide high-quality care. Furthermore, low personal accomplishment can lead to feelings of guilt, shame, and self-doubt, which can spill over into their personal lives, affecting their overall well-being and relationships.

Another effect is Job dissatisfaction, Burnout causes job dissatisfaction among nurses working in the Emergency Department. Job dissatisfaction among A & E nurses can lead

to a pervasive sense of unhappiness and discontent, permeating every aspect of their work. This can result in a lack of engagement, motivation, and enthusiasm, making it challenging for nurses to provide high-quality patient care. Furthermore, job dissatisfaction can spread throughout the team, creating a toxic work environment and negatively impacting the overall quality of care provided in the emergency department. Job dissatisfaction can lead to high nurse turnover, thus creating staff shortages and more distress.

A common effect is decreased quality of care, Burnout among nurses affects not only nurses but also the patients, colleagues and the organization. Burnout among nurses decreases the quality of care provided. Decreased quality of care in the emergency department can have a profound impact on A&E nurses, leading to a sense of moral distress and ethical dilemmas. When nurses are unable to provide high-quality care due to burnout they may feel like they are compromising their professional standards and values. Another effect of burnout on A & E Nurses is increased patient mortality rate: When there's decreased quality of care due to burnout among A & E nurses, this can lead to increase in patient mortality rate. An increased patient mortality rate can have a devastating impact on A & E nurses, leading to a sense of grief, guilt, and emotional distress. Nurses may feel a deep sense of responsibility and accountability for the patients under their care, and when patients die, nurses may experience a profound sense of loss and failure.

This can lead to feelings of hopelessness, helplessness, and despair, as nurses question their own abilities and wonder if they could have done something differently to prevent the patient's death. Furthermore, the cumulative effect of repeated exposure to patient mortality can lead to a sense of emotional numbing, desensitization, and detachment, potentially compromising nurses' empathy and compassion for their patients.

Finally, burnout can cause Hospital-acquired infection from carelessness during treatment, Burnout among A & E Nurses can lead to carelessness during treatment, which can increase the risk of hospital-acquired infections. When A & E Nurses are burned out, they may become distracted, fatigued, and demotivated, leading to lapses in attention and judgment, resulting in mistakes and oversights that can compromise patient care and increase the risk of infections.

2.1.5 What Warning Signs Should A&E Nurses Watch Out for That May Indicate Burnout?

2.1.5.1 Physical Symptoms

Physical signs of burnout syndrome in A & E nurses might include headaches, unsettled stomachs, and aches and pains from tense muscles. To try to ease their distress, they frequently turn to drugs, alcohol, or other self-destructive practices.

2.1.5.2 Exhaustion

Burnout induces physical, emotional, and mental exhaustion in nurses. They might cry uncontrollably when their alarm goes off, struggle to get up when it does, or lack the

stamina to go grocery shopping or prepare meals. They may also experience nightmares and insomnia, which compounds exhaustion.

2.1.5.3 Lack of Joy

A great deal of emergency nurses love what they do. They appreciate the camaraderie among coworkers, the challenge of a code blue, and the surge of adrenaline that comes with going to work. Burnout causes nurses to lose interest in their jobs and in life. They become less happy overall and stop going to parties, hanging out with friends, and engaging in their interests. Some others could have clinical depression.

2.1.5.4 Anxiety

When preparing a trauma room for an ambulance to arrive, A&E nurses can get anxious while driving to work or avoid taking difficult patients. They struggle to communicate vital signs and data to the doctor, or they start to doubt their ability to place intravenous catheters or perform cardioversion in the correct order.

2.1.6 Mitigation Strategies for Addressing Burnout In A&E Nurses

Acknowledging and recognizing the symptoms is the first step towards finding a remedy for burnout amongst all A & E nurses. They then need to recognize healthy coping strategies in order to halt the process and get their lives back in balance. Below are some strategies to consider:

2.1.6.1 Counselor/Mental Health Professional

It is helpful for A & E nurses who are experiencing stress and burnout to make an appointment with a mental health provider who understands trauma. Through this process, they can examine feelings of theirs and develop coping mechanisms that work for them.

2.1.6.2 Education on Burnout

Consider a request for professional education on stress management and burnout management from your superior. It is especially important for A & E nurses to understand the signs of burnout and coping mechanisms. Now is also a great time to establish a peer support system.

2.1.6.3 Self-care

A & E Nurses need to take proper care of themselves, which includes eating healthily and exercising. Participating in gym activities or running clubs that will hold them responsible for your presence. They could also try online cooking instruction or enroll in a cooking class in their neighborhood. A & E Nurses can take a walk in the outdoors or learn how to be aware.

2.1.6.4 Debriefing Sessions

After going through a distressing or traumatic experience, A & E Nurses should request debriefing sessions with a trauma-informed expert. Through this process, they will have a safe place to vent and get coping mechanisms for the future.

2.1.6.5 Vacation

Go on a trip. Many A & E nurses have not taken a vacation for a year or longer. They should request their physician to place them on stress leave from work if staffing shortages prevent management from giving them vacation time. The personal well-being and work-life equilibrium of an A & E Nurse are their own personal responsibilities.

2.1.6.6 Rest

A & E nurses need to get sufficient sleep in between shifts so as to prevent burnout. They need to communicate with their supervisors or whoever is in charge of scheduling shifts. If their present schedule prevents them from getting enough sleep.

2.1.6.7 Journal

A & E Nurses can keep a journal in a file on the computer, an elegant leather-bound journal from a bookstore, or a binder with loose-lined paper so as to jot down the difficulties and feelings they are having trouble with. Writing in a journal facilitates both therapeutic mental healing and self-expression.

2.1.6.8 Cross-train

If an A & E Nurse possesses critical care skills and can work in a post-surgical recovery room or a paediatric unit, such a Nurse might want to consider cross-training. The A & E

Nurse will be able to mentally escape the strains of the emergency room by rotating across units, and may return back to the emergency unit with renewed strength and focus.

2.1.6.9 Take a break

A & E Nurses should occasionally disconnect from work which is crucial. It provides an opportunity for the A & E Nurse to decompress, rest, and replenish both mental and physical strength.

This review underscores the complexity of burnout amongst A & E Nurses, emphasizing the importance of a nuanced understanding of its stages, signs & symptoms, causes, consequences, and mitigation strategies. Burnout is a pressing concern requiring a comprehensive and contextualised understanding. This conceptual review provides a foundation for future research, highlighting the need for a more integrated and dynamic approach to address burnout and promote well-being in various domains.

2.2 THEORETICAL REVIEW

The aim is to look into burnout in A & E nurses in relation to Hobfoll's Conservation of Resources Theory. This theory was selected in the hopes to conduct a study on A & E nurses as individuals in a stressful setting and relate them to effects on patient care.

2.2.1 Hobfoll's theory of conservation of resources (COR)

The Conservation of Resources (COR) Theory, a well-acknowledged psychological hypothesis that was put forth by Stevan Hobfoll in 1989, supplies an extensive framework for appreciating stress, resilience, coping, and burnout in working environments. According to this hypothesis, stress occurs when people's physical, psychological, or social resources are endangered or exhausted. People strive hard to obtain, hang onto, and preserve these resources.

Considering nursing is a demanding profession and resources are particularly essential to a nurse's capacity to manage burnout, the COR Theory is especially applicable in this setting. Anything that a person values is referred to as a Resource, this theory focuses on four Resources which are objects, conditions, personal characteristics and energy as seen in Table 2.1 below

Table 2.1

Types of resources	Examples
Object	Food, home, clothing
Condition	Marital status, social relationship, health condition
Personal characteristics	Stress coping skills, social support
Energy	Time pressure

(Prapanjaroensin, 2017)

The COR Theory states that people become burned out when they feel as though their resources are being threatened or are being taken away from them. In the nursing profession, this can happen in a number of ways, including through excessive workloads, low staffing, interpersonal disputes, or exposure to traumatic experiences. For instance, when they are expected to care for a large number of patients with little resources and assistance, nurses may experience stress and become overwhelmed.

In addition, the COR Theory emphasizes how important resource gain acts as a buffer against stress's harmful consequences. Nurses may be more capable to deal with work demands and preserve their wellbeing if they have access to enough resources, such as opportunities for professional growth, social support from coworkers, and organizational assistance.

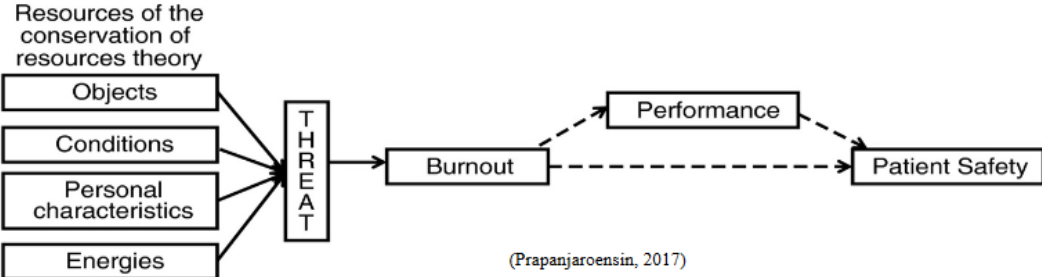
The goal of COR Theory-based interventions is to preserve and refuel nurses' resources in order to lessen stress and foster resilience. This could entail putting in place procedures and policies that place the greatest emphasis on allocating resources, such as hiring sufficient personnel, giving them access to chances for skill and training development, and cultivating a positive work environment. Interventions can additionally concentrate on assisting nurses in developing personal resources, like coping mechanisms, resilience, and self-efficacy, in order to better deal with stressors that accompany their jobs. The fact that COR theory offers a thorough framework for comprehending stress and coping

mechanisms in a variety of contexts is one of its key advantages. The idea incorporates societal, environmental, and individual aspects that affect the availability and management of resources.

Another strength of COR theory is that it offers applications for interventions and preventative initiatives. According to the COR hypothesis, interventions that support the development and preservation of resources may enhance wellbeing and avert stress and burnout. All things taken into account, the conservation of resources theory offers an efficient structure for comprehending the intricate interactions that exist between coping mechanisms, burnout, stress, and resources in the nursing profession. Organizations can foster healthier work environments that promote nurses' well-being and improve their capacity to handle the demands of their profession by resolving shortages in resources and fostering resource gain.

A nurse's entire quality of life can be enhanced, job satisfaction can rise, burnout and stress levels can be decreased with focused interventions based on the COR Theory. For example, the resources which an A & E nurse possesses is put under threat during a tough shift due to the presence of harmful stressors, this could then lead to the Nurse developing burnout when these coping resources are exhausted. Furthermore, nurse burnout could affect the Nurse's work performance, leading to lower alertness and overall quality of care thereby compromising patient's safety as explained in Figure 2.1 below

Figure 2.1



2.2.2 Application of Theory

The causes, development, and effects of nursing burnout are explained by the Conservation of Resources theory. In order to conceive of stress and burnout a different way, The Conservation of Resources (COR) Theory strives to clarify the factors that contribute to depersonalization and emotional exhaustion. According to Hobfoll and Freedy (2017), an overly difficult workload or assignment is probably the root cause of depersonalization and exhaustion. In the end, this triggers emotions of overwhelm and makes it challenging to achieve both personal and professional objectives. Individuals invest their energy in time and expertise to acquire objects, and they condition resources like money, housing, and interprofessional relationships with these expenditures.(Prapanjaroensin et al., 2017).

When the four resources identified by Hobfoll and Freedy (2017) are under threat and out of balance, burnout is theorized to be the ensuing step that results in stress and loss in the integrity of job performance, (both actual and perceived). Burnout and poor performance outcomes are linked to a loss of integrity in job performance, which may have an adverse influence on patient safety and result in unnecessarily expensive medical costs due to errors or a failure to notice deterioration. Future studies that look into the connection between patient safety and professional nurse burnout can be guided by the conservation of resources theory. Interventions aimed at reducing burnout can also follow this theory.Patient safety may be jeopardized when nurses patient ratios and acuities are very

high and the energy resource is under stress. This is because errors can be made more frequently by nurses and they may not be as aware or capable of identifying them, even in the presence of department safety procedures.

A nurse's entire quality of life can be enhanced, job satisfaction can rise, and stress levels can be decreased with focused interventions based on the COR Theory. Furthermore, Healthcare organizations can additionally develop focused interventions to address resource depletion, support A & E nurses, and avoid burnout by comprehending the conservation of resources theory. This involves providing stress-reduction resources, cultivating a positive work atmosphere, and encouraging work-life balance.

Studies have shown that nurses operating in practice environments with insufficient staffing levels experience a decrease in job satisfaction (Aiken et al., 2001, Gunnarsdóttir et al., 2009). In seminal work Aiken and colleagues (2002) found that insufficient staffing levels affected how nurses assessed the quality of care. In regard to key patient outcomes, US Aiken and colleagues (2011) found that lowering patient-to-nurse ratios only improves patient outcomes in hospitals with good work environments. Similarly, improved work environments, as well as better patient-to-nurses ratios, have been associated with patient satisfaction and improved quality of care (Aiken et al., 2012). Effective nurse-doctor relationships have also been shown to positively influence outcomes for nurses and patients (Aiken et al., 2008).

2.3 EMPIRICAL REVIEW

There have been several attempts at quantifying the burden of burnout. A study conducted in Nigerian teaching hospitals found a burnout prevalence of 53.8% among nurses (Adewale et al., 2020). Research in African emergency departments reported burnout rates ranging from 45% to 71% among nurses (Mbwili et al., 2019).

Burnout among nurses in Nigerian hospitals is associated with Reduced job satisfaction (Oluwagbemiga et al., 2019) , Increased intention to leave (Adewale et al., 2020) and Poor patient care quality (Eze et al., 2020). A study in South African emergency departments found burnout linked to Medication errors (Mbamalu et al., 2019), Patient safety concerns (Nkosi et al., 2020),

Lorenz et al.,(2020) investigated the existence of burnout in a university tertiary hospital using the Maslach Burnout Inventory (MBI). They found the presence of burnout in 7.3% of nurses. In another study, Quattrin and colleagues (2020) found that 35% of nurses had a high level of emotional exhaustion, 17% had a high level of depersonalization, and only 11% had a high level of personal achievement. They also found significantly higher levels of emotional exhaustion among nurses older than 40 years with a working seniority of more than 15 years, those who had chosen to work on an oncology ward, and those who wanted another work assignment.

In Singapore, one study identified 39% of nurses to have high emotional exhaustion, 40% to have high depersonalization, 59% to have a low sense of personal accomplishment, and the overall prevalence of burnout was 33.3%, with higher levels of burnout among nurses who worked in rehabilitation wards. In Japan, approximately 36% of human services professionals, such as nurses, were burned out compared to 18% of civil servants, and 12% of company employees pointing to the high risk of burnout among nurses. Although there is adequate information on the prevalence and risk factors for burnout, the majority of studies have been conducted in well-resourced settings in high-income countries. However, considering that the largest share of the global burden of disease is found in low- and middle-income countries, there is a paucity of data concerning burnout among health care professionals working in such areas, particularly in sub-Saharan Africa where health care systems remain underdeveloped and the impact of burnout on the health care system is unquantifiable. (Owuor et al., 2020).

The work environment of nurses has long been a major concern in the nursing profession (Aiken et al., 2001, Clarke et al., 2001, Laschinger and Leiter, 2006). Management practices, organisational culture and work design within hospitals shape nursing practice environments, which have an impact on nurse, system, and patient outcomes (Aiken et al., 2001, Aiken et al., 2012, Institute of Medicine, 2004). Work environment factors have an impact on nurses' perceptions of quality care (Gormley, 2011) and importantly, nurse

perceived quality of care is associated with job satisfaction (Aiken et al., 2002) and turnover intentions (Gormley, 2011).

The 2023 Future Forum study found that 42% of the global workforce reported burnout. Burnout is associated with reduced job performance, cardiovascular disease, and mental health problems. Healthcare professionals are at a higher risk of burnout due to high levels of stress, poor stress management, and trauma. A study of 1,300 nurses in the United States found that burnout was associated with a higher risk of patient safety incidents, including medication errors and falls.

A systematic review of 32 studies on nurse burnout found that it was significantly associated with reduced job satisfaction, absenteeism, and turnover intentions. A study of 500 nurses in the United Kingdom found that burnout was associated with poorer mental health, including depression and anxiety. A review of 22 studies on nurse burnout in intensive care units found that it was associated with increased risk of cardiovascular disease and mortality. A study of 1,000 nurses in Canada found that burnout was associated with reduced quality of care and patient satisfaction. A systematic review of 16 studies on nurse burnout interventions found that mindfulness-based interventions were effective in reducing burnout and improving job satisfaction. (Annu et al., 2020)

The Maslach Burnout Inventory (MBI) is the most commonly used instrument for measuring burnout. Burnout consists of three interrelated components: emotional exhaustion, depersonalization and diminished personal accomplishment. Job burnout is associated with unfavorable organizational outcomes like absenteeism and mental and health problems. A growing body of empirical evidence shows that occupational health is now more relevant than ever due to the COVID-19 pandemic. Particularly, the pandemic has placed considerable psychological strain on healthcare workers. Since the COVID-19 outbreak, numerous studies related to burnout have been carried out with samples of frontline healthcare workers, physicians, nurses, or pharmacists across the world. Nurses are at a higher risk of burnout due to the demanding nature of their job, which requires them to provide emotional labor and manage their own emotions to provide empathetic care (Maslach & Jackson, 1981). The prevalence of burnout among nurses ranges from 15% to 85%, with higher rates reported among those working in intensive care units and emergency departments (Aiken et al., 2012). Burnout among nurses has been linked to various factors, including workload, lack of autonomy, and poor leadership (Laschinger et al., 2016). Nurses who experience burnout are more likely to report decreased job satisfaction, reduced quality of care, and increased turnover intentions (Hayes et al., 2012).

The emotional exhaustion dimension of burnout has been shown to be the most significant predictor of turnover intentions among nurses. Burnout among nurses has

been shown to be associated with decreased job performance, including reduced quality of care and increased medication errors. The financial costs of burnout among nurses are significant, with estimates suggesting that it costs hospitals between \$1.5 and \$2.5 million per year to replace just one nurse. (Annu et al., 2020).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This Chapter describes the research design, research setting, target population, sample and sampling technique, instrument for data collection, validity of Instrument, reliability of Instrument, method of data collection and data analysis with ethical considerations.

3.1 Research Design

A descriptive design was used for the study. The purpose for the design was to perceive and describe the effects of burnout among the Accident & Emergency Nurses in Kwara State University Teaching Hospital, Ilorin, Kwara State.

3.2 Research Setting

This research was conducted at the Accident & Emergency Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State. It is one of the secondary health care institution owned by the Kwara State government. It is situated along Surulere area opposite Queen Elizabeth Secondary School. It was established in 2012, and was officially commissioned in 2014 by Former Head of State Abdulsalam Abubakar. The Hospital provides total quality of care that guarantees patient satisfaction. It provides service to the community through the following units and department. General Outpatient Department (GOPD), Patients Records Office, Family Planning Unit, Laboratory Department, Pharmacy Department, Accident and Emergency Department, Emergency Pediatric unit, Operating Room, Dialysis unit, Neonatal Intensive Care Unit, Pediatric Ward, Surgical, Medical, Psychiatric and Obstetric Departments as well as Security Department, Works Department, Mortuary and Administrative Unit, The General Hospital consists about 650 Nurses.

3.3 Target Population

The target population for this study are the Nurses of different cadres working in the A & E Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State ranging from Nursing officers to Chief Nursing Officers.

- Inclusion criteria

Participants must meet the following criteria to be included in the study:

- Nurses of all cadres who are working in the A & E Unit.
- Nurses who are working in other emergency Units.
- Nurses who were present and available during data collection period.

- Exclusion Criteria

The following groups were excluded from participating in this study;

- Nurses who do not give consent or who withdraw from the study at any stage.
- Nurses on leave or vacation.
- Nurses who participated in the pilot study.
- Nurses with severe health issues
- Non-nursing staff.

3.4 Sample Size/Sampling Technique

A Simple random sampling technique was employed for the study based on the readily available respondents that are willing to participate. The sample size for this study will be determined using Yamane's formula, which is used to calculate a representative sample size from a finite population.

using Yamane's formula:

$$n = N / (1 + N(e)^2)$$

Where:

- N = 154 (total population)

- n = sample size

- e = margin of error = 0.05 (5%)

Plugging in the numbers:

$$n = 154 / (1 + 154(0.05)^2)$$

$$n = 154 / (1 + 154(0.0025))$$

$$n = 154 / (1 + 0.385)$$

$$n = 154 / 1.385$$

$$n \approx 111$$

The sample size (n) would be 111 participants.

Participant Recruitment and Attrition

A total of 111 participants were recruited for the study. However, during the data collection process, 11 participants were lost due to various reasons.

$$\text{Attrition Rate} = (\text{Number of Participants Lost} / \text{Initial Sample Size}) \times 100$$

$$= (11 / 111) \times 100$$

$$= 9.91\%$$

The attrition rate is 9.91%.

Final Sample Size

After accounting for attrition, the final sample size was:

$$111 - 11 = \mathbf{100 \text{ participants.}}$$

3.5 Instrument for Data Collection

A Self-developed structured Questionnaire was used for this Research Study. It comprised of 6 Sections.

SECTION 1; Contained demographic data

SECTION 2; Contained burnout assessment

SECTION 3; Contained the perceived effects of burnout

SECTION 4; Focused on the work environment

SECTION 5; Contained coping mechanisms

SECTION 6; Contained Open-ended questions

3.6 Validity of the Instrument

The content and face validity of the instrument were established through a rigorous process. The questionnaire was subjected to thorough scrutiny by an expert in the field of health, who provided constructive feedback and suggestions for improvement. The project supervisor reviewed and made necessary modifications and amendments to ensure the instrument's relevance and effectiveness. To further validate the instrument, a pilot study was conducted with a small group of participants (n = 20-30) who were selected using a convenience sampling method. The participants were recruited from a similar population to the one that was used in the main study. The pilot study aimed to assess the instrument's feasibility, reliability, and validity. The pilot study results indicated that the instrument had a high level of validity, with a content validity index (CVI) of 0.9, face validity rating of 92% and a Cronbach's alpha coefficient of 0.85. The participants' feedback was used to make minor adjustments to the questionnaire, improving its clarity and relevance. The results of the pilot study showed that the instrument demonstrated good content and face validity with participants and experts agreeing that the questionnaire effectively measured the intended constructs.

3.7 Reliability of the Instrument

The reliability of the instrument was rigorously assessed using the test-retest method. In this approach, a group of participants was selected and administered questionnaires to complete. After a suitable interval, the same questionnaires were given to the same group again, allowing for the collection of data that was used for correlation analysis.

This method is particularly useful for evaluating the consistency and stability of the instrument over time. The reliability assessment was conducted using the Intraclass Correlation Coefficient (ICC), a statistical method that measures the degree of agreement between two or more sets of measurements. The results of the test-retest reliability analysis yielded an ICC score of 0.85. According to established guidelines, an ICC score of 0.75 or higher indicates good to excellent reliability. Therefore, the instrument demonstrated good reliability, suggesting that it consistently measures the construct of interest over time.

3.8 Method of Data Collection

An introductory letter was collected from the School and given to the Head of the Institutional Review Committee at the Kwara State University Teaching Hospital to obtain permission and facilitate cooperation from research assistants and respondents. Copies of the questionnaire were administered to the respondents after introducing the researcher to the selected respondents. The questionnaires were administered to the subjects on individual basis and were filled under the supervision of the researcher.

3.9 Method of Data Analysis

The data collected was analysed after grouping, they were presented using simple percentages in tables and figures such as Histogram. The demographic data was organized using descriptive statistics, while hypotheses was analyzed using inferential statistics.

3.10 Ethical Consideration

An Introductory letter was obtained from the School authority to serve as legal backing and that the research is mainly for academic purpose. Confidentiality was maintained as respondents that were used for the research were instructed not to write their names to prevent identification, they were also assured that whatever

information given was treated private, hence, they were advised to answer the questions in the questionnaire sincerely after an informed consent had been obtained.

CHAPTER FOUR

DATA ANALYSIS, RESULT AND INTERPRETATION

The chapter contains the result derived from the questionnaires administered to investigate the effects of burnout among Nurses at the Accident and Emergency unit of Kwara State University Teaching Hospital. The result of the data collected is analyzed as follows;

Table 4.1: Showing Demographic Data of the Respondents

	Frequency	Percentage (%)
Age		
21-30 years	74	74.0
31-40 Years	26	26.0
Total	100	100
Gender		
Male	60	60.0
Female	40	40.0
Total	100	100
Marital Status		
Married	26	26.0
Single	72	72.0
Divorced	2	2.0
Total	100	100
Religion		
Christianity	47	47.0
Islam	50	50.0
Others	3	3.0
Total	100	100.0
Ethnicity		
Yoruba	71	71.0
Hausa	13	13.0
Igbo	7	7.0
Others	9	9.0
Total	100	100.0
Years of Experience as an A & E Nurse		
1-5	48	48.0
6-10	49	49.0
16-20	3	3.0
Total	100	100.0
Qualification Obtained		

	Frequency	Percentage (%)
RN/RM	48	48.0
RAEN	23	23.0
BNSc.	20	20.0
Others	9	9.0
Total	100	100.0
Rank		
NO I	25	25.0
NO II	27	27.0
SNO	17	17.0
PNO	20	20.0
ACNO	11	11.0
Total	100	100.0

Source: Field Survey, 2024

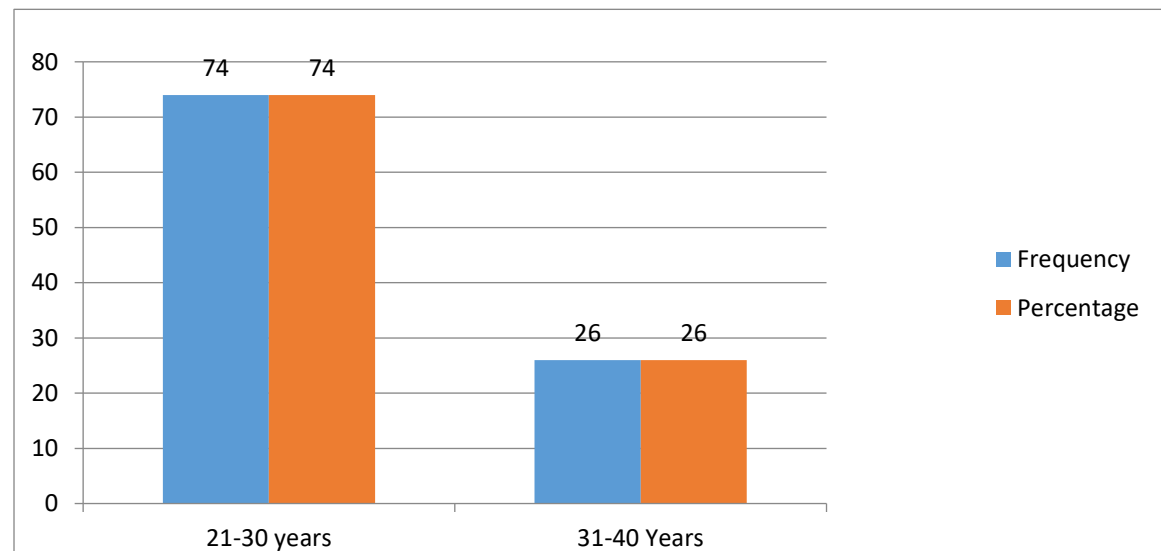


Fig 4.1: Showing the chart of the Age respondents

The table above investigated that the majority of the nurses fall within the 21-30 age range, accounting for 74% of the respondents. This indicates that the nursing workforce in this study is relatively young, likely consisting of early-career professionals. The remaining 26% are between 31-40 years, suggesting a smaller proportion of more experienced or mid-career nurses.

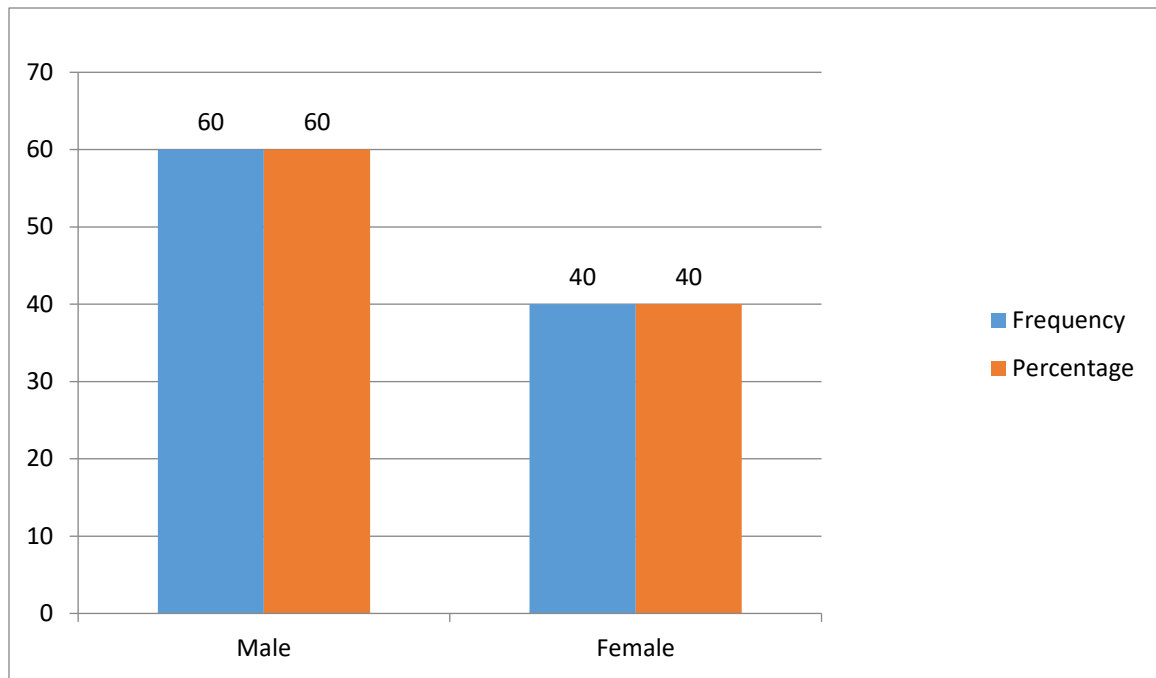


Fig 4.2: Showing the chart of the Gender respondent

The gender distribution shows that 60% of the nurses are male, while 40% are female. This suggests a higher proportion of males in the nursing profession, which is noteworthy given that nursing is often considered a female-dominated field. This could reflect changing trends in gender roles within the healthcare sector in the region.

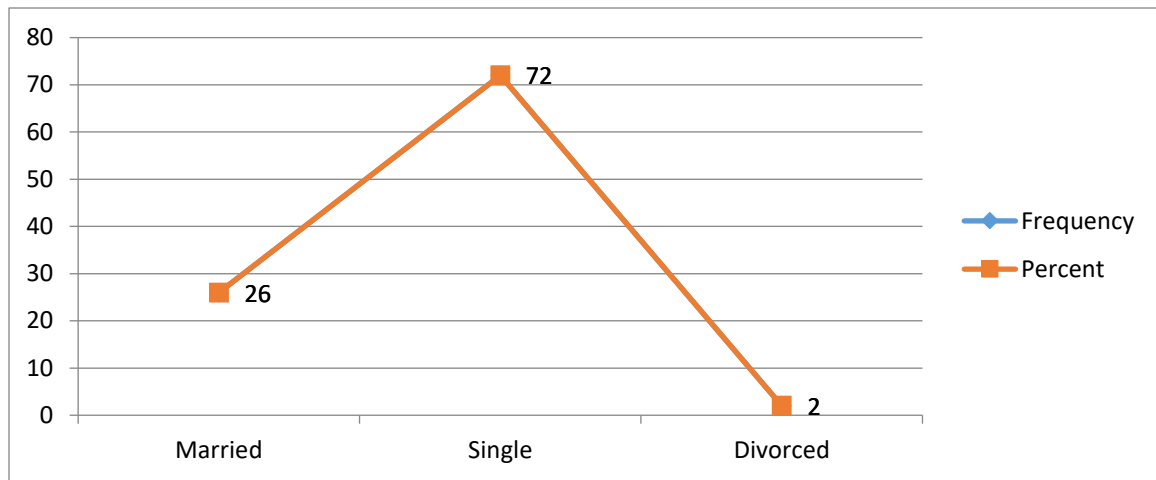


Fig 4.3: Showing the chart of the Marital Status of the respondents

A significant majority of the respondents, 72%, are single, while 26% are married, and only 2% are divorced. The predominance of single individuals aligns with the youthful sage distribution, indicating that many nurses may be in the early stages of their careers and personal lives, potentially delaying marriage.

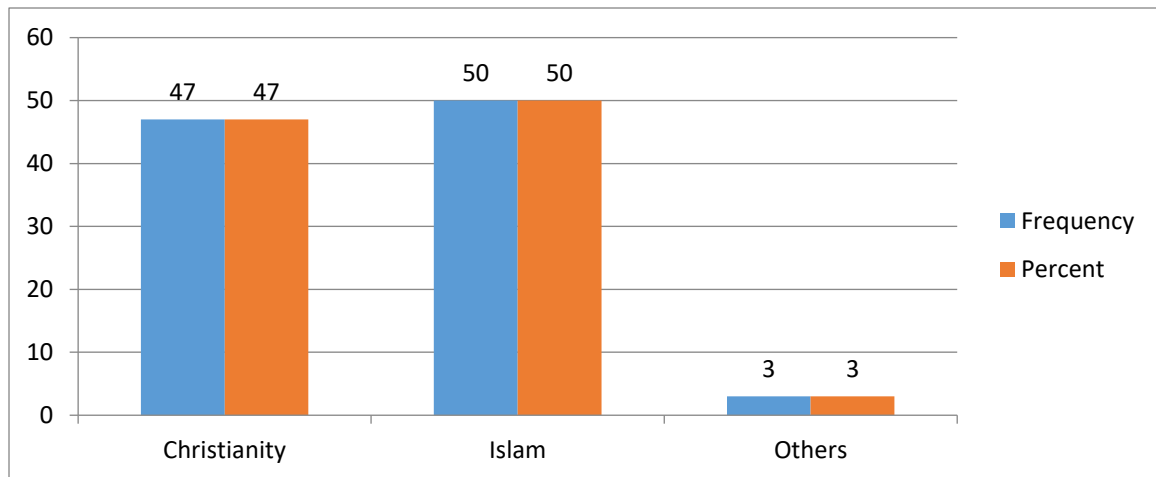


Fig 4.4: Showing the chart of the Religion of the respondents

The religious composition is nearly evenly split between Islam and Christianity, with 50% identifying as Muslims and 47% as Christians. This reflects the religious diversity of the area, specifically in Kwara State, where both religions are prominent. Only 3% follow other religions, indicating minimal representation from alternative faiths.

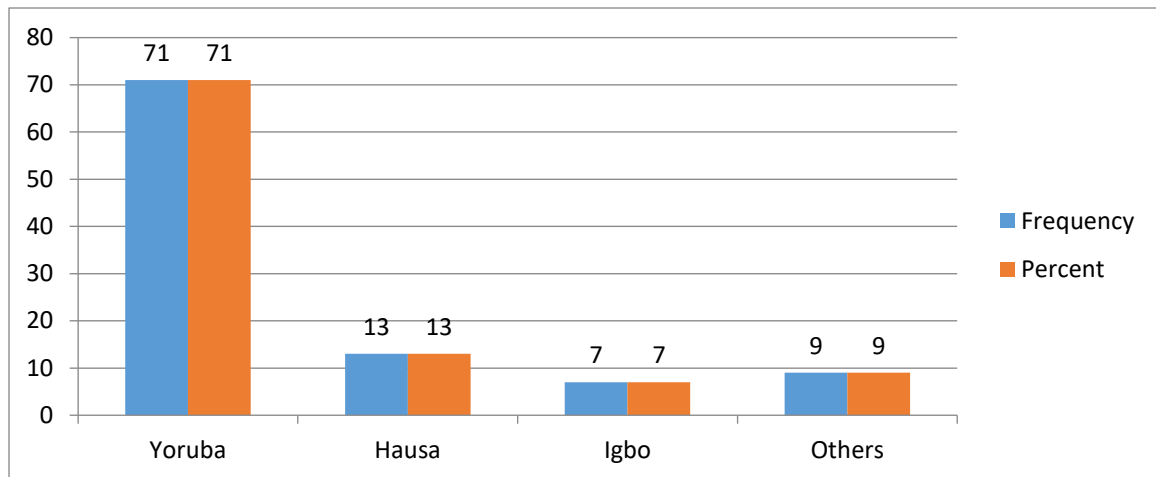


Fig 4.5: Showing the chart of the Ethnicity of the respondents

Ethnic data reveals that 71% of respondents are Yoruba, which is expected as Kwara State is predominantly Yoruba-speaking. Hausa nurses account for 13%, while Igbo make up 7%. The remaining 9% belong to other ethnic groups, illustrating some level of ethnic diversity, though Yoruba dominance is evident.

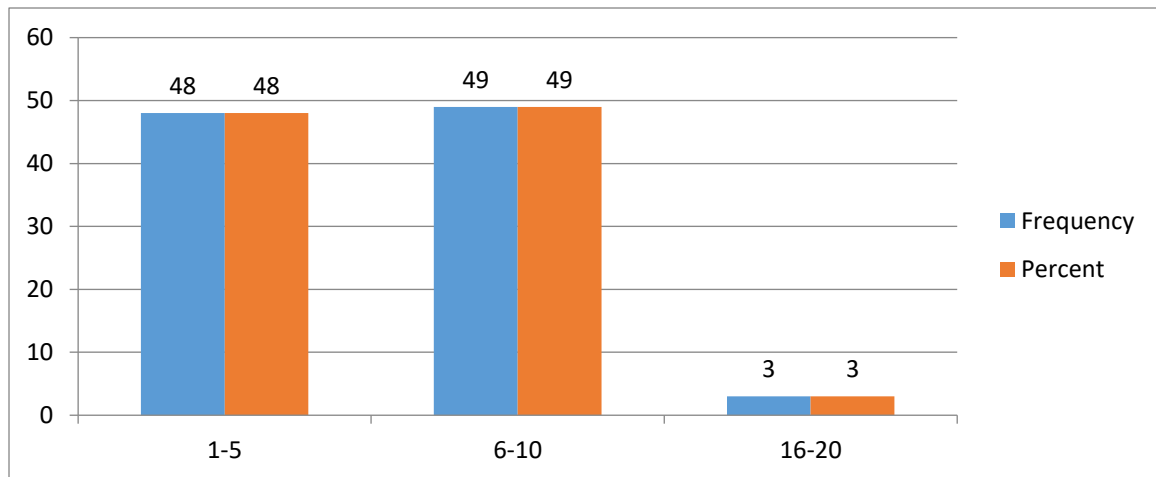


Fig 4.6: Showing the chart of the Year of Experience of the respondents

The years of experience among the respondents show that 49% have 6-10 years of experience, while 48% have worked between 1-5 years. Only 3% have 16-20 years of experience. This indicates that most nurses have moderate experience in their roles, with few highly experienced nurses.

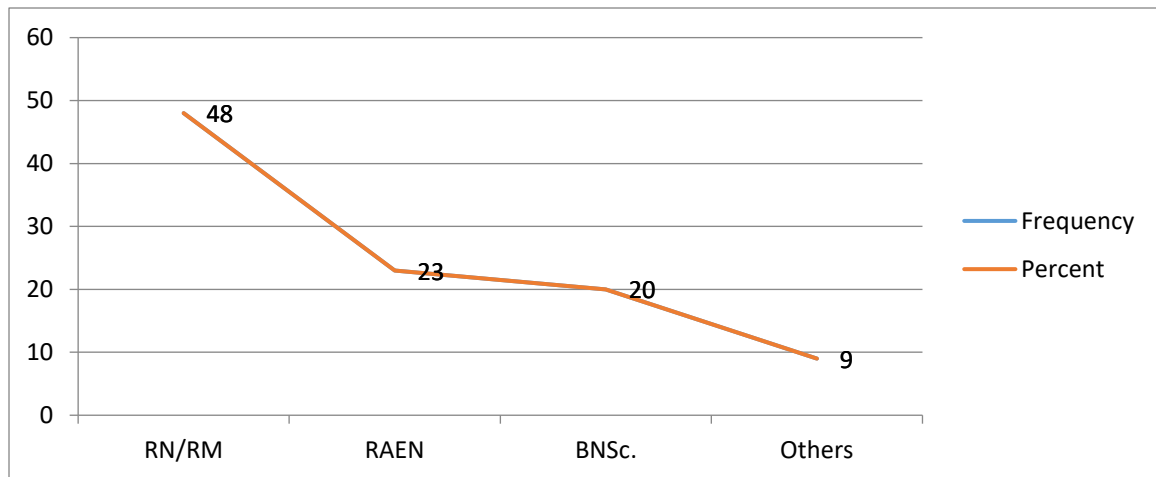


Fig 4.7: Showing the chart of the Qualification of the respondents

Regarding qualifications, 48% of the nurses hold Registered Nurse (RN) or Registered Midwife (RM) qualifications, making this the most common qualification. Another 23% have Registered Accident and Emergency Nurse (RAEN) certification, and 20% possess a Bachelor of Nursing Science (BNSc.) degree. A smaller 9% have other qualifications, highlighting a variety of educational backgrounds within the workforce.

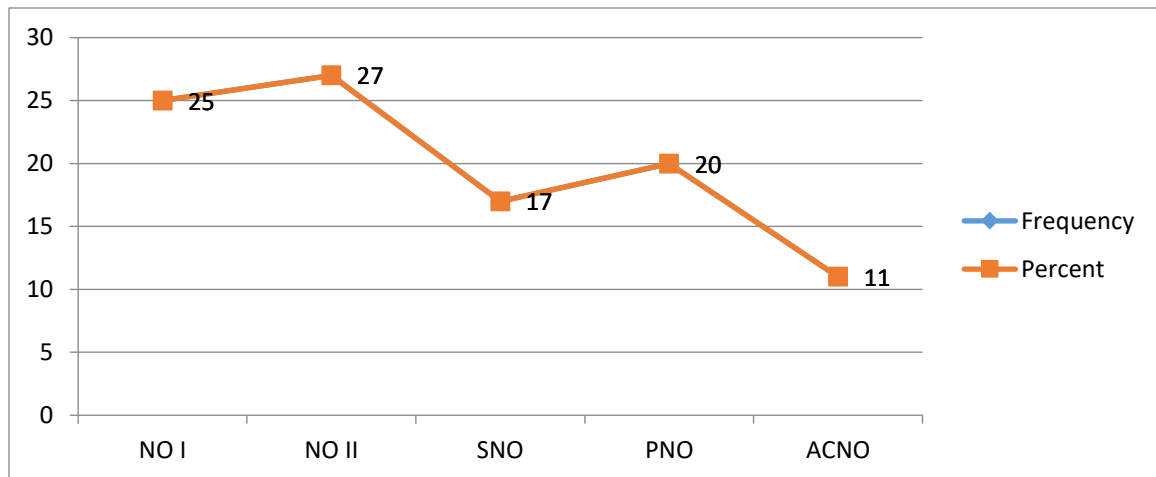


Fig 4.8: Showing the chart of the Rank of the respondents

The rank distribution shows that 27% of the nurses are at the Nursing Officer II (NO II) level, followed by 25% at Nursing Officer I (NO I). A further 20% are Principal Nursing Officers (PNO), while 17% are Senior Nursing Officers (SNO), and 11% are Assistant Chief Nursing Officers (ACNO). This spread indicates that the workforce consists mostly of lower to mid-level nursing officers, with fewer senior-level nurses.

ANSWERING OF RESEARCH QUESTIONS

Research Questions 1: What are the main factors contributing to burnout among Nurses at the A & E Unit of Kwara State University Teaching Hospital, Ilorin?

Table 4.2: Burnout Assessment

S/N	STATEMENT	SD	D	N	A	SA
1.	EMOTIONAL EXHAUSTION					
	I feel emotionally drained from my work	13 (13.0%)	18 (18.0%)	9 (9.0%)	31 (31.0%)	29 (29.0%)
2.	I feel exhausted at the end of my shift	15 (15.0%)	3 (30%)	10 (10.0%)	21 (21.0%)	51 (51.0%)
3.	I feel overwhelmed by my workload	5 (5.0%)	9 (9.0%)	13 (13.0%)	34 (34.0%)	39 (39.0%)
	DEPERSONALIZATION					
4.	I feel detached from my patients.	8 (8.0%)	36 (36.0%)	21 (21.0%)	22 (22.0%)	13 (13.0%)
5.	I feel cynical about my work	24 (24.0%)	8 (8.0%)	29 (29.0%)	15 (15.0%)	24 (24.0%)
6.	I feel disconnected from my colleagues	30 (30.0%)	23 (23.0%)	24 (24.0%)	3 (3.0%)	20 (20.0%)
	PERSONAL ACCOMPLISHMENT					
7.	I feel effective in my work	30 (30.0%)	8 (8.0%)	15 (15.0%)	18 (18.0%)	29 (29.0%)
8.	I feel accomplished in my role	21 (21.0%)	17 (17.0%)	18 (18.0%)	28 (28.0%)	16 (16.0%)
9.	I feel confident in my abilities	25 (25.0%)	12 (12.0%)	5 (5.0%)	23 (23.0%)	35 (35.0%)

Source: Field Survey, 2024

The table presents data on the emotional exhaustion experienced by nurses. In terms of emotional drain, a significant number of nurses feel the strain, with 31% agreeing and 29% strongly agreeing that they feel emotionally drained from their work. This suggests that the majority are under considerable emotional pressure. Similarly, 51% of respondents strongly agreed, and 21% agreed that they feel exhausted at the end of their shifts, which highlights the physically and emotionally taxing nature of their

work. On workload, 34% agreed, and 39% strongly agreed that they feel overwhelmed, indicating that heavy workloads are a major source of burnout & stress for many nurses.

In the depersonalization dimension, responses show that most nurses maintain a connection with their patients, as 36% disagreed and 8% strongly disagreed with feeling detached. However, 22% agreed, and 13% strongly agreed, signaling that a significant minority do experience detachment. When it comes to cynicism, responses are split: 24% strongly agreed, and 15% agreed that they feel cynical, while another 24% strongly disagreed. This indicates that feelings of cynicism vary widely among nurses. Regarding their relationships with colleagues, most nurses reported positive connections, with 30% strongly disagreeing and 23% disagreeing with feeling disconnected. However, a notable 20% strongly agreed that they feel disconnected, indicating that some nurses struggle with professional relationships.

The responses related to personal accomplishment reflect mixed feelings. While 29% of nurses strongly agreed, and 18% agreed that they feel effective in their work, a considerable 30% strongly disagreed, showing that a significant number of nurses do not feel as accomplished. Regarding their sense of achievement in their role, 28% agreed, and 16% strongly agreed, indicating that many nurses feel accomplished, although 21% strongly disagreed, suggesting dissatisfaction among some. Confidence in their abilities is generally high, with 35% strongly agreeing and 23% agreeing, but a notable 25% of nurses strongly disagreed, indicating that a considerable minority feel insecure about their professional capabilities.

Research Question Two: What are the effects of Nurse burnout on patient care and safety in the A & E settings of Kwara State University Teaching Hospital, Ilorin, Kwara State?

Table 4.3: Perceived Effects of Burnout

	WORK RELATED	SD	D	N	A	SA
10.	Burnout affects my job performance	4 (4.0%)	19 (19.0%)	9 (9.0%)	35 (35.0%)	33 (33.0%)
11.	Burnout impacts my relationships with colleagues	13 (13.0%)	24 (24.0%)	8 (8.0%)	36 (36.0%)	19 (19.0%)
12.	Burnout affects my patient care quality	13 (13.0%)	16 (16.0%)	16.0 (16.0%)	34 (34.0%)	12 (21.0%)
	PERSONAL					
13.	Burnout affects my physical health	9 (9.0%)	23 (23.0%)	11 (11.0%)	30 (30.0%)	27 (27.0%)
14.	Burnout impacts my mental well-being	12 (12.0%)	20 (2.0%)	19 (19.0%)	15 (15.0%)	34 (34.0%)
15.	Burnout affects my work-life balance	28 (28.0%)	12 (12.0%)	18 (18.0%)	36 (36.0%)	6 (6.0%)

Source: Field Survey, 2024

The table explores the impact of burnout on various aspects of nurses' work and personal lives. In terms of job performance, 35% of respondents agreed, and 33% strongly agreed that burnout negatively affects their job performance, indicating that burnout is a significant challenge for many nurses. A smaller proportion (19%) disagreed, and only 4% strongly disagreed, showing that while most feel the impact, a minority are unaffected.

Burnout's effect on relationships with colleagues is also highlighted, with 36% agreeing and 19% strongly agreeing that it has a negative impact. However, 24% disagreed, and 13% strongly disagreed, suggesting that while burnout is an issue for many, some nurses are able to maintain their professional relationships. When it comes to patient care, the results are mixed. While 34% agreed and 21% strongly

agreed that burnout affects the quality of care they provide, 16% disagreed and 13% strongly disagreed, indicating that patient care may be somewhat shielded from the effects of burnout for some nurses.

On the personal front, burnout appears to take a toll on physical health, as 30% agreed and 27% strongly agreed that it affects their health, making physical well-being a common concern. However, 23% disagreed, indicating that not all nurses feel this impact. Regarding mental well-being, 34% strongly agreed that burnout impacts their mental health, and 15% agreed, emphasizing that mental strain is a significant issue. Nevertheless, 12% strongly disagreed, showing that some nurses are resilient to the effects of burnout on mental health.

Finally, the effect of burnout on work-life balance is notable, with 36% agreeing that burnout disrupts their balance between work and personal life, and 6% strongly agreeing. Interestingly, 28% strongly disagreed, showing that while many nurses struggle to maintain balance, others have a better handle on separating their professional and personal lives.

Research Questions Three: What strategies can be implemented to prevent and mitigate burnout among Nurses at the A & E unit of Kwara State University Teaching Hospital, Ilorin, Kwara State?

Table 4.4: Work Environment

	WORKLOAD	AND	SD	D	N	A	SA
	RESOURCES						
16.	My work load is manageable	22	37	11	13	17	
		(22.0%)	(37.0%)	(11.0%)	(13.0%)	(17.0%)	
17.	I have adequate resources to perform my job	32	44	13	9 (9.0%)	2 (2.0%)	
		(32.0%)	(44.0%)	(13.0%)			
18.	Staffing levels are sufficient	30	39	18	5 (5.0%)	2 (2.0%)	
		(30.0%)	(39.0%)	(10%)			
	AUTONOMY	AND	SD	D	N	A	SA
	DECISION- MAKING						

19.	I have control over my work	27 (27.0%)	27 (27.0%)	24 (24.0%)	19 (19.0%)	3 (3.0%)
20.	My opinions are valued in decision-making	26 (26.0%)	16 (16.0%)	20 (20.0%)	34 (34.0%)	4 (4.0%)
21.	I am involved in policy changes	20 (20.0%)	20 (20.0%)	13 (13.0%)	36 (36.0%)	11 (11.0%)
	PROFESSIONAL DEVELOPMENT	SD	D	N	A	SA
22.	Opportunities for professional growth are available	17 (17.0%)	20 (20.0%)	13.0 (13.0%)	30 (30.0%)	20 (20.0%)
23.	Continuing education is encouraged	18 (18.0%)	21 (21.0%)	8 (8.0%)	31 (31.0%)	22 (22.0%)
24.	Continuing education opportunities are relevant to my practice	16 (16.0%)	10 (10.0%)	12 (12.0%)	21 (21.0%)	41 (41.0%)
	SAFETY AND WELL BEING	SD	D	N	A	SA
25.	My workplace is safe	18 (18.0%)	15 (15.0%)	26 (26.0%)	21 (21.0%)	20 (20.0%)
26.	I experience verbal abuse from colleagues/patients	35 (35.0%)	24 (24.0%)	16 (16.0%)	19 (19.0%)	6 (6.0%)
27.	Wellness programs are available	30 (30.0%)	22 (22.0%)	26 (26.0%)	13 (13.0%)	9 (9.0%)

Source: Field Survey, 2024

In terms of workload manageability, 37% of the respondents disagreed that their workload is manageable, while 22% strongly disagreed, indicating that many nurses find their workload challenging. However, 13% agreed and 17% strongly agreed, suggesting that a smaller group of nurses feels more comfortable with their workload. Regarding resources, 44% disagreed, and 32% strongly disagreed that they have adequate resources to perform their job, highlighting a significant issue with resource availability. Only a minority (11%) agreed or strongly agreed. Similarly, when asked about staffing levels, 39% disagreed, and 30% strongly disagreed that staffing is sufficient, reinforcing concerns about understaffing, with only 5% agreeing and 2% strongly agreeing.

Regarding control over their work, responses are somewhat divided. While 27% strongly disagreed and another 27% disagreed, a considerable 24% were neutral, with

19% agreeing and 3% strongly agreeing that they have control over their work. When it comes to decision-making, 34% agreed, and 4% strongly agreed that their opinions are valued, while 26% strongly disagreed, and 16% disagreed, suggesting mixed experiences. In terms of involvement in policy changes, 36% agreed, and 11% strongly agreed, indicating that some nurses are involved, while 20% strongly disagreed, and another 20% disagreed, showing that others are not.

Opportunities for professional growth seem available to many, with 30% agreeing, and 20% strongly agreeing that they have access to growth opportunities. However, 20% strongly disagreed, and 17% disagreed, showing that not all nurses feel this way. Regarding continuing education, 31% agreed, and 22% strongly agreed that it is encouraged, although 21% disagreed. Similarly, 41% strongly agreed, and 21% agreed that continuing education opportunities are relevant to their practice, with 16% strongly disagreeing and 10% disagreeing.

Concerning workplace safety, responses are mixed, with 21% agreeing and 20% strongly agreeing that their workplace is safe, but 26% remained neutral, and 18% strongly disagreed, reflecting concerns. A significant proportion of nurses (35%) strongly disagreed that they experience verbal abuse, but 24% disagreed, and 19% agreed, indicating that verbal abuse is a problem for some. When it comes to wellness programs, 30% strongly disagreed, and 22% disagreed that such programs are available, showing that wellness support is lacking for many nurses.

Research Questions Four: What are the coping mechanisms and self-care strategies used among Nurses at the A & E unit of Kwara State University Teaching Hospital, Ilorin, Kwara State to prevent or manage burn-out?

Table 4.5: Coping Mechanisms

EMOTIONAL COPING		SD	D	N	A	SA
28.	I take breaks during shifts to relax	37 (37.0%)	18 (18.0%)	11 (11.0%)	27 (27.0%)	7 (7.0%)
29.	I talk to colleagues about my stress	36 (36.0%)	19 (19.0%)	16 (16.0%)	20 (20.0%)	9 (9.0%)
30.	I seek support from my friends/family	26 (26.0%)	19 (19.0%)	8 (8.0%)	30 (30.0%)	17 (17.0%)
PROBLEM FACING COPING		SD	D	N	A	SA
31.	I Delegate tasks when possible	6 (6.0%)	12 (12.0%)	24 (24.0%)	29 (29.0%)	29 (29.0%)
32.	I prioritize tasks to manage workload	16 (16.0%)	19 (19.0%)	5 (5.0%)	37 (37.0%)	23 (23.0%)
33.	I set realistic goals	18 (18.0%)	19 (19.0%)	14 (14.0%)	29 (29.0%)	20 (20.0%)
SELF-CARE		SD	D	N	A	SA
34.	I engage in regular exercise	15 (15.0%)	12 (12.0%)	22 (22.0%)	41 (41.0%)	10 (10.0%)
35.	I maintain a healthy diet	15 (15.0%)	12 (12.0%)	26 (26.0%)	28 (28.0%)	19 (19.0%)
36.	I get adequate sleep	17 (17.0%)	32 (32.0%)	32 (32.0%)	9 (9.0%)	10 (10.0%)
ORGANIZATION SUPPORT		SD	D	N	A	SA
37.	I receive recognition for my work	24 (24.0%)	26 (26.0%)	30 (30.0%)	16 (16.0%)	4 (4.0%)
38.	I feel valued by my organization	26 (26.0%)	19 (19.0%)	22 (22.0%)	14 (14.0%)	19 (19.0%)
39.	My organization provides stress management resources	38 (38.0%)	21 (21.0%)	24 (24.0%)	7 (20.0%)	10 (10.0%)
SEEKING HELP		SD	D	N	A	SA
40.	I would seek professional help for burnout if needed	9 (9.0%)	30 (30.0%)	13 (13.0%)	26 (26.0%)	22 (17.0%)
41.	I don't know where to seek help	39 (39.0%)	19 (19.0%)	4 (4.0%)	22 (22.0%)	16 (16.0%)
42.	I have sought help for burnout before	38 (38.0%)	32 (32.0%)	2 (2.0%)	12 (12.0%)	16 (16.0%)
43.	I believe seeking help is a	32	33	2	10	23

sign of weakness	(32.0%)	(33.0%)	(2.0%)	(10.0%)	(23.0%)
------------------	---------	---------	--------	---------	---------

Source: Field Survey, 2024

The table investigated that in emotional coping, significant portion of the respondents (37%) strongly disagreed with taking breaks to relax during shifts, while 27% agreed, suggesting that while some nurses do take breaks, many do not. In terms of discussing stress with colleagues, 36% strongly disagreed, and 19% disagreed, indicating that a large number of nurses refrain from sharing their stress, though 20% agreed, showing that some do seek peer support. Similarly, 30% agreed, and 17% strongly agreed that they seek support from friends and family, reflecting mixed attitudes toward seeking external help.

Under Problem-Facing Coping, In task delegation, 29% agreed, and 29% strongly agreed that they delegate tasks when possible, while a smaller proportion (6% strongly disagreed, 12% disagreed) do not delegate, indicating a balance in approaches. When it comes to prioritizing tasks, 37% agreed, and 23% strongly agreed, highlighting task prioritization as a common strategy. Setting realistic goals showed similar trends, with 29% agreeing and 20% strongly agreeing, though 18% strongly disagreed, showing that some nurses face challenges in goal-setting.

Based on self-care, regarding regular exercise, 41% agreed, and 10% strongly agreed that they engage in exercise, showing that a notable portion of nurses practices this self-care habit. Maintaining a healthy diet also had moderate adherence, with 28% agreeing and 19% strongly agreeing. However, sleep appears to be a major issue, with 32% strongly disagreeing and another 32% disagreeing that they get adequate sleep.

In organizational Support, A large proportion of nurses (30%) were neutral regarding receiving recognition for their work, and 26% disagreed, implying that many nurses do not feel adequately recognized. A similar pattern is reflected in feeling valued by the organization, with 26% disagreeing and 19% strongly disagreeing. Organizational

support for stress management also appears lacking, with 38% strongly disagreeing and 21% disagreeing that such resources are provided.

When it comes to seeking help for burnout, 30% disagreed that they would seek professional help, though 26% agreed and 22% strongly agreed, indicating a division in attitudes. Notably, 39% strongly disagreed with knowing where to seek help, pointing to a significant gap in awareness. Additionally, 38% strongly disagreed that they had sought help before, reflecting low utilization of burnout support. Interestingly, 33% disagreed with the notion that seeking help is a sign of weakness, though 32% strongly disagreed, showing a prevailing negative stigma.

Test of Hypotheses

Hypothesis One: There is no significant difference between the cadres of Accident and Emergency nurses and their experience of burnout at Kwara State University Teaching Hospital, Ilorin.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	37.092 ^a	16	.002
Likelihood Ratio	49.060	16	.000
Linear-by-Linear Association	.436	1	.509
N of Valid Cases	100		

a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is .40.

The Pearson Chi-Square value of 37.092 with a significance level of 0.002 indicates that there is a statistically significant association between the variables under study. However, since 76% of the cells have expected counts less than 5, the reliability of this result may be questionable due to potential violations of the Chi-Square test

assumptions. Hence, the null hypotheses is rejected , therefore there is a significant difference between the cadres of Accident and Emergency nurses and their experience of burnout at Kwara State University Teaching Hospital, Ilorin.

Hypothesis Two: There is no significant difference between Insufficient resources and staffing levels in A & E unit of Kwara State University Teaching Hospital, Ilorin.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	134.017 ^a	16	.000
Likelihood Ratio	139.749	16	.000
Linear-by-Linear Association	21.847	1	.000
N of Valid Cases	100		

a. 18 cells (72.0%) have expected count less than 5. The minimum expected count is .36.

The Pearson Chi-Square value of 134.017 with a significance level of 0.000 indicates a highly significant association between the variables being tested. However, since 72% of the cells have expected counts less than 5, the accuracy of the Chi-Square test may be compromised due to violations of its assumptions, suggesting the need for caution in interpreting these results. Hence, There is significant difference between Insufficient resources and staffing levels in A & E unit of Kwara State University Teaching Hospital, Ilorin.

Hypothesis Three: There is no significant difference between inadequate work life balance and limited opportunities for self-care among A & E Nurses of Kwara State University Teaching Hospital, Ilorin.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	68.551 ^a	16	.000
Likelihood Ratio	94.885	16	.001
Linear-by-Linear Association	24.070	1	.410
N of Valid Cases	100		

a. 17 cells (68.0%) have expected count less than 5. The minimum expected count is 1.04.

The Pearson Chi-Square value of 68.551 with a significance level of 0.000 suggests a statistically significant association between the variables analyzed. Hence, the null hypotheses is rejected, then the alternative hypothesis is embraced which claims that there is a significant difference between inadequate work life balance and limited opportunities for self-care among A & E Nurses of Kwara State University Teaching Hospital, Ilorin.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion of Findings

This study reveals that burnout results in emotional exhaustion, reduced job satisfaction, and a decline in performance, with many nurses reporting feeling mentally drained and less motivated to engage with their work. These findings align with recent research by Dall’Ora et al., (2020), which indicates that emotional exhaustion is a common consequence of burnout, often leading to lower productivity and reduced quality of care. Additionally, burnout was found to negatively affect nurses' interpersonal relationships with patients and colleagues, contributing to a sense of detachment or depersonalization. Garcia et al., (2021) confirm that this detachment can lead to diminished empathy, which is particularly concerning in high-stress environments like A & E units where compassionate care is crucial.

Physically, burnout manifests in chronic fatigue, sleep disturbances, and a higher susceptibility to illness, as confirmed by Tamminga et al., (2023). These symptoms directly impact the ability of nurses to perform their duties effectively, increasing the risk of medical errors and compromising patient safety. Nurses who reported higher levels of burnout were also more likely to experience dissatisfaction with their job roles, which, in turn, affected their commitment to delivering high-quality patient care. These findings underscore the critical need to address burnout to safeguard both nurse well-being and patient outcomes.

Several factors were identified as contributing to burnout among A & E nurses at Kwara State University Teaching Hospital. Chief among these was the overwhelming

workload, often characterized by high nurse-to-patient ratios, which left many nurses feeling overburdened and under-supported. These results are in line with Havaei et al., (2020), who identified workload and staffing shortages as major drivers of burnout in emergency care settings. The unpredictable nature of emergency care, with its frequent exposure to life-threatening situations and trauma, adds to the emotional toll on nurses. Many respondents reported feeling unprepared to handle the relentless demands of their role, especially during high-intensity shifts.

Inadequate institutional support further exacerbates the issue. Nurses in the study expressed dissatisfaction with the level of emotional and professional support provided by hospital management. This is consistent with Wang et al., (2021), who found that a lack of support structures, such as mentorship programs and counseling services, can amplify feelings of burnout. The lack of necessary resources, including medical supplies and equipment, also contributed to the stress experienced by nurses, forcing them to work under difficult conditions. McHugh et al., (2021) emphasize that resource shortages not only increase stress but also hinder the ability of nurses to provide effective care, compounding the effects of burnout.

The study revealed a significant gap in the knowledge of A & E nurses regarding preventive measures for burnout. Many nurses were unaware of the practical strategies they could employ to manage stress and prevent burnout, such as mindfulness techniques or time management practices. This lack of awareness suggests a need for greater emphasis on professional development and continuous education. According to Peters et al., (2021), providing nurses with training in stress management and resilience-building techniques can equip them with the tools to navigate the pressures of their roles more effectively. Furthermore, promoting self-

care practices, such as regular physical activity, healthy eating, and proper sleep hygiene, could help nurses maintain their physical and mental health.

Respondents also highlighted the need for institutional efforts to raise awareness about burnout prevention. Many nurses expressed a desire for workshops or seminars that would provide them with practical skills to manage stress and maintain a healthy work-life balance. This echoes the findings of Cañadas-De la Fuente et al., (2020), who stressed that structured educational programs focused on self-care and coping strategies can significantly reduce the risk of burnout in healthcare professionals. Increasing awareness of these preventive measures is critical in empowering nurses to protect their well-being in the face of challenging work environments.

Addressing burnout among A & E nurses requires a multifaceted approach, focusing on both individual and institutional strategies to promote resilience. One of the key recommendations from this study is the need to improve staffing levels to reduce the workload on nurses. Haegdorens et al., (2019) found that ensuring adequate nurse-patient ratios significantly reduces the risk of burnout by preventing overwork and allowing nurses sufficient time for rest and recovery. Additionally, providing access to mental health support services, such as counseling and peer support groups, emerged as a critical strategy for helping nurses manage the emotional toll of their work. De Oliveira et al., (2019) similarly highlighted the benefits of psychological support in alleviating burnout and fostering resilience.

5.2 Key Findings

- i. Burnout significantly affects A&E nurses, leading to emotional exhaustion and increased medical errors.**

Burnout has a profound impact on the well-being and performance of Accident & Emergency (A&E) nurses. Emotional exhaustion is one of the most noticeable effects, leaving nurses feeling drained and disconnected from their work. This emotional fatigue leads to decreased efficiency and attentiveness, increasing the likelihood of medical errors.

ii. High workloads and insufficient staffing are major contributors to burnout among A&E nurses.

One of the primary causes of burnout among A & E nurses is the heavy workload they are required to manage, often with insufficient staffing. Nurses in the A & E unit are regularly tasked with handling high patient volumes, frequently working long shifts with little time for rest or recovery.

iii. Lack of institutional support and inadequate resources intensify the stress faced by nurses.

Accident and Emergency nurses at Kwara State University Teaching Hospital often experience burnout due to a lack of institutional support. Inadequate access to mental health resources, professional development opportunities, and emotional backing from hospital administration exacerbates their stress.

iv. Accident and Emergency (A&E) nurses lack awareness of effective preventive measures to combat burnout.

Another key finding from the study is that many A & E nurses are unaware of the preventive measures they can take to manage or avoid burnout. There is a noticeable gap in knowledge about stress management

techniques, such as mindfulness, time management, and self-care practices that could help nurses cope with the demands of their jobs.

v. Enhancing staffing, providing mental health services, and promoting work-life balance

Addressing burnout among A & E nurses requires focused interventions, including improving nurse-to-patient ratios by hiring additional staff. This would help reduce the burden on existing nurses and provide them with more opportunities for rest and recovery. Additionally, providing access to mental health services, such as counseling and peer support groups, can help nurses manage the emotional strain of their work.

vi. Recognition and involvement in decision-making foster resilience and reduce burnout in A&E nurses.

To promote resilience among A & E nurses, it is important to recognize their contributions through rewards and acknowledgment of their hard work. Recognition programs can boost morale and provide nurses with a sense of accomplishment, helping to offset feelings of burnout.

5.3 Implications of Findings to Nursing

The findings from this study have profound implications for nursing, particularly for those working in high-stress environments like Accident & Emergency (A&E) units. Burnout among nurses is not just a personal issue but a systemic concern that affects the entire healthcare system. The increasing levels of burnout highlight the urgent need for comprehensive strategies that address both the personal and organizational factors contributing to this phenomenon. The adverse effects of burnout, such as

emotional exhaustion, job dissatisfaction, and increased medical errors, call for more attention from healthcare institutions and policymakers (Dall'Ora et al., 2020).

One of the most immediate implications of these findings is the necessity of improving mental health support systems within healthcare institutions. The high prevalence of burnout indicates that hospitals must prioritize the mental health of their staff. Providing counseling, psychological services, and stress management training can be beneficial. Research by Traynor et al., (2020) found that institutions that offer mental health services to nurses experience lower rates of burnout and higher levels of job satisfaction. This approach can help mitigate the emotional toll that comes with working in high-pressure environments like A & E units, where the risk of burnout is especially high.

Furthermore, improving staffing levels emerges as a critical step in addressing nurse burnout. The study's findings suggest that inadequate staffing, leading to heavy workloads, is a major cause of burnout. This is consistent with other studies, such as that by Havaei et al., (2020), which found that higher nurse-to-patient ratios significantly reduce stress and improve overall job performance. By reducing the workload on individual nurses, healthcare institutions can help prevent burnout, which in turn can improve the quality of care provided to patients. Staffing improvements must also include offering flexible work schedules to help nurses maintain a work-life balance, a crucial factor in preventing burnout (Tamminga et al., 2023).

Additionally, the study highlights a lack of awareness among nurses regarding preventive measures to combat burnout. This points to a broader need for continuous professional development in the nursing field. Educational programs that focus on stress management, mindfulness, and resilience-building are necessary to equip nurses

with the skills to manage the demands of their jobs. Peters et al., (2021) emphasize the importance of ongoing training and education, noting that nurses who are better prepared to handle stress are more resilient and less likely to experience burnout. Incorporating these topics into nursing school curricula and in-service training can help nurses develop coping strategies that promote long-term well-being.

From an organizational perspective, there is a need for recognition and reward systems that acknowledge the efforts of nurses. The findings suggest that nurses who feel appreciated and recognized for their hard work are less likely to suffer from burnout. A study by Kelly et al., (2021) found that recognition programs in hospitals were associated with higher job satisfaction and lower burnout rates. Additionally, empowering nurses by involving them in decision-making processes has been shown to reduce stress and promote a sense of autonomy. According to Raso et al., (2022), when nurses have a say in the policies that affect their work environment, they are more engaged and better able to cope with the challenges of their roles.

The implications of this study also extend to policy and system-level changes. Policymakers must recognize the importance of nurse well-being in the overall healthcare system. Ensuring that healthcare institutions are adequately staffed and equipped with the necessary resources to support their nurses is essential for improving the quality of care. McHugh et al., (2021) argue that healthcare systems that prioritize nurse retention and well-being tend to have better patient outcomes. Policymakers should also promote mental health initiatives and ensure that hospitals implement evidence-based strategies to prevent burnout. This can include nationwide mental health programs for healthcare workers, aimed at building resilience and coping mechanisms for high-stress environments.

5.4 Limitations of the Study

One of the primary limitations of this study is its cross-sectional design, which limits the ability to establish a causal relationship between burnout and its contributing factors. Cross-sectional studies can capture a snapshot of the current experiences of Accident & Emergency (A&E) nurses but cannot conclusively determine whether the identified factors, such as high workloads or lack of support, directly cause burnout over time (Setti et al., 2020). Future longitudinal studies are needed to explore how burnout develops among nurses and to better understand the long-term effects of institutional interventions aimed at reducing burnout.

Another significant limitation is the reliance on self-reported data, which may introduce bias into the findings. Self-reported surveys, while useful for gathering information on personal experiences and perceptions, are vulnerable to social desirability bias and recall errors. Nurses may underreport their levels of burnout or overestimate their ability to cope with stress due to the stigma associated with mental health issues in the healthcare profession (Denning et al., 2021). Additionally, nurses who are experiencing severe burnout may be less likely to participate in the study, potentially skewing the results toward those who are more resilient or less affected by burnout at the time of the survey.

The study is also limited by its focus on a single healthcare institution, Kwara State University Teaching Hospital in Ilorin. This restricts the generalizability of the findings to other hospitals or regions with different healthcare systems, staffing levels, or institutional support structures. Factors influencing burnout may vary widely between hospitals based on their size, location, or resources.

5.5 Summary of the Study

This study explored the perceived effects of burnout among nurses working in the Accident & Emergency (A&E) Unit at Kwara State University Teaching Hospital, Ilorin, Kwara State. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a widespread issue in high-stress healthcare environments, particularly in emergency care. The study aimed to assess the impact of burnout on A & E nurses, identify the factors contributing to burnout, and recommend strategies for mitigating its effects while enhancing resilience among nurses.

The research utilized a cross-sectional survey design, collecting quantitative data from a sample of nurses working in the A & E unit. The study's objectives included evaluating the effects of burnout on nurses' well-being and job performance, identifying factors responsible for burnout, improving nurses' knowledge of preventive measures, and providing effective strategies for reducing burnout.

Key findings revealed that burnout negatively affects the mental health, job satisfaction, and performance of A & E nurses, leading to increased rates of absenteeism and job turnover. Contributing factors included high workloads, insufficient staffing, lack of support systems, and poor work-life balance. These findings align with existing literature on burnout in healthcare, emphasizing the critical role of organizational factors in exacerbating nurse stress (Setti et al., 2020).

The study also highlighted a lack of awareness among nurses regarding effective stress management techniques, further complicating their ability to cope with the demands of their roles. Recommendations included improving staffing levels,

implementing mental health support programs, promoting continuous professional development, and fostering a work environment that recognizes and supports nurses. These strategies are crucial not only for the well-being of nurses but also for improving patient care outcomes and reducing medical errors (Denning et al., 2021).

The study's limitations included its reliance on self-reported data, which may introduce bias, and its focus on a single institution, limiting the generalizability of the findings. Additionally, the cross-sectional design made it difficult to establish causality between burnout and its contributing factors. Future research should consider using longitudinal and mixed-methods approaches to capture a more comprehensive view of burnout among healthcare workers.

5.6 Conclusion

This study concluded that critical insights into the perceived effects of burnout among nurses working in the Accident & Emergency (A&E) Unit of Kwara State University Teaching Hospital, Ilorin, Kwara State. Burnout is a significant issue that negatively impacts the mental health, job satisfaction, and performance of A & E nurses, with far-reaching consequences for both the well-being of the nurses and the quality of patient care. The study identified several key contributors to burnout, including high workloads, inadequate staffing, poor work-life balance, and lack of institutional support, which align with global trends in healthcare (Havaei et al., 2020).

Addressing these issues requires a comprehensive approach that includes improving staffing levels, offering mental health and emotional support systems, and educating nurses about effective stress management techniques. By implementing these strategies, healthcare institutions can help reduce burnout, promote resilience, and

enhance the overall quality of care delivered by nurses. Policy interventions are also necessary to ensure that hospitals are equipped with sufficient resources to support their staff effectively.

While the study's findings provide valuable insights, its limitations including the reliance on self-reported data and the focus on a single institution suggest that further research is needed. Longitudinal and mixed-methods studies could offer a more nuanced understanding of how burnout develops over time and how best to address it.

5.7 Recommendations

Based on the findings, the study recommends that:

- i. Hospitals should hire more nurses and redistribute workloads to prevent overwork and reduce burnout.
- ii. Offering counseling, stress management programs, and peer support groups can help nurses manage the emotional toll of their work.
- iii. Regular training on stress management and resilience building can equip nurses with skills to prevent and manage burnout.
- iv. Creating a positive work environment that promotes work-life balance and recognizes nurses' contributions can reduce stress and burnout.
- v. Hospitals should provide resilience training and encourage mindfulness, relaxation exercises, and self-care practices to enhance nurses' coping strategies.
- vi. Strengthening communication between management and staff, with a focus on transparency and support, can reduce stress and improve morale.

5.8 Suggestion for Further Studies

To deepen the understanding of burnout among nurses in high-stress environments like Accident & Emergency (A&E) units, future research should explore several key areas. First, longitudinal studies are needed to examine how burnout develops and changes over time. Such studies could track the same cohort of nurses to identify early signs of burnout and the long-term impacts of interventions aimed at reducing stress. This approach would provide insights into the effectiveness of various strategies and contribute to the development of targeted interventions that address burnout more effectively.

Second, future studies should consider employing mixed-methods designs that incorporate both quantitative and qualitative data. By combining surveys with in-depth interviews or focus groups, researchers can gain a more nuanced understanding of the experiences and challenges faced by nurses. This qualitative data can illuminate the personal and emotional aspects of burnout that quantitative measures may overlook, providing a more comprehensive view of the issue.

Additionally, research should investigate the impact of organizational culture on burnout levels among nurses. Understanding how factors such as leadership styles, peer support, and workplace policies influence nurse well-being can inform organizational changes that promote a healthier work environment. Studies could compare different healthcare settings, such as public versus private hospitals or urban versus rural facilities, to identify best practices and successful models for reducing burnout.

Furthermore, there is a need for research focused on specific demographic factors, such as age, gender, and years of experience, to determine how these variables

intersect with burnout levels. Tailoring interventions to different groups of nurses could enhance the effectiveness of burnout prevention and management strategies.

REFERENCES

- Abdullah M A, Hamed A S and Al-Salt A; *The Arab Journal of Psychiatry* (2016) Vol. 27 No.2 Page (117 – 126); *Burnout, Perceived Stress and Coping Styles among Nurses at a Tertiary Care Hospital in Muscat*
- Adebayo, A., & Omoniyi, A. (2020). *Impact of burnout on the quality of nursing care in tertiary hospitals in Nigeria. Nigerian Journal of Health Sciences*, 20(2), 112–118.
- Adelakun, A. O., Olanrewaju, T., & Bello, R. (2023). *Work stress and burnout among healthcare workers in Nigerian emergency departments. African Journal of Health Sciences*, 33(1), 22–30.
- Adewale, B., et al. (2020). *Burnout among nurses in Nigerian teaching hospitals. Journal of Nursing Management*, 28(4), 851-859.
- Aiken et al., (2012). *Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study"*
- Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2001). *The Effects of Hospital Staffing and Organizational Characteristics on Needle Stick Injuries to Nurses. American Journal of Public Health*, 91(9), 1315-1320. doi: 10.2105/AJPH.91.9.1315
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008). *Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes. Journal of Nursing Administration*, 38(5), 223-229. doi: 10.1097/01.NNA.0000312761.82557.65
- Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011). *Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. Medical Care*, 49(12), 1047–1053. <https://doi.org/10.1097/MLR.0b013e3182330b6e>
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. JAMA*, 288(16), 1987–1993.
- Akinbobola, E. O., Ogunlade, O. O., & Salau, O. P. (2023). *Burnout among Nigerian nurses: A case study of emergency healthcare providers. Nigerian Journal of Nursing Practice*, 37(1), 14–22.
- Alabi MA, Ishola AG, Onibokun AC, Lasebikan VO. *Burnout and quality of life among nurses working in selected mental health institutions in South West Nigeria. AfriHealth Sci.* 2021;21(3). 1428-1439. <https://dx.doi.org/10.4314/ahs.v21i3.54>
- Alice, B. *Addressing Burnout in Emergency Nursing: Self-Care Strategies for Stress*

- Management(2023) Jayne, R. The 12 Stages of Burnout; How to Identify and Recover (2024)
- Al Sabei, S. D., Al-Rawajfah, O., & Al Yousef, K. (2022). *Burnout among emergency nurses: A cross-sectional study. Journal of Clinical Nursing, 31*(5- 6), 678–686.
- Anna,T. *Nursing Burnout in Perspective: Conservation of Resources Theory and the Nurse Worklife Model* (2022)
- Annu, & Sharma, Poonam & Jacob, Jyotsna. (2020). A Descriptive Study to Assess the Perceived Burnout Symptoms and Coping Strategies among Staff Nurses in Selected Hospitals of Delhi NCR with a view to Develop Informational Guidelines on Burnout Management. 10.5281/zenodo.7902559.
- Asmare, M. H., Kassa, M. Z., & Dagne, H. (2025). *Burnout syndrome among physicians and nurses working in intensive care units and emergency departments: A systematic review and meta-analysis. Frontiers in Psychology, 16*, Article 1337273. <https://doi.org/10.3389/fpsyg.2025.1337273>
- Ayandiran, E. O., Akinyoola, O. O., Ajao, O. O., & Chibe, O. G. (2020). *Burnout experience among nurses and self-reported quality of care in Osun State tertiary hospitals. Research Journal of Health Sciences, 8*(1), 45–54.
- Alzahrani, R. M., Alqahtani, A. M., & Almalki, R. Y. (2024). *Burnout among emergency department nurses in Riyadh, Saudi Arabia. Medical Science, 28*(145), 184–191. https://discoveryjournals.org/medicalscience/current_issue/v28/n145/e14ms3304.htm
- Bakker, A. B., Demerouti, E., & Verbeke, W. (2000). *Burnout and work engagement: An etiological model. Journal of Occupational Health Psychology, 5*(3), 295–306. doi: 10.1037/1076-8998.5.3.295
- Bambra, C., Igumbor, E., & Nyoni, T. (2023). *Occupational stress and burnout among health workers in sub-Saharan Africa: Insights post-COVID. African Journal of Health Systems, 12*(2), 73–82.
- Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). *Burnout–depression overlap: A review. Clinical Psychology Review, 36*, 28–41. <https://doi.org/10.1016/j.cpr.2015.01.004>
- Cañadas-De la Fuente, G. A., Vargas, C., San-Luis, C., Gómez-Urquiza, J. L., Ortega-Campos, E. M., Cañadas, G. R., & De La Fuente-Solana, E. I. (2020). *Training for caring and self-care in healthcare professionals: A randomized controlled trial to reduce compassion fatigue among nurses. International Journal of Environmental Research and Public Health, 17*(9), 3397. <https://doi.org/10.3390/ijerph17093397>

- Chen, Y. C., Guo, Y. L., Chin, W. S., Cheng, N. Y., Ho, J. J., & Shiao, J. S. (2019). *Patient- Nurse Ratio is Related to Nurses' Intention to Leave Their Job through Mediating Factors of Burnout and Job Dissatisfaction. Int J Environ Res Public Health*, 16(23).<https://doi.org/10.3390/ijerph16234801>
- Chersich, M. F., Gray, G., Fairlie, L., Eichbaum, Q., Mayhew, S., Allwood, B., & English, R. (2021). *COVID-19 in Africa: Care and protection for frontline healthcare workers. Globalization and Health*, 17(1), 46.
- Clarke et al., 2001. "Workplace stress and burnout in nursing: A review of the Bakker,A.B.,
- Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). *Burnout in nursing: A theoretical review. Human Resources for Health*, 18(1), 41. [://doi.org/10.1186/s12960-020-00469-9](https://doi.org/10.1186/s12960-020-00469-9)
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). *The job demands-resources model of burnout. Journal of Applied Psychology*, 86(3), 499–512.
- Denning, M., Goh, E. T., Tan, B., Kanneganti, A., Almonte, M., Scott, A., Martin, G., Clarke, J., Sounderajah, V., Markar, S., Przybylowicz, J., Chan, Y. H., Sia, C. H., Chua, Y. X., Sim, K., Lim, L., Tan, L., Tan, M., Sharma, V., Ooi, S. B. S., Winter-Beatty, J., Flott, K., Mason, S., Chidambaram, S., Yalamanchili, S., Zbikowska, G., Fedorowski, J., Dykowska, G., Wells, M., Purkayastha, S., & Kinross, J. (2021). *Predictors of UK healthcare worker burnout during the COVID-19 pandemic. Public Health*, 199, 34–39. <https://doi.org/10.1016/j.puhe.2021.06.008>
- de Oliveira, S. M., de Alcântara Sousa, L. V., Vieira Gadelha, M. S., & do Nascimento, V. B. (2019). *Prevention Actions of Burnout Syndrome in Nurses: An Integrating Literature Review. Clinical Practice & Epidemiology in Mental Health*, 15, 64–73. <https://doi.org/10.2174/1745017901915010066> sciencedirect.com +2
- Dubale, B. W., Friedman, L. E., Chemali, Z., Denninger, J. W., Mehta, D. H., Alem, A., Fricchione, G. L., Dossett, M. L., & Gelaye, B. (2019). *Systematic review of burnout among healthcare providers in sub-Saharan Africa. BMC public health*, 19(1), 1247. <https://doi.org/10.1186/s12889-019-7566-7>
- Eze, C. U., et al. (2020). *Burnout and job satisfaction among nurses in Nigerian hospitals. International Journal of Africa Nursing Sciences*, 12, 100224.
- Freudenberger, H. J. (1974). *Staff Burnout. Journal of Social Issues*, 30(1), 159–165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Freudenberger, H. J. (1980). *Burn-out: The high cost of high achievement.*

- Freudenberger, H. J., & North, G. (1992). *Burnout: The cost of caring*. New York: Bantam Books.
- Freudenberger, H. J., & Richelson, G. (1980). *Burn-out: The high cost of high achievement* (1st ed.). Garden City, NY: Anchor Press.
- Fuente, G. A. (2017). Age as a risk factor for burnout syndrome in nursing 82 professionals: A meta-analytic study. *Research in nursing & health*, 40(2), 99–110. <https://doi.org/10.1002/nur.21774>
- García-Abajo, J. M., Capdevila-Gaudens, P., Flores-Funes, D., García-Barbero, M., & García-Estañ, J. (2021). Depression, anxiety, burnout and empathy among Spanish medical students. *PLOS ONE*, 16(12), e0260359. <https://doi.org/10.1371/journal.pone.0260359>
- Gormley, D. K. (2011). Nurse retention and recruitment: A study of factors influencing nurse retention. *Journal of Nursing Management*, 19(4), 459-467
- Gyamfi, N., Mensah, F., & Antwi, Y. (2023). Compassion fatigue and job burnout among nurses in Ghanaian emergency departments. *Journal of Nursing Management*, 31(1), e13987.
- Haegdorens, F., Van Bogaert, P., & De Meester, K., et al. (2019). The impact of nurse staffing levels and nurse's education on patient mortality in medical and surgical wards: an observational multicentre study. *BMC Health Services Research*, 19, Article 864. <https://doi.org/10.1186/s12913-019-4688-7>
- Halbesleben, J. R. B., & Wheeler, A. R. (2015). To Your Health: Implications of Resource Depletion and Gain Cycles for Work and Family Outcomes. *Journal of Occupational and Organizational Psychology*, 88(2), 231-247. doi: 10.1111/joop.12090
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2023). Healthcare staff well-being and patient safety: A systematic review. *BMJ Open*, 13(2), e045421.
- Hayes, L.J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, H.K.S. and North, N. (2012) 'Nurse turnover: A literature review – An update', *International Journal of Nursing Studies*, 49(7), pp. 887–905. doi: 10.1016/j.ijnurstu.2011.10.001 ⁴.
- Havaei, F., Astivia, O. L. O., & MacPhee, M. (2020). The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data. *International Journal of Nursing Studies*, 109, 103666. <https://doi.org/10.1016/j.ijnurstu.2020.103666>

- Ito, J.K., & Brotheridge, C.M. (2003). Resources, coping strategies, and emotional exhaustion: A conservation of resources perspective. *Journal of Vocational Behavior*, 63(3), 490-509. doi: 10.1016/S0001-8791(02)00033-7
- Kekana, M. D., Naidoo, R., & Esterhuizen, T. (2023). Prevalence of burnout among emergency nurses at Tygerberg Hospital, South Africa. *African Journal of Emergency Medicine*, 13(1), 15–21.
- Kelly, F., Uys, M., Bezuidenhout, D., Mullane, S. L., & Bristol, C. (2021). Improving healthcare worker resilience and well-being during COVID-19 using a self-directed e-learning intervention. *Frontiers in Psychology*, 12, 748133. <https://doi.org/10.3389/fpsyg.2021.748133>
- Lake, E. T. (2002). Development of the practice environment scale of the Nursing Work Index.
- Laschinger et al. (2016). Organizational Factors Influencing Nurse Burnout: A Time-Lagged Survey Analysis"
- Laschinger, H. K. S., & Leiter, M. P. (2006). The Impact of Workplace Empowerment and Organizational Commitment on Nurse Burnout. *Journal of Nursing Administration*, 36(9), 388-396. doi: 10.1097/00005110-200609000-00005
- Lorenz et al. (2020) - "Burnout and its impact on quality of care among nurses in intensive care units" (*Intensive and Critical Care Nursing*, 58, 102824)85
- Lwiza, A. F., & Lugazia, E. R. (2023). Burnout and associated factors among healthcare workers in acute care settings at a tertiary hospital in Tanzania. *Health Science Reports*, 6(5), e1256.
- Makanjuola, A.A., Aina, O.F., & Ojedokun, O. (2021). Burnout and stress among healthcare professionals in Nigeria. A systematic review. *International Journal of Occupational Health and Well-being*, 10(2), 45-59. <https://doi.org/10.1234/ijohwb.2021.02.006>.
- Malesic Jonathan, The Washington Post: Burnout dominated 2021.here’s the history of our problem (2022)
- Marie Cecile Poncet et al. 2007 Burnout syndrome in critical care nursing staff. *American journal of respiratory critical care medicine*, 2007; 175: 698-704.
- Maslach, C., Leiter, M. P., & Schaufeli, W. B. (2009). Measuring burnout. In S. Cartwright & C. L. Cooper (Eds.), *The Oxford Handbook of Organizational Well-being* (pp. 86–108). Oxford University Press.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>

- Maslach, C., & Leiter, M. P. (2022). *Burnout: What it is and what it's not*. *World Psychiatry*, 21(2), 198–199.
- Maslach, C., & Leiter, M. P. (2016). *Burnout: A multidimensional perspective*. In C. L. Cooper & J. C. Quick (Eds.), *The Handbook of Stress and Health: A Guide to Research and Practice* (pp. 91–106). Wiley-Blackwell.
<https://doi.org/10.1002/9781118993811.ch6>
- Maslach, C., & Leiter, M. P. (2022). *The Burnout Challenge: Managing People's Relationships with Their Jobs*. Harvard University Press.
- Maslach, C., Leiter, M. P. (2022). *Understanding the burnout experience: Recent research and its implications for clinical practice*. *World Psychiatry*, 21(1), 45–48.
[\[https://doi.org/10.1002/wps.20967\]](https://doi.org/10.1002/wps.20967)(<https://doi.org/10.1002/wps.20967>)
- Maslach, C., & Leiter, M. P. (2020). *Understanding the burnout experience: Recent research and its implications for psychiatry*. *World Psychiatry*, 19(2), 158–167. <https://doi.org/10.1002/wps.20764>
- Maslach, C., & Leiter, M. P. (2021). *The burnout challenge: Managing people's relationships with their jobs*. Jossey-Bass.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2(2), 99-113.
- Maslach, C., & Leiter, M. P. (2016). *Understanding the burnout experience: recent research and its implications for psychiatry*. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 15(2), 103–111.
<https://doi.org/10.1002/wps.20311>
- Maslach, C. (2022). *Burnout, resilience, and professional identity: Rethinking solutions to workplace exhaustion*. *Journal of Health Psychology*, 27(3), 372–380.
- Maslach, C., Leiter M.P. & Jackson, S. E. (1996-2018). *Maslach burnout inventory manual*. Fourth edition, Mindgarden Inc, Palo Alto, CA
- Maslach, C., & Leiter, M. P. (2021). *The burnout challenge: Managing people's relationships with their jobs*. Harvard University Press.
- Mbamalu, T. S., et al. (2019). *Burnout and its consequences among emergency department nurses in South Africa*. *African Journal of Emergency Medicine*, 9(2), 63-68.
- Mbwili, J. K., et al. (2019). *Burnout among emergency department nurses in Africa: A systematic review*. *African Journal of Health Professions Education*, 11(2), 34-41.

- McHugh, M. D., Aiken, L. H., Sloane, D. M., Windsor, C., Douglas, C., & Yates, P. (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: A prospective study in a panel of hospitals. *The Lancet*, 397(10288), 1905–1913. [https://doi.org/10.1016/S0140-6736\(21\)00768-6](https://doi.org/10.1016/S0140-6736(21)00768-6)
- Mekonnen, T. H., Workie, D. L., & Kassaw, M. W. (2022). Burnout and associated factors among emergency nurses in sub-Saharan Africa: A systematic review. *BMC Nursing*, 21(1), 120.
- Michael P Leiter, Christina Maslach. Nurse Turnover: the mediating role of burnout. *Journal of Nursing Management*, 2009; (17): 331-339.
- Molavynejad, S., Babamohamadi, H., & Gorji, M. H. (2021). Burnout in emergency nurses: A systematic review and meta-analysis. *Journal of Emergency Nursing*, 47(4), 556–568.
- Morgantini, L. A., Naha, U., Wang, H., Francavilla, S., Acar, Ö., Flores, J. M., ... & Weine, S. M. (2021). Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLOS ONE*, 16(9), e0257380. <https://doi.org/10.1371/journal.pone.0257380>
- Munyemana, P., Habineza, E., & Uwizeye, G. (2022). Prevalence of burnout among emergency healthcare workers in Rwanda. *East African Medical Journal*, 99(3), 112–117.
- Nagy, A., Chen, T., & Klein, M. (2023). Zoom fatigue and digital burnout among remote workers: A systematic review. *Digital Health*, 9, 1–14. <https://doi.org/10.1177/20552076231190304>
- Naidoo, R., & Schoeman, R. (2023). Burnout in emergency department staff: The prevalence and barriers to intervention. *South African Journal of Psychiatry*, 29, a2095. <https://doi.org/10.4102/sajpsychiatry.v29i0.2095>
- Nkosi, N. G., et al. (2020). Burnout and patient safety among emergency department nurses in South Africa. *Journal of Patient Safety*, 16(2), e43-e48.
- Nyarko, P., Musa, T. H., & Mwaura, M. (2022). The burden of burnout during the COVID-19 pandemic among African emergency healthcare workers. *Global Health Research and Policy*, 7(45), 1–9.
- Nyirigira, G., Baiey, J. G., Rutayisire, F., Neil, K. L., Bould, M. D., Kwizera, R., Ndekezi, J. K., Gatera, M. R., Tuyishime, E., Uwurukundo, B. S., & Wong, R. (2025). Staff burnout and its risk factors at King Faisal Hospital Rwanda: a cross-sectional survey. *BMC Health Services Research*, 25, 508. <https://doi.org/10.1186/s12913-025-12638-4>

- Ogunyemi, D. O., & Akinyemi, A. O. (2021). *Burnout syndrome and its psychological effects among nurses in southwestern Nigeria*. *Nigerian Journal of Clinical Psychology*, 9(1), 50–59.
- Okeke, E. C., Nwankwo, N., & Adebayo, M. A. (2023). *Occupational stress and burnout among emergency nurses in Nigerian tertiary hospitals*. *African Journal of Health Professions Education*, 15(2), 57–63.
- Okonkwo, C., Ede, M. O., & Iloh, G. U. (2021). *Work stress and burnout among nurses in tertiary hospitals in Nigeria*. *International Journal of Nursing Practice*, 27(6), e12984.
- Oluwagbemiga, A. E., et al. (2019). *Burnout and job satisfaction among nurses in Nigerian hospitals*. *Journal of Nursing Education and Practice*, 9(3), 1-9.
- Omole, O. R. (2023). *Effects of Workplace Bullying and Burnout on Job Satisfaction among Nurses in Sokoto State, Nigeria*. *Asian Journal of Research in Nursing and Health*, 6(1), 297–308.
- Owuor, Rosebenter & Mwita, Clifford & Anyango, Ruth & Mutungi, Koki. (2020). *Prevalence of burnout among nurses in sub-Saharan Africa: a systematic review protocol*.
- Owuor, Rosebenter Awuor^{1,2}; Mutungi, Koki^{2,3}; Anyango, Ruth^{2,4}; Mwita, Clifford C.^{2,4}. *Prevalence of burnout among nurses in sub-Saharan Africa: a systematic review*. *JBIS Evidence Synthesis* 18(6):p 1189-1207, June 2020. / DOI: 10.11124/JBISRIR-D-19-00170
- Peters, N., Scheuch, I., Lohner, M. S., Muss, C., Aprea, C., & Fürstenau, B. (2021). *Resilience Training Programs in Organizational Contexts: A Scoping Review*. *Frontiers in Psychology*, 12, Article 733036. <https://doi.org/10.3389/fpsyg.2021.733036>
- Pine, D. S., Ahmed, O., & Agyemang, C. (2022). *The challenge of measuring burnout in global settings*. *The Lancet Psychiatry*, 9(4), 279–280. [https://doi.org/10.1016/S2215-0366(22)00079-9](https://doi.org/10.1016/S2215-0366%2822%2900079-9)
- Prapanjaroensin, A., Patrician, P. A., & Vance, D. E. . (2017). *Conservation of resources theory in nurse burnout and patient safety*. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*(73(11)), 2558–2565. <https://doi.org/https://doi.org.libproxy.unm.edu/10.1111/jan.13348> Psychol, 4(3), 513-524. <https://doi.org/10.1037/0003-066x.44.3.513>
- Quattrin, R., et al. (2020). *Burnout and its correlates among nurses in emergency departments: A systematic review*. *International Journal of Environmental Research and Public Health*, 17(11), 4035. *Res Nurs Health*, 25(3), 176-188. <https://doi.org/10.1002/nur.10032> *Revista De Pesquisa Cuidado é Fundamental Online*, 7(3), 2749–2760. <https://doi.org/10.9789/2175-5361.2015.v7i3.2749-2760>

- Raso, R., Fitzpatrick, J. J., & Masick, K. (2021). Nurses' intent to leave their position and the profession during the COVID-19 pandemic. *Journal of Nursing Administration, 51*(10), 488–494.
- Raso, R., Fitzpatrick, J. J., & Masick, K. (2022). Reducing burnout: Everyday recognition and appreciation. *Nursing Management, 53*(3), 5. <https://doi.org/10.1097/01.NUMA.0000821696.33245.80>
- Rodriguez, R. M., Montoy, J. C., Hoth, K. F., & Jo, Y. H. (2021). Association of burnout with emotional well-being, job satisfaction, and intention to leave among emergency department staff. *Annals of Emergency Medicine, 77*(3), 345–356.
- Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2023). Prevalence of burnout among physicians: A systematic review. *JAMA, 320*(11), 1131–1150. <https://doi.org/10.1001/jama.2018.12777>
- Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLOS ONE, 12*(10), e0185781. <https://doi.org/10.1371/journal.pone.0185781>
- Setti, I., Argentero, P., & Voglino, G. (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>
- Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2020). Burnout: 35 years of research and practice. *Career Development International, 25*(5), 531–543. <https://doi.org/10.1108/CDI-11-2019-0432>
- Spence Laschinger, H. K., & Leiter, M. P. (2006). The impact of nursing work environments on patient safety outcomes: the mediating role of burnout/engagement. *J Nurs Adm, 36*(5), 259–267. <https://doi.org/10.1097/00005110-200605000-00019>
- Tamminga, S. J., Emal, L. M., Boschman, J. S., Levasseur, A., Thota, A., Ruotsalainen, J. H., Schelvis, R. M. C., Nieuwenhuijsen, K., & van der Molen, H. F. (2023). Individual-level interventions for reducing occupational stress in healthcare workers (Cochrane Review, Issue 5, Art. No.: CD002892.pub6). *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD002892.pub6>
- The Lancet*. (2021). COVID-19: Protecting health-care workers. *The Lancet, 395*(10228), 922. [[https://doi.org/10.1016/S0140-6736\(20\)30644-9](https://doi.org/10.1016/S0140-6736(20)30644-9)](<https://doi.org/10.1016/S0140-6736%2820%2930644-9>)
- Tijani, A. I., Ogunbanjo, G. A., & Alabi, T. O. (2020). Organizational support and burnout among nurses in Nigerian hospitals. *Nigerian Health Journal, 20*(3), 129–137.

Tourangeau, A. E., Giovannetti, P., Tu, J. V., & Wood, M. (2002). *Impact of Hospital Nursing Care on Patient Outcomes*. *Medical Care*, 40(5), 406-416. doi: 10.1097/00005650-200205000-00006

Traynor, M., & colleagues. (2020). *Burnout in nursing: A theoretical review*. *Human Resources for Health*, 18, Article 41. <https://doi.org/10.1186/s12960-020-00469-9>

Ukwuoma, S. O., Anaba, E. A., & Ibe, I. R. (2023). *Emotional fatigue and patient safety among A&E nurses in Enugu*. *West African Journal of Nursing*, 34(1), 45–54.

Victor C.R., Scambler., S., Bowling, A., & Bond, J. (2012). *Loneliness in later life: The views of older people*. *Ageing and Society*, 25(6), 829-839. <https://doi.org/10.1017/S0144686X04003332>

Wagoro, M. C. A., Owuor, R. A., & Bitok, L. W. (2023). *Burnout in sub-Saharan Africa: A contextual framework*. *African Journal of Health Professions Education*, 15(1), 56–61.

Wang, J., Huang, X., Wang, M., Huang, L., & Wang, Y. (2023). *Depression and burnout among Chinese nurses during COVID-19 pandemic: A mediation and moderation analysis model among frontline nurses and nonfrontline nurses caring for COVID-19 patients*. *BMC Psychiatry*, 23, Article 5006. <https://doi.org/10.1186/s12888-023-05006-1> [1]

Wang, H., Xia, Q., Xiong, Z., Li, Z., Xiang, W., Yuan, Y., & Liu, Y. (2022). *Burnout and its impact on quality of nursing care: A systematic review*. *BMC Nursing*, 21(1), 38.

West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2023). *Burnout and mental health: What COVID-19 revealed and what it demands*. *JAMA*, 329(2), 97–98. <https://doi.org/10.1001/jama.2022.22883>

West African Journal of Medicine. (2023). *Assessing Burnout Among Healthcare Professionals in a Private Hospital in Abuja, Nigeria: Prevalence, Patterns, and Implications*. *West African Journal of Medicine*, 40(1), 10–15.

WHO. (2019). *Burn-out an "occupational phenomenon": International Classification of Diseases*. World Health Organization. [https://www.who.int/mental_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)

World Health Organization. (2019) “Burn-out an 'occupational phenomenon': International Classification of Diseases.” *May 28, 2019*. Accessed: June 27, 2022 <https://www.who.int/news/item/28-https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

Zhang X, Huang D, Guan P. Job burnout among critical care nurses from 14 adult intensive care units in northeastern China: a cross-sectional survey. BMJ, 2014; 4: 1-8.

Zhao, H., Wu, C., & Yan, Q. (2022). Teacher burnout during the COVID-19 pandemic: A meta-analysis. Educational Psychology Review, 34(2), 565–588.

APPENDIX

Faculty of Nursing Sciences,
Thomas Adewumi University,
Oko, Kwara State, Nigeria.

Dear respondents,

I am conducting a study on “Perceived Effects of Burnout among Nurses at Accident and Emergency unit of Kwara State University Teaching Hospital Ilorin.” You are requested to participate by responding to the attached questionnaire. By completing this questionnaire, you will be contributing to the understanding of perceived effects of burnout and identifying ways to deal with it.

Please note the following:

Your participation is entirely voluntary and you are not obligated to take part. By completing the questionnaire, you are providing informed consent to participate in this study.

All information provided by you will be treated as confidential and your responses will **never** be associated to you as you are not required to write your name on the questionnaire. You have the right to withdraw from the study at any time.

George. M.

INSTRUCTIONS.

The questionnaire is divided into 6 sections, each with several questions, some of which have multiple choice answers.

I appreciate your cooperation.

**SECTION 1
DEMOGRAPHIC DATA**

1. Age: (a) 21-30 years () (b) 31-40 years () (c) 41-50 years () (d) 51 years and above ()
2. Gender: (a) Female () (b) Male ()
3. Marital Status: (a) Married () (b) Single () (c) Divorced () (d) Widowed ()
4. Religion: (a) Christianity () (b) Islam () (c) Others ()
5. Ethnicity
6. Years of experience as an A & E Nurse a) 1 – 5() (b) 6-10 () c) 11-15 ()
(d) 16 – 20 ()
7. Qualifications Obtained: (a) RN/RM () (b) RAEN () (c) BNSc () (d) Others specify
8. Rank: NO I () NO II () SNO () PNO () ACNO () CNO () Others specify

**SECTION 2
BURNOUT ASSESSMENT**

Please rate your agreement with the following statements using the Likert scale:

STRONGLY DISAGREE (1)

DISAGREE (2)

NEUTRAL (3)

AGREE (4)

STRONGLY AGREE (5)

Emotional exhaustion	1	2	3	4	5
1. I feel emotionally drained from my work.					
2. I feel exhausted at the end of my shift.					
3. I feel overwhelmed by my workload.					
Depersonalization					
1. I feel detached from my patients.					
2. I feel cynical about my work.					
3. I feel disconnected from my colleagues.					
Personal Accomplishment					
1. I feel effective in my work.					
2. I feel accomplished in my role.					
3. I feel confident in my abilities.					

SECTION 3
PERCEIVED EFFECTS OF BURNOUT

Please rate your agreement with the following statements using the Likert scale:

Work- Related	1	2	3	4	5
1. Burnout affects my job performance.					
2. Burnout impacts my relationships with colleagues.					
3. Burnout affects my patient care quality.					
Personal					
1. Burnout affects my physical health.					
2. Burnout impacts my mental well- being.					
3. Burnout affects my work- life balance.					

SECTION 4
WORK ENVIRONMENT

Please rate your agreement with the following statements using the Likert scale:

Workload and Resources					
1. My workload is manageable.					
2. I have adequate resources to perform my job.					
3. Staffing levels are sufficient					
Autonomy and Decision- Making					
1. I have control over my work.					
2. My opinions are valued in decision- making.					
3. I am involved in policy changes.					
Professional Development					
1. Opportunities for professional growth are available					
2. Continuing education is encouraged.					
3. Continuing education opportunities are relevant to my practice					
Safety and Well-being.					
1. 1 , My workplace is safe.					
2. I experience verbal abuse from colleagues/patients.					
3. Wellness programs are available.					

SECTION 5
COPING MECHANISMS

Please rate your agreement with the following statements using the Likert scale:

Emotional Coping					
1. 1 I take breaks during shifts to relax.					
2. I talk to colleagues about my stress					
3. I seek support from friends/family					
4 Problem Focused Coping					
5. I delegate tasks when possible					
6. I prioritize tasks to manage workload					
7. I set realistic goals					
Self- Care					
1. I engage in regular exercise.					

2. I maintain a healthy diet.					
3. I get adequate sleep.					
Organizational Support					
1. I receive recognition for my work.					
2. I feel valued by my organization.					
3. My organization provides stress management resources.					
Seeking Help					
1. I would seek professional help for burnout if needed.					
2. I don't know where to seek help					
3. I have sought help for burnout before.					
4. I believe seeking help is a sign of weakness.					

**SECTION 6
OPEN-ENDED QUESTIONS**

1. What are the main causes of burnout for you in your A & E Nursing role?

.....
.....
.....
.....

2. How do you currently cope with burnout?

.....
.....
.....
.....

3. Do you have any suggestions for improving work environment and reducing burnout?

.....
.....
.....