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WORKPLACE STRESS AND BURNOUT AMONG HEALTHCARE PROFESSIONALS IN PUBLIC HOSPITALS IN SOUTH-SOUTH NIGERIA

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ABSTRACT

Workplace stress and professional burnout are major occupational health challenges that affect the efficiency of healthcare workers, the quality of clinical practice and the sustainability of public healthcare institutions, particularly in developing countries. This study investigated the levels of workplace stress and burnout among healthcare professionals in public hospitals in South-South Nigeria and examined the role of organisational support in reducing burnout. A descriptive survey research design was adopted. The study involved 384 healthcare professionals, comprising doctors, nurses and medical laboratory scientists, drawn from an accessible population of 10,250 professionals across public hospitals. The sample size was determined using Taro Yamane's formula, while stratified random sampling was used to select participants across the professional groups. Data were collected using two validated self-administered instruments: the *Workplace Stress Assessment Questionnaire (WSAQ)* and the *Healthcare Professional Burnout and Support Scale (HPBSS)*. The instruments recorded Cronbach's alpha coefficients of 0.84 and 0.88 respectively, indicating satisfactory internal consistency. The research questions were answered using mean and standard deviation, with a criterion mean of 2.50, while the hypotheses were tested using Pearson Product Moment Correlation and simple linear regression at the 0.05 level of significance. The findings showed that workplace stress had a strong, positive and statistically significant relationship with professional burnout. In contrast, organisational support had a significant inverse predictive relationship with burnout. The study concluded

that persistent organisational pressures are contributing substantially to burnout among healthcare professionals in Nigerian public hospitals. It was therefore recommended that the Federal and State Ministries of Health in South-South Nigeria should intensify recruitment, improve workplace conditions and establish structured psychological and staff-wellness programmes in public tertiary hospitals.

KEYWORDS: Workplace Stress, Professional Burnout, Healthcare Professionals, Organisational Support, Public Hospitals.

INTRODUCTION

The healthcare sector plays a central role in national development, the protection of human life and the preservation of human capital. In public healthcare institutions, effective clinical care depends not only on medical facilities and technology but also on the physical, mental and emotional well-being of the professionals who provide care. Doctors, nurses and medical laboratory scientists work at the centre of this system and are expected to remain attentive, responsive and compassionate, often under demanding circumstances. However, public tertiary hospitals in developing countries, including those in Nigeria, operate in environments where healthcare workers are frequently exposed to heavy workloads, complex medical emergencies, high patient volumes and considerable emotional pressure.

Workplace stress occurs when the demands placed on an individual exceed the resources available to meet those demands. In healthcare, such stress may arise from long shifts, frequent call duties, exposure to suffering and death, time pressure, administrative challenges and the need to make critical decisions under difficult circumstances. These pressures are often made worse by shortages of healthcare professionals and limited resources. In Nigerian public hospitals, doctors, nurses and other clinical personnel may therefore have to take on responsibilities that would ordinarily be shared among a larger workforce. When this situation persists, workers may experience physical fatigue, emotional strain and reduced concentration. Over time, these conditions can affect both professional performance and patient care.

Persistent workplace stress can also contribute to professional burnout. The World Health Organization (2019) describes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. Burnout is commonly associated with emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Maslach & Leiter, 2016). Emotional exhaustion occurs when workers feel

physically and emotionally drained by their jobs. Depersonalisation may cause them to become detached or increasingly cynical towards patients and colleagues, while reduced personal accomplishment can make them feel that their efforts are not producing meaningful results.

The consequences of workplace stress and burnout extend beyond individual healthcare professionals. Prolonged stress can affect workers' physical and psychological well-being and may contribute to anxiety, depression and other health problems. At organisational level, burnout may result in absenteeism, presenteeism, strained professional relationships, reduced productivity and staff turnover (Nwosu et al., 2021). These consequences are particularly serious in public healthcare institutions, where limited staffing means that the absence or departure of even a small number of experienced professionals can place additional pressure on those who remain.

The situation in South-South Nigeria has been further complicated by the continued migration of healthcare professionals to countries where they expect better remuneration, working conditions and opportunities for professional development. This movement, commonly referred to as the *Japa syndrome*, has contributed to staffing shortages in many Nigerian healthcare institutions. States such as Rivers, Delta, Akwa Ibom and Cross River have experienced the effects of this wider workforce challenge. As professionals leave, those who remain may have to work longer hours and take on additional responsibilities without adequate opportunities for rest or recovery. Limited equipment, inadequate facilities and other operational challenges can further intensify this pressure (Ozumba & Alabere, 2019).

At the same time, many public hospitals have limited organisational support systems for helping staff cope with these demands. Organisational support may include counselling, employee assistance programmes, mentoring, adequate protective equipment, fair allowances, supportive supervision and reasonable work schedules (Bakker & Demerouti, 2017). Such measures can help workers cope with demanding working conditions and may reduce the likelihood of burnout. Although previous research has examined occupational stress and burnout among healthcare workers in Nigeria, there is still a need for more evidence on the relationship between workplace stress, burnout and organisational support among healthcare professionals specifically in public hospitals in South-South Nigeria. This study therefore seeks to contribute to that body of knowledge.

Statement of the Problem

Public healthcare institutions in South-South Nigeria are facing increasing pressure as a result of staff shortages, high patient volumes and limited resources. The migration of doctors, nurses and laboratory scientists has reduced the available workforce in many hospitals, leaving those who remain to manage increasingly demanding workloads. Healthcare professionals may work extended shifts, attend to large numbers of patients and respond to emergencies while also dealing with inadequate diagnostic equipment, limited rest facilities and insufficient institutional support.

Despite these challenges, healthcare professionals are still expected to provide accurate, timely and compassionate care. Regular exposure to critically ill patients, deaths, emergency admissions and difficult working conditions can create sustained psychological pressure. Where these pressures are not adequately addressed, they may result in emotional exhaustion, detachment from patients and reduced professional satisfaction.

Although previous studies have examined job satisfaction, stress and burnout among healthcare workers in Nigeria, there is comparatively limited empirical evidence on the extent to which workplace stress is associated with burnout among doctors, nurses and medical laboratory scientists in public tertiary hospitals in South-South Nigeria. There is also insufficient evidence concerning the extent to which organisational support can protect healthcare workers from burnout in this setting. The present study was therefore undertaken to address this gap.

Purpose of the Study

The main purpose of this study was to examine workplace stress and burnout among healthcare professionals in public hospitals in South-South Nigeria. Specifically, the study sought to:

1. Assess the prevailing levels of workplace stress and professional burnout experienced by healthcare professionals in public hospitals in South-South Nigeria.
2. Determine the influence of institutional support mechanisms in mitigating professional burnout among healthcare professionals in public hospitals in South-South Nigeria.

Research Questions

The following research questions guided the study:

1. What are the prevailing levels of workplace stress and professional burnout among healthcare professionals in public hospitals in South-South Nigeria?

2. What is the level of institutional support mechanisms available to healthcare professionals in public hospitals in South-South Nigeria?

Research Hypotheses

The following null hypotheses were formulated and tested at the 0.05 level of significance:

1. **H_{01}:** There is no significant relationship between workplace stress and professional burnout among healthcare professionals in public hospitals in South-South Nigeria.
2. **H_{02}:** Institutional support mechanisms do not significantly predict professional burnout among healthcare professionals in public hospitals in South-South Nigeria.

THEORETICAL FRAMEWORK

This study is grounded in two complementary theoretical frameworks: the Job Demands-Resources (JD-R) Model and the Conservation of Resources (COR) Theory.

1. Job Demands-Resources (JD-R) Model

The Job Demands-Resources model was developed by Demerouti et al. (2001) and further developed by Bakker and Demerouti (2017). The model explains occupational well-being in terms of two broad categories of working conditions: job demands and job resources. Job demands are the physical, psychological, social or organisational aspects of a job that require sustained physical or mental effort and can therefore carry physiological or psychological costs. Examples in healthcare include heavy workloads, long shifts, emergency duties and emotionally demanding interactions with patients.

Job resources, on the other hand, are aspects of the job that help employees achieve their work objectives, reduce job demands and support learning and personal development. In a healthcare setting, these may include supportive supervision, adequate equipment, reasonable staffing, professional mentoring and positive relationships among colleagues. The model proposes that when job demands remain high while job resources are inadequate, workers become progressively depleted, increasing the likelihood of job strain and burnout.

The JD-R model is particularly relevant to public hospitals in South-South Nigeria. High patient volumes, long working hours and staff shortages represent significant job demands, while adequate equipment, supportive management, fair remuneration, counselling and opportunities for professional development represent important job resources. The model therefore provides a useful explanation of how an imbalance between demanding clinical responsibilities and limited organisational resources can contribute to emotional exhaustion and burnout among healthcare professionals.

2. Conservation of Resources (COR) Theory

Conservation of Resources theory was proposed by Hobfoll (1989). The theory suggests that people naturally seek to acquire, retain, protect and develop resources that they value. Such resources may include time, energy, social support, financial security and psychological well-being. Stress is likely to occur when these resources are threatened, lost or fail to increase following substantial investment. An important aspect of COR theory is the idea of a resource-loss spiral. When individuals have already lost important resources, they may have fewer reserves available to protect themselves against further losses. This can make subsequent resource losses more damaging and may eventually contribute to psychological exhaustion.

Healthcare professionals in South-South Nigerian public hospitals invest considerable physical, intellectual and emotional resources in caring for patients. When these efforts are accompanied by inadequate staffing, insufficient equipment, poor institutional support and limited opportunities for recovery, workers may experience continuous resource depletion. COR theory therefore helps to explain how prolonged exposure to demanding working conditions without adequate organisational replenishment may contribute to emotional exhaustion, detachment and burnout.

CONCEPTUAL CLARIFICATIONS

Workplace Stress

Workplace stress in healthcare refers to the physical and emotional responses that occur when the demands of clinical practice exceed the resources, capabilities or coping capacity of healthcare professionals (Nwobodo et al., 2023). It may arise from excessive patient loads, long working hours, time pressure, administrative difficulties, unsafe working conditions and unclear professional responsibilities. In public hospitals, stress may become particularly intense when healthcare professionals are expected to manage large numbers of patients or complex cases without sufficient staffing, equipment or institutional support (Chinawa et al., 2020).

When workplace stress is not properly managed, it can affect concentration, emotional stability and clinical effectiveness (Ogundipe et al., 2018). In Nigerian tertiary healthcare facilities, structural challenges such as inadequate funding, unstable electricity supply and delays in obtaining essential supplies may make routine clinical responsibilities considerably more difficult. These conditions can leave healthcare professionals physically tired and psychologically vulnerable to burnout.

Professional Burnout

Professional burnout is an occupational phenomenon associated with chronic workplace stress that has not been successfully managed (World Health Organization, 2019). It is commonly understood through three dimensions: emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Leiter, 2016). Emotional exhaustion refers to the depletion of physical and psychological energy. Depersonalisation involves becoming detached, cynical or emotionally distant from patients and colleagues, while reduced personal accomplishment reflects a diminished sense of competence and effectiveness.

Burnout differs from ordinary tiredness because it develops through prolonged exposure to stressful working conditions and can gradually affect a person's engagement with work and professional identity. Among healthcare professionals, burnout may affect clinical judgement, increase the risk of errors and reduce the quality of patient care (Ogunsuji et al., 2023). It may also contribute to absenteeism, presenteeism and staff turnover, encouraging professionals to leave public healthcare institutions or seek employment outside Nigeria (Nwosu et al., 2021).

Healthcare Professionals

Healthcare professionals in this study refer to licensed clinical personnel involved in the diagnosis, treatment and investigation of patients in public health institutions. The study focuses specifically on medical doctors, registered nurses and midwives, and medical laboratory scientists working in public tertiary healthcare institutions.

These professional groups are regularly exposed to demanding working conditions because of their direct involvement in patient care, shift work and emergency duties (Ozumba & Alabere, 2019). Doctors make diagnostic and treatment decisions under considerable time pressure, nurses provide continuous bedside care and coordinate many aspects of ward management, while medical laboratory scientists perform essential diagnostic investigations, often within tight timeframes. The well-being of these professionals is therefore closely connected to the effective functioning of public healthcare services.

Institutional Support Mechanisms

Institutional support mechanisms refer to the administrative, structural and psychological measures provided by hospital management to help employees cope with occupational demands and maintain their well-being (Bakker & Demerouti, 2017). These measures may include employee assistance programmes, counselling, clinical debriefing, mentoring,

personal protective equipment, fair hazard allowances and flexible or manageable shift arrangements.

Effective institutional support provides an important organisational resource that can help to reduce the effects of demanding working conditions. When healthcare workers receive supportive supervision and have access to appropriate welfare and psychological services, they are more likely to cope effectively with occupational pressures (Okwaraji & Aguwa, 2014). Conversely, when such support is absent or inadequate, existing job demands may become more difficult to manage, increasing the risk of exhaustion and burnout.

METHODOLOGY

This study adopted a cross-sectional survey design to examine workplace stress and burnout without manipulating the study variables. The target population consisted of 10,250 registered healthcare professionals, comprising medical doctors, registered nurses and medical laboratory scientists employed across the public hospitals in South-South Nigeria. A sample of 384 healthcare professionals was determined using Taro Yamane's formula. Stratified random sampling was used to ensure proportional representation of the professional groups. The sample comprised 142 doctors, 186 nurses and 56 medical laboratory scientists. Data were collected using two structured self-administered instruments: the *Workplace Stress Assessment Questionnaire (WSAQ)* and the *Healthcare Professional Burnout and Support Scale (HPBSS)*. The items were measured on a four-point Likert scale ranging from Strongly Agree = 4 to Strongly Disagree = 1, with a criterion mean of 2.50. Face and content validity were established by three experts in measurement and evaluation. A pilot test involving 30 healthcare workers produced Cronbach's alpha coefficients of 0.84 for the WSAQ and 0.88 for the HPBSS, indicating acceptable internal consistency. Of the 384 questionnaires distributed, 368 were correctly completed and retrieved, representing a response rate of 95.8%. The data were analysed using mean and standard deviation to answer the research questions. Pearson Product Moment Correlation and simple linear regression were used to test the hypotheses at the 0.05 level of significance with SPSS version 26.0.

RESULTS

Research Question One

What are the prevailing levels of workplace stress and professional burnout among healthcare professionals in public hospitals in South-South Nigeria?

Table 1: Mean and Standard Deviation Analysis of Workplace Stress and Burnout Levels. (N = 368)

S/N	Item Statement	Mean ($\bar{X}$)	SD	Remark
A	**Workplace Stress Indicators**			
1	I regularly work excessive hours or undertake frequent call duties because of staff shortages.	3.52	0.58	High Stress
2	The shortage of modern clinical diagnostic equipment increases my work strain.	3.41	0.65	High Stress
3	I experience frequent mental fatigue because of excessive patient-to-provider ratios.	3.38	0.61	High Stress
4	Poor working conditions and inadequate risk allowances cause severe anxiety.	3.19	0.72	High Stress
	Sub-Cluster Mean (Workplace Stress)	**3.38**	**0.64**	**High Stress**
B	**Professional Burnout Indicators**			
5	I feel emotionally drained and exhausted at the end of my clinical shift.	3.48	0.59	High Burnout
6	I have become more callous and emotionally detached towards patients' suffering.	3.12	0.76	High Burnout
7	I feel frustrated that my effort does not result in a proportionate professional reward.	3.30	0.68	High Burnout
8	I feel a diminished sense of personal accomplishment in my current clinical role.	3.15	0.71	High Burnout
	Sub-Cluster Mean (Professional Burnout)	**3.26**	**0.68**	**High Burnout**
	Grand Cluster Mean	**3.32**	**0.66**	**High Stress and Burnout**

Source: Field Survey, 2026. Benchmark Mean = 2.50.

The results in Table 1 show that all the items measuring workplace stress and professional burnout exceeded the criterion mean of 2.50. Workplace stress recorded a sub-cluster mean of 3.38 (SD = 0.64), while professional burnout recorded a mean of 3.26 (SD = 0.68). The overall grand mean of 3.32 (SD = 0.66) indicates that healthcare professionals in public hospitals in South-South Nigeria experience high levels of both workplace stress and professional burnout.

Research Question Two

What is the level of institutional support mechanisms available to healthcare professionals in public hospitals in South-South Nigeria?

Table 2: Mean and Standard Deviation Analysis of Available Institutional Support Mechanisms. (N = 368)

S/N	Item Statement	Mean ($\bar{X}$)	SD	Remark
9	Management provides regular psychological counselling and stress-debriefing sessions.	1.82	0.62	Low Support
10	Adequate personal protective equipment and safety tools are consistently provided.	2.15	0.71	Low Support
11	Hospital management actively implements policies to protect staff from work overload.	1.94	0.66	Low Support
12	Functional employee assistance programmes and wellness incentives are available.	1.76	0.59	Low Support
13	Supervision is supportive and encourages work-life balance among healthcare staff.	2.21	0.74	Low Support
	Grand Cluster Mean	**1.98**	**0.66**	**Low Support**

Source: Field Survey, 2026. Benchmark Mean = 2.50.

Table 2 shows that all the items measuring institutional support mechanisms fell below the criterion mean of 2.50. The lowest mean was recorded for the availability of functional employee assistance programmes and wellness incentives, with a mean of 1.76 (SD = 0.59). The highest mean was recorded for supportive supervision and work-life balance, at 2.21 (SD = 0.74). The overall cluster mean of 1.98 (SD = 0.66) indicates that the institutional support available to healthcare professionals in the public hospitals studied was generally low.

Research Hypothesis One

There is no significant relationship between workplace stress and professional burnout among healthcare professionals in public hospitals in South-South Nigeria.

Table 3: Pearson Product Moment Correlation Analysis of Workplace Stress and Burnout.

Variable	N	Mean ($\bar{X}$)	SD	r-cal	p-value	Alpha Level	Decision
Workplace Stress	368	3.38	0.64				
Professional Burnout	368	3.26	0.68	**0.742***	**0.000**	0.05	**Rejected H_{01}**

Correlation is significant at the 0.05 level (2-tailed).

Table 3 shows a Pearson correlation coefficient of r = 0.742 with a p-value of 0.000, which is below the 0.05 level of significance. This indicates a strong, positive and statistically significant relationship between workplace stress and professional burnout. The first null hypothesis was therefore rejected. The result suggests that higher levels of workplace stress

are associated with higher levels of professional burnout among healthcare professionals in public hospitals in South-South Nigeria.

Research Hypothesis Two

Institutional support mechanisms do not significantly predict professional burnout among healthcare professionals in public hospitals in South-South Nigeria.

Table 4: Simple Linear Regression Analysis of Institutional Support Predicting Burnout.

Model	Unstandardised Coefficients (B)	Std. Error	Standardised Coefficients (β)	t-value	p-value
Constant	4.412	0.082	—	53.805	0.000
Institutional Support	-0.582	0.037	-0.624	-15.582	0.000

Model Summary: R = 0.624; R^2 = 0.389; Adjusted R^2 = 0.388; F(1, 366) = 242.81, p = 0.000. Dependent Variable: Professional Burnout.

Table 4 presents the regression model examining institutional support as a predictor of professional burnout. The R^2 value of 0.389 indicates that institutional support accounts for 38.9% of the variance in professional burnout among the healthcare professionals studied. The standardised beta coefficient of -0.624, together with a t-value of -15.582 and p-value of 0.000, indicates a statistically significant inverse relationship. The overall regression model was also statistically significant, $F(1, 366) = 242.81$, $p < 0.05$. The second null hypothesis was therefore rejected. The result suggests that stronger institutional support is associated with lower levels of professional burnout.

Summary of Findings

1. Healthcare professionals in public hospitals in South-South Nigeria experienced high levels of workplace stress, with a mean score of 3.38, and high levels of professional burnout, with a mean score of 3.26.
2. The institutional support available to healthcare professionals was inadequate, with a mean score of 1.98.
3. Workplace stress had a strong, positive and statistically significant relationship with professional burnout ($r = 0.742$, $p < 0.05$).

4. Institutional support significantly predicted professional burnout in an inverse direction ($R^2 = 0.389$, $\beta = -0.624$, $p < 0.05$), indicating that improved organisational support could contribute to lower levels of burnout.

DISCUSSION OF FINDINGS

Prevalence of Workplace Stress and Burnout in Public Hospitals

The findings show that doctors, nurses and medical laboratory scientists working in public hospitals in South-South Nigeria experience considerable workplace stress and professional burnout. Excessive working hours, staff shortages and inadequate clinical equipment emerged as important sources of pressure. The situation is likely to be compounded when healthcare professionals leave the country or move to other sectors, as the remaining workers have to absorb additional responsibilities (Nwobodo et al., 2023).

The findings are consistent with Nwobodo et al. (2023), who reported substantial psychosocial stress among Nigerian healthcare workers associated with long working hours, staff shortages and unfavourable staff-to-patient ratios. They are also consistent with Ozumba and Alabere (2019), who reported high levels of burnout among doctors and nurses at the University of Port Harcourt Teaching Hospital and linked burnout to demanding working conditions. The present findings further support the Job Demands-Resources model (Bakker & Demerouti, 2017), which explains that workers are more likely to experience exhaustion when demanding job conditions are not balanced by adequate organisational resources.

Relationship Between Stress, Burnout, and Institutional Support

The inferential findings provide two important insights. First, workplace stress was strongly and positively associated with burnout, as indicated by the correlation coefficient of 0.742. This suggests that the more intense the workplace pressure experienced by healthcare professionals, the greater their likelihood of experiencing burnout. Continuous exposure to demanding work without adequate opportunities for recovery may gradually drain workers' emotional and physical resources, eventually leading to exhaustion and detachment. Second, institutional support had a significant inverse relationship with burnout, with a beta coefficient of -0.624. Institutional support accounted for 38.9% of the observed variance in professional burnout. This finding highlights the practical importance of hospital management in protecting healthcare workers from the effects of demanding work environments.

The low level of institutional support identified in the study, reflected in the cluster mean of 1.98, suggests that many healthcare professionals may not have adequate access to counselling, employee assistance programmes, supportive supervision or other welfare measures. This finding is consistent with Nwosu et al. (2021), who associated inadequate administrative support, poor allowances and limited employee assistance with burnout and presenteeism among Nigerian healthcare workers.

The findings can also be understood through Conservation of Resources theory (Hobfoll, 1989). Healthcare professionals invest significant amounts of time, energy and emotional resources in caring for patients. When these resources are continually depleted without adequate organisational support, workers may become increasingly vulnerable to exhaustion and disengagement. Conversely, supportive management, adequate staffing, appropriate equipment and accessible welfare services can help replenish some of these resources and reduce the likelihood of burnout.

CONCLUSION

Based on the findings of the study, workplace stress and professional burnout are significant challenges among healthcare professionals working in public hospitals in South-South Nigeria. The major sources of pressure identified include excessive workloads, staff shortages, inadequate equipment and poor working conditions. These challenges are not simply individual problems; they are closely connected to the organisational environment in which healthcare professionals work. The study also established that workplace stress has a strong positive relationship with professional burnout, while institutional support has a significant inverse relationship with burnout. The low level of organisational support reported by respondents suggests that healthcare workers may not be receiving sufficient assistance to manage the demands of their work.

Reducing burnout in South-South Nigerian public hospitals therefore requires more than encouraging individual healthcare workers to cope with stress. Meaningful improvement will require organisational action, including better staffing, improved working conditions, stronger welfare systems, psychological support and adequate clinical resources. Such measures would not only support healthcare professionals but could also contribute to improved patient care, staff retention and the overall effectiveness of public healthcare institutions.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are made:

1. The Federal and State Ministries of Health in the South-South geopolitical zone should strengthen the recruitment and retention of doctors, nurses, medical laboratory scientists and other essential healthcare professionals. Increasing the available workforce would reduce excessive workloads, improve staff-to-patient ratios and lessen the pressure placed on existing employees.
2. Hospital management boards should establish and adequately fund Employee Assistance Programmes in public tertiary hospitals. These programmes should provide accessible psychological counselling, stress-management sessions, clinical debriefing and other forms of professional support. The services should be confidential and readily available to healthcare professionals who require them.
3. Government health agencies should improve hospital infrastructure, diagnostic equipment and the availability of essential clinical supplies. Reliable equipment and a more functional working environment would reduce the frustration associated with providing care under difficult conditions and could significantly reduce work-related stress.
4. The welfare and financial conditions of healthcare professionals should be reviewed. Hazard allowances, overtime payments and other forms of risk compensation should be made fairer and more consistent. Improved welfare and recognition of professional effort could strengthen morale and contribute to the retention of skilled healthcare workers within the public health system.

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