International Journal of Nursing, Midwife and Health Related Cases
Vol.8, No.3, pp.1-14, 2022
Print ISSN: 2397-0758,
Online ISSN: 2397-0766

Factors Influencing Burnout Among Nurses Working in Obafemi Awolowo University Teaching Hospitals Complex, Osun State, Nigeria

Olaosebikan, Samson Olusina (RN, RPHN, RENT, BNSc.)
Department of Adult Health Nursing,
School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Prof. Salawu Rasidi Akinade
Department of Adult Health Nursing,
School of Nursing Science, Babcock University, Ilishan-Remo, Ogun State

Citation: Olaosebikan, Samson Olusina and Salawu Rasidi Akinade (2022) Factors Influencing Burnout Among Nurses Working in Obafemi Awolowo University Teaching Hospitals Complex, Osun State, Nigeria, *International Journal of Nursing, Midwife and Health Related Cases*, Vol.8, No.3, pp.1-14

ABSTRACT: *Burnout is considered to be the challenges that have made the life of workers unbearable especially with respect to healthcare professionals. Therefore, this research is aimed at examining factors influencing burnout among nurses working in Obafemi Awolowo University Teaching Hospitals complex, Osun State, Nigeria. The research adopted a quantitative descriptive survey research design. The sample size of 280 was determined by Taro's formular. A self-structured questionnaire was validated and was used to collect data. Data collected were analyzed using descriptive and inferential statistics at 0.05 level of significance. The result shows that most of the respondents (84.4%) were affected by the burnout because majority of them agreed that the burnout can occur as a result of increased work load with a mean score of 4.80. Majority also claimed that poor remuneration could contribute to burnout since they are likely to have little or nothing to show for their consistent exhaustion, these respondents have a mean value of 4.30. Overall, the mean score of burnout of the respondents was 4.44. This implies that most of the respondents were moderately affected by the burnout among nurses. Further results on the hypotheses shows that there was a positive and low correlation between work-related factors and environmental factors influencing burn out among nurses (r=.377, p<0.0.01). Also, there was a positive and low correlation between work related factors and personal factors influencing burn out among nurses (r=.329, p<0.0.01). The research concluded work-related, personal and environmental factors were established as strong factors contributing to the effect of burnout among nurses. It is recommended that government agencies and medical practitioners should device ways by which burnout can be prevented among employees.*
KEYWORD: nurses, burnout, factors, work-related, personal, environmental

INTRODUCTION

Burnout is a crucial syndrome and problem in any technologically advanced service-oriented society especially for workers in healthcare settings. The high prevalence of burnout among health

caregivers was a major cause of concern as this inevitably affects the performance of the quality, and safety of the healthcare system. Abbasi, et al., (2021) noted that in order to meet the developing human service needs of patients who are living longer with endless sicknesses and complex infection forms, nurses should be expertly responsible for extending their clinical range of abilities and reliably actualizing highest quality practice to direct nursing actions. Brittle (2020) stressed that nurses' responsibility in health care services cannot be overemphasized as their services are required at all dimensions of human activities necessitating a great deal of devotion, time and vitality. According to the Global Health Observatory (2017) report, Nurses and Midwives represent about half of the health care populace (out of the 43.5 million health care workforce globally, 20.7 million are nurses and midwives). Nevertheless, half of the World Health Organization (WHO) Member States is reported to have under 3 nursing and midwifery staff per 1000 populace as about 25% is also reported to have under 1 for every 1000 (World Health Organization, 2019). This time, speculation and commitment to obligation is probably going to prompt burnout and psychological distress among the nurses. This is in line with a report of Rezaei, et al (2018) as they established that burnout syndrome was found in workers from various occupations, the dominant being the care workers, especially the healthcare ones. When Burnout Syndrome (BOS) occurs across the labour force, it has been more commonly found among nurses because of the psychologically demanding nature of their work, especially in units where frequent contacts with tension, rigid policies, multi-faceted and unfamiliar patients' need occur (Asheila, et al, 2019).

Burnout is a condition that involves an overwhelming depletion of enthusiasm, an individual's narrowed feelings towards achievement and withdrawal from work, normally occurring as an outcome of delayed and work-related anxiety (Lahana, et al, 2015). It has been globally described as a disease of the 21st century which was redefined by the World Health Organization (2019) as a syndrome of chronic workplace stress that has not been successfully managed which includes feelings of energy depletion or exhaustion, resulting in increased mental distance from one's job and reduced professional efficacy.

Faheem (2017) identified increased workload, poor attitude of head of department, unguarded equipment, shortage of nursing staff, poor relation with colleagues and co-worker, insufficient training, extreme activity, lack of social support, dysfunctional work place, lack of control, unclear job expectations, ineffective conflictual professional relationship, market forces , interpersonal conflict and poor technology are work related factors influencing burnout (Buckley, 2020).

According to a WHO report on the share of people experiencing burnout by country, in the United Kingdom 57% of people experienced burnout, in United State 50% people experienced burnout, Spain 37% of people experienced burnout, Germany 30% of people experienced burnout, France 30% share of people experienced burnout, Nigerian 23.6%, South African 31%, Ghana 20% and Ethiopia 27.5% (Kwon, et al., 2019; Abass, et al., 2021). According to Abbellanoza, et al., (2018); Dall'Ora, et al., (2020) Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was meant for professionals in human services. The three scales of burnout include; emotional exhaustion which measures the feelings of being psychologically overstretched and shattered over one's job; depersonalization shows an unsympathetic and unfriendly response toward the receiver

of one's care service, treatment, or education and low personal accomplishment depicts the feelings of reduction in the level of proficiency and thriving success in one's duty. In a study conducted by Goliroshan, et al., (2021) among 257 registered nurses in the United States hospitals, it was reported that 98% of nurses said that their work is mentally and physically challenging, 85% of the study group said their jobs make them fatigued generally, 63% of the nurses observed that their work has led to nurse burnout, 44% disclosed being bothered that their fatigue will cause their patient care to suffer while 41% of the surveyed group have considered changing hospitals in the past year as a result of burnout. In another study conducted by Nantsupawat, et al (2015) in Thailand community hospitals on nurses' burnout with patient outcomes reported that the relationship between all three burnout indicators, including emotional exhaustion, was recorded with patients' outcomes, depersonalization, and immediate fulfillment. An analysis of 25 research studies in 2016 showed that intensive care nurses experienced burnout more than those in other hospital units in Taiwan (Guo, et al, 2018). Many studies have addressed that burnout affects employee's physical and psychological health, hospital well-being, and indirectly patients' results if the practitioners are nurses (Gan et al., 2019).

Moreover, the factors that influence burnout are role conflict, high workload, value incongruence, low control over the job, low decision latitude, poor social climate /social support, and low rewards other causes of burnout. The part play by the following nursing literatures cannot be overemphasized other are low /inadequate nurse staffing levels, greater than twelve hours shifts, low schedule flexibility, time pressure, high jobs and psychological demands, low task variety, low autonomy, negative nurse physician relationship, poor supervisor/leader support, poor leadership, negative team relationship ,and job insecurity (Dall'Ora, et al., 2020).

Davis (2017) noted that in order to meet the developing human service needs of patients who are living longer with endless sicknesses and complex infection forms, nurses should be expertly responsible for extending their clinical range of abilities and reliably actualizing highest quality practice to direct nursing actions. According to the Global Health Observatory (2017) report, Nurses and Midwives represent about half of the health care populace (out of the 43.5 million health care workforce globally, 20.7 million are nurses and midwives). Nevertheless, half of the World Health Organization (WHO) Member States is reported to have under 3 nursing and midwifery staff per 1000 populace as about 25% is also reported to have under 1 for every 1000 (World Health Organization, 2019).

In a study conducted by Nantsupawat, et al (2015) in Thailand community hospitals on nurses' burnout with patient outcomes reported that the relationship between all three burnout indicators, including emotional exhaustion, was recorded with patients' outcomes, depersonalization, and immediate fulfillment. A related study has addressed that burnout affects employee's physical and psychological health, hospital well-being, and indirectly patients' results if the practitioners are nurses (Guo, et al., 2017).

The motivation of this study is to introduce burnout into the field of human resources management, analyze the factors and effects of burnout from the perspective of human resources, prevent and alleviate burnout through human resources management, and provide ideas for organizations and

individuals to alleviate burnout among nurses. This study is aimed at examining the factors and relationships of variables of burnout in four dimensions (socio-demographics, work, personal, and environmental related factors) among OAUTHC nurses. The main objective is to identify the factors influencing burnout among the nurses in OAUTHC health facility, Osun State, Nigeria. The specific objectives of the study were to:

1. determine work-related factors that influence burnout among nurses working in Obafemi Awolowo University Teaching Hospitals complex;
2. identify personal-related factors that influence burnout among nurses working in Obafemi Awolowo University Teaching Hospitals complex; and
3. identify environmental factors that influence burn out among nurses working in Obafemi Awolowo University Teaching Hospital complex.

Research Hypotheses

$H_0$1: There is no significant influence between work-related factors and environmental factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals complex

$H_0$2: There is no significant relationship between work-related factors and personal factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals complex

$H_0$3: There is no significant relationship between the work-related factors, personal factors and environmental factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals complex

METHODOLOGY

The study adopted a quantitative descriptive survey study in an attempt to assess the factors influencing Burnout among the nurses working in OAUTHC, Osun State, Nigeria. The target population for the study comprises nurses working in OAUTHC. The researcher established population to be seven hundred (700) nurses from the administrative department. A total number of 280 nurses were recruited from all the categories of nurses in OAUTHC, Osun State to participate in the study. Purposive and proportional sampling technique were used to select respondents for the study.

The instrument used for the study was a semi structured questionnaire to elicit information from the respondent. The questionnaire was developed based on the literature review and objectives of the study which consists four sections, A to D. The questionnaire was presented to experts in the field of Tests and Measurement and Nursing Science to ascertain content and face validity. The instrument was pre-tested once 10 % of the total population of the study (28 participants) in order to ascertain the reliability of the instrument. The psychometric property of the instrument was determined using Cronbach Alpha reliability which ranged from 0.641 – 0.782. This shows that the instrument is highly reliable and appropriate for this study.

Research assistants (nurses) were recruited and trained for the smooth conduct of the study. Two research assistants were trained to assist in data collection. They were taken through the study methodology so that they can have a good understanding of the study. Two hundred and eighty copies of the questionnaire were distributed and retrieved. The collected data were analyzed using Statistics Package for the Social Sciences (SPSS) version 23. The data collected were analysed using descriptive and inferential statistics.

RESULTS

Table 1: Socio-demographic distribution of the respondents where N=280

Socio-demographic variables	Frequency	Percentage%
Age of respondents in years		
21-30	52	18.6
31-40	130	46.4
41-50	58	20.7
51-60	38	13.6
>60	2	.7
Total	**280**	**100**
Gender		
Male	37	13.2
Female	243	86.8
Total	**280**	**100**
Marital Status		
Single	48	17.1
Married	232	82.9
Total	**280**	**100**
Years of working experience		
1-5	79	28.2
6-10	74	26.4
11-15	59	21.1
16-20	52	18.6
Others	16	5.7
Total	**280**	**100**
Income Status monthly		
>50,000	12	4.3
<100,000	69	24.6
>100,000	143	51.1
>200,000	56	20.0
Total	**280**	**100**

Table 1 revealed that the highest respondents were from the age class of 31-40 years which was 130(46%) a young population with 54.6% being between ages 31-50 years, closely followed by 21% who are between 41-50 years. Majority (87%) are females with more than half (83%) of them married and 17% single. The study population is predominantly RN and others (91%) and NO1 (25%). The study population is from early starter group with majority (28%) with (51%) having monthly income greater than 100,000.00.

Table 2 Work-related factors that influence burnout in OAUTHC among respondents

S/No	Questions	D		SD		N		A		SA		X
		F	%	F	%	F	%	F	%	F	%	
1	Burnout can occur as a result of increased work load and high level of stress at work place	**0**	**0**	**0**	**0**	**0**	**0**	55	19.6	225	**80.4**	4.80
2	Poor remuneration could lead to burnout	8	2.9	3	1.1	10	3.6	135	48.2	124	44.3	4.30
3	Poor working relationship among the health workers can be a predictor of burnout	4	1.4	2	.7	15	5.4	132	47.1	127	45.4	4.34
4	Adequate equipment can ameliorate the effects of burnout at work	13	4.6	15	5.4	6	2.1	82	29.3	164	58.6	4.32
5	Unclear job expectations, work life imbalance and hospital setting could contribute to incidence of burnout among nurses	0	0	0	0	12	4.4	102	36.4	166	59.3	4.55
												4.44

Table 2 shows that most of the respondents were affected by the burnout because majority of them agreed or strongly agreed that the burnout can occur as a result of increased work load with a mean score of 4.80. Majority also claimed that poor remuneration could contribute to burnout since they are likely to have little or nothing to show for their consistent exhaustions, these respondents have a mean value of 4.30. Most claimed that since poor working relationship among the health workers can be a predictor of burnout with a decreased mean score of 4.34. Meanwhile, most respondents equally approved the fact that adequate equipment could have ameliorate the burn out with a mean score of 4.32, while majority of the respondents believe that unclear job expectations, work life imbalance and hospital setting could contribute to incidence of burnout among nurses with a mean score of 4.55. Overall, the mean score of burnout of the respondents was 4.44. This implies that most of the respondents were moderately affected by the burnout among nurses.

Table 3: Personal factors that influence burnout among nurses working in OAUTHC

S/N	Questions	D		SD		N		A		SA		X
		F	%	F	%	F	%	F	%	F	%	
1	Are you satisfied with the pay in your working place?	61	21.8	161	57.5	25	8.9	19	6.8	14	5.0	2.16
2	Feel angry, irritated, annoyed, or disappointed in people around you and management?	77	27.5	71	25.4	78	27.9	36	12.9	19	6.4	2.45
3	Suffer from physical complaints or frequent illness headaches, stomach /back /neck aches, cold?	52	18.6	65	23.2	43	15.4	77	27.5	43	15.4	4.34
4	Dread going to work or feel trapped in your job situation?	77	27.5	63	22.5	66	23.6	61	21.8	13	4.6	2.54
5	Feel tired /fatigued rather than energetic even when you get enough sleep?	65	23.2	30	10.7	43	15.4	101	36.1	41	14.6	2.84
6	Consider yourself unappreciated or “used “on the job	65	23.2	30	10.7	43	15.4	101	36.1	41	14.6	3.08
7	See close friends and family less often	37	13.2	31	11.1	32	11.4	118	42.1	62	22.1	3.49
8	Experiencing interpersonal conflict with co-worker /family	89	31.8	86	30.7	48	17.1	46	16.4	11	3.9	2.30
9	Do you have positive attitude to change?	6	2.1	2	7	20	7.1	118	42.1	134	47.9	4.33
10	Absent ,out sick more often or while at work	88	31.4	101	36.1	36	12.9	25	8.9	30	10.7	2.31
11	Unable to laugh at a joke about yourself or difficulty finding joy t	112	40.0	102	36.4	41	14.6	11	3.9	14	5.0	1.98
12	Increasing your use of alcohol or drugs	70	25.0	163	58.2	20	7.1	19	6.8	8	2.9	2.12
13	Rigidly applying rules	100	35.7	112	40.0	35	8.9	15	5.4	28	10.0	2.14

	without considering more creative solutions											
14	Avoiding conversation with coworkers or isolating from people in general	96	34.3	108	38.6	33	11.8	29	10.4	14	5.0	2.13
15	Too busy to do ordinary things (making phone calls, reading, calling or contacting family/friends?	94	33.6	102	36.4	26	9.3	32	11.4	26	9.3	2.26 2.60

Table 3 shows that majority of the respondents had so many personal factors that contributed to the burnout of nurses in the teaching hospital in question. Majority were not satisfied with the remuneration in their hospital with a decreased mean value of 2.16. Meanwhile, the rate of anger, irritation, annoyance and disappointment in people around you including the management was not evenly distributed among respondents with a decreased mean score of 2.45. It was therefore notices that majority may not have suffered from anger and other emotional expression but do suffer from psychological challenges such as consistent complaints or frequent headaches, stomach /back /neck aches, cold with a mean score 2.98. The research also discovered that avoidance was equally noticed among staff which was categorized as part of the personal factors that contributed to burnout with a mean score of 2.13 and nurses were so busy to be engage in communication either by answering phone calls or making phone calls with a decreased mean score of 2.26. However, the overall mean score of burnout of the respondents was 2.60. This implies that most of the respondents were greatly experiencing personal factors as contributions to the burnout among nurses.

Table 4: Environmental factors that influence burn out among nurses working OAUTHC

S/N	Questions	D		SD		N		A		SA		X
		F	%	F	%	F	%	F	%	F	%	
1	Negative work environment is a predictor of burnout	4	1.4	4	1.4	7	2.5	94	33.6	171	61.1	4.51
2	Lack of easy accessibility to materials and services to carryout nursing care is also a factor influencing burnout	0	0	4	1.4	3	1.1	95	33.9	178	63.6	4.60
3	Poor communication systems can contributory to burnout among nurses	0	0	6	2.1	3	1.1	118	42.1	153	56.6	4.49

4	Inadequate basic amenities, water, ambulance services and light could also be predictors of burnout	0	0	7	2.5	6	2.1	87	31.1	180	64.3	4.57
5	Improper layout of hospital setting can be a factor.	2	.7	0	0	5	1.8	114	40.7	159	56.8	4.53
6	Working for long period in a stressful environment	0	0	0	0	0	0	61	21.8	219	78.2	4.78
7	See close friends and family less often	0	0	0	0	3	1.1	95	33.9	182	54.0	4.64
8	Poor attitude of head of department /leaders in a work environment.	0	0	5	2.1	14	5.0	95	33.9	165	58.9	4.50
9	Inadequate equipment in the work place.	0	0	0		3	1.1	84	30.0	193	68.9	4.68
10	Insufficient periodic training in the work place	11	3.9	5	1.8	19	6.8	110	39.3	135	48.2	4.26
11	Poor relation with colleagues/other health workers in a work environment	5	1.8	9	3.2	25	8.9	101	36.1	140	50.0	4.29 4.53

Table 4 shows that majority of the respondents agreed and strongly agreed that environmental factors are buy products of the burnout of nurses. Starting with the environment, the nurses agreed that negative working environment is a predictor of burnout with a high mean score of 4.51 meaning that majority subscribed to this view. Also, lack of easy accessibility to materials and services to carryout nursing care is also a factor influencing burnout factor which is a global challenge in developing countries with a high mean score of 4.60. However, this may not be as pronounced as other factors but was equally seen as a moderate factor in the environmental factors, poor communication systems was seen as a contributory factor which is a fall out of the lack of the technological tool exposed earlier. The mean value of the communication issues was seen as 4.49. A midst all these environmental factors, the most attended factor was noticed to be stressful working hours which was considered unfavorably among nurses, this question attracted a number of respondents that increased the mean score to 4.78. This is an eye opener for medical directors and coordinators because with this, the life of patients are at stake. In summary, the overall mean score of the environmental factors contributing to the burnout of the nurses was 4.53. This implies that most of the respondents were greatly affected by the environmental factors as contributions to the burnout among nurses.

Test of Hypotheses

$H_0$1. There is no significant relationship between work-related factors and environmental factors

influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals

Table 5: Product moment correlation measuring the relationship between work-related factors and environmental factors influencing the burnout among nurses working in OAUTHC.

		Work factors	Env factors
Work factors	Pearson Correlation	1	.377**
	Sig. (2-tailed)		.000
	N	280	280
Env factors	Pearson Correlation	.377**	1
	Sig. (2-tailed)	.000	
	N	280	280

**. Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows that there was a positive and low correlation between work related factors and environmental factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals with (r=.377** , p<0.0.01). There was a significant relationship between work-related factors and environmental factors influencing the burnout among nurses. This mean that the more the pronouncement of these factors, the more will the nurses experience the burnout factors.

$H_0$2: There is no significant relationship between work-related factors and personal factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals complex

Table 6: Product moment correlation measuring the relationship between work-related factors and personal factors influencing the burnout among nurses working in OAUTHC.

		Work factors	Personal factor
Work factors	Pearson Correlation	1	.329**
	Sig. (2-tailed)		.000
	N	280	280
Personal factor	Pearson Correlation	.329**	1
	Sig. (2-tailed)	.000	
	N	280	280

**. Correlation is significant at the 0.01 level (2-tailed).

Table 6 shows that there was a positive and low correlation between work related factors and personal factors influencing burn out among nurses working in Obafemi Awolowo University

Teaching Hospitals with (r=.329** , p<0.0.01). There was a significant relationship between work-related factors and personal factors influencing the burnout among nurses. This mean that the more the pronouncement of these factors, the more will the nurses experience the burnout factors.

$H_0$3: There is no significant relationship between the work-related factors, personal factors and environmental factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals complex

Table 7: Product moment correlation measuring the relationship between work-related factors, environmental factors and personal factors influencing the burnout among nurses working in OAUTHC.

		Work factors	Env factors	Personal factor
Work factors	Pearson Correlation	1	.377**	.329**
	Sig. (2-tailed)		.000	.000
	N	280	280	280
Env factors	Pearson Correlation	.377**	1	.183**
	Sig. (2-tailed)	.000		.002
	N	280	280	280
Personal factor	Pearson Correlation	.329**	.183**	1
	Sig. (2-tailed)	.000	.002	
	N	280	280	280

**. Correlation is significant at the 0.01 level (2-tailed).

Table 7 shows that there was a positive and low correlation between work-related factors and environmental factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals with (r=.377** , p<0.0.01). There was a significant relationship between work-related factors and environmental factors influencing the burnout among nurses. This mean that the more the pronouncement of these factors, the more will the nurses experience the burnout factors. Similarly, table 7 (2) shows a positive and low correlation between work-related factors and personal factors influencing burn out among nurses working in Obafemi Awolowo University Teaching Hospitals with (r=.329** , p<0.0.01). There was a significant relationship between work-related factors and personal factors influencing the burnout among nurses. This means that the more the pronouncement of these factors, the more the nurses will experience the burnout factors.

DISCUSSION OF FINDINGS

Table 2 shows that most of the respondents were affected by the burnout because majority of them agreed or strongly agreed that the burnout can occur as a result of increased work load with a mean score of 4.80. According to Majority also claimed that poor remuneration could contribute

to burnout since they are likely to have little or nothing to show for their consistent exhaustions, these respondents have a mean value of 4.30. Most claimed that poor working relationship among the health workers can be a predictor of burnout with a decreased mean score of 4.34. Meanwhile, most respondents equally approved the fact that adequate equipment could have ameliorate the burn out with a mean score of 4.32, while majority of the respondents believe that unclear job expectations, work life imbalance and hospital setting could contribute to incidence of burnout among nurses with a mean score of 4.55. Overall, the mean score of burnout of the respondents was 4.44. This implies that most of the respondents were moderately affected by the burnout among nurses.

Table 3 shows that majority of the respondents had so many personal factors that contributed to the burnout of nurses in the teaching hospitals in question. Majority were not satisfied with the remuneration in their hospitals with a decreased mean value of 2.16. Meanwhile, the rate of anger, irritation, annoyance and disappointment in people around them including the management was not evenly distributed among respondents with a decreased mean score of 2.45. It was therefore noticed that majority may not have suffered from anger and other emotional expression but do suffer from psychological challenges such as consistent complaints or frequent headaches, stomach /back /neck aches, cold with a mean score 2.98. The research also discovered that avoidance was equally noticed among staff which was categorized as part of the personal factors that contributed to burnout with a mean score of 2.13 and nurses were so busy to be engage in communication either by answering phone calls or making phone calls with a decreased mean score of 2.26. However, the overall mean score of burnout of the respondents was 2.60. This implies that most of the respondents were greatly experiencing personal factors as contributions to the burnout among nurses.

Table 4 shows that majority of the respondents agreed and strongly agreed that environmental factors are by- products of the burnout of nurses. Starting with the environment, the nurses agreed that negative working environment is a predictor of burnout with a high mean score of 4.51 meaning that majority subscribed to this view. Also, lack of easy accessibility to materials and services to carryout nursing care is also a factor influencing burnout factor which is a global challenge in developing countries with a high mean score of 4.60. However, this may not be as pronounced as other factors but was equally seen as a moderate factor in the environmental factors, poor communication systems was seen as a contributory factor which is a fall out of the lack of the technological tool exposed earlier. The mean value of the communication issues was seen as 4.49. A midst all these environmental factors, the most attended factor was noticed to be stressful working hours which was considered unfavorably among nurses, this question attracted a number of respondents that increased the mean score to 4.78. This is an eye opener for medical directors and coordinators because with this, the lives of patients are at stake. In summary, the overall mean score of the environmental factors contributing to the burnout of the nurses was 4.53. This implies that most of the respondents were greatly affected by the environmental factors as contributions to the burnout among nurses.

CONCLUSION

Evidenced from the study revealed nurses were aware of and identified variety of factors influencing burnout such as poor remuneration, increased work load, negative work environment, inadequate equipment and supplies, poor working relationship among the health workers, unclear job expectations, improper lay out of hospital setting, working in a very busy areas for long hours, lack of access to basic material and services, poor communication systems, lack of social support, and number of years working at the hospital as well as personality type/traits among others), insufficient training and poor relationship with colleagues and other health workers. Also most nurses were aware of factors influencing burnout. It is therefore concluded that there is a need for regular training on strategies on enforcement of standard/universal safety practices by nurses so as to reduce incidence of job burnout. Evidence shows that there is little or no initiatives/strategies put in place at the tertiary hospitals to help prevent burnout like breaks, tea room, movie day, occupational health awareness among others.

Recommendations

1. Healthcare professionals should educate themselves more about burnout the syndrome and the ways on how to best prevent it. This can be done through thorough reading of materials on burnout such as books, articles and journals etc.
2. They should also raise awareness to other professionals. They should take initiatives and engage in activities that are specifically aimed at preventing burnout. Healthcare professionals need to strive hard to prioritize their boundaries at work so they do not easily get manipulated by patients or get overwhelmed by work.
3. Policy-makers should come up with a policy that will allow nurses to freely engage in activities specifically aimed at preventing burnout.
4. Hospitals need to come up with some initiatives/strategies that are aimed specifically at preventing burnout syndrome among the healthcare professionals. This can be done through debriefing sessions held at least twice a week for just an hour. Also, Movie day and Tea party should be introduced to ease out pressure among other initiatives.
5. A concerted effort by all stake holders to establish occupational health department in the health care facility.
6. The management should always make appropriate equipment and basic amenities available for nurse for effective and quality care.
7. Nurses should be allowed to embark on break especially during the long working hours

References

Abbasi M, Eraky MA, Yasmeen R, Ashfaq R.(2021).The effective coping strategies against burnout: Perceptions of Pakistani medical students. *J Pak Med Assoc.* 71(6), 1583-1587.

Abbellanoza, N., Proven, Y., zano-Hass, A. (2018). Review of the literature and interview themes on nurse's burn out. *Journal of applied bio behaviour research* 23(1),e12117,2018.

Asheila, V.M, Sti, A P., Azizah, R., Norakmar, N.(2019). Influence of work-life balance among

the nurses. *Indian Journal of Public Health Research and Development* 10(11); 20-29

Bambi S, Foà C, De Felippis C, Lucchini A, Guazzini A, Rasero L.(2018). Workplace incivility, lateral violence and bullying among nurses . A review about their prevalence and related factors. *Acta Biomed.* 89(6-S), 51-79.

Brittle, B. (2020). Coping strategies and burnout in staff working with students with special educational needs and disabilities. *Teaching and Teacher Education, 87*, 102937.

Buckley, L., Berta, W., Cleverley, K., Medeiros, C., & Widger, K. (2020). What is known about paediatric nurse burnout: a scoping review. *Human resources for health, 18*(1), 9.

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health*, *18*, 1-17.

Dall'Ora C, Ball J, Reinius M, Griffiths P.(2020). Burnout in nursing: a theoretical review. *Hum Resources for Health.* 5(8), 41-49.

Lahana, E.K., Papadopoulou, O., Roumeliotou,, A., Tsounis, T. (2017). Burnout among nurses working in social welfare centres for the disabled *J Palliative medicine, 35*(1); 6-26.

Gan, Y., Jiang, H., Li, L., Yang, Y., Wang, C., Liu, J. & Lu, Z. (2019). Prevalence of burnout and associated factors among general practitioners in Hubei, China: a cross-sectional study. *BMC Public Health*, *19*(1), 1-9.

Goliroshan S, Nobahar M, Raeisdana N, Ebadinejad Z, Aziznejadroshan P.(2021). The protective role of professional self-concept and job embeddedness on nurses' burnout: structural equation modeling. *BMC Nurs*. 19(1), 21-28.

Guo, Y. F., Luo, Y. H., Lam, L., Cross, W., Plummer, V., & Zhang, J. P. (2018). Burnout and its association with resilience in nurses: A cross-sectional study. *Journal of clinical nursing*, *27*(1-2), 441-449.

Kwon, C.Y., Lee, B., Kwon, O.J., Kim, M.S., Sim, K.L., Choi, Y.H. (2021). Emotional Labor, Burnout, Medical Error, and Turnover Intention among South Korean Nursing Staff in a University Hospital Setting. *Int J Environ Res Public Health*. 26(8), 19-23

Nantsupawat A, Kunaviktikul W, Nantsupawat R, Wichaikhum OA, Thienthong H, Poghosyan L. (2017). Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *Int Nurs Rev*, 64(1), 91-98.

Rezaei, O., Habibi, K., Ghahestany, D. A., Sayadnasiri, M., Armoon, B., Khan, V., & Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2018). Prevalence of burnout among physicians: a systematic review. *Jama*, 320(11), 1131-1150.

World Health Organization (2019) nurses burnout http://www.who.int/teams/nurses burnout