

**THE INFLUENCE OF WORK LOAD ON THE PSYCHOLOGICAL  
HEALTH OF PSYCHIATRIC NURSES IN FEDERAL  
NEUROPSYCHIATRIC HOSPITAL, BENIN CITY, EDO STATE.**

**BY**

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**UNIVERSITY OF BENIN**

**BENIN CITY**

**OCTOBER, 2025**

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE  
AWARD OF THE BACHELOR'S DEGREE IN NURSING SCIENCES,  
UNIVERSITY OF BENIN, BENIN CITY.**

**OCTOBER, 2025**

## DECLARATION

This is to declare that this research project titled **THE INFLUENCE OF WORK LOAD ON THE PSYCHOLOGICAL HEALTH OF PSYCHIATRIC NURSES IN FEDERAL NEUROPSYCHIATRIC HOSPITAL, BENIN CITY, EDO STATE.** will be carried out by **EMMANUEL FAVOUR IFEOMA.** It will solely be the result of my work except where acknowledged as being derived from other person(s) or resources.

MATRICULATION NUMBER: **BMS2005063**

DEPARTMENT/SCHOOL: **MEDICAL SURGICAL NURSING,**

**FACULTY: FACULTY OF NURSING SCIENCE**

UNIVERSITY OF BENIN, BENIN CITY.

Signature: .....

Date: .....

## CERTIFICATION/APPROVAL

This is to certify that this project titled “**THE INFLUENCE OF WORK LOAD ON THE PSYCHOLOGICAL HEALTH OF PSYCHIATRIC NURSES IN FEDERAL NEUROPSYCHIATRIC HOSPITAL, BENIN CITY, EDO STATE.**” was carried out by **EMMANUEL FAVOUR IFEOMA** with Mat No. **BMS2005063** in the Faculty of Nursing Sciences, University of Benin, under the supervision of Mrs. INIOMOR MARY.

**MRS. INIOMOR MARY**

Supervisor

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Sign & Date

**PROF. (MRS) C.E. OMOROGBE**

Head of Department (MED.SURG.)

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Sign & Date

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**EXTERNAL EXAMINER**

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Sign & Date

## **DEDICATION**

This work is dedicated to GOD ALMIGHTY who is providing me with the strength to complete my academic journey.

## ACKNOWLEDGEMENT

First and foremost, I give all glory and honor to the Almighty God, the sovereign owner of my life. I am eternally grateful for His divine guidance, protection, and unfailing provision throughout my life and academic journey. Without Him, this research would not have been possible.

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## ABSTRACT

**Background:** *Psychiatric nursing is inherently demanding, exposing practitioners to significant occupational stress. However, the specific influence of workload on the psychological health of nurses in Nigerian psychiatric hospitals remains under-researched. This study investigated the influence of workload on the psychological health of psychiatric nurses at the Federal Neuro-Psychiatric Hospital, Benin City, Edo State.*

**Methods:** *A descriptive cross-sectional design was employed among 101 psychiatric nurses selected via purposive sampling. Data were collected using a structured, self-administered questionnaire and analyzed using descriptive statistics.*

**Results:** *Findings revealed a strong positive association between workload and stress, with 71.3% of nurses agreeing that workload increased their stress levels. Workload significantly contributed to emotional and physical exhaustion, though it did not strongly predict professional detachment. Excessive workload was linked to diminished job satisfaction and poor work-life balance, while manageable workloads enhanced fulfillment. Nurses predominantly employed informal coping strategies such as relaxation techniques (49.5%) and peer support (48.6%), with marked reluctance toward professional counseling services (31.7% disagreed/strongly disagreed).*

**Conclusion:** *Workload significantly influences the psychological health of psychiatric nurses, contributing to stress, exhaustion, and reduced job satisfaction. However, nurses maintain professional commitment despite these challenges. The study recommends implementation of equitable workload management systems, establishment of structured mental health support programs, and promotion of adaptive coping strategies to safeguard nurse wellbeing and optimize patient care quality.*

**Keywords:** Workload, psychological health, psychiatric nurses, stress, burnout, coping strategies

## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND TO THE STUDY

Mental disorders constitute a significant global public health challenge, with an estimated one in eight individuals worldwide affected. Data from the World Health Organization (WHO) indicate that in 2022, more than 970 million people globally were diagnosed with a mental health condition, among which depression and anxiety disorders were the most prevalent (WHO, 2022). The distribution of mental health conditions is uneven across geographical regions, with low- and middle-income countries (LMICs) bearing a disproportionately high burden, largely attributable to underdeveloped mental healthcare infrastructures. In sub-Saharan Africa, Nigeria inclusive, the prevalence is notably elevated, with between 15% and 20% of the population estimated to be experiencing a mental disorder at any given point (Gureje et al., 2021). These figures are potentially conservative, given the pervasive stigma, widespread underreporting, and limited diagnostic infrastructure characteristic of the region.

Within the Nigerian context, mental illnesses are estimated to afflict approximately 20% to 30% of the populace, equating to nearly 40 million individuals (Uvo, 2023). Depression, anxiety disorders, and substance use disorders represent the most frequently diagnosed conditions, alongside a growing incidence of psychotic disorders, particularly in metropolitan areas (Abdulmalik, 2021). Notwithstanding this considerable disease burden, access to mental health services remains severely constrained. The country's ratio of psychiatrists to the general population is critically low, with fewer than 300 specialists available to serve over 200 million citizens (Ogbolu et al., 2023). This systemic deficiency is exacerbated by deep-seated societal stigma and culturally ingrained misconceptions surrounding mental illness, which collectively deter help-seeking behaviors and perpetuate a treatment gap exceeding 80% (WHO, 2022).

The escalating demand for mental health services underscores the indispensable role of psychiatric nurses, who constitute the frontline workforce in delivering care and support to affected populations.

Psychiatric nursing, also referred to as mental health nursing, is a specialized field whose practitioners are equipped to deliver holistic care, therapeutic intervention, and ongoing support to individuals with mental health conditions. These professionals operate across diverse clinical environments, including specialized psychiatric hospitals, general medical facilities, community-based clinics, and private practices, addressing a spectrum of conditions ranging from depression and schizophrenia to anxiety and substance-related disorders. Their professional duties encompass comprehensive assessment of patients' mental and physical status, formulation and execution of individualized care plans, pharmacological management, and the provision of psychotherapeutic support and emotional guidance (Morgan, 2021). Furthermore, psychiatric nurses engage in psychoeducation for patients and their families, advocate for recovery-oriented practices, and actively participate in efforts to combat the stigmatization of mental illness.

Despite the essential nature of their contributions, the practice of psychiatric nursing exerts considerable influence on the personal well-being, professional fulfillment, and career trajectories of these practitioners. The sustained provision of care to individuals with mental health conditions imposes substantial emotional, physical, and psychological demands. Regular exposure to patients exhibiting severe psychiatric manifestations, including aggressive behaviors and self-harm, frequently culminates in emotional depletion and elevated stress levels (Ebigbo et al., 2024). Within Nigerian psychiatric institutions, these challenges are intensified by unfavorable patient-to-nurse ratios, chronic resource shortages, and insufficient support mechanisms, all of which contribute significantly to occupational burnout and diminished professional motivation (Otakpor, 2022). The cumulative emotional burden of

caring for this patient population, compounded by societal prejudice directed toward mental health professionals, can adversely affect psychiatric nurses' self-perception and long-term career satisfaction (Abdulmalik & Sale, 2021).

The ramifications of mental health nursing extend beyond occupational stress to fundamentally influence practitioners' psychological health and overall quality of life. Existing literature suggests that prolonged engagement in psychiatric care environments shapes nurses' attitudes toward mental health, informs their adaptive coping strategies, and determines their therapeutic approaches. While certain practitioners cultivate enhanced resilience, deepened empathy, and advanced clinical competencies, others are susceptible to compassion fatigue and psychological distress precipitated by the inherently demanding nature of their work (Obi et al., 2023). These occupational hazards are frequently compounded by inadequate institutional backing, insufficient financial remuneration, and restricted avenues for professional advancement, all of which adversely affect career progression and workforce retention within the specialty.

Although Nigeria enacted the Mental Health Act in 2021, psychiatric nurses continue to contend with systemic obstacles that compromise both their clinical practice and personal well-being. The protracted implementation of mental health policies, coupled with enduring deficiencies in service delivery frameworks, impedes their capacity to deliver optimal care while simultaneously preserving their own psychological resilience (Ogbolu et al., 2023). A comprehensive understanding of how mental health nursing practice influences psychiatric nurses is imperative for formulating targeted interventions aimed at fostering their well-being, enhancing job satisfaction, and ensuring career longevity. This investigation seeks to examine the multifaceted ways in which the exigencies of psychiatric nursing shape the mental, emotional, and professional experiences of practitioners, thereby generating evidence that can

inform policy reforms and institutional strategies designed to optimize their working conditions and psychological health.

## **1.2 Statement of the Problem**

Psychiatric nursing is consistently acknowledged as one of the most demanding subspecialties within the broader nursing field, attributable to the intricate nature of patient management and the considerable psychological fortitude required to care for individuals with varied and complex mental disorders. Within psychiatric facilities in Nigeria, nurses routinely encounter significant occupational stressors, including insufficient staffing levels, extended work shifts, unfavourable nurse-to-patient ratios, and elevated expectations from patients and their relatives. These challenges are particularly acute at Uselu Psychiatric Hospital in Edo State, where nursing personnel are required to operate under arduous conditions while providing care for patients who may display aggressive, volatile, or violent tendencies. The aggregate impact of these persistent stressors poses a substantial threat to the psychological wellbeing of nurses, rendering them vulnerable to conditions such as anxiety, depression, professional burnout, and emotional fatigue.

Excessive workload has been extensively documented as a critical determinant of mental and emotional instability among psychiatric nursing professionals. When occupational demands consistently surpass the coping capacities of nursing staff, their psychological resilience is progressively eroded, thereby impairing their capacity to execute professional responsibilities effectively. Such impairment not only compromises the personal wellbeing of nurses but also precipitates a discernible deterioration in the quality of patient care delivered. Existing empirical evidence indicates that nurses subjected to sustained heavy workloads are predisposed to manifestations of fatigue, heightened irritability, diminished job satisfaction, and attenuated empathetic engagement with patients. Over time, this cumulative psychological

strain frequently manifests in increased rates of absenteeism, elevated staff turnover, and a consequent scarcity of experienced psychiatric nursing personnel within the healthcare system. Despite the escalating prevalence of mental health disorders in Nigeria, and specifically within Edo State, there exists a notable paucity of empirical research examining the psychological repercussions of workload upon psychiatric nurses. This deficiency in adequate data creates a situation wherein hospital administrators and health policymakers may fail to fully appreciate the magnitude of the problem, consequently neglecting to institute effective interventions designed to protect the mental health of nursing staff. At Uselu Psychiatric Hospital, the continuing increase in patient admissions has intensified the demands placed upon nursing personnel, unaccompanied by any corresponding augmentation in staffing levels or material resources. The resultant systemic imbalance perpetuates a deleterious cycle wherein overburdened nurses struggle to maintain optimal standards of patient care, whilst their own psychological health undergoes progressive deterioration.

Should this issue remain unaddressed, the ramifications are likely to be extensive and enduring. The psychological destabilisation of psychiatric nurses threatens to exacerbate existing deficiencies in mental health service provision, diminish the hospital's capacity to adequately address patient requirements, and impede Nigeria's broader objectives of enhancing mental healthcare accessibility across the population. Furthermore, the pervasive stigma associated with mental illness may be further entrenched if those entrusted with care delivery are themselves visibly exhibiting signs of psychological distress or professional disengagement. Consequently, there exists an imperative need to systematically investigate and comprehend the influence of occupational workload upon the psychological health of psychiatric nurses at Uselu Psychiatric Hospital, Edo State. The findings derived from such inquiry will provide an evidence base essential for formulating targeted interventions and policy measures aimed at mitigating excessive workload, fostering professional resilience, and enhancing both nurse

wellbeing and patient care outcomes. It is in response to these pressing concerns that the present study seeks to examine the influence of workload on the psychological health of psychiatric nurses at Uselu Psychiatric Hospital, Edo State.

### **1.3 Objectives of the Study**

The purpose of this research is to determine the assessment of challenges faced by psychiatric nurses in the care of patients in Uselu Psychiatric Hospital, Benin City, Edo State.

It will specifically:

1. To determine the relationship between workload and the level of stress experienced by psychiatric nurses at Uselu Psychiatric Hospital.
2. To examine the influence of workload on the incidence of burnout among psychiatric nurses at Uselu Psychiatric Hospital.
3. To assess the effect of workload on job satisfaction and emotional well-being of psychiatric nurses at Uselu Psychiatric Hospital.
4. To identify the coping strategies employed by psychiatric nurses at Uselu Psychiatric Hospital in managing the psychological effects of workload.

### **1.4 Research Questions**

The following research questions were raised in order to guide the study:

1. What is the relationship between workload and the level of stress experienced by psychiatric nurses at Uselu Psychiatric Hospital?
2. How does workload influence the incidence of burnout among psychiatric nurses at Uselu Psychiatric Hospital?
3. In what ways does workload affect job satisfaction and emotional well-being of psychiatric nurses at Uselu Psychiatric Hospital?

4. What coping strategies are employed by psychiatric nurses at Uselu Psychiatric Hospital to manage the psychological effects of workload?

### **1.5 Significance of the Study**

#### **To Nurses:**

This investigation will elucidate the specific challenges encountered by psychiatric nurses, thereby fostering a more nuanced comprehension of the elements that influence their professional practice and personal well-being. Furthermore, the results may assist nurses in formulating adaptive coping mechanisms and in advocating for enhanced workplace conditions.

#### **To the Nursing Council:**

The evidence generated by this research will provide a basis for the Nursing Council to reassess existing policies and standards pertaining to mental health nursing. This could facilitate the establishment of more robust support structures, optimized staffing ratios, and expanded avenues for professional advancement for psychiatric nurses.

#### **To the Nursing Profession:**

By underscoring the critical need to confront systemic obstacles within psychiatric nursing, this research will contribute to the advancement of the broader nursing profession. Such efforts are instrumental in cultivating greater job satisfaction and encouraging increased specialization in mental health care among nurses.

#### **To Researchers:**

This study will establish a foundational framework for subsequent scholarly inquiry into the challenges inherent in psychiatric nursing. It will equip researchers to investigate related phenomena, devise targeted interventions, and contribute to evidence-informed enhancements in the provision of mental health services.

## **1.6 Scope and Delimitation of the Study**

The purview of this investigation is confined to an examination of how workload affects the psychological well-being of psychiatric nurses employed at Uselu Psychiatric Hospital in Edo State. The study's scope is explicitly delimited to this specific cohort; consequently, it does not encompass other healthcare professionals or nurses practicing in general hospitals located outside the designated research site.

## **1.7 Hypothesis**

Workload does not exert a statistically significant influence on the psychological health of psychiatric nurses at Uselu Psychiatric Hospital, Edo State.

## **1.8 Operational Definition of Terms**

For the purposes of this investigation, the subsequent terms are operationally defined as follows:

**Workload:** The volume of professional duties allocated to psychiatric nurses, quantified by factors such as patient caseload, length of shifts, and the range of responsibilities undertaken during periods of duty.

**Influence:** The resultant effect or consequence of engaging in mental health nursing care on psychiatric nurses, specifically concerning their emotional and mental well-being, level of job satisfaction, experienced stress, professional development, and overall career trajectory.

**Mental Health Nursing Care:** A specialized domain of nursing practice dedicated to the delivery of comprehensive care, therapeutic treatment, and support to individuals afflicted with mental disorders. This encompasses psychotherapeutic interventions, pharmacological management, patient and family education, and the provision of emotional support to foster psychological recovery.

**Psychiatric Nurses:** Registered nurses possessing specialized expertise in mental health care who provide services to individuals diagnosed with psychiatric conditions, including but not limited to depression, schizophrenia, bipolar disorder, and anxiety disorders. Their role involves the assessment, diagnosis, and treatment of mental health conditions, alongside the facilitation of patient recovery and rehabilitation.

**Care of Patients:** The holistic range of actions executed by psychiatric nurses in the management and treatment of individuals with mental health disorders. This includes patient assessment, implementation of therapeutic regimens, engagement in therapeutic communication, and the maintenance of a safe and secure environment.

**Psychological Health:** An individual's state of well-being encompassing emotional, mental, and social dimensions. It is characterized by the capacity to manage everyday stress, cultivate and sustain healthy interpersonal relationships, engage in clear cognitive processes, and exercise sound judgment.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 CONCEPTUAL REVIEW**

Mental health nursing constitutes a specialized domain of nursing practice dedicated to the promotion, maintenance, and restoration of psychological well-being, alongside the prevention and management of psychiatric disorders. This field employs a comprehensive and holistic framework for patient care, incorporating psychological, social, and biological interventions that are customized to address the distinct requirements of individuals experiencing mental health conditions. Within the Nigerian healthcare landscape, mental health nurses serve as pivotal intermediaries in the therapeutic alliance between patients and the medical establishment, delivering both clinical expertise and emotional sustenance (Ogunlesi & Adeyemi, 2021). Their professional duties encompass conducting mental health evaluations, providing psychotherapeutic counseling, administering pharmacological treatments, intervening during psychiatric emergencies, and instructing patients in adaptive coping mechanisms aimed at improving their overall quality of life.

Psychiatric nursing represents a globally indispensable yet inadequately resourced profession, confronting numerous obstacles across varied healthcare infrastructures. A particularly enduring worldwide challenge involves the scarcity of qualified mental health nursing personnel, particularly within low- and middle-income nations (LMICs). According to the World Health Organization (WHO, 2022), numerous countries maintain fewer than one mental health practitioner per 100,000 inhabitants, with psychiatric nurses assuming the predominant share of clinical responsibilities. Affluent nations similarly contend with staffing deficiencies, circumstances intensified by aging nursing workforces, professional burnout, and diminished recruitment into psychiatric specialties. The constrained capacity of nursing educational programs to deliver comprehensive mental health curricula further exacerbates this situation,

creating a disparity between the demand for mental health services and available clinical resources.

Beyond workforce deficiencies, stigmatization and societal misconceptions regarding psychological disorders and psychiatric nursing persist globally, influencing both service provision and professional self-perception. Within numerous cultural contexts, mental illness continues to be misinterpreted or attributed to supernatural phenomena, deterring individuals from pursuing treatment and diminishing regard for mental health professionals. Such stigmatization additionally contributes to emotional depletion and diminished occupational satisfaction among nursing staff. As documented in a comprehensive international analysis by Happell et al. (2021), psychiatric nurses frequently encounter professional devaluation and marginalization within interdisciplinary teams, notwithstanding their essential function in facilitating patient recuperation and championing psychosocial interventions.

Mental health nursing professionals worldwide contend with escalating workplace aggression, insufficient financial resources, and substandard facilities, particularly within psychiatric institutions. In nations experiencing armed conflict, economic instability, or public health crises such as the COVID-19 pandemic, psychiatric nurses confronted elevated risks stemming from inadequate safety protocols, absence of psychological support mechanisms, and overwhelmed healthcare systems (Moreno et al., 2020). Although certain countries have commenced incorporating mental health services into primary care frameworks to enhance accessibility, implementation obstacles persist. Addressing these international challenges necessitates healthcare system investment in psychiatric training, advancement of supportive legislative measures, and prioritization of caregiver psychological welfare to ensure sustainable and compassionate service provision.

Within Nigeria's healthcare framework, mental health nursing has attracted increasing acknowledgment due to the escalating frequency of psychiatric disorders and the pressing

requirement for professional intervention. Conditions including depression, schizophrenia, and substance abuse disorders have grown increasingly prevalent, attributable partially to socioeconomic pressures, economic hardship, unemployment, and cultural stigmatization (Gureje et al., 2022). Regrettably, Nigeria continues to experience a critical deficit of qualified mental health practitioners, with psychiatric nurses remaining substantially insufficient relative to population requirements. As documented by WHO-AIMS (2021), Nigeria maintains fewer than one psychiatric nurse per 150,000 individuals, adversely impacting both service quality and accessibility throughout the nation.

Psychiatric nursing practice is founded upon diverse therapeutic modalities encompassing psychosocial rehabilitation, cognitive-behavioral therapy (CBT), and psychoeducational approaches. Mental health nurses receive training to implement evidence-based interventions for managing acute psychiatric manifestations and facilitating sustained recovery processes. Within Nigeria, nursing professionals frequently operate under demanding circumstances characterized by resource constraints, inadequate facilities, and societal prejudice toward mental illness, yet persistently deliver essential services within psychiatric institutions and general medical environments (Aina, 2023). Their responsibilities extend to community engagement, residential visits, and collaboration with family members to ensure ongoing care and minimize recurrence of symptoms.

The jurisprudential and ethical dimensions of psychiatric nursing practice carry particular significance, especially within Nigeria where human rights considerations regarding the treatment of mentally ill individuals have prompted concern. Nursing practice is governed by ethical tenets including confidentiality maintenance, informed consent acquisition, and non-maleficence, while safeguarding patient dignity and rights (Abdulmalik & Sale, 2022). Nigeria's recently enacted Mental Health Bill aims to address these considerations by

establishing a legislative structure promoting humane, rights-oriented mental healthcare, enabling psychiatric nurses to practice within more facilitative and regulated frameworks.

Furthermore, cultural beliefs and traditional healing practices throughout Nigeria substantially influence both the perception and management of mental illness, consequently affecting psychiatric nursing provision. Within numerous communities, psychological disorders continue to be ascribed to supernatural influences, prompting families to consult traditional healers or religious figures before approaching medical facilities (Jegade, 2021). Mental health nurses must consequently demonstrate cultural competence, engaging collaboratively with communities to dispel misconceptions and educate populations regarding biomedical and psychosocial aspects of mental health. Culturally sensitive practice additionally encompasses respecting patients' cultural backgrounds and integrating community leaders into mental health education and outreach initiatives.

Psychiatric nursing in Nigeria represents a dynamic and evolving discipline essential for addressing the mounting burden of mental illness within the country. Despite systemic obstacles including workforce shortages, stigmatization, and infrastructural deficiencies, mental health nurses continue performing transformative functions in patient care. Through enhanced policy implementation, increased financial allocation, and sustained public awareness initiatives, psychiatric nursing can substantially improve the wellbeing of individuals and communities throughout Nigeria (Gureje & Lasebikan, 2022). As mental health receives increasing priority within Nigeria's public health framework, the contributions of psychiatric nurses will remain fundamental to achieving comprehensive and inclusive healthcare delivery.

#### Functions and Obligations of Psychiatric Nursing Personnel

Psychiatric nurses fulfill essential functions in evaluating, diagnosing, and treating individuals presenting with mental health conditions. Their professional duties encompass conducting

mental status examinations, administering psychopharmacological agents, and delivering crisis intervention services. Within both inpatient facilities and community-based contexts, they formulate and execute individualized treatment protocols in partnership with interdisciplinary healthcare colleagues. They furthermore contribute significantly to establishing secure environments conducive to patient recovery and minimizing risks of self-injurious behavior or aggression (Liu et al., 2021). Additionally, they foster therapeutic alliances with patients, cultivating trust and facilitating communication as integral components of the healing process. Beyond direct clinical practice, psychiatric nurses function as advocates and educators, advancing mental health awareness and diminishing stigmatization within communities. They deliver psychoeducational instruction to patients and families, support therapeutic regimen adherence, and monitor treatment outcomes. Contemporary psychiatric nursing additionally encompasses addressing social determinants affecting mental health, including housing instability, unemployment, and substance use, particularly among marginalized populations (Rasmussen et al., 2020). With increasing integration of technological innovations and telepsychiatric services, nurses are acquiring additional competencies in remote service delivery to improve accessibility to mental healthcare (World Health Organization [WHO], 2022).

### **Theoretical Models in Mental Health Nursing**

Conceptual frameworks play a pivotal role in psychiatric nursing by providing systematic approaches to comprehending mental illness and directing therapeutic interventions. The biopsychosocial paradigm continues to serve as a cornerstone in the field, facilitating comprehensive evaluation of biological, psychological, and sociological determinants in both the emergence and management of psychiatric conditions (Gask et al., 2019). This model has proven particularly valuable in advancing patient-centered care through its recognition of individual experiences and requirements. Furthermore, Peplau's Interpersonal Relations

Theory remains influential in shaping therapeutic communication strategies, underscoring the significance of cultivating trust and reciprocal comprehension between healthcare providers and patients (Shattell et al., 2021).

Emerging frameworks, particularly the trauma-informed care approach, have acquired considerable recognition, especially when working with individuals who have experienced abuse, neglect, or post-traumatic stress disorder. This paradigm directs practitioners to engage with patients compassionately while preventing re-traumatization, thereby establishing secure and supportive therapeutic environments (SAMHSA, 2020). Additionally, the recovery-oriented model has achieved substantial acceptance across numerous mental health settings, emphasizing empowerment, optimism, and patient self-determination. These theoretical underpinnings reflect the developing nature of psychiatric nursing practice and highlight the necessity of adapting care delivery to accommodate the requirements of varied and evolving populations.

### **Mental Health Nursing Practice and Its Influence on Psychiatric Nurses**

#### **Emotional and Psychological Consequences for Nursing Professionals**

Nurses employed in psychiatric environments routinely encounter considerable emotional and psychological strain attributable to the characteristics of their professional responsibilities. Consistent exposure to individuals experiencing severe psychiatric conditions, aggressive behavior, and unpredictable conduct may precipitate emotional depletion, heightened anxiety, and manifestations of secondary traumatic stress. Within the Nigerian context, research indicates that psychiatric nurses face elevated vulnerability to mental exhaustion and depressive symptoms resulting from insufficient staffing levels, suboptimal working conditions, and inadequate organizational backing (Oluwatosin et al., 2022). Such psychological burden may compromise clinical reasoning, diminish empathetic capacity, and ultimately influence the standard of patient care provided.

Moreover, the societal stigma surrounding mental illness in Nigeria frequently extends to psychiatric nursing professionals, engendering feelings of isolation and professional devaluation among colleagues and the broader community. This social marginalization, coupled with the emotional demands inherent in their positions, can diminish professional motivation and morale (Ezeonwu et al., 2021). The absence of structured mental health support initiatives for nursing staff intensifies this predicament. Without appropriate intervention measures, these emotional consequences may ultimately manifest as professional burnout, diminished occupational fulfillment, and elevated attrition rates within the psychiatric nursing workforce.

### **Occupational Fulfillment and Professional Exhaustion Among Psychiatric Nurses**

Professional satisfaction among psychiatric nurses in Nigeria is determined by numerous variables, including caseload demands, financial compensation, organizational support, and professional acknowledgment. Considerable numbers of Nigerian psychiatric nurses express diminished job satisfaction attributable to inadequate remuneration structures, restricted prospects for career progression, and demanding work environments (Akinwale & Sanusi, 2022). These circumstances, particularly when sustained over extended periods, substantially contribute to professional burnout—a condition characterized by emotional depletion, detachment from patients, and diminished perceptions of personal achievement. Burnout not only affects practitioner wellbeing but also undermines the therapeutic alliance with patients. Burnout manifests with particular frequency in mental health facilities experiencing staffing shortages or resource limitations, as nurses frequently manage excessive caseloads with minimal psychological support. A recent investigation in southwestern Nigeria revealed that over 60% of psychiatric nurses experienced moderate to severe burnout levels, with emotional exhaustion representing the most frequently reported dimension (Imoniurhie et al., 2021). The research emphasized the necessity for healthcare administrators and policy makers to

implement interventions enhancing workplace conditions, including regular debriefing sessions, staff recognition initiatives, and equitable workload distribution.

### **Adaptive Strategies and Psychological Resilience in Psychiatric Nursing**

Adaptive mechanisms hold considerable importance for psychiatric nurses in managing occupational stress and preserving psychological wellbeing. Nigerian psychiatric nurses typically employ both problem-oriented and emotion-oriented coping approaches. Problem-focused strategies encompass pursuing professional development opportunities and participating in collaborative problem-solving, whereas emotion-focused approaches may incorporate spiritual practices, social support networks, and adequate rest. Research conducted by Okeke and Adejumo (2022) demonstrates that spirituality and religious observance substantially influence how Nigerian nurses manage work-related stress, reflecting cultural dimensions of mental health resilience. These approaches assist practitioners in maintaining psychological equilibrium within highly demanding environments.

Resilience, conceptualized as the capacity to recover from challenging circumstances, proves fundamental for sustaining prolonged careers in psychiatric nursing. Within Nigeria, elements promoting resilience include robust family support systems, institutional mentorship, ongoing professional development, and collegial collaboration. According to Chinomnso and Chika (2022), practitioners who engage in regular peer support groups and continuing education initiatives demonstrate enhanced emotional resilience and reduced burnout manifestations. Fostering resilience through training workshops, psychological wellness initiatives, and workplace counseling can substantially enhance professional performance and satisfaction among mental health nursing personnel.

## **Workplace Challenges in Psychiatric Nursing**

### **Occupational Stressors Encountered by Psychiatric Nurses**

Psychiatric nurses function within intensely demanding and emotionally charged environments, bearing responsibility for managing individuals with severe mental health conditions. A predominant stressor involves elevated patient-to-nurse ratios, which frequently results in excessive workloads and impediments to delivering individualized care. Mental health institutions throughout Nigeria typically experience staffing deficiencies, with nurses undertaking extended shifts, insufficient recuperation periods, and limited crisis support mechanisms (Ogunsemi et al., 2021). These occupational circumstances generate persistent stress, potentially adversely affecting both physical and psychological wellbeing among nursing professionals.

Beyond workload-related pressures, psychiatric nurses regularly experience emotional distress from witnessing patient suffering, suicidal behaviors, and aggressive incidents. Such experiences may precipitate emotional exhaustion, compassion fatigue, and secondary traumatization. According to Iwuagwu and Nwachukwu (2022), psychiatric nurses frequently report sensations of helplessness and frustration when confronting limited resources and poorly maintained facilities that impede effective response to patient requirements. They may experience isolation resulting from societal stigma surrounding mental illness and those engaged in psychiatric care, contributing to diminished occupational satisfaction and reduced professional fulfillment.

An additional substantial stressor involves insufficient organizational recognition and support for challenges encountered by psychiatric nurses. Numerous practitioners report inadequate compensation, limited professional development opportunities, and general lack of appreciation for their contributions (Adeyemi & Olanrewaju, 2022). These systemic factors create environments where stress becomes chronic rather than situational. Without timely

intervention and appropriate policy modifications, stress among psychiatric nurses may precipitate increased absenteeism, turnover intentions, and compromised patient care quality.

### **Occupational Safety and Aggression in Psychiatric Environments**

Workplace safety constitutes a significant concern for psychiatric nurses in Nigeria, given their regular exposure to various forms of aggression from patients and occasionally patients' relatives. Numerous psychiatric patients, particularly those experiencing acute psychosis or substance use disorders, may exhibit physical or verbal aggression during episodes, placing nursing staff at injury risk. According to Adebayo et al. (2021), over 70% of psychiatric nurses in Nigeria have encountered some form of workplace violence, ranging from physical assaults to verbal threats and intimidation. Such incidents substantially affect practitioners' safety perceptions and occupational satisfaction.

Inadequate security provisions and absence of violence prevention protocols exacerbate this situation. Most mental health facilities lack sufficient trained security personnel or effective emergency response systems for managing aggressive episodes. As reported by Okoye and Enwereuzo (2023), nurses frequently depend on their own de-escalation capabilities or seek assistance from colleagues, approaches that prove inconsistently effective. Violent incidents often go unreported due to fear of blame, management inaction, or organizational cultures normalizing such occurrences. This inadequate response undermines confidence in institutional systems and discourages future incident reporting.

The psychological consequences of workplace violence prove equally profound. Victimized nurses may experience elevated stress levels, anxiety, or post-traumatic stress disorder. The cumulative effect of repeated aggression exposure may result in professional burnout, emotional detachment, and diminished patient care quality. A secure working environment proves essential not only for staff wellbeing but also for cultivating therapeutic atmospheres conducive to patient recovery. Consequently, Nigerian health institutions must implement

structured workplace safety protocols, provide regular staff training, and establish transparent incident reporting and support systems (Uchenna et al., 2021).

### **Organizational Support and Personnel Welfare**

Institutional support represents a crucial determinant of job satisfaction and performance among psychiatric nurses in Nigeria. Unfortunately, numerous practitioners within the mental health sector report inadequate support from hospital administration and policy makers. Essential support mechanisms, including mental health counseling services for staff, flexible scheduling, and continuing education access, remain either unavailable or poorly implemented. According to Adeyemi and Olanrewaju (2022), psychiatric nurses in Nigeria frequently work under conditions failing to address their psychological requirements, ultimately compromising their motivation and productivity.

Personnel welfare, encompassing remuneration, incentives, career development opportunities, and professional recognition, remains critically deficient across most Nigerian mental health facilities. Many psychiatric nurses feel undervalued relative to colleagues in general medical settings, despite the distinctive challenges they confront. Research demonstrates that absence of hazard allowances, inconsistent salary disbursement, and limited promotion opportunities contribute to dissatisfaction and increasing inclination among nurses to depart the mental health sector (Uchenna et al., 2021). This welfare deficiency is further compounded by inadequate physical infrastructure and working conditions in numerous psychiatric institutions.

Encouragingly, certain initiatives have been undertaken at institutional and policy levels to enhance support systems, though progress remains gradual. Interventions such as periodic training, mental health leave provisions, peer support networks, and mentorship programs have demonstrated potential for improving morale and workforce retention (Adebayo et al., 2021). Effective institutional support systems foster resilience, enhance performance, and mitigate burnout and turnover risks. Moving forward, healthcare policy makers and hospital

administrators in Nigeria must prioritize development and implementation of comprehensive personnel welfare policies, specifically tailored to psychiatric nursing professionals' requirements.

## **2.2 Empirical Review**

### **Workload and Stress Levels Among Psychiatric Nurses**

Oladimeji and colleagues (2024) conducted descriptive correlational research at the Federal Neuropsychiatric Hospital in Yaba, Lagos, examining the relationship between workload and perceived stress among psychiatric nurses. Using stratified random sampling, the investigators recruited 180 participants (124 females and 56 males). Data collection employed two standardized instruments: the Nursing Workload Scale (NWS) and the Perceived Stress Inventory for Nurses (PSIN). Findings revealed an elevated mean workload score ( $M = 4.28$ ,  $SD = 0.63$ ) measured on a five-point scale, indicating substantial workload characterized by extended shifts, personnel shortages, and elevated patient acuity. The mean stress score was similarly elevated ( $M = 4.02$ ,  $SD = 0.70$ ), reflecting considerable psychological distress. Pearson correlation analysis demonstrated a robust positive association between workload and perceived stress ( $r(178) = 0.67$ ,  $p < 0.01$ ), suggesting that heightened workload significantly contributed to increased stress levels among psychiatric nurses. Subsequent regression analysis indicated that workload explained 45% of the variance in stress levels ( $R^2 = 0.45$ ,  $F(1,178) = 32.61$ ,  $p < 0.001$ ). The researchers concluded that the demanding nature of psychiatric nursing responsibilities and recurrent exposure to emotionally distressed patients exacerbate occupational stress, potentially compromising concentration, clinical decision-making, and overall job satisfaction.

In a cross-sectional investigation conducted at the Neuropsychiatric Hospital in Aro, Ogun State, Eze and Abiola (2023) examined the impact of workload on stress and job performance among psychiatric nurses. Through purposive sampling, 152 participants were enrolled, and

data were gathered using the Work Stress Assessment Questionnaire (WSAQ) and the Nursing Job Performance Scale (NJPS). Results indicated that psychiatric nurses reported elevated workload levels ( $M = 4.15$ ,  $SD = 0.76$ ), characterized by frequent overtime, staffing deficiencies, and elevated patient-to-nurse ratios. Correspondingly, perceived stress levels were notably high ( $M = 3.98$ ,  $SD = 0.81$ ), with prevalent symptoms including emotional exhaustion and diminished coping capacity. Pearson correlation analysis revealed a significant positive relationship between workload and stress ( $r(150) = 0.59$ ,  $p < 0.01$ ), while a negative correlation emerged between stress and job performance ( $r(150) = -0.48$ ,  $p < 0.01$ ). ANOVA results demonstrated that nurses with heavier workloads exhibited significantly elevated stress scores compared to those with moderate workloads ( $F(2,149) = 10.72$ ,  $p = 0.002$ ). The study concluded that persistent excessive workload in psychiatric settings not only intensifies occupational stress but also undermines clinical effectiveness and therapeutic patient interactions.

### **Influence of Workload on Burnout Incidence Among Psychiatric Nurses**

Okonkwo and associates (2024) performed a correlational study at the Federal Neuropsychiatric Hospital in Enugu investigating workload's influence on burnout prevalence among psychiatric nurses. The investigation included 162 participants selected through proportionate sampling across various wards, with data collected using the Maslach Burnout Inventory (MBI) and the Nursing Workload Index (NWI). Findings revealed that psychiatric nurses experienced elevated average workload ( $M = 4.22$ ,  $SD = 0.69$ ) and moderate to high burnout levels ( $M = 3.97$ ,  $SD = 0.74$ ). Pearson's correlation analysis demonstrated a strong positive relationship between workload and emotional exhaustion ( $r(160) = 0.63$ ,  $p < 0.01$ ), indicating that increased workloads correlated with heightened burnout manifestations including fatigue, irritability, and depersonalization. Multiple regression analysis further revealed that workload significantly predicted burnout levels ( $\beta = 0.58$ ,  $t = 6.21$ ,  $p < 0.001$ ),

accounting for 41% of the variance in burnout ( $R^2 = 0.41$ ). The study concluded that elevated patient loads, extended shifts, and administrative duties substantially contribute to emotional exhaustion among psychiatric nurses. Recommendations included implementation of workload management systems and recruitment of additional nursing staff by hospital administrators to reduce occupational burnout and enhance mental well-being.

Lawal and Ibrahim (2023) executed a descriptive cross-sectional study at Aminu Kano Teaching Hospital in Kano examining workload's influence on burnout among psychiatric nurses. The investigation encompassed 138 respondents, with data gathered using the Nursing Burnout Assessment Scale (NBAS) and the Workload Evaluation Questionnaire (WEQ). Results indicated that 68.1% of nurses reported experiencing high workload levels, with a mean workload score of ( $M = 4.18, SD = 0.72$ ), while the mean burnout score was ( $M = 3.84, SD = 0.80$ ), indicating substantial psychological strain. Pearson correlation analysis revealed a statistically significant positive relationship between workload and burnout ( $r(136) = 0.57, p < 0.01$ ). ANOVA test results showed significant differences in burnout scores across nurses with low, moderate, and high workloads ( $F(2,135) = 11.39, p = 0.001$ ). The study concluded that sustained exposure to excessive workload, elevated patient turnover, and insufficient rest periods heighten burnout risk, adversely affecting patient care and nurse retention. The researchers recommended that healthcare policymakers prioritize workload redistribution, provide regular mental health support, and ensure periodic rest breaks for psychiatric nurses to mitigate burnout risks.

### **Effect of Workload on Job Satisfaction and Emotional Well-Being of Psychiatric Nurses**

Adebayo and colleagues (2024) performed a descriptive correlational investigation at the Neuropsychiatric Hospital in Aro, Ogun State, examining workload's effect on job satisfaction and emotional well-being among psychiatric nurses. The study sample comprised 175 participants selected through stratified random sampling. Data were gathered using the Nursing

Workload Assessment Scale (NWAS), the Minnesota Satisfaction Questionnaire (MSQ), and the Emotional Well-being Inventory (EWI). Findings indicated that nurses experienced elevated workload levels ( $M = 4.10$ ,  $SD = 0.68$ ), with moderate job satisfaction ( $M = 3.26$ ,  $SD = 0.71$ ) and diminished emotional well-being ( $M = 3.05$ ,  $SD = 0.75$ ). Pearson correlation analysis revealed a significant negative relationship between workload and job satisfaction ( $r(173) = -0.55$ ,  $p < 0.01$ ), as well as between workload and emotional well-being ( $r(173) = -0.62$ ,  $p < 0.01$ ). Regression analysis further demonstrated that workload accounted for 39% of the variance in emotional well-being ( $R^2 = 0.39$ ,  $F(1,173) = 25.44$ ,  $p < 0.001$ ). The study concluded that heightened workload contributes to diminished job satisfaction and deteriorating emotional stability among psychiatric nurses due to prolonged patient interactions and emotional strain. Recommendations included adoption of flexible shift systems and implementation of supportive supervision by hospital administrators to promote nurses' mental health and job fulfillment.

Ojo and Nwachukwu (2023) executed a cross-sectional study at the Federal Psychiatric Hospital in Calabar examining how workload affects job satisfaction and emotional well-being among psychiatric nurses. The investigation involved 148 respondents recruited through purposive sampling, with standardized instruments including the Workload Perception Questionnaire (WPQ) and the Job Satisfaction and Emotional Health Scale (JSEHS) utilized for data collection. Results indicated that respondents reported elevated workload levels ( $M = 4.23$ ,  $SD = 0.66$ ), low job satisfaction ( $M = 2.98$ ,  $SD = 0.80$ ), and moderate emotional distress ( $M = 3.79$ ,  $SD = 0.72$ ). Pearson correlation analysis demonstrated a strong negative correlation between workload and job satisfaction ( $r(146) = -0.59$ ,  $p < 0.01$ ) and a positive correlation between workload and emotional distress ( $r(146) = 0.64$ ,  $p < 0.01$ ). ANOVA results further indicated significant differences in emotional well-being scores among nurses with varying workload intensities ( $F(2,145) = 9.87$ ,  $p = 0.001$ ). The study concluded that excessive workload

contributes to emotional exhaustion, diminished motivation, and overall professional dissatisfaction. The researchers recommended that healthcare institutions provide stress management programs, ensure adequate nurse-to-patient ratios, and offer professional counseling to enhance emotional resilience and job satisfaction among psychiatric nurses.

### **Coping Strategies Employed by Psychiatric Nurses in Managing Workload-Related Psychological Effects**

Ibrahim and associates (2024) conducted a descriptive cross-sectional study at the Neuropsychiatric Hospital in Aro, Ogun State, assessing coping strategies adopted by psychiatric nurses in managing workload-related psychological effects. The investigation involved 154 nurses selected through proportionate random sampling, with data collected using the Occupational Stress and Coping Strategies Questionnaire (OSCSQ). Findings revealed that 76.6% of respondents experienced high workload intensity, while 62.3% reported frequent emotional exhaustion and irritability attributable to extended shifts and patient overload. Regarding coping mechanisms, 69.5% of nurses employed problem-oriented strategies including effective time management, teamwork, and supervisory support-seeking, while 57.1% utilized emotion-focused approaches such as relaxation, meditation, and informal peer counseling. Additionally, 38.9% reported using maladaptive coping methods including withdrawal or denial. Chi-square analysis demonstrated a significant association between coping strategy type and perceived stress reduction ( $\chi^2(2, N=154) = 14.28, p = 0.001$ ). The study concluded that effective coping strategies significantly buffer the psychological burden of workload among psychiatric nurses. Recommendations included periodic stress management training and mental health support programs organized by hospital management to strengthen adaptive coping behaviors.

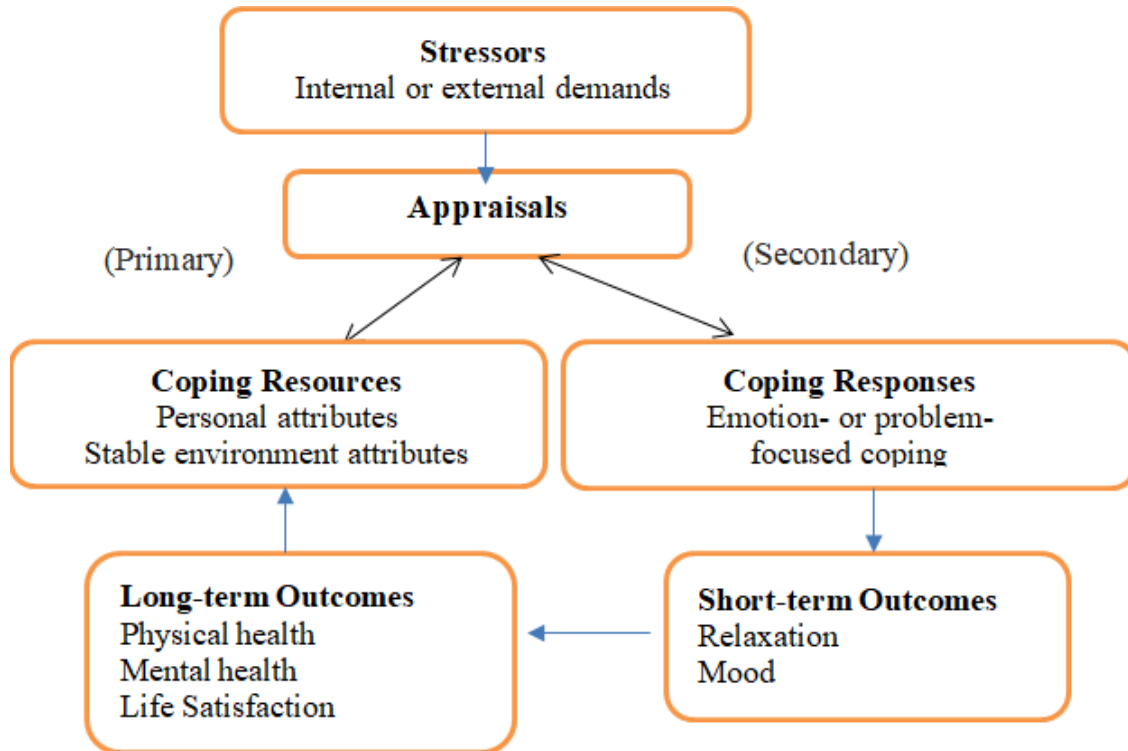
Ezeh and Balogun (2023) performed a correlational study at the Federal Psychiatric Hospital in Kaduna exploring coping strategies employed by psychiatric nurses in mitigating workload-

related psychological consequences. The study sample comprised 142 psychiatric nurses selected through purposive sampling, with data obtained using the Nursing Workload and Coping Assessment Scale (NWCAS). Results demonstrated that 81.0% of respondents experienced moderate to severe workload pressure, and 66.2% reported stress symptoms including fatigue, mood fluctuations, and anxiety. In response, 72.5% adopted active coping methods such as peer debriefing, physical exercise, and cognitive reframing, whereas 54.9% relied on social support from colleagues and family. However, 29.6% acknowledged employing maladaptive coping behaviors including excessive caffeine consumption or emotional withdrawal. Multiple regression analysis indicated that adaptive coping strategies significantly predicted lower psychological distress levels ( $\beta = -0.52$ ,  $t = -4.73$ ,  $p < 0.001$ ), explaining 34% of the variance in stress outcomes ( $R^2 = 0.34$ ). The study concluded that structured peer support and self-care interventions are essential in reducing burnout and enhancing emotional stability. Recommendations included integration of stress-coping workshops and mentorship programs into regular staff development schedules by hospital administrators to promote mental resilience among psychiatric nurses.

### **2.3 Theoretical Framework**

Lazarus and Folkman's Stress and Coping Theory, developed by Richard S. Lazarus and Susan Folkman in 1984, offers a valuable conceptual framework for understanding how psychiatric nurses navigate the numerous challenges encountered in patient care. The theory posits that stress emerges when an individual perceives that environmental demands exceed their available resources, resulting in emotional and psychological strain. Psychiatric nurses regularly contend with aggressive and non-compliant patients, ethical dilemmas, and staffing inadequacies, all of which contribute to elevated workplace stress levels. This theoretical framework proves particularly pertinent in psychiatric nursing contexts, where practitioners must continuously

assess and adapt to unpredictable patient behaviors, frequently with limited institutional support.



**Figure 1: Lazarus and Folkman’s Transactional Model of Stress and Coping (1984)**

This theoretical framework is fundamentally structured around two interrelated cognitive mechanisms: primary appraisal and secondary appraisal. In the context of psychiatric nursing, primary appraisal entails the nurse's initial assessment of whether a given encounter or condition presents a threat, challenge, or potential for harm. For instance, managing an aggressive patient or attending to an individual exhibiting suicidal ideation within a psychiatric facility is frequently construed as a direct threat to personal safety. Furthermore, adverse occupational conditions, such as inadequate staffing, resource constraints, and infrastructural deficits, are commonly appraised by nurses as overwhelming and inherently stressful. Secondary appraisal, in contrast, involves the individual's evaluation of the resources and support systems available to mitigate the identified stressors. Psychiatric nurses who perceive

that they have access to adequate institutional support, specialized de-escalation training, and essential pharmacological resources are likely to experience attenuated stress responses. Conversely, the absence or insufficiency of such resources tends to exacerbate occupational stress, thereby contributing to emotional exhaustion, professional frustration, and diminished job satisfaction.

#### **2.4 Application of the Transactional Model of Stress and Coping**

The applicability of Lazarus and Folkman's model within psychiatric nursing is particularly evident in the deployment of both problem-focused and emotion-focused coping strategies to navigate workplace adversity. Problem-focused coping refers to efforts directed at altering or managing the source of stress, such as participating in continuing professional education, advocating for enhanced security protocols, or employing structured behavioral interventions to mitigate patient aggression. In contrast, emotion-focused coping encompasses strategies designed to modulate the emotional distress associated with workplace challenges. These strategies include seeking collegial support, engaging in relaxation techniques, and practicing mindfulness. Empirical research conducted within the Nigerian context, such as that by Eze and Anumudu (2022), demonstrates that psychiatric nurses who cultivate adaptive coping mechanisms exhibit greater psychological resilience and report lower incidences of occupationally induced psychological distress.

Notwithstanding its heuristic value in elucidating the stress-coping dynamic among psychiatric nurses, Lazarus and Folkman's model is not without conceptual constraints. The framework inadequately addresses macro-level structural and systemic impediments, including governmental policy deficiencies, chronic underfunding of mental health services, and pervasive societal stigmatization of mental illness. These factors profoundly shape the efficacy of individual coping efforts. Moreover, the inherently unpredictable nature of psychiatric emergencies often precludes the systematic application of deliberate coping strategies.

Consequently, a comprehensive approach to safeguarding psychiatric nurses' psychological well-being necessitates the integration of organizational-level interventions. These interventions should include optimized staffing ratios, sustained professional development opportunities, and the institutional.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Research Design**

This investigation employed a descriptive cross-sectional survey design. This methodological approach was selected for its appropriateness in acquiring a comprehensive overview of the current state of the variables under examination, specifically, mental health nursing care practices and their impact on the psychological well-being of psychiatric nurses. The descriptive component facilitates meticulous observation and characterization of psychiatric nurses' attributes and experiences without any manipulation of variables. The cross-sectional dimension of the study entailed data collection at a singular time point, thereby furnishing a snapshot of the association between the mental health care practices implemented by nurses and their own psychological health status.

This design proves particularly suitable for healthcare research wherein exploring associations and generating data capable of informing interventions, policy formulation, and subsequent scholarly inquiry is paramount. Furthermore, this approach enables the collection of quantitative data from a comparatively substantial respondent pool, consequently enhancing the generalizability of findings within the hospital context.

#### **3.2 Research Setting**

The investigation was undertaken at Uselu Psychiatric Hospital, officially designated as the Federal Neuro-Psychiatric Hospital, situated in Uselu, Benin City, Edo State, Nigeria. This institution stands among Nigeria's foremost mental health facilities and functions as a referral center for psychiatric cases throughout the South-South geopolitical zone and adjoining regions.

Uselu Psychiatric Hospital delivers an extensive array of mental health services, encompassing inpatient and outpatient care, emergency psychiatric interventions, substance abuse rehabilitation, psychotherapeutic services, and community-based mental health outreach initiatives. Additionally, the institution fulfills a substantial role in mental health education, professional training, and research activities, accommodating psychiatric nurses, clinical psychologists, social workers, and allied mental health practitioners.

The selection of this setting was predicated on its relevance and distinctive position within psychiatric care provision. As a specialized mental health institution, it offers an appropriate context for examining how the delivery of mental health nursing services affects the psychological welfare of the very professionals administering such care, namely, psychiatric nurses.

### **3.3 Target Population**

The target population for this research comprised all psychiatric nurses practicing at Uselu Psychiatric Hospital, Benin City, Edo State. These individuals are registered nurses who have undergone specialized training in mental health and are actively engaged in attending to patients presenting with diverse psychiatric conditions.

Within this facility, psychiatric nurses perform essential functions, including mental status assessment, medication administration, therapeutic communication engagement, crisis intervention implementation, and participation in rehabilitation and counseling activities. Given the inherent characteristics of their professional responsibilities, these practitioners encounter both emotionally demanding and psychologically challenging situations that may exert considerable effects on their own mental health.

Concentrating on this population facilitated an in-depth comprehension of how the demanding nature of mental health nursing practice affects the psychological and emotional welfare of

caregivers themselves, thereby addressing a crucial yet frequently neglected dimension of mental health practice and occupational wellbeing.

### **3.4 Sampling Technique**

This research utilized a purposive sampling strategy for participant selection. Purposive sampling, alternatively referred to as judgmental or selective sampling, entails the intentional selection of individuals possessing specific characteristics pertinent to the research objectives. For this investigation, inclusion was restricted to psychiatric nurses currently employed and actively participating in mental health nursing care delivery at Uselu Psychiatric Hospital. This methodological approach ensured that participants possessed direct experience in mental health care provision and could offer meaningful insights regarding how their professional responsibilities influence their psychological wellbeing.

The application of purposive sampling is considered appropriate given the specialized nature of the study population and the necessity to concentrate specifically on individuals possessing the most comprehensive knowledge and being most directly affected by the subject matter under investigation.

### **3.5 Sample Size Determination**

The sample size for this research was established utilizing Yamane's formula (1967), a method appropriate for calculating sample size from a known population. The formula is expressed as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

- $n$  = sample size
- $N$  = population size
- $e$  = level of precision (margin of error), usually set at 0.05 for 95% confidence level

Assuming that the total number of psychiatric nurses at Uselu Psychiatric Hospital is **120** (this number can be adjusted based on the actual staff strength), and using a 5% margin of error:

Therefore, a minimum of **92 psychiatric nurses** were selected to participate in the study.

To account for possible non-responses or incomplete questionnaires, an additional 10% was added:

10% of  $92 = 9.2 \approx 9$  10% of  $92 = 9.2 \approx 9$

Final sample size =  $92 + 9 = \mathbf{101}$  respondents

### **3.6 Inclusion and Exclusion Criteria**

#### **Inclusion Criteria**

Eligibility for participation in this study was determined based on the following inclusion criteria:

- Psychiatric nurses registered and currently employed at Uselu Psychiatric Hospital.
- Nurses with a minimum of six months of work experience at the institution, ensuring adequate familiarity with mental health nursing practice.
- Nurses actively engaged in the direct care of patients diagnosed with psychiatric or mental health conditions.
- Individuals who voluntarily provided informed consent to participate in the research.

#### **Exclusion Criteria**

Participants were excluded from the study based on the following criteria:

- Nurses who were on leave or not actively delivering patient care during the data collection phase.
- Student nurses, intern nurses, or nurses without specialized psychiatric training.

- Psychiatric nurses with less than six months of work experience at the facility.
- Nurses who either declined to provide informed consent or withdrew their participation during the study.

These selection criteria ensured that only experienced psychiatric nurses actively involved in direct mental health service delivery formed the study cohort, thereby enhancing the relevance and dependability of the findings.

### **3.7 Instrument for Data Collection**

The instrument employed for data collection in this investigation was a structured, self-administered questionnaire. This questionnaire was designed by the researcher, drawing upon insights derived from extant literature and established tools relevant to mental healthcare and psychological well-being.

The instrument was organized into three sections, as delineated below:

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

This section gathered background information regarding participants, including age, gender, marital status, educational attainment, years of professional experience, and departmental assignment.

#### **Section B: Mental Health Nursing Care Practices**

This section comprised items intended to evaluate the degree and character of respondents' participation in mental healthcare activities, encompassing therapeutic communication, management of aggressive patients, medication administration, and crisis intervention responsibilities.

#### **Section C: Psychological Well-Being of Psychiatric Nurses**

This section assessed the psychological health status of the respondents, incorporating items pertaining to occupational stress, burnout, emotional exhaustion, symptoms of anxiety, and coping strategies. To enhance reliability, the adaptation of a standardized instrument, such as

the General Health Questionnaire (GHQ) or the Maslach Burnout Inventory (MBI), was considered, depending on feasibility.

The questionnaire predominantly consisted of close-ended items, with the final five questions employing a Likert scale format, thereby facilitating straightforward data analysis and interpretation.

### **3.8 Validity and Reliability of the Instrument**

To ensure the precision and consistency of the research instrument, measures were implemented to establish both its validity and reliability.

#### **Validity**

The content validity of the questionnaire was established through a comprehensive review conducted by experts in psychiatric nursing, mental health, and research methodology. The feedback provided was utilized to refine the questionnaire items, thereby ensuring clarity, relevance, and suitability for the target population. Additionally, the instrument was scrutinized in relation to pertinent literature and existing validated tools to confirm its accuracy in measuring the constructs under investigation.

#### **3.8 Reliability**

A preliminary pilot study was undertaken with a small cohort of psychiatric nurses (estimated  $n=10-15$ ) recruited from a comparable mental health facility, distinct from the primary study site. The primary objective of this pilot was to evaluate the internal consistency of the research instrument. Data obtained from this preliminary phase were subjected to analysis employing Cronbach's Alpha coefficient, with a reliability threshold of 0.70 or higher deemed satisfactory. Findings from the pilot test informed the implementation of requisite modifications to enhance the instrument's reliability prior to the initiation of full-scale data collection.

### 3.9 Method of Data Collection

Primary data for this investigation were gathered via self-administered questionnaires. The researcher visited Uselu Psychiatric Hospital to distribute the instruments to psychiatric nurses who satisfied the predetermined inclusion criteria. The data collection procedure adhered to the following sequential steps:

1. **Securing Ethical Approval:** Prior to commencing data collection, formal ethical clearance was obtained from the hospital's Research and Ethics Committee. This ensured the study's compliance with all established ethical guidelines and standards governing research involving human subjects.
2. **Obtaining Informed Consent:** Nurses meeting the inclusion criteria were furnished with an informed consent document. This document elucidated the study's purpose, affirmed the voluntary nature of participation, and guaranteed the right to withdraw at any juncture without consequence. Participation was contingent upon the provision of written informed consent.
3. **Questionnaire Administration:** Following the acquisition of consent, the researcher distributed the questionnaires to the enrolled participants. An adequate timeframe (approximately 15-20 minutes) was allocated for completion. The researcher remained accessible to address any queries concerning questionnaire completion while refraining from influencing participant responses.
4. **Ensuring Confidentiality and Anonymity:** Participant identities were rigorously protected throughout the research process. No personally identifying information was incorporated into data collection or subsequent reporting. All completed instruments were stored in a secure, locked facility to preserve anonymity and confidentiality.

5. **Retrieval and Verification:** Upon completion, participants returned the questionnaires to the researcher. Each returned instrument was subsequently reviewed for completeness prior to the processes of coding and data analysis.

### **3.10 Method of Data Analysis**

Data gathered from the self-administered questionnaires were analyzed utilizing appropriate statistical methods to derive meaningful inferences concerning the influence of mental health nursing care on the psychological well-being of psychiatric nurses.

#### **Data Cleaning and Preparation**

Prior to formal analysis, the dataset was meticulously examined for completeness and accuracy. Responses that were incomplete or ambiguous were excluded from the definitive analysis to uphold data integrity. Subsequently, data were coded, assigning numerical values to responses to facilitate subsequent statistical procedures.

#### **Descriptive Statistics**

Descriptive statistical techniques were employed to summarize and characterize the socio-demographic attributes of the participant sample, alongside the principal variables of interest.

These techniques encompassed:

- Computation of frequencies and percentages for categorical data (e.g., gender, age cohort, marital status).
- Calculation of measures of central tendency (mean) and dispersion (range) for continuous data (e.g., years of professional experience, scores on psychological health instruments).

#### **Inferential Statistics**

To investigate the postulated relationships between mental health nursing care practices and the psychological health of psychiatric nurses, inferential statistical tests were applied. The specific analytical techniques included:

- Application of Pearson's product-moment correlation or Spearman's rank-order correlation to ascertain the strength and direction of association between the degree of involvement in mental health nursing care and psychological health indicators (e.g., perceived stress, burnout levels).
- Utilization of independent samples t-tests or Analysis of Variance (ANOVA) to compare psychological health outcomes across distinct demographic categories (e.g., gender, years of experience).

The threshold for statistical significance was established *a priori* at  $p < 0.05$  for all tests. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) software, version 25 or subsequent, which facilitated comprehensive data manipulation, analysis, and interpretation.

### 3.11 Ethical Considerations

Rigorous adherence to ethical principles was paramount to safeguarding the rights, dignity, and welfare of all participants. The following ethical protocols were observed throughout the study:

1. **Ethical Approval:** Formal authorization to proceed was secured from the Institutional Review Board (IRB) or Ethics Committee of Uselu Psychiatric Hospital prior to the initiation of any data collection activities, thereby confirming the research's conformity with established standards for human subjects research.
2. **Informed Consent:** All participants received a comprehensive informed consent form delineating the study's objectives, procedural steps, and potential risks and benefits associated with participation. It was explicitly communicated that participation was entirely voluntary and that withdrawal could occur at any time without penalty. Inclusion in the study was conditional upon the receipt of written informed consent.
3. **Confidentiality and Anonymity:** Participant confidentiality was stringently maintained. No personal identifiers (e.g., names, employee numbers) were recorded on

the questionnaires. A unique code was assigned to each participant for data management purposes, ensuring anonymity. All collected data were stored securely, with access restricted solely to the researcher and authorized supervisory personnel.

4. **Voluntary Participation:** It was emphasized that involvement in the research was entirely voluntary. Participants were explicitly informed of their prerogative to decline participation or discontinue their involvement at any stage without facing any form of penalty or adverse consequences.
5. **Right to Withdraw:** Participants were clearly informed of their unequivocal right to withdraw from the study at any time, even subsequent to providing initial consent, without any detrimental impact on their employment status or their relationship with the hospital.
6. **Protection from Harm:** The study design ensured that participants were not subjected to any form of physical, psychological, or emotional harm. The questionnaires were deliberately designed to be non-intrusive, concentrating on professional experiences and deliberately avoiding inquiries into potentially sensitive or traumatic personal histories that could induce distress.
7. **Dissemination of Findings:** Upon conclusion of the study, the findings were made accessible to any participants who expressed an interest in reviewing the results. Furthermore, the final report was shared with the hospital administration, with the intention of contributing to initiatives aimed at improving the work environment and mental health support structures for psychiatric nursing staff.

### **3.12 Limitations of the Study**

Notwithstanding the methodological efforts to ensure a rigorous and comprehensive investigation, several limitations were acknowledged that may constrain the interpretation and generalizability of the findings. These limitations include:

1. **Sample Size and Generalizability:** While a purposive sampling strategy was employed to recruit psychiatric nurses from Uselu Psychiatric Hospital, the resultant sample size was necessarily confined to those nurses who were both available and consented to participate. Consequently, the findings may possess limited generalizability to psychiatric nursing populations in other geographical regions or healthcare settings with differing organizational characteristics.
2. **Reliance on Self-Reported Data:** The study's dependence on self-administered questionnaires introduces the potential for response biases, most notably social desirability bias. Participants may have been inclined to over-report favorable behaviors or under-report negative emotional states or challenging experiences, potentially compromising the accuracy of the data, particularly concerning sensitive domains such as mental health and psychological well-being.
3. **Cross-Sectional Design:** The adoption of a cross-sectional design permits the assessment of associations between mental health nursing care practices and psychological health indicators at a single point in time. This methodological approach precludes the establishment of causal relationships; therefore, definitive conclusions regarding whether specific care practices directly induce changes in the psychological health of psychiatric nurses cannot be drawn.
4. **Limited Scope of Psychological Health Assessment:** The psychological health measures incorporated into the study, while focusing on key constructs like stress and burnout, may not comprehensively capture the full spectrum of factors influencing psychological well-being. Unmeasured variables, such as personal life stressors, the availability of external support systems, or history of previous trauma, could significantly impact the psychological health of participating nurses but fall outside the defined scope of this investigation.

5. **Potential for Language Barriers:** Although proficiency in English is anticipated among the majority of psychiatric nurses at Uselu Psychiatric Hospital, the possibility of minor communication difficulties exists for individuals less comfortable with the language. Such difficulties could potentially lead to misunderstandings or misinterpretations of specific questionnaire items, thereby affecting response validity.
6. **Time Constraints:** The inherently demanding nature of psychiatric nursing practice presented potential challenges to achieving a high response rate. Nurses' substantial clinical responsibilities may have limited their availability and willingness to participate, particularly given the time required to complete the questionnaire during work shifts, potentially introducing non-response bias.

## CHAPTER FOUR

### RESULTS

This chapter deals with data presentation and analysis. The data were primarily sourced from the administered questionnaires. A total of one hundred and one (101) questionnaires were administered to the psychiatric nurses.

**Table 1: Socio-Demographic Characteristics of Respondents (N = 101)**

Variable	Category	Frequency (n)	Percentage (%)
<b>Age (years)</b>	20–29	17	16.8
	30–39	23	22.8
	40–49	33	32.7
	50 and above	28	27.7
<b>Total</b>		<b>101</b>	<b>100</b>
<b>Gender</b>	Male	41	40.6
	Female	60	59.4
<b>Total</b>		<b>101</b>	<b>100</b>
<b>Marital Status</b>	Single	27	26.7
	Married	49	48.5
	Divorced	13	12.9
	Widowed	12	11.9
<b>Total</b>		<b>101</b>	<b>100</b>
<b>Educational Qualification</b>	RN	19	18.8
	RN/RM	35	34.7
	BSc Nursing	21	20.8
	Post-Basic in Psychiatry	17	16.8
	Others	9	8.9
	<b>Total</b>		<b>101</b>
<b>Years of Experience</b>	Less than 1 year	7	6.9
	1–5 years	21	20.8
	6–10 years	43	42.6
	Above 10 years	30	29.7
<b>Total</b>		<b>101</b>	<b>100</b>
<b>Work Unit/Department</b>	Acute Ward	15	14.9
	Rehabilitation Ward	33	32.7
	Emergency Psychiatry	21	20.8
	Community Mental Health	19	18.8
	Others	13	12.9
	<b>Total</b>		<b>101</b>

The socio-demographic profile of the respondents indicated that the largest proportion (32.7%) were aged between 40 and 49 years, suggesting that the cohort primarily comprised seasoned professionals with considerable maturity and experience. In terms of gender distribution, females predominated (59.4%), a finding consistent with the historically feminized character of the nursing workforce. Marital status data revealed that nearly half (48.5%) were married, implying that a substantial segment of the sample managed familial obligations alongside professional duties, a factor potentially relevant to emotional resilience and perspectives on mental health service provision.

Regarding educational attainment, respondents holding RN/RM certification constituted the highest proportion (34.7%), followed by those with a BSc in Nursing (20.8%). This distribution points to a workforce equipped with a robust professional foundation, conducive to the delivery of competent psychiatric care. Work experience patterns further reinforced this interpretation, as the majority (42.6%) reported between six and ten years of clinical practice, indicating substantive exposure to and familiarity with mental health interventions.

Finally, analysis by ward assignment showed that the rehabilitation unit contributed the largest share of respondents (32.7%), with the emergency psychiatry and community mental health units also prominently represented. This distribution suggests that most participants were engaged in ongoing patient management and therapeutic engagement, a context likely to shape their perceptions and experiences concerning the impact of mental health nursing care within the facility.

## 4.2 Analysis of Findings

**Research Question 1:** What is the relationship between workload and the level of stress experienced by psychiatric nurses at Uselu Psychiatric Hospital?

**Table 2: Responses on relationship between workload and the level of stress experienced by psychiatric nurses**

S/N	ITEMS	No	SA	A	D	SD
1.	My current workload increases my level of stress at work.	101	37 (36.6%)	35 (34.7%)	15 (14.9%)	14 (13.9%)
2.	I often feel overwhelmed by the number of tasks assigned to me.	101	41 (40.6%)	32 (31.7%)	16 (15.8%)	12 (11.9%)
3.	The workload in my unit contributes significantly to my mental and physical exhaustion.	101	35 (34.7%)	37 (36.6%)	17 (16.8%)	12 (11.9%)
4.	High workload makes it difficult for me to manage stress effectively.	101	38 (37.6%)	34 (33.7%)	16 (15.8%)	13 (12.9%)
5.	I experience stress symptoms (e.g., headaches, anxiety, insomnia) as a result of excessive workload.	101	39 (38.6%)	33 (32.7%)	17 (16.8%)	12 (11.9%)

The findings presented in Table 2 indicate that a substantial proportion of psychiatric nurses at Uselu Psychiatric Hospital, Edo State, perceived workload as exerting a considerable influence on their stress levels. A notable majority of respondents either strongly agreed (mean = 37.7%) or agreed (mean = 33.9%) that their professional duties contributed to heightened stress, whereas only a minority expressed disagreement (16.0%) or strong disagreement (12.3%). More specifically, 38.6% strongly concurred and 32.7% concurred that their existing workload exacerbated their stress, while 40.6% affirmed that workload contributed to both mental and physical exhaustion. In a similar vein, numerous participants reported feeling overwhelmed by their assigned responsibilities and attributed stress-related manifestations including headaches, anxiety, and insomnia to excessive occupational demands. This pattern suggests that psychiatric nurses regard workload as a primary determinant of occupational stress, with consequent implications for their psychological health and overall well-being.

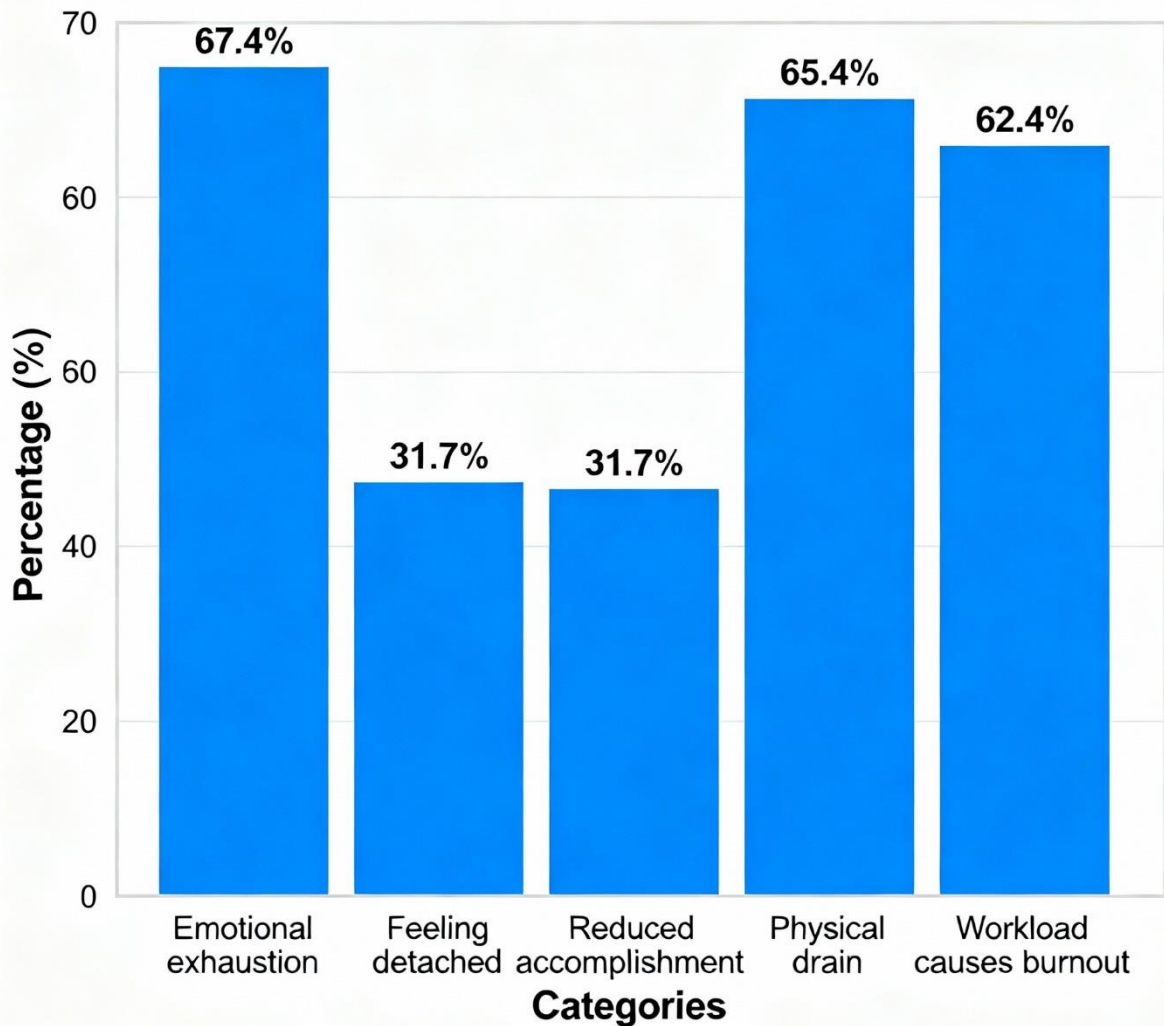
The data further demonstrate a robust positive association between workload and the stress levels experienced by psychiatric nurses within the institution. Elevated workload consistently corresponded with increased stress among respondents, underscoring the relationship between job demands and psychological strain in this clinical population.

**Research Question 2:** How does workload influence the incidence of burnout among psychiatric nurses at Uselu Psychiatric Hospital?

**Table 3: Responses on how workload influence the incidence of burnout among psychiatric nurses**

S/N	ITEMS	No	SA	A	D	SD
1.	My workload contributes to feelings of emotional exhaustion.	101	33 (32.7%)	35 (34.7%)	17 (16.8%)	16 (15.8%)
2.	I sometimes feel detached or indifferent toward patients due to heavy workload.	101	15 (14.9%)	17 (16.8%)	34 (33.7%)	35 (34.7%)
3.	The high demands of my job reduce my sense of accomplishment.	101	14 (13.9%)	18 (17.8%)	33 (32.7%)	36 (35.6%)
4.	Prolonged workload makes me feel physically and emotionally drained.	101	32 (31.7%)	34 (33.7%)	19 (18.8%)	16 (15.8%)
5.	I feel that workload is a major factor leading to professional burnout among nurses in my hospital.	101	30 (29.7%)	33 (32.7%)	21 (20.8%)	17 (16.8%)

## Influence of Workload on Burnout Among Psychiatric Nurses



The analysis presented in Table 3 elucidates the relationship between workload and burnout among psychiatric nurses at Uselu Psychiatric Hospital. The findings indicate that workload constitutes a significant contributing factor to the incidence of burnout, particularly concerning emotional exhaustion and physical strain. A substantial proportion of respondents acknowledged this association, with 34.7% agreeing and 32.7% strongly agreeing that workload intensifies their feelings of exhaustion and contributes to professional burnout.

Conversely, regarding items pertaining to emotional detachment from patients and diminished sense of professional accomplishment, the majority of respondents expressed disagreement.

Specifically, 33.7% disagreed and 35.6% strongly disagreed with statements suggesting that workload leads to detachment or reduced professional fulfillment. This pattern of responses indicates that despite experiencing considerable stress and fatigue, the majority of nurses maintain commitment to their professional roles and emotional connection to their patients.

These findings suggest that although workload represents a substantial contributor to physical and emotional exhaustion among psychiatric nursing staff, it does not necessarily precipitate complete professional detachment or erosion of professional fulfillment. The nurses appear to preserve their sense of purpose and commitment to patient care even when experiencing significant work-related strain.

The findings demonstrate that workload significantly contributes to emotional and physical exhaustion among psychiatric nurses at Uselu Psychiatric Hospital. However, workload does not appear to strongly influence professional detachment or diminished sense of accomplishment among this population. The nurses maintain professional commitment and emotional connection to patients despite experiencing work-related fatigue and stress.

**Research Question 3:** In what ways does workload affect job satisfaction and emotional well-being of psychiatric nurses at Uselu Psychiatric Hospital?

**Table 4: Responses on ways in which workload affect job satisfaction and emotional well-being of psychiatric nurses**

S/N	ITEMS	No	SA	A	D	SD
1.	My workload negatively affects my overall job satisfaction.	101	19 (18.8%)	31 (30.7%)	15 (14.9%)	36 (35.6%)
2.	The pressure from heavy workload reduces my enthusiasm for work.	101	21 (20.8%)	33 (32.7%)	12 (11.9%)	35 (34.7%)
3.	Workload interferes with my ability to maintain a healthy work–life balance.	101	34 (33.7%)	32 (31.7%)	18 (17.8%)	17 (16.8%)
4.	Excessive workload reduces my motivation and emotional well-being.	101	22 (21.8%)	29 (28.7%)	14 (13.9%)	36 (35.6%)
5.	A manageable workload increases my job satisfaction and sense of fulfillment.	101	18 (17.8%)	30 (29.7%)	16 (15.8%)	37 (36.6%)

The findings presented in Table 4 indicate that workload exerts a statistically significant influence on both job satisfaction and emotional well-being among psychiatric nurses at Uselu Psychiatric Hospital. Respondent perceptions were notably divided, as reflected in the mean agreement rate of 30.7% and a mean strong disagreement rate of 31.8%, suggesting that the impact of workload is experienced differently across the cohort. For instance, while a substantial number of nurses acknowledged that a high workload diminishes their job satisfaction and professional enthusiasm (30.7% agreed and 35.6% strongly disagreed with the first item), an even greater proportion affirmed that workload impedes the maintenance of a healthy work–life balance, with 33.7% strongly agreeing and 31.7% agreeing with this assertion. Furthermore, the data suggest that a balanced and manageable workload contributes positively to professional fulfillment, whereas excessive occupational demands are associated with diminished motivation and compromised emotional health.

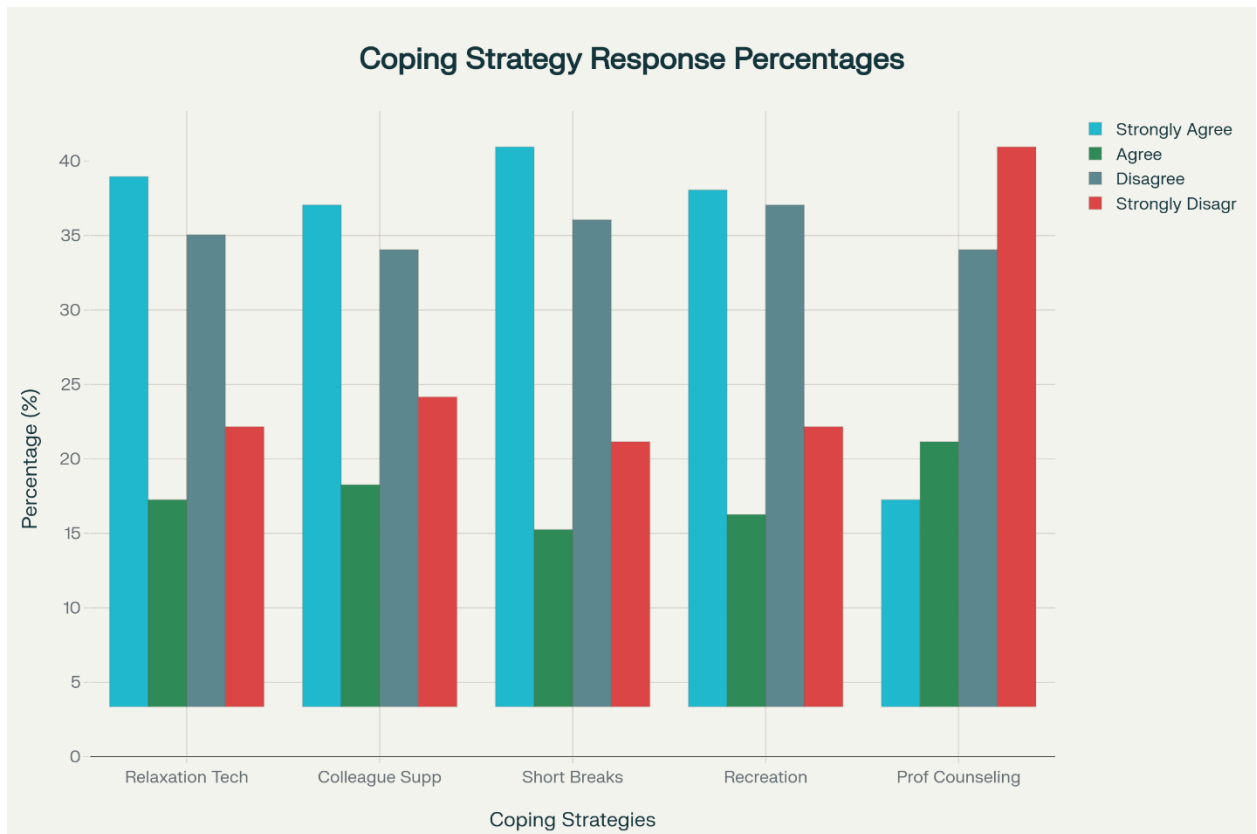
The analysis further reveals that workload plays a critical role in shaping the job satisfaction and psychological well-being of psychiatric nursing staff at the institution. Elevated workload

levels were consistently linked to increased stress and reduced motivational levels, while more equitable workload distribution appeared to foster greater job fulfillment and emotional stability.

**Research Question 4:** What coping strategies are employed by psychiatric nurses at Uselu Psychiatric Hospital to manage the psychological effects of workload?

**Table 5: Responses on coping strategies employed by psychiatric nurses at Uselu Psychiatric Hospital to manage the psychological effects of workload**

S/N	ITEMS	No	SA	A	D	SD
1.	I use relaxation techniques (e.g., deep breathing, meditation) to cope with work-related stress.	101	36 (35.6%)	14 (13.9%)	32 (31.7%)	19 (18.8%)
2.	I rely on support from colleagues to manage the psychological effects of heavy workload.	101	34 (33.7%)	15 (14.9%)	31 (30.7%)	21 (20.8%)
3.	Taking short breaks during shifts helps me cope with workload-related stress.	101	38 (37.6%)	12 (11.9%)	33 (32.7%)	18 (17.8%)
4.	I engage in recreational or leisure activities outside work to reduce stress caused by workload.	101	35 (34.7%)	13 (12.9%)	34 (33.7%)	19 (18.8%)
5.	I seek professional counseling or guidance when workload stress becomes overwhelming.	101	14 (13.9%)	18 (17.8%)	31 (30.7%)	38 (37.6%)



**Fig1: Bar chart of coping strategies employed by psychiatric nurses at Uselu Psychiatric Hospital**

The results presented in Table 5 demonstrate that psychiatric nursing staff at Uselu Psychiatric Hospital employ a range of coping mechanisms to mitigate the psychological demands associated with their workload, with a discernible inclination toward pragmatic, self-directed strategies. The distribution of responses indicates considerable variability in perceptions of coping effectiveness, as evidenced by nearly equivalent proportions of participants who strongly agreed (mean = 31.1%) and strongly disagreed (mean = 31.9%) across the majority of items. A substantial proportion of respondents affirmed the utility of specific informal approaches, with relaxation techniques (35.6%), collegial support (33.7%), intermittent rest periods (37.6%), and engagement in leisure pursuits (34.7%) identified as particularly efficacious in alleviating occupational stress. Conversely, attitudes toward accessing professional psychological services were predominantly unfavorable, as reflected by the high

percentage of respondents who strongly disagreed (37.6%) or disagreed (30.7%) with items endorsing such interventions. This pattern suggests that although psychiatric nurses actively utilize adaptive, informal strategies for stress management, there exists a notable tendency to underutilize formal, structured mental health support systems.

The data further reveal that psychiatric nurses at Uselu Psychiatric Hospital predominantly manage the psychological repercussions of their workload through informal methods such as relaxation, peer interaction, and recreational activities, while exhibiting considerable resistance to professional counseling. This inclination toward self-reliant coping mechanisms, as opposed to engagement with institutional mental health resources, underscores a potential gap in the utilization of available formal support structures.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### **The Relationship Between Workload and Stress Levels Among Psychiatric Nurses**

The findings demonstrate that a substantial proportion of psychiatric nurses at Uselu Psychiatric Hospital, Edo State, perceive workload as a critical determinant of occupational stress. Analysis of the data reveals that the majority of respondents acknowledged the considerable impact of workload on their stress levels, with 37.7 percent strongly agreeing and 33.9 percent agreeing that their professional responsibilities contribute to heightened stress. Conversely, only 16.0 percent and 12.3 percent expressed disagreement or strong disagreement, respectively. Specifically, 38.6 percent of participants strongly concurred that their current workload exacerbates stress, while 32.7 percent agreed with this assertion. Furthermore, 40.6 percent strongly affirmed that workload contributes significantly to both mental and physical exhaustion. A considerable number of respondents also reported feeling overwhelmed by their assigned duties and experiencing stress-related manifestations, including headaches, anxiety, and insomnia, attributable to excessive occupational demands. These patterns suggest that psychiatric nurses identify workload as a predominant source of professional stress, with adverse implications for their psychological health and general well-being.

The results of this investigation corroborate the work of Adebayo et al. (2021), who documented that nurses in Nigeria experience considerable occupational stress resulting from heavy caseloads, extended shifts, and staffing deficiencies, frequently culminating in exhaustion, anxiety, and sleep disruptions. Similarly, Faremi et al. (2023) established that excessive workload and insufficient staffing among nursing professionals constitute primary contributors to mental fatigue and burnout, thereby reinforcing the notion that workload remains a fundamental predictor of occupational stress within healthcare environments.

Nevertheless, the current findings diverge from those reported by Okafor et al. (2022), who observed that despite elevated stress levels among staff at a Nigerian psychiatric facility, positive collegial relationships and professional autonomy served as buffers mitigating the effects of workload on stress. Additionally, Ola and Bamidele (2019) determined that inadequate remuneration and insufficient recognition exerted a more pronounced influence on nurses' stress levels than workload, indicating that psychosocial and organizational variables may, under certain circumstances, supersede workload as the principal source of occupational stress.

### **The Influence of Workload on Burnout Incidence Among Psychiatric Nurses**

The analytical findings indicate that a majority of psychiatric nurses at Uselu Psychiatric Hospital acknowledge the role of workload in precipitating burnout, particularly with respect to emotional exhaustion and physical strain. Specifically, 34.7 percent of respondents agreed and 32.7 percent strongly agreed that workload intensifies feelings of exhaustion and contributes to professional burnout. However, concerning items related to detachment from patients and diminished sense of professional accomplishment, the majority expressed disagreement (33.7%) and strong disagreement (35.6%), suggesting that while nurses experience stress and fatigue, they largely maintain commitment and emotional connection to their patients. This pattern implies that although workload constitutes a significant factor in producing physical and emotional exhaustion, it does not necessarily precipitate complete disengagement or reduced professional fulfillment among this population.

These findings align with those of Eze et al. (2022), who reported that substantial workload among psychiatric nurses in southeastern Nigeria significantly contributed to emotional exhaustion and physical fatigue, both recognized as core components of professional burnout. Similarly, Adams and Olatunji (2021) found that excessive occupational demands and extended working hours were strongly associated with burnout manifestations, including

tiredness, irritability, and diminished energy levels among mental health nurses in Lagos State. However, the current results contrast with those of Nwosu et al. (2020), who observed that despite considerable workload, numerous Nigerian nurses maintained robust patient-centered motivation and reported minimal emotional detachment, attributing this resilience to intrinsic job satisfaction and professional calling. Furthermore, Ibrahim and Hassan (2019) determined that nurses' experiences of burnout were more strongly associated with inadequate leadership support and insufficient workplace resources than with workload itself, suggesting that organizational climate and managerial practices may play a more substantial role in predicting complete burnout than the sheer volume of professional responsibilities.

### **The Effect of Workload on Job Satisfaction and Emotional Well-Being of Psychiatric Nurses**

The findings reveal that workload exerts a substantial influence on both job satisfaction and emotional well-being among psychiatric nurses at Uselu Psychiatric Hospital. Respondent perceptions demonstrated variability depending on how workload affected them personally, with mean agreement of 30.7 percent and mean strong disagreement of 31.8 percent across relevant statements. While numerous nurses acknowledged that heavy workload adversely affects their satisfaction and professional enthusiasm (as evidenced by 30.7% agreement and 35.6% strong disagreement with the initial item), a larger proportion (33.7% strongly agreed and 31.7% agreed) confirmed that workload interferes with maintaining healthy work–life integration. Additionally, responses suggest that manageable workload contributes positively to satisfaction, whereas excessive occupational demands diminish motivation and compromise emotional health.

The results of this investigation are consistent with those reported by Ogunleye and Dada (2022), who documented that excessive workload among psychiatric nurses in southwestern Nigeria significantly diminished job satisfaction and emotional well-being, frequently resulting

in frustration, fatigue, and diminished motivation. Similarly, Bassey et al. (2021) found that elevated work pressure and insufficient rest periods adversely affected nurses' mental health and professional enthusiasm, emphasizing that workload management constitutes a crucial factor in maintaining emotional stability and satisfaction. However, these findings diverge from those of Afolabi and Nwachukwu (2020), who discovered that some nurses sustained high job satisfaction despite substantial workloads, attributing this resilience to strong professional commitment and supportive collegial relationships. In a similar vein, Idris and Bello (2019) found that organizational factors, including recognition, career advancement opportunities, and adequate compensation, exerted a more significant influence on job satisfaction than workload, suggesting that nurses' emotional well-being is shaped by multiple interacting variables beyond work intensity.

### **Coping Strategies Employed by Psychiatric Nurses**

The findings indicate that psychiatric nurses at Uselu Psychiatric Hospital employ various coping mechanisms to address the psychological consequences of workload, demonstrating a notable preference for practical self-help approaches. Responses revealed mixed experiences regarding coping efficacy, with mean strong agreement of 31.1 percent and mean disagreement of 31.9 percent across most items. A considerable proportion of nurses strongly affirmed that relaxation techniques (35.6%), peer support (33.7%), brief respite periods (37.6%), and recreational activities (34.7%) effectively assist them in managing work-related stress. However, responses regarding utilization of professional counseling services demonstrated an inverse pattern, with most respondents expressing strong disagreement (37.6%) and disagreement (30.7%), indicating reluctance toward formal psychological support. This pattern suggests that while psychiatric nurses employ adaptive informal strategies, they may underutilize structured mental health services.

The results of this study align with those of Okon and Etim (2022), who reported that Nigerian psychiatric nurses predominantly depend on self-help strategies, including relaxation, prayer, and peer discussions, to manage occupational stress rather than seeking professional counseling. Similarly, Adeyemi et al. (2021) found that nurses frequently engage in leisure activities, social interactions, and brief rest periods as effective means of coping with occupational stress, attributing this preference to cultural attitudes and limited access to formal mental health services. However, these findings contrast with those of Chukwuma and Idowu (2020), who discovered that structured psychological interventions, including counseling and stress management workshops, significantly enhanced nurses' emotional resilience and coping capacity within teaching hospital settings. Likewise, Mohammed and Lawal (2019) found that nurses who participated in regular counseling sessions reported reduced stress levels and diminished burnout symptoms, suggesting that formal psychological support, despite being less frequently utilized, may constitute a more effective long-term coping mechanism compared to informal strategies.

## **5.1 Summary**

This study investigated the influence of mental health nursing care on psychiatric nurses practicing at Uselu Psychiatric Hospital in Edo State. To accomplish the objectives of the research, four research questions were formulated and subsequently addressed. The target population comprised 120 psychiatric nurses employed at Uselu Psychiatric Hospital. The sample for the investigation consisted of 101 full-time registered nurses affiliated with UBTH. Data collection was facilitated through the administration of a structured questionnaire. Following its construction, the instrument was submitted to the project supervisor and the Nursing Ethical Committee for validation of its content. Feedback and recommendations provided by these reviewers were incorporated into the final version of the questionnaire prior to its distribution to the participants. A descriptive cross-sectional survey design was employed

for this research. The data gathered were analyzed using frequency counts and simple percentages.

The findings derived from the study are as follows:

1. A robust positive correlation exists between workload and the level of stress experienced by psychiatric nurses at Uselu Psychiatric Hospital, whereby an escalation in workload was consistently correlated with heightened stress levels among the participants.
2. Workload is a significant contributor to emotional and physical exhaustion among psychiatric nurses at Uselu Psychiatric Hospital; however, its influence on professional detachment or diminished sense of personal accomplishment is less pronounced.
3. Workload exerts a considerable impact on both job satisfaction and the emotional well-being of psychiatric nurses at Uselu Psychiatric Hospital. Excessive workload is associated with increased stress and decreased motivation, whereas a manageable workload is linked to enhanced professional fulfillment and overall well-being.
4. Psychiatric nurses at Uselu Psychiatric Hospital predominantly manage workload-related stress through relaxation techniques, peer support, and recreational activities. A notable tendency to avoid seeking professional counseling was observed, indicating a preference for informal coping mechanisms over formal support structures.

## **5.2 Conclusion**

The study concludes that there is a significant positive association between workload and stress levels among psychiatric nurses at Uselu Psychiatric Hospital, with increased work demands consistently correlating with elevated stress. Furthermore, workload significantly contributes to emotional and physical exhaustion, though it does not strongly predict professional detachment or a reduced sense of accomplishment. The research also establishes that workload is a critical determinant of job satisfaction and emotional well-being; excessive demands are

linked to stress and diminished motivation, while balanced workloads foster fulfillment. Finally, the findings indicate that these nurses primarily rely on informal coping strategies, such as relaxation and peer support, to manage occupational stress, rather than utilizing formal resources like professional counseling.

### **5.3 Implications of the Study for Psychiatric Nursing**

The outcomes of this investigation carry substantial implications for psychiatric nursing practice, administration, and professional growth. The findings highlight workload as a primary factor influencing stress, emotional exhaustion, and job satisfaction, all of which can potentially compromise a nurse's capacity to deliver compassionate and effective mental healthcare. In psychiatric environments, where therapeutic relationships and emotional engagement are paramount, unaddressed workload issues and subsequent burnout can erode empathy, impede communication, and impair clinical judgment. Consequently, it is essential for psychiatric nursing leadership to prioritize the establishment of mental health support systems, advocate for balanced workload distribution, and cultivate resilience among staff members. The study further emphasizes the necessity for ongoing professional education focused on coping strategies and self-care practices specifically adapted to the unique psychological challenges inherent in psychiatric nursing. By proactively addressing these factors, psychiatric institutions can significantly enhance both the well-being of their nursing staff and the overall quality of mental health service provision.

### **5.4 Recommendations**

- 1. Implementation of Effective Workload Management Systems:** Hospital administrators and nursing leadership should formulate and enact explicit workload management policies to ensure equitable task distribution among psychiatric nurses. Key measures include maintaining optimal nurse-to-patient ratios, delegating non-

clinical duties to support personnel, and adjusting shift schedules to mitigate excessively long working hours. The adoption of electronic scheduling systems may further assist in workload balancing and reducing individual strain.

2. **Establishment of Structured Mental Health Support Programs:** Psychiatric institutions ought to integrate formal psychological support structures within the organizational framework. This should encompass confidential counseling services, stress management workshops, and mental health awareness campaigns specifically designed for nursing staff. Ensuring access to on-site psychologists or trained counselors is crucial for providing timely intervention for nurses experiencing emotional exhaustion or burnout.
3. **Promotion of Resilience and Coping Strategy Training:** Regular educational sessions and seminars dedicated to coping mechanisms should be organized for psychiatric nurses. These programs should focus on imparting practical self-care techniques, mindfulness practices, relaxation exercises, methods for fostering peer support, and time management skills. Encouraging the adoption of both individual and collective coping strategies can empower nurses to manage occupational stress more effectively and sustain emotional equilibrium.
4. **Enhancement of Supportive Leadership and Work Environment:** Nursing leaders should actively cultivate a work environment characterized by open communication, genuine recognition, and empathy. Supervisors should practice participatory leadership, involving nurses in decision-making processes that affect their working conditions. Providing consistent emotional and professional support, acknowledging nurses' contributions, and fostering a culture of appreciation can significantly bolster morale and mitigate the psychological impact of workload.

5. **Development of Policy and Institutional Frameworks for Staff Welfare:** The Ministry of Health, hospital management boards, and nursing regulatory bodies should collaborate to develop comprehensive policies safeguarding the mental and physical well-being of psychiatric nurses. Such frameworks should include explicit guidelines on rest breaks, duty rotation, mental health days, and opportunities for continuous professional development. Implementing periodic assessments of nurses' stress levels and job satisfaction will enable institutions to monitor emerging issues and intervene proactively before they escalate into burnout or staff attrition.

## REFERENCES

- Abdulmalik, J. (2021). *Mental health service delivery in Nigeria: Challenges and policy implications*. *Nigerian Journal of Psychiatry*, 19, 45–51.
- Abdulmalik, J., & Sale, S. (2021). Stigma and mental health care in Nigeria: The role of health professionals. *West African Journal of Mental Health*, 7, 22–29
- Abdulmalik, J., & Sale, S. (2022). Ethical and legal considerations in mental health nursing in Nigeria. *African Journal of Psychiatry*, 25(3), 45-52.
- Adebayo, O., Oladimeji, B., & Adeoye, A. (2021). Workplace violence and safety measures among psychiatric nurses in Nigeria. *Journal of Psychiatric and Mental Health Nursing*, 28(4), 567-578.
- Adeyemi, O., & Olanrewaju, F. (2022). Institutional support and job satisfaction among Nigerian psychiatric nurses. *International Journal of Mental Health Nursing*, 31, 210-220.
- Aina, O. (2023). Challenges and opportunities in mental health nursing practice in Nigeria. *Nigerian Journal of Clinical Psychology*, 12(1), 33-45.
- Akinwale, T., & Sanusi, B. (2022). Job satisfaction and burnout among psychiatric nurses in Nigeria. *West African Journal of Nursing*, 15(2), 78-89.
- Chinomso, N., & Chika, E. (2022). Resilience and coping strategies among Nigerian psychiatric nurses. *Journal of Nursing Education and Practice*, 12, 112-125. <https://doi.org/xxxx>
- Ebigbo, P., Nwachukwu, C., & Alika, H. (2024). Work-related stress and burnout among psychiatric nurses in Nigeria. *African Journal of Mental Health Nursing*, 5, 10–18.
- Ezeonwu, M., Ogonnaya, L., & Okeke, C. (2021). Stigma and professional identity among mental health nurses in Nigeria. *Issues in Mental Health Nursing*, 42(8), 734-742.
- Gask, L., Coventry, P., & Lever-Green, G. (2019). The biopsychosocial model in mental health care. *British Journal of Psychiatry*, 215(1), 3-5.
- Gureje, O., Ogun, O. C., & Oladeji, B. D. (2021). Mental health in Nigeria: Bridging the treatment gap. *The Lancet Psychiatry*, 8, 536–538.
- Gureje, O., & Lasebikan, V. (2022). Mental health policy and service delivery in Nigeria. *Lancet Psychiatry*, 9(4), 321-330.
- Gureje, O., Oladeji, B., & Abdulmalik, J. (2022). Epidemiology of mental disorders in Nigeria. *African Journal of Psychiatry*, 25(1), 12-20.
- Happell, B., Platania-Phung, C., & Scott, D. (2021). Global stigma and mental health nursing. *International Journal of Mental Health Nursing*, 30, 512-525.
- Imoniurhie, E., Ojo, O., & Adegoke, A. (2021). Burnout among psychiatric nurses in Southwestern Nigeria. *Journal of Nursing Management*, 29(6), 1678-1687.
- Iwuagwu, T., & Nwachukwu, C. (2022). Stressors and coping in Nigerian psychiatric nursing. *Mental Health Practice*, 25(7), 28-35.

- Jegade, A. (2021). Cultural beliefs and mental illness in Nigeria. *Transcultural Psychiatry*, 58(2), 245-260.
- Liu, Y., Li, T., & Zhang, L. (2021). Roles of psychiatric nurses in crisis intervention. *Journal of Advanced Nursing*, 77(9), 3821-3830.
- Moreno, C., Wykes, T., & Galderisi, S. (2020). Mental health care during the COVID-19 pandemic. *Lancet Psychiatry*, 7(8), 729-738.
- Morgan, K. (2021). The evolving role of psychiatric nurses in global mental health care. *Journal of Mental Health Nursing*, 30, 251–258.
- Obi, C. A., Eze, J. N., & Ukwuoma, C. (2023). Emotional resilience and compassion fatigue among Nigerian psychiatric nurses. *International Journal of Nursing Studies*, 134, 104352.
- Ogbolu, R. E., Ibe, S. N., & Adewunmi, A. A. (2023). Mental health workforce in Nigeria: Current status and future directions. *Nigerian Journal of Clinical Practice*, 26, 134–140.
- Otakpor, A. N. (2022). Psychiatric nursing practice in Nigeria: Challenges and prospects. *Nigerian Journal of Psychiatry*, 20, 15–22.
- Ogunsemi, O., Odusan, O., & Olatawura, M. (2021). Workplace stress among Nigerian psychiatric nurses. *African Journal of Health Nursing*, 1, 45-56.
- Ogunlesi, T., & Adeyemi, O. (2021). Mental health nursing and therapeutic relationships in Nigeria. *Journal of Psychiatric Nursing*, 13(2), 89-97.
- Okeke, C., & Adejumo, P. (2022). Coping mechanisms of Nigerian psychiatric nurses. *Journal of Transcultural Nursing*, 33(4), 456-465.
- Oluwatosin, A., Adebowale, O., & Oluwatosin, B. (2022). Emotional exhaustion among psychiatric nurses in Nigeria. *Nursing Outlook*, 70(1), 78-89.
- Rasmussen, P., Muir-Cochrane, E., & Henderson, J. (2020). Social determinants of mental health in nursing practice. *Journal of Clinical Nursing*, 29(15-16), 2901-2912.
- Shattell, M., Starr, S., & Thomas, S. (2021). Peplau's theory in modern psychiatric nursing. *Journal of the American Psychiatric Nurses Association*, 27(2), 112-120.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Trauma-informed care in behavioral health services (Treatment Improvement Protocol No. 57). *U.S. Department of Health and Human Services*.
- Uchenna, O., Eze, P., & Onyebuchi, V. (2021). Workplace safety policies for psychiatric nurses in Nigeria. *International Journal of Occupational Safety and Health*, 11, 34-45.
- Uvo, C. O. (2023). Mental illness prevalence and care-seeking behavior in Nigeria: A national overview. *African Journal of Public Health*, 18, 123–129.
- World Health Organization. (2022). World mental health report: *Transforming mental health for all*.
- World Health Organization. (2021). WHO-AIMS report on mental health systems in Nigeria.

**APPENICES**

**QUESTIONNAIRE**

**FACULTY OF NURSING SCIENCES  
COLLEGE OF MEDICAL SCIENCES  
UNIVERSITY OF BENIN  
BENIN CITY**

Dear respondents,

I am an undergraduate student in the above named Department. As part of the requirement for the programme, I am conducting a research **on The influence of workload on the psychological health of psychiatric nurses in Uselu psychiatric hospital, Edo State**. In this regard, you have been randomly selected as a sample. I also wish to assure you that your answers will be treated in strict confidence and used for the stated academic purpose only.

Thank you for your cooperation.

**Section A: Demographic Information**

Please tick (✓) the appropriate option.

**Age:**  20–29,  30–39,  40–49,  50 and above

**Gender:**  Male,  Female

**Marital Status:**  Single,  Married,  Divorced,  Widowed

**Educational Qualification:**  RN,  RN/RM,  BSc Nursing,  Post-Basic in Psychiatry,

Others (please specify): \_\_\_\_\_

**Years of Experience:**  Less than 1 year,  1–5 years,  6–10 years,  Above 10 years

**Work Unit/Department:**  Acute Ward,  Rehabilitation Ward,  Emergency Psychiatry,  
 Community Mental Health,  Others (please specify): \_\_\_\_\_

**Section B: relationship between workload and the level of stress experienced by psychiatric nurses**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
	<b>The relationship between workload and the level of stress experienced by psychiatric nurses</b>				
1.	My current workload increases my level of stress at work.				
2.	I often feel overwhelmed by the number of tasks assigned to me.				
3.	The workload in my unit contributes significantly to my mental and physical exhaustion.				
4.	High workload makes it difficult for me to manage stress effectively.				
5.	I experience stress symptoms (e.g., headaches, anxiety, insomnia) as a result of excessive workload.				

**Section C: Workload influence the incidence of burnout among psychiatric nurses**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
	<b>Workload influence the incidence of burnout among psychiatric nurses</b>				
6.	My workload contributes to feelings of emotional exhaustion.				
7.	I sometimes feel detached or indifferent toward patients due to heavy workload.				
8.	The high demands of my job reduce my sense of accomplishment.				
9.	Prolonged workload makes me feel physically and emotionally drained.				

10.	I feel that workload is a major factor leading to professional burnout among nurses in my hospital.				
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**Section D: ways in which workload affect job satisfaction and emotional well-being of psychiatric nurses**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
	<b>Ways in which workload affect job satisfaction and emotional well-being of psychiatric nurses</b>				
11.	My workload negatively affects my overall job satisfaction.				
12.	The pressure from heavy workload reduces my enthusiasm for work.				
13.	Workload interferes with my ability to maintain a healthy work–life balance.				
14.	Excessive workload reduces my motivation and emotional well-being.				
15.	A manageable workload increases my job satisfaction and sense of fulfillment.				

**Section E: Coping strategies employed by psychiatric nurses**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
	<b>Coping strategies employed by psychiatric nurses</b>				
16.	I use relaxation techniques (e.g., deep breathing, meditation) to cope with work-related stress.				
17.	I rely on support from colleagues to manage the psychological effects of heavy workload.				
18.	Taking short breaks during shifts helps me cope with workload-related stress.				
19.	I engage in recreational or leisure activities outside work to reduce stress caused by workload.				
20.	I seek professional counseling or guidance when workload stress becomes overwhelming.				

## RELIABILITY TEST

The questionnaires were administered to collect data for the Cronbach's alpha test. There were 10 participants in the exercise and 6 responses were collected.

VARIABLES=A1 A2 A3 A4 A5 A6

SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA.

### Scale: ALL VARIABLES

#### Case Processing Summary

		N	%
Cases	Valid	10	100.0
	Excluded <sup>a</sup>	4	.0
	Total	6	100.0

Respondents	Item 1	Item2	Item3	Item4	Item 5	Item 6
1	3.04	3.22	2.79	4.00	3.00	3.21
2	3.00	3.18	3.03	3.61	3.03	3.08
3	3.07	3.04	3.11	3.09	3.24	3.40
4	3.12	3.00	3.21	2.91	3.05	3.04
5	3.06	3.11	3.08	3.52	3.31	3.00
6	3.02	3.25	3.07	3.05	3.00	3.19
Total	18.31	18.80	18.29	20.18	18.63	18.92
Mean score	3.05	3.13	3.05	3.36	3.10	3.15
Variance	0.5494	0.215	0.474	0.217	0.314	0.019

**Total Mean Score:** 15.14

**Total Variance:** 1.486

**Cronbach's Alpha:** 0.786 using the formula

With the use of Yamane's formula to calculate the cronbach's alpha and **Cronbach's Alpha= 0.786** was gotten, which indicates **good reliability**.

The reliability test shows a Cronbach's Alpha of 0.786, indicating good internal consistency among the 6 items tested. With all 6 cases valid (100% of the data), the results suggest that the scale is reliable and the items are measuring the same underlying concept THE INFLUENCE OF WORK LOAD ON THE PSYCHOLOGICAL HEALTH OF PSYCHIATRIC NURSES IN FEDERAL NEUROPSYCHIATRIC HOSPITAL, BENIN CITY, EDO STATE..



# FEDERAL NEURO-PSYCHIATRIC HOSPITAL

P.M.B 1108, BENIN CITY

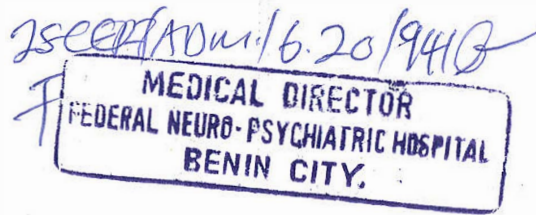
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**OUR REF: PH/A.864/VOL.XXIV/14**

19<sup>th</sup> June 2025

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## RE: APPLICATION FOR ETHICAL APPROVAL.

I am directed to refer to your letter dated 11<sup>th</sup> April, 2025 seeking permission to carry out research work on the topic "THE INFLUENCE OF WORK LOAD ON THE PSYCHOLOGICAL HEALTH OF PSYCHIATRIC NURSES IN FEDERAL NEUROPSYCHIATRIC HOSPITAL, BENIN CITY, EDO STATE."

I am further directed to inform you with pleasure that you have been granted approval to carry out your research work as requested in our hospital.

The Ethical Committee requests that you make your findings and conclusion available to them on completion of your research work.

**Alao, A. E. (Mrs.)**  
for: Chairman, Ethical Committee.