

**BURNOUT AND JOB SATISFACTION AMONG REGISTERED NURSES IN A
TERTIARY HEALTH INSTITUTION IN BENIN EDO STATE**

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**IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR OF NURSING
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SUPERVISOR: PROF. (MRS.) R.E. ESEWE

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ABSTRACT

Burnout and job satisfaction are crucial determinants of nurses' performance and the overall quality of healthcare delivery. This study investigated the relationship between burnout and job satisfaction among registered nurses working in a tertiary health institution in Benin, Edo State, Nigeria. A cross-sectional descriptive design was employed using a structured questionnaire based on the Maslach Burnout Inventory and a standardized Job Satisfaction Scale. Data were collected from fifty-four (54) nurses selected through purposive sampling across major clinical departments. Descriptive and inferential statistics were applied for data analysis using SPSS version 25. Results indicated that while nurses experienced moderate levels of emotional exhaustion and depersonalization, they maintained a strong sense of personal accomplishment and professional commitment. Job satisfaction levels were moderate, with higher satisfaction observed in collegial relationships and supervisory support, and lower satisfaction associated with remuneration, workload, and promotion opportunities. Statistical analysis revealed a significant inverse relationship between burnout dimensions and job satisfaction, suggesting that increased emotional exhaustion and workload correspond to decreased job satisfaction. The study concludes that supportive leadership, equitable workload distribution, and improved welfare policies are essential for reducing burnout and enhancing job satisfaction among nurses. It recommends that hospital management implement regular stress-management programs and create opportunities for career advancement to promote workforce retention and high-quality patient care.

Key words: burnout, job satisfaction, nurses, tertiary health institution, Benin, emotional exhaustion, workload, retention.

CERTIFICATION/APPROVAL

This is to certify that this project by Joy Aliu with Mat. No. Bms2005059 has been examined and approved for the award of Bachelor in Nursing Science (BNSC) in the Faculty of Nursing Sciences, under the supervision of Prof. (Mrs). R.E. Esewe.

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DECLARATION

This is to declare that this research project titled BURNOUT AND JOB SATISFACTION AMONG REGISTERED NURSES IN A TERTIARY HEALTH INSTITUTION IN BENIN EDO STATE was carried out by JOY ALIU. It is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

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Date:

DEDICATION

I, JOY ALIU dedicate this project work to God almighty for His grace, love, guidance and giving me the wisdom to complete this research work.

ACKNOWLEDGEMENT

Appraises, gratitude and thanks are to Almighty God for his provision of knowledge, aspirations and good health required to carry out this project and for making my little effort great.

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CHAPTER ONE

INTRODUCTION

1.1 Background of Study

In recent decades, the healthcare infrastructure has faced unprecedented challenges related to workforce management, occupational stress, and employee well-being (Rotenstein et al., 2022). Registered nurses, who serve as the backbone of healthcare delivery, are particularly vulnerable to these adverse effects. Burnout a psychological syndrome marked by emotional exhaustion, depersonalization, and reduced personal accomplishment has emerged as a significant concern among nurses (Fountouki & Theofanidis, 2022). Recent studies have reported alarmingly high levels of burnout among nursing staff, which are associated with reduced job satisfaction and increased turnover intentions (Alkhraishi et al., 2023). Job satisfaction is equally critical for maintaining a motivated and effective nursing workforce. It is influenced by various factors, including workload, work environment, interpersonal relationships, remuneration, and the level of organizational support. A recent study found that these factors not only affect job satisfaction independently but also interact in complex ways with burnout, creating a bidirectional relationship where low job satisfaction further exacerbates burnout, and vice versa (Adamopoulos & Syrou, 2022; Zhang et al., 2022).

Tertiary health institutions, characterized by high patient acuity and the need for rapid decision-making, present unique challenges. In these settings, the fast-paced and high-stress environment often amplifies burnout, thereby negatively impacting job satisfaction and ultimately compromising the quality of patient care (Busick, 2024). Within the Nigerian context and more specifically, in tertiary health institutions in Benin, Edo State these issues are compounded by

resource constraints, staffing shortages, and infrastructural challenges (Enabunene & Chukwuemeka, 2024). Nurses in these environments often work under highly demanding conditions with limited opportunities for professional development and insufficient institutional support. Such factors contribute to increased levels of burnout and diminished job satisfaction (Enabunene & Chukwuemeka, 2024). Furthermore, cultural factors and societal expectations in Nigeria add additional pressure on nurses, intensifying the risk of burnout (Oyekunle & Olanrewaju, 2025). Given the critical role that nurses play in the healthcare system, investigating the dynamics of burnout and job satisfaction is both timely and essential. The insights garnered from such a study are expected to inform hospital administrators and policymakers, guiding the development of strategies to improve working conditions and foster a more supportive work environment for nurses in Benin,

Edo State.

1.2 Statement of the Problem

Burnout among nurses is recognized as a serious occupational hazard worldwide, undermining both practitioner well-being and patient safety by eroding emotional resilience, fostering depersonalization, and diminishing professional fulfilment. In sub-Saharan Africa, where healthcare systems face chronic resource constraints and heavy patient loads, nurses bear an even greater burden of work-related stress and exhaustion (Alkhraishi et al., 2023). Within Nigeria's tertiary health institutions, studies have documented that a substantial proportion of nursing staff exhibit the hallmarks of burnout alongside signs of psychological distress. Despite this evidence, little is known about how burnout interacts with levels of job satisfaction among registered nurses in Benin City's major referral centre. This study therefore seeks to fill that gap by

examining these dynamics and identifying key factors that could inform targeted interventions for improved nurse retention and patient outcomes.

1.3 Aim of the Research

The primary aim of this study is to determine the level of burnout and job satisfaction among registered nurses in a tertiary health institution in Benin, Edo State.

1.4 Objective of the study

1. To assess the levels of burnout emotional exhaustion, depersonalization, and reduced personal accomplishment among registered nurses in a tertiary health institution in Benin, Edo State.
2. To assess the degree of job satisfaction among nurses, focusing on work environment, remuneration, interpersonal relationships, and career advancement in a tertiary health institution in Benin, Edo State.
3. To assess the relationship between burnout dimensions and overall job satisfaction in a tertiary institution in Benin, Edo state

1.4 Research Questions

1. What is the overall prevalence of burnout among registered nurses in the selected tertiary institution in Benin, Edo State?
2. What is the level of job satisfaction among these nurses, particularly in relation to key job aspect such as opportunities for career development in Benin, Edo State?
3. How the dimensions of the burnout related to the overall job satisfaction of registered nurses in the institution in Benin, Edo State?

1.5 Research hypothesis

The null hypothesis for the study are stated thus:

H₀₁: There is no significant relationship between burnout (emotional exhaustion, depersonalization, reduced personal accomplishment) and job satisfaction among registered nurses.

H₀₂: There is no significant relationship between job overload and job satisfaction of nurses in Tertiary health institutions in Benin City.

1.6 Scope of the study

This research focuses on registered nurses at a single tertiary health institution in Benin, Edo State Nigeria, examining burnout (via emotional exhaustion, depersonalization, and reduced personal accomplishment) and job satisfaction (in terms of work environment, interpersonal relationships, remuneration, and career development), which can be generalized to other tertiary health care institutions in the state.

1.7 Significance of the Study

This study is significant because it will address critical issues affecting registered nurses in tertiary health institutions in Benin, Edo State. By examining the relationship between burnout and job satisfaction, the research contributes to a deeper understanding of factors that influence both the quality of patient care and the stability of the nursing workforce. Its significance is highlighted as follows:

1. **Enhancing patient care:** The well-being and job satisfaction of nurses are directly linked to patient outcomes. By identifying and mitigating factors that contribute to burnout, the study aims to improve patient safety and care quality (Maslach & Leiter, 2022).

Improving work force stability: Burnout often leads to increased absenteeism and turnover among nursing staff, which can disrupt healthcare services and incur additional costs (Kelly et al., 2021). The insights from this research could inform strategies to enhance job satisfaction and retention, thereby stabilizing the workforce.

2. **Informing policy and administrative strategies:** The study provides evidence-based recommendations for hospital administrators and policymakers. Interventions such as better workload management, improved resource allocation, and enhanced professional development programs can be designed to create a more supportive work environment (King et al., 2021).
3. **Context specific contributions:** Although burnout and job satisfaction have been widely studied globally, there is limited research focused on tertiary health institutions in Benin, Edo State, Nigeria (Enabunene & Chukwuemeka, 2024). This study offers context-specific insights that address local challenges and cultural dynamics, thereby enriching the occupational health literature.
4. **Supporting Future Research:** By elucidating the complex interplay between burnout and job satisfaction, this research lays the groundwork for future longitudinal studies and comparative analyses across different regions and healthcare settings, further advancing the understanding of occupational stress in nursing.

1.8 Operational Definitions of Terms

In this study, the folk terms mean:

1. **Burnout:** A psychological syndrome resulting from chronic workplace stress, operationally defined in this study using the Maslach Burnout Inventory (MBI) to measure three dimensions:

2. **Job Satisfaction:** The level of contentment or fulfillment that nurses derive from their job, measured using a standardized instrument that assesses aspects such as work environment, interpersonal relationships, remuneration, and opportunities for career advancement.
3. **Nurse:** According to the American Nurses Association, a nurse is a trained professional who integrates the art and science of caring through the protection, promotion, and optimization of health and abilities of immunocompromised clients, Prevention of illness and injury, facilitation of healing, the alleviation of suffering through compassionate presence and the advocacy in the care of individuals, families, groups, communities, and populations at risk of sepsis.
4. **Registered Nurse:** A registered nurse (RN) is a professionally trained and licensed healthcare practitioner who has completed an approved nursing education program and successfully passed a licensing examination, enabling them to provide comprehensive care to individuals, families, and communities. According to the American Nurses Association (ANA, 2021), a registered nurse integrates the art and science of caring to promote health, prevent illness, and provide physical, emotional, and psychological support through assessment, planning, implementation, and evaluation of patient care. Registered nurses practice autonomously and collaboratively, serving as patient advocates and ensuring the delivery of safe, ethical, and evidence-based healthcare.
5. **Tertiary health Institution:** A highly specialized hospital in Edo State, equipped with advanced technology and staffed by a team of highly trained specialists to provide comprehensive care to patients who are down with sepsis and other illnesses.

CHAPTER TWO

REVIEW OF LITERATURE

1.9 CONCEPTUAL REVIEW

2.1.1 Definitions of Burn-Out

Like other terms in psychology and social science, burn-out is charged with many different meanings. It is possibly easier to agree on a common description of burn-out than on a common definition of it. The majority of books and articles on the subject describe burn-out with the aid of such phrases as lack of energy, enthusiasm, dedication, etc. But the more or less formal attempts to provide a definition of the term differ in one or another way.

This section will examine the different meanings and definitions of burnout, emphasizing the lack of a universal definition despite common descriptive terms.

The following are other definitions from sources:

1. A debilitating psychological condition brought about by unrelieved work stress (Thanem & Elraz, 2022).
2. A progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work (Mendaglio & Swanson, 2021).
3. The result of a constant or repeated emotional pressure associated with intense involvement with people over long periods of time (Vale et al., 2021).
4. A process in which a previously committed professional disengages from his or her work in response to stress and strain experienced on the job (Atta et al., 2025).
5. The loss of concern for people with whom one is working (including) physical exhaustion (and) characterized by an emotional exhaustion in which the professional no longer has

any positive feelings, sympathy, or respect for clients or patients (McFarland & Hlubocky, 2021).

6. State of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward (Shi, 2024).

An examination of the definitions of burn-out shows that there is no one definition that is accepted as standard (Bonea, 2025). The impression is that each author who deals with the subject wants to formulate his own definition. Furthermore, it is not just that the definitions differ from one another to a greater or lesser extent, different terms are sometimes used for similar concepts. Some of the definitions are restricted, others unrestricted; some refer to experience, others to behavior; some describe a state, others a process; some include causes, others include effects. The majority of the definitions would also seem to have been formulated without any real consideration being given to previous definitions. Thus, it is rare that later definitions are based on earlier ones, either positively in that they incorporate or improve on them, or negatively in that they reject them, indicating why they are inadequate.

2.1.2 The Expansion of the term burn-out

As the use of the term has become more frequent, the number of phenomena covered by the term burn-out has increased. New or modified definitions of the term have always meant that it has come to include more than the term itself has reached a critical point and wonders whether or not it will be burnt out itself through over-use, over-expansion, and lack of direction. The tendency to apply the term to an increasing range of phenomena gives rise to a number of problems. First of all, there is the question of (1982b) puts it in the following terms: One way the concept has broadened is through the use of hypothesized outcomes or correlates of burn-out as a direct index of it. For example, self-tests will use physical symptoms as a measure of burn-out, while others

ask for reports of behavior. If these responses are considered symptoms of burn-out, then the implicit assumption is either

(1) by definition these responses are burn-out, or

(2) these responses are outcomes, but because they have such a strong and exclusive link to burn-out they can be used as a direct index of it. Another reason, according to Delegado et al., (2023), for the expansion of the term, is the development of new knowledge. Previous definitions have been changed or modified to reflect new theoretical insights. In virtually every instance this has meant that the concept has been expanded rather than restricted. In Maslach's view, the most significant change has been the replacement of relatively simple models of the phenomenon with more complex ones. When first introduced by Freudenberger, burn-out was considered to be a problem primarily to be found in the helping professions and the main reason for this was thought to be the intense involvement and contact with people in need of help, support, and care. The concept was successively expanded to cover people outside the helping professions, since it was argued that burn-out could occur in all kinds of jobs.

A further type of expansion is that the term no longer simply covers all forms of work-related stress, but also refers to spheres outside working life. The tension that may spring from emotional contacts with other people has led to the term being used for contacts with neighbors, husband/wife, and children. There are even examples of it being used for leisure activities; Labrecque et al., (2024) mentions running. What are the consequences of this type of expansion then? Various points of view are apparent in the literature. Magriel (2024) maintains that burn-out has become a buzz word for all types of dissatisfaction. Kurutuldu (2022) feels delimitation: the greater the number of phenomena covered by the concept burn-out the more difficult it is to

say what is not burn-out. There will also be a great risk that the term will be used to refer to more than just burn-out; this will be the case if we include factors that are linked to burn-out; and also if we include factors that as well are mere indicators of burn-out.

As Ali (2024) put it: The definition of burn-out“ seems to have been expanded to accommodate any factor which con- tributes to reduction in work performance .or employee discontent . . .

How can we understand and address a problem which has come to mean so many things to so many people. Secondly, an expansion leads to communication problems; if the concept accommodates so many factors, meaningful discussions will be virtually impossible (Magriel, 2024). A third problem is how to measure burn-out.

An expansion will result in different researchers and practitioners measuring it in different ways and, as a consequence, meaningful comparisons will not be possible. In its turn, this means that researchers will not be able to make use of each other’s results and thus build on each other’s work. In the fourth place there is the problem of explaining and solving the problem of burn-out. Broad and expanded definitions of the term will mean that more and more causes and solutions will be advanced. From one viewpoint this is positive, as it will stimulate creative thinking. On the other hand, there is a negative aspect in that solutions and causes will be suggested which have nothing to do with the problem (Maslach 2020). An important aspect as regards definition is the fact that people intuitively seem to have a definite idea of what is meant by burn-out even if they are unaware of the definitions. The term arouses a whole range of associations and leads one’s thoughts in many directions. According to Nylund (2024) the term burn-out is apposite and expressive but at the same time an extremely seductive word for the phenomena at issue. The term has come to be used far too carelessly and liberally. It has too many necrophilic associations. If something is burnt out then all that is left is cinders and ashes. The word burn-out is, according

to Nylund (2024), associated with a more permanent condition than is often the case in reality. Thus burn-out is intuitively associated with an irreversible state. But in the literature the term is not used for irreversible conditions.

2.1.3 Do the various definitions have a common core?

Do these divergent definitions have nothing in common then? Bauer (2021) thinks she has found three traits common to them all. First, there is agreement that burn-out occurs at the individual level; secondly, the phenomenon is commonly seen as an intrapsychic experience which includes feelings, attitudes, motives, and expectations; and thirdly, most definitions regard it as a negative experience for the individual in that it relates to problems, troubles, and negative consequences. Apart from these three traits, it is very difficult to find any definite points of agreement. There are, however, a few more key dimensions which would seem to be common to all the definitions. One such dimension on which there appears to be general agreement is that burn-out is a form of exhaustion.

This has been described in various ways: loss of energy, weakness and tiredness; sometimes it is expressed in physical terms, but psychological terms such as loss of commitment, loss of interest, loss of confidence/trust, loss of the ability to care about other people, and loss of —fervour are more frequent. A second common dimension would seem to be that burn-out entails a negative shift in reactions to other people. for instance, depersonalization, a negative attitude to clients, and the loss of idealism. Most discussions of this dimension emphasize its movement in a negative direction over time a movement which is sometimes also characterized as a change, development or accumulation.

A third point of general agreement, which may also be seen as a more precise definition of

Maslach's third thesis above, is that burn-out involves negative responses towards the individual himself and his own achievement. On occasion, this is described as depression, withdrawal, diminished achievement, and an inability to cope. Some definitions are restricted to a sense of failure and a lack of the feeling of wellbeing. Alterations in behaviour are, in some cases, seen as a result of these psychological conditions, whilst, in others, they are considered as fundamental components of the definition of burn-out (Nadon et al., 2022).

2.1.4 The origin and solution of the problem of burn-out

When researchers attempt to theorise on or explain the origin of burn-out, they generally use psychological models. Some psychoanalytically orientated theoreticians have formulated intrapsychic theories (Seu, 2021), but the most common approach seems to be a transactional one. Burn-out is the result of a complex transaction between individual needs and resources and differing demands in the individual's immediate environment (Edú-Valsania et al., 2022). There is also clear evidence of a tendency to propose explanatory models which relate to the personality of the individual suffering from burn-out, to the work itself, and to social relations at the workplace. As regards the importance of personality for the occurrence of burn-out, it is claimed that those in the risk zone are those who are most dedicated; they demand a lot of themselves and they have devoted their life to their work. Another significant factor here is the exaggeratedly controlling personality, a person who may be said to have the need to control the work of others and who feels-that nobody can do the job as well as he or she can (Bauer, 2021). A further factor which is said to contribute to the occurrence of burn-out is the lack of positive feed-back. People who do not receive the appreciation for their work they feel they are entitled to are thought to run the risk of burn-out. Others in this category are those whose expectations of being able to help clients and patients are too high and too unrealistic. When they continually

find that patients do not get well, that alcoholics go on drinking, that addicts go on taking drugs, and that the homeless are still without a place to live despite all their efforts, they are exposed to the risk of ongoing burn-out. Relations with colleagues, superiors, and clients are also of importance.

Maslach and Leiter (2022) maintains, for instance, that if the relation between superiors and helpers is full of tension and conflict, then the process of burn-out is speeded up. Contacts with clients are also a significant cause of burn-out.

If the helper becomes too involved in the clients' problems, and if this involvement is of a personal nature, then the helper may get into difficulties with burn-out as a result. The usual explanations of burn-out thus place to control their diet, smoking habits, drinking, physical fitness, and stress level. Of course, the individual will benefit from living a healthy life and from following recognized health programs. However, the company might have other motives; these programs might be an the greatest emphasis on such immediate conditions as personality, and social relations with superiors, colleagues and clients; furthermore, they are concentrated in time and space. Even though the immediate circumstances are of considerable importance for people, this does not mean that, by describing the immediate environment we have given a complete picture of the situation. The roots and causes of burn-out may well lie a long way from the individual. It might be a question of matters that the individual cannot fully grasp; for instance, issues such as power, conflict, and order are hardly mentioned in the literature on burn-out. We can perhaps gain greater insight into the problem by conceptualizing it in organizational and social terms.

Though the literature is, as we have suggested, mainly based on psychological models which do not make an explicit analysis of the structure surrounding the individual, it nevertheless contains

implicit assumptions about organizations and society. Ajala (2022) says that burn-out literature tends: to assume that organizations are specialized sub-systems of the wider social system which have specific structural form geared to the rational achievement of various socially agreed goals. In consequence, burn-out is frequently linked with decreases in organizational efficiency and moves to reduce them are seen as simultaneously beneficial to staff, employers, and clients.

One significant consequence of the dominant models on burn-out is the tendency to offer the individual immediate solutions to his or her problem; solutions such as individual therapy, learning stress management techniques, relaxation, yoga, breathing techniques, etc. (Van Dam, 2021). When burn-out and stress become a problem at work, solutions are often formulated which place responsibility on the individual. It depends on the individual whether or not a problem arises and the individual must take full responsibility for his health. Nadon (2022) studied a number of programs run by American companies.

The employees were expected expression of the company's control over their employees, who are now not only expected to sell their knowledge and time, but also to guarantee that their lifestyle will be of maximal advantage to the company (Tahir, 2024). Korhonen & Komulainen (2023) is one of the researchers who is opposed to many of the individual-centered solutions proposed in the literature, not because the solutions in themselves are bad but because they are not solutions to the burn-out problem.

2.1.5 Burn-out and stress and other related concepts

Critics of the concept of burn-out maintain that it is nothing more than old wine in new bottles. They ask whether, in fact, the concept refers to something genuinely new which is not covered by concepts that have been established earlier. A kindred concept of burn-out is stress. There is a long tradition of psychosocially orientated research on work-related stress in the literature. This

research has split along two more or less distinct lines: on the one hand, there is the well-established tradition of occupational stress research which historically has concentrated on industry to the neglect of the human service sector.

On the other, there is burn-out literature which developed in the mid- 70s with the focus on the helping professions rather than industrial work. It is only in recent years that cross-fertilization between these two lines has begun to occur; today there is an increasing overlapping between the two (Seu, 2021). Thus, traditional stress research has turned its attention more and more to the helping professions. In the same way, the term helping profession is being used for an increasing number of professions.

The psychological literature on occupational stress usually defines stress as an individually based, emotionally charged experience caused by subjectively perceived stressor. Carroll et al., (2022) definition of job stress as a perceived substantial imbalance between demands and response capability under conditions where failure to meet demands is experienced as having important consequences, seems to be the most generally accepted (Ahmed et al., 2022). This definition emphasizes the importance of the mutual relationship between the immediate environment and personal characteristics. What we might term as the most common definition of burn-out sees it as —a syndrome of physical and emotional exhaustion involving the development of negative self-concept, negative job attitudes and loss of concern and feeling for clients (Pines and Maslach, 2020). Even though these two approaches differ from each other, they have points of contact in that they are both linked to the level of psychological analysis.

Two fundamental themes are apparent in the various definitions and models in use. As Edú-Valsania et al., (2022) puts it: First, stress and burn-out are generally conceptualized as the product of a complex transaction between individual needs and resources and the various

demands, constraints, and facilitators within the individual's immediate environment. Second, both are conceptualized as highly subjective phenomena in which perceived stressors are more important than actual environmental conditions. Immediate individual experience seems to be the most common point of departure for stress and burn-out models. Thus, the two perspectives are similar in many respects; the assumption on which the thinking on burn-out is based is that burn-out is a response to job stress. Burn-out researchers use the term to characterize these responses whilst stress researchers describe similar phenomena without mentioning burn-out.

Thus, terms like terminal pathological condition are used to describe the terminal state resulting from stress, a state which is characterized by exhaustion, apathy, psychopathology, meaninglessness, despair, and the dissolution of interpersonal bands, etc. (Gaborova, 2024). There are many examples in the literature where the effects of stress are discussed in scientific terms without using the word burn-out (Gaborova, 2024).

However, there is one factor which distinguishes the stress perspective from the burn-out perspective and that is that stress does not necessarily have a negative effect on the individual; researchers speak of negative and positive stress. Burn-out, on the other hand, is an exclusively negative phenomenon. There is considerable agreement between burn-out researchers such as Maslach and stress researchers such as Gaborova, and others as to the factors at work that give rise to burn-out and negative stress. In both cases, the concept of control is central; not having control over one's job in that one has no say in how the job is planned and carried out, is a critical factor in the occurrence of both burn-out and negative stress.

2.1.6 Job satisfaction

According to Prihadini (2021) —job satisfaction is a description of a person feeling, happy or unhappy, satisfied or dissatisfied in work“. According to Ihtesham et al.,

(2025), the factors affecting job satisfaction are: (1) salary, (2) the job itself, (3) colleagues, (4) boss, and (5) promotion and work environment. The World Health Organization (WHO), the International Council of Nurses (ICN) and the International Labour Organization (ILO) have found that inadequate working conditions can affect nurses' job satisfaction (Cubelo et al., 2022). Nurses and nursing staff in general are the largest group of employees within healthcare and provide services continuously and uninterruptedly.

Therefore, their work performance and behavior contributes to the creation of conditions that affect positively the provision of quality services and produce a climate of satisfaction for the patients. Nurses' job satisfaction has been the subject of analytical studies at international level and is an indirect indicator of the quality of nursing services. In fact, studies have shown that reduced job satisfaction is inextricably linked to low quality of nursing services, ineffective care and negative patient outcomes (Stemmer et al., 2022).

According to Vassiliki Krepia et al., (2023), in a study in Greece, they found that women and older nurses stated that their work demands negatively affect the time and energy that they allocate to themselves and their family, while family issues do not seem to affect their work. In addition, job satisfaction and personal achievement were found to be positively correlated with each other, while job satisfaction and personal achievements were found to be positively correlated with each other. General factors also affect the satisfaction of nursing staff, such as government support, administrative support and the employer's commitment to nursing services. In Greece, low job satisfaction and wish to leave the profession was affected by the fact that many nurses sought transfer to other jobs in the same healthcare organization or in primary settings and the irrational allocation of nursing positions in public hospitals. Other Greek publications on nurses' job satisfaction revealed significantly lower scores compared to other

professional groups, and in addition hospital nurses do not perform their tasks as good as in those working in primary settings. Variables such as workload, supervisor support, work routine, salary and infrastructure play an important role in nurses' job satisfaction (Hellín Gil et al., 2021). Lack of job satisfaction and, worldwide, shortage of graduate nurses are considered to be the main reasons for nurses' leaving the profession (Lyu et al., 2024; WHO, 2022). In another study conducted in ten European countries it was found that 13% of nurses often consider leaving the profession (Ayalew et al., 2021). According to the findings of another study in Europe and the USA, the proportion of nurses who were planning to leave their jobs ranged from 49% (in Finland and Greece) to 14% (in the USA) (Kajander-Unkuri et al., 2021; The NNU report, 2022; WHO, 2022). The nursing staff shortage is a continuing phenomenon in Europe and worldwide and it has received significant research and media attention. The recruitment of nursing staff is a international problem and research findings have recognised that it is related to various factors, the main of them being low job satisfaction (Dor & Halperin, 2022). Low job satisfaction also has a negative impact on the quality of patient care and nurses' physical and psychological health (Smith, 2021).

2.1.7 Factors Affecting Nurses' Job Satisfaction

Among the common factors that affect nurses' job satisfaction is the hectic working rhythm in the hospital, the shortage of specialized nurses, the low salary, the lack of opportunities for development, the team work, and non-cooperative administration (Vassiliki Krepia et al., 2023). In addition, the overall job satisfaction is a combination of intrinsic and extrinsic factors (Campbell-Kaiser, 2023). In intrinsic job satisfaction, employees take into account the type and the activities they perform at work, while in extrinsic job satisfaction; nurses take into account their collaboration with colleagues, the management style, and the workplace communication

(Chang et al., 2021). Work-related factors affecting job satisfaction are related to nurses' desire to use their skills and competencies and to be able to make a significant contribution to the patients care (Cubelo et al., 2024). On the management point of view, employers want people who perform their tasks and contribute to the achievement of their business goals. When administrative organizations find people who fit their requirements and are happy with what is offered, then a win-win situation arises between employer and employee. Job rotation in nursing staff involves moving workers from one department to another in order to increase their knowledge and skills in all areas. In a study in Greek nursing population it was shown that job rotation was positively related to job satisfaction and that gender and years of work were not affecting job satisfaction (Platis et al., 2021). In contemporary societies, people live in a way where group communication is usually taking place in many forms. In their research, Platis et al. (2021) found that group work and communication quality have an important impact on an employee's job. One element of job satisfaction is the positive experience of being part of a team that achieves the proper functioning of a department or administrative organisation (Cezar-Vaz et al., 2022). The clear definition of the goals of the team and the commitment of its members to their implementation, the cohesion and mutual trust between partners, the possibility of autonomy, and the fair reward system based on the recognition of work offered are strong incentives to improve the efficiency of the nursing team (Emasealu, 2023). Also, teamwork has been positively associated with higher levels of job satisfaction (Dimas et al., 2023). Supervisor support in team work can be a source of job satisfaction, especially in organisations with higher levels of teamworking (Dimas et al., 2023).

2.1.8 Psychological factors and Emotional Exhaustion

Job satisfaction is influenced by internal factors of the workplace such as productivity. It is emphasized that improving employee satisfaction leads to an increase of productivity, while dissatisfaction can lead to increased absenteeism, late attendance and complaints. The employees' mentality, behaviors and personality are contributing to the concept of job satisfaction for each staff member (Boyd, 2022). Job satisfaction is described even in terms of psychological concepts, including attitudes towards work, work ethic, professional development, and work development (Aiken, 2025). Burnout has been classified by the WHO as an occupational disease and has its roots to chronic stress (Figueras, 2024). It has been described as having three dimensions: emotional exhaustion, depersonalization and sense of low personal accomplishment (Maslach and Leiter, 2022). Nevertheless, this frequently causes emotional, behavioral, psychosomatic and social changes, as well as a loss of work efficiency and disturbances in family life (Acea-López et al., 2020). Burnout is often identified in health care environments and the factors contributing to its development and consequences for individuals, organizations, or their patients are not always studied in depth (White et al., 2022). Lee et al. (2021) argued that stress in the workplace does not reach burnout levels for the nurse as a factor influencing job satisfaction. They argue, also, that the satisfaction that nurses feel in their personal lives is correlated with job satisfaction and burnout. It was demonstrated that nurses who had low levels of job satisfaction and high levels of burnout also had moderate levels of satisfaction about their lives in general. Nursing staff who reported high levels of life satisfaction, high levels of personal achievement and low emotional exhaustion usually did not work at night and, also, mentioned that they were happy with their professional position. Similar findings

regarding work-related stress and satisfaction have been proven in supported by Labrecque et al., (2024)

Safe working environment and Working Conditions

A safe working environment leads to a healthy working environment. A safe and healthy working environment includes the use of modern machinery, the logistical equipment and programmes for everyday clinical routine, as well as the psychological support and empowerment of nursing staff (Vassiliki Krepia et al., 2023). The nursing team is motivated and becomes more creative in a healthy environment that meets the need for collegiality, for conflict avoidance, promotes good interpersonal relationships, prefers reconciliation and compromise, and protects employees from burnout (Aydogdu, 2024). Reasonable shift allocation, faire division of labour, licensing, efficiency bonuses, the facilitation and the provision of assistance to nurses by the nursing services by granting them educational leaves, have a very important impact on job satisfaction. The rational and impartial way the boss-leader manages these issues, and the fairness and honesty on his part are the basis for the team's commitment to achieving its visions and goals creating a healthy working environment.

Reward and Monetary Reward

The major categories of rewards are intrinsic, extrinsic, financial and non-financial (Vassiliki Krepiaet et al., 2023). It is worth to emphasize that behavior is a function of its consequences. Therefore, by enhancing positive comments, with moral reward, public visibility especially to young employees, morale is strengthened and a positive working environment is created (Dhanani et al., 2025). Among the main elements that affect job satisfaction are the good working conditions, the relationship with co-workers, the in-job training opportunities, job security policy, and institution's overall policies. In addition, motivation, and lack of it, can affect

employees' performance (Rhoda & Idubor 2024). The attitudes dominating the employee-employer collaboration can endure employee rewarding (Olayemi, 2023). Rewards may be in the form of a good salary, bonuses, good facilities in the work environment, travel programs and holiday allowance increase the employees' job satisfaction and has a good effect on their job performance. The need for advancement in the hierarchy of the nursing services needs to be supported and evaluated with feedback, trust and dialogue to avoid a competitive climate. People with innovative ideas, with love for progress, for knowledge and managerial skills in a healthy working environment are promoted and developed accordingly by the nursing service (Bailey, 2023). Joarder et al. (2021) argue that professional development opportunities and work conditions play an important role in nurse satisfaction.

Initially, monetary remuneration was recognized as a factor of "occupational health" and not as an incentive. This means that salary is a factor to maintain constant job satisfaction, but this in itself will not give satisfaction. A possible increase in monthly wages will not necessarily help to increase the level of satisfaction. Low earnings and work intensity negatively affect job satisfaction (McDaniel et al., 2021). A satisfactory salary is an important factor both in the job search process and in retaining employees and avoiding resignations (May et al., 2020). The main reasons why staff had low job satisfaction were working the difficult job conditions and the low salaries (Saeed et al., 2023). Job satisfaction can be affected by compensation, working environment and conditions, relations with colleagues and administration, and the nature of the job itself. Low job satisfaction has been linked to low quality of nursing services, ineffective care and negative patient outcomes. In order to have and retain satisfied nursing personnel, administration should implement the new leadership models and ways of ensuring the internal and external satisfaction.

2.2 Theoretical Review

This study will adopt the Conservation of Resources Theory as developed by Hobfoll (1989). According to this theory, stress will occur when available resources are insufficient to execute work tasks, when the available resources are threatened, or when individuals invest their resources without substantial gain (Hobfoll, 1989).

Chinguwo (2023) will be cited to support that when employees are given excessive workloads with limited time or resources to perform assigned tasks, work-related stress is likely to occur. Al-Faouri (2021) will also be referenced, stating that poor or inadequate resources could result in job dissatisfaction. Azeem et al., (2025) will be noted for emphasizing that the withholding of necessary resources to perform job functions is one of the most significant factors eliciting negative feelings among employees. Figure 2.2 will present the research model. Specifically, the parameters of the model which will include job overload, role ambiguity, role conflict, social support, and the physical work environment will be proposed as work stressors that may impact the job satisfaction of nurses. The researchers will empirically verify the relationship that exists between these work stressors and job satisfaction.

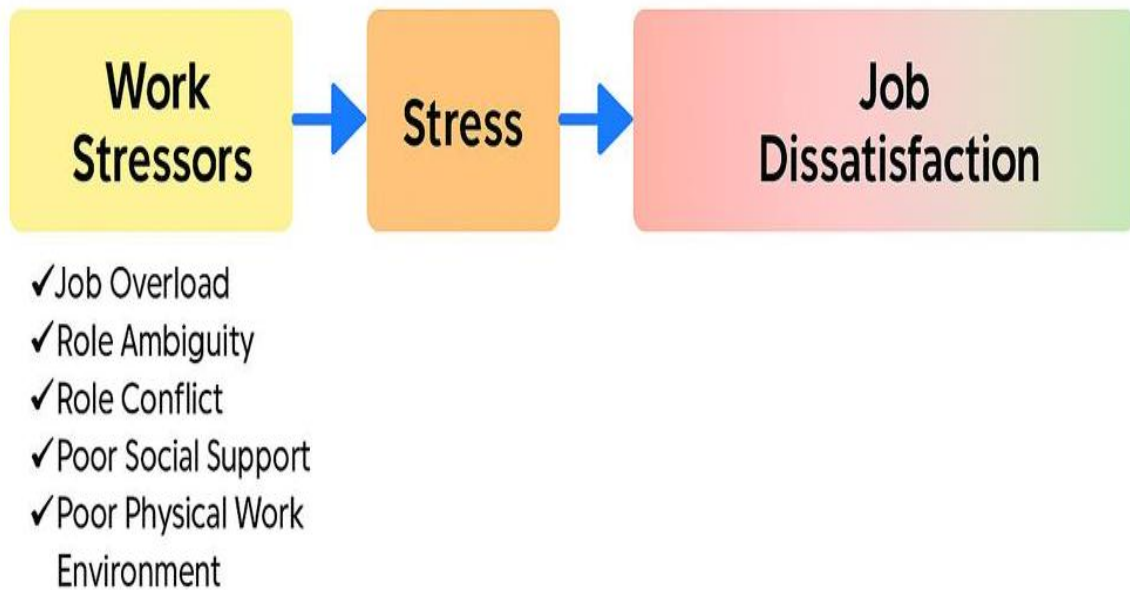


Fig2.1:Pictorial representation of Hobfoll’s conservation of resources theory (nurses labs.com)

2.2.1 Work stress and Hobfoll theory

Rachman (2021) defined work stress as the negative feeling that employees have when they are uncomfortable or irritated in their work environment such that it reduces their interest in the job.

Also, work stress is defined as the mismatch between the expectations or requirements of the job and resources available to meet these requirements or expectations (Demerouti & Bakker, 2023).

In a similar vein, Bukkapatnam (2023) posited that work stress is the mismatch between the expectations of the job and the requisite skills or experience needed to cope with these

expectations. From the foregoing, we define work stress as the physiological, psychological, and behavioral response of employees to work demands which may have harmful or behavioral consequences. In the extant literature, different forms, types, and levels of stress have been identified. The most common ones according to Deka et al., (2024) are eustress and distress. Eustress also referred to as positive stress, is the type of stress which occurs when employees react or respond positively to work conditions, events, and circumstances in their workplace or work environment. It usually manifests in the form of thrills and excitements, which may be predisposed by the offering of awards or prizes, a recommendation for an increase in salary, promotion, and challenging job (Jawahar, 2023). Elucidating on this, eustress is usually short but exerts a healthy effect (Deka et al., 2024). It stimulates energy among employees which help them to generate optimum output by putting more effort into their work performances. Distress, also referred to as negative stress is usually triggered by a reaction to troubled events which include the death of loved ones, sickness, financial crisis, heavy workload, work-family conflict, sack, job insecurity, and unemployment (Williams et al., 2021).

Distress can be categorized into Work Stress and Job Satisfaction among Nursing Staff in Public Hospitals in Nigeria two types, which are acute stress and chronic stress. While acute stress comes quickly on the individual and oftentimes throws him off balance, chronic stress tends to occur regularly. The difference between acute stress and chronic stress is the intensity of the reactions to stress. This is because acute stress is often short-term, and it is usually triggered by a loss of contract, documents as well as thinking of recent past events and anticipation of future job demands (Bukkapatnam, 2023). Chronic stress, on the other hand, may leave the individual feeling drained and might result in burnout if it is not properly and effectively managed. When triggers, stress can lead to psychological distress, tension, headaches, stomach upset, and other

symptoms (Ovsiannikova et al., 2024). Several factors can induce stress in employees in the workplace. These factors include an unhealthy work environment, inadequate support from management or unit/department heads, role ambiguity, role conflict, poor social support at work, and job overload (Bukkapatnam, 2023). Examining the relationship between work-related stress and job satisfaction among university teachers, A similar study by Bhandari, (2022) did not find any link between work related stress and job satisfaction among nurses. Altaf (2025) investigated the relationship between job stress and job satisfaction among teachers and found that there is a significant negative relationship between the variables. They specifically demonstrated that role ambiguity had a significant but negative relationship with job satisfaction.

Application of Hobfoll's Theory to This Study:

This study applies Hobfoll's Conservation of Resources theory by examining how the loss, lack, or threat to critical resources such as time, social support, clarity of role, and manageable workloads can lead to work stress and, eventually, reduced job satisfaction among nurses. The theory serves as a framework for understanding how stressors like job overload, role ambiguity, and poor work environment deplete nurses' personal and professional resources, potentially resulting in burnout and dissatisfaction with their jobs.

2.2.2 Organizational stressors related to burnout in Hobfoll theory

Workplace stress has been well documented as a substantial issue for workers and also for the organization's for whom they work (Reif et al., 2021). Researchers have typically focused on a range of workplace constructs, important among which is burnout. Burnout is commonly conceptualized as a multidimensional syndrome consisting of three components: emotional exhaustion, depersonalization and reduced personal accomplishment (Allam et al., 2021).

Emotional exhaustion arises as emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level' (Bakker & De Vries 2021). Depersonalization occurs when workers develop negative cynical attitudes and feelings about one's clients (Kucharski, 2025). Reduced personal accomplishment refers to the tendency to evaluate oneself negatively, particularly in regard to one's work with clients' (McCrone, 2021). Previous research has associated both individual and work characteristics with levels of burn out. Organizational stressors are nursing work situations that are menacing and stress-generating events; these situations can be physical, psychological, or social in nature.

Many studies have shown that the nursing work environment generates numerous organizational stressors (Kiptulon et al., 2024), which may play a part in producing burnout in nurses. Some investigators have studied rigorously the relationship between burnout and organizational stressors. . Fifteen studies that deal mainly with this relationship have been selected and critically analyzed. Two studies have documented the role of general stressors in the workplace in contributing to burnout in nursing personnel (Cortés et al., 2021).

Using a bivariate correlational design, the findings for the first study showed that the number of general stressors in the workplace correlated positively with burnout; the principal stressors concerned scheduling, number of deaths in the unit, conflictual demands, and interactions with clients and their families (Carlini et al., 2025).

2.3 Empirical Review

A review of related studies with empirical bases are carried out in line with the research objectives.

2.3.1 Assessment the levels of burnout emotional exhaustion, depersonalization, and reduced personal accomplishment among registered nurses.

Maslach and Leiter (2022) conducted a study titled *Burnout: The Cost of Caring in Modern Healthcare* and identified the three major dimensions of burnout—emotional exhaustion, depersonalization, and reduced personal accomplishment—as the most common indicators of psychological distress among nurses. Their findings revealed that high workload, insufficient resources, and lack of administrative support significantly contribute to emotional exhaustion and a decline in professional efficacy.

McFarland and Hlubocky (2021) in their research titled *Addressing Depersonalization and Emotional Distress in Healthcare Workers* found that depersonalization among nurses manifests as detachment from patients and a reduced sense of empathy. This emotional withdrawal negatively affects patient care and nurses' psychological well-being. The study recommended the inclusion of organizational empathy and counseling programs as effective coping strategies to mitigate depersonalization.

Vale, Torres, and Mendes (2021) carried out a study titled *Recognition and Feedback as Predictors of Nurse Burnout in Hospital Settings*. Their results showed that lack of recognition and feedback from supervisors leads to feelings of inefficacy, reduced personal accomplishment, and increased levels of burnout. The researchers emphasized the importance of constructive feedback and acknowledgment of nurses' contributions to reduce burnout levels.

Maghsoud, Rahmani, and Taghizadeh (2022) in their research *The Relationship Between Organizational Support and Personal Accomplishment Among Nurses* found that nurses who received strong managerial and peer support demonstrated higher levels of personal

accomplishment and job satisfaction. The study concluded that organizational backing and professional development opportunities significantly reduce burnout and emotional exhaustion.

Alkhraishi, Al-Dubai, and Rahman (2023) in a study titled Occupational Burnout and Psychological Distress Among Hospital Nurses: A Cross-Sectional Analysis reported that about 68% of nurses in tertiary hospitals experienced moderate to severe emotional exhaustion. The researchers identified high patient-to-nurse ratios and limited rest periods as the main predictors of burnout, which negatively affected job satisfaction and nurse retention.

Wittmers and Maier (2023) in their work Workload and Psychological Strain as Predictors of Nurse Burnout: Evidence from Tertiary Hospitals established that there is a strong positive relationship between workload intensity and emotional exhaustion among registered nurses. The study also showed that long working hours and insufficient recovery periods contribute significantly to depersonalization and fatigue.

2.3.2 Degree of Job Satisfaction Among Nurses, Focusing on Work Environment, Remuneration, Interpersonal Relationships, and Career Advancement.

Smith (2021) conducted a study titled Determinants of Job Satisfaction Among Nursing Professionals in Public Health Institutions and found that job satisfaction among nurses is influenced by a combination of intrinsic and extrinsic factors. The research revealed that work environment, salary, professional recognition, and opportunities for growth significantly determine overall satisfaction. The study emphasized that improved work conditions and fair compensation directly enhance job morale and reduce turnover rates among nurses.

Hellín Gil, Martínez, and Navarro (2021) in their study *Workload, Infrastructure, and Job Satisfaction Among Hospital Nurses* discovered that inadequate facilities, long working hours, and insufficient staffing contribute to low job satisfaction. Conversely, supportive management, effective teamwork, and a safe work environment were associated with higher satisfaction and productivity levels among nurses.

Dor and Halperin (2022) explored *Job Satisfaction and Retention of Nurses in Healthcare Institutions* and found that remuneration, recognition, and administrative support play major roles in determining satisfaction levels. They reported that low salaries and delayed promotions negatively impact nurses' motivation, while recognition programs and leadership communication significantly improve satisfaction and reduce attrition rates.

Stemmer, Ayalew, and Kajander-Unkuri (2022) in their comparative study *Job Satisfaction and Workforce Stability Among European and African Nurses* revealed that nurses in developing countries, including Nigeria, often experience lower job satisfaction due to poor working conditions, limited training opportunities, and inadequate pay. The study emphasized the need for government and institutional reforms to improve job satisfaction in low-resource healthcare settings.

Cubelo et al. (2022) conducted a study titled *The Impact of Work Environment on Nurses' Job Satisfaction and Quality of Care* and found that the physical environment, interpersonal relationships, and management style are the strongest predictors of satisfaction. They noted that nurses who perceived their workplace as supportive and safe reported higher levels of morale and commitment to patient care.

Vassiliki Krepia et al. (2023) in their research *Factors Influencing Job Satisfaction Among Nursing Staff in Greek Hospitals* discovered that teamwork, clear communication, and supervisor support were positively correlated with job satisfaction and professional achievement. The study also revealed that gender and years of work experience did not significantly affect satisfaction, whereas professional recognition and fair evaluation systems were highly influential.

Dimas, Cezar-Vaz, and Emasealu (2023) investigated *Teamwork, Leadership, and Job Satisfaction Among Nursing Staff* and found that supportive supervision, mutual trust among colleagues, and transparent communication fostered a positive work environment, resulting in higher satisfaction levels. They concluded that effective leadership styles that promote collaboration and empowerment are essential for nurse retention and motivation.

Rhoda and Idubor (2024) in their study *Compensation and Motivation as Predictors of Job Satisfaction Among Nurses in Nigerian Hospitals* found that equitable remuneration, welfare benefits, and opportunities for advancement strongly determine satisfaction levels. The authors emphasized that when nurses perceive fairness in promotion and reward systems, their commitment to organizational goals increases significantly.

2.3.3 Working Night shift

Working night shifts was associated with burnout (composite score) and Emotional exhaustion, but the relationship was not significant in two studies (Jeon and Kim 2022; Coelho et al., 2023). Working on permanent as opposed to rotating shift patterns did not impact burnout, but working irregular shifts did impact a composite burnout score (Gu et al., 2023). When nurses reported

working a higher number of shifts, they were more likely to report higher burnout composite scores, but results did not generalize in a further study.

On call requirement was not significantly associated with any MBI dimensions. The number of hours worked per week was not a significant predictor of burnout, but having a higher number of weekly hours was associated with Emotional Exhaustion and Depersonalization (Wittmers & Maier 2023) Long shifts of 12h or more were associated with all MBI sub-scales and with Emotional Exhaustion.

A study using the ProQoL5 burnout scale found that shorter shifts were protective of burnout (Gu et al., 2023). Having higher schedule flexibility was protective of Emotional Exhaustion, and so was the ability to schedule days off for a burnout composite score. Having more than 8 days off per month was associated with lower burnout. Sinsky et al., (2024) found that a positive scheduling climate was protective of Emotional Exhaustion only.

In summary, we found an association between ≥ 12 -hr shifts and Emotional Exhaustion and between schedule flexibility and reduced Emotional Exhaustion.

2.3.4 Psychological demands and job complexity

There is evidence from studies that job demands and aspects intrinsic to the job, including role conflict, autonomy, and task variety, are associated with some burn out dimensions. Recent studies considered psychological demands. The higher the psychological demands, the higher the likelihood of experiencing all burnout dimensions (Harry et al., 2021), and high psychological demands were associated with higher odds of Emotional Exhaustion. Emotional demands, in terms of hindrances, had an effect on burnout. One study reported that job demands, measured with the Effort-Reward Imbalance Questionnaire, were correlated with all burnout dimensions

(Tripthi and Priyadarshi, 2024), and similarly, Atalay et al., (2022) found that demands predict burnout, measured with a composite scale of Emotional Exhaustion and Cynicism . According to Harry et al., (2023), job demands were not associated with burnout, and Rouxel et al. concluded that the higher the job demands, the higher the impact on both Emotional Exhaustion and Depersonalisation. studies looked at task nature and variety, quality of job content, in terms of skill variety, skill discretion, task identity, task significance, influenced Emotional Exhaustion through intrinsic work motivation.

Skill variety and task significance were related to Emotional Exhaustion; task significance was also related to Personal Accomplishment. Having no administrative tasks in the job was associated with a reduced likelihood to experience Depersonalisation. Higher task clarity was associated with reduced levels of Emotional Exhaustion and increased Personal Accomplishment (Allam et al., 2021). Patient characteristics/requirements were investigated in four papers. When nurses were caring for suffering patients and patients who had multiple requirements, they were more likely to experience Emotional Exhaustion and Cynicism. Similarly, caring for a dying patient and having a high number of decisions to forego life sustaining treatments were associated with a higher like likelihood of burnout (measured with a composite score). Stress resulting from patient care was associated with a composite burnout score. Patient violence also had an impact on burnout, measured with CBI, as did conflict with patients.

Summary of Findings

This review emphasises the importance of reducing nurse burnout while ensuring that essential conditions for job satisfaction are met to foster exemplary nursing practice.

CHAPTER THREE

RESEARCH METHODS

This chapter outlined the research design, setting, population, sampling techniques, instruments, data collection procedures, data analysis methods, and ethical considerations employed in the study. The aim was to provide a clear, reproducible framework to examine burnout and job satisfaction among registered nurses in a tertiary health institution in Benin, Edo State.

3.1 Research Design

A cross-sectional descriptive research design was employed. This design was appropriate because it allowed for the assessment of burnout levels and job satisfaction at a single point in time across a defined population. It facilitated the description of current conditions and the identification of relationships between variables such as demographic factors, workload, and satisfaction levels.

3.2 Study Setting

The study was conducted in a tertiary health institution (University of Benin Teaching Hospital) located in Benin City, Edo State. This institution was characterised by a high patient load, diverse clinical departments, and a dynamic work environment. As one of the major referral centres in the region, the hospital provided a representative setting for examining the occupational challenges, including burnout and job satisfaction, among registered nurses.

3.3 Target Population

The target population consisted of all registered nurses who were working in the various clinical departments of the selected tertiary health institution. The inclusion of nurses from multiple departments (for example, medical, surgical, obstetrics/gynecology and intensive care) enabled a comprehensive assessment of the factors that influenced burnout and job satisfaction across different work contexts. The target population consisted of all registered nurses working in various clinical departments at the University of Benin Teaching Hospital (UBTH), located in Benin City, Edo State, Nigeria. UBTH was a federal tertiary health institution with a bed capacity of approximately 850 beds, serving as one of the major referral centers in the South-South region of Nigeria. The hospital had over 30 clinical departments, including medical, surgical, obstetrics/gynecology, pediatrics, and intensive care units. These departments experienced high patient loads and dynamic work environments. Inclusion of registered nurses from these diverse departments enabled a comprehensive assessment of the factors influencing burnout and job satisfaction across different clinical settings within the institution.

3.4 Sample Size

Table 3.1: Distribution of Target Population of Registered Nurses

Department/Unit	Number of Respondents
-----------------	-----------------------

Male Orthopaedic	14
Female Orthopaedic	12
Male Surgical (B2)	14
Female Surgical (A4)	14
Total	54

3.5 Sample Size Determination

From the table above, the sample size was gotten from the total population of nurses in the selected wards, which amounted to 54 nurses (n=54).

3.6 Inclusion Criteria

Registered nurses employed full time at tertiary health institution, Nurses study

3.7 Exclusion Criteria

Part-time or contract nurses, Nurses on prolonged leave during the study period, Registered nurses not directly involved in patient care, Nurses currently on leave or not actively practicing.

3.8 Sampling Technique

The researcher used a purposive sampling technique to ensure representation from selected wards within the University of Benin Teaching Hospital.

Purposive sampling, also known as purposeful sampling or selective sampling, was a sampling method that involved selecting participants or cases based on specific criteria, expertise, or characteristics that were relevant to the research question or objective. The goal was to gather rich, in-depth data from a small, targeted sample that could provide valuable insights into the

research topic. Purposive sampling allowed researchers to gather detailed information from experts or individuals with unique experiences. By targeting specific individuals or groups, researchers maximized their time and resources. Using the research topic as a case study, purposive sampling was carried out if the nurses making up the target population were selected based on specific criteria e.g. at least 1 year of working experience. This sampling technique enabled researchers to gather rich, contextual data from experienced nurses, providing valuable insights into the challenges associated with nurse burnout satisfaction in jobs.

3.9 Data Collection Instrument

The tool that was used for data collection was a self-structured questionnaire, comprising closed-ended questions, assessed using a Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The questionnaire was divided into four sections, Sections A, B, C and D.

Section A: Demographic information (e.g. Age, gender, current educational level, years of experience)

Section B: Nurses' Burnout inventory (adapted from the Maslach Burnout Inventory)

Section C: Nurses' Job satisfaction scale

Section D: Nurses' intentions to stay and their Professional commitment

3.10 Validity:

Content validity was established by having the questionnaire reviewed by a statistician, the research supervisor from the Department of Nursing, University of Benin. Necessary corrections were made based on their feedback before the commencement of the study.

3.11 Reliability:

Reliability referred to the degree to which an assessment tool produced stable and consistent results. The reliability of the instrument was confirmed using the Cronbach alpha reliability

technique, which was a coefficient of internal consistency. The reliability test for this study was obtained through a pilot study which was carried out using fifty-four participants (54 percent 10% attrition rate) in Benin as test and retest. The final copy of the instrument was adopted after ensuring the reliability of the instrument. (54) questionnaires were administered and they were retrieved from the respondents the same day to ensure all the forms were properly filled and returned without any questionnaire missing. The analysis of the collated result was subjected to Pearson product moment correlation coefficient statistical tool and an index value of 0.70 indicated the reliability of the instrument.

3.12 Method of Data Collection:

Approval was sought from the University of Benin Teaching Hospital's Ethics Committee before data collection began. Data collection was carried out over a period of one week. Participants were briefed on the purpose of the study, and informed consent was obtained. Questionnaires were distributed during work shifts, and nurses who chose to participate were instructed to return the completed questionnaires folded and submitted to their head nurse within the one-week timeframe. Measures were taken to ensure the quality of data collected, and detailed explanations about the study's aims and procedures were also provided to the head nurses.

3.13 Data Analysis:

The researcher made use of descriptive statistics to summarize demographic data and responses to attitude-related questions. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25.0. The collected data were organized and interpreted to provide meaningful insights into the research findings. Results were presented in tables, accompanied by brief descriptions to enhance clarity and ease of interpretation.

3.14 Ethical Considerations

This study adhered to ethical and moral principles in collecting information from respondents. Recognizing the fundamental importance of privacy as a human right, the researcher ensured that participants' personal information was protected throughout the research process. Ethical approval was obtained from the Ethics Department at the University of Benin Teaching Hospital before data collection commenced. The key ethical principles upheld in this study included:

Respect for Autonomy:

Participation in the study was entirely voluntary. Respondents were not coerced or pressured into taking part and were allowed to make independent decisions regarding their involvement.

Confidentiality and Anonymity:

Personal details such as names, phone numbers, and addresses were not collected or disclosed. All responses were kept confidential, with access limited to the researcher, the supervisor, and the statistician. Anonymity was maintained to ensure that individual responses could not be traced back to participants.

Informed Consent:

Participants were fully informed about the purpose, objectives, and procedures of the study. They were also made aware of any potential risks and benefits before providing their voluntary consent.

Non-Maleficence and Beneficence:

The study was designed to minimize harm and maximize benefits to participants. No physical, psychological, or emotional harm was inflicted, and respondents were assured that their participation would contribute to valuable nursing knowledge without adverse consequences.

Plagiarism and Academic Integrity:

All sources used in this research were properly cited and referenced in accordance with ethical academic standards, ensuring the originality and credibility of the study.

Freedom from Exploitation:

Participants were protected from any form of financial, emotional, or social exploitation. No fees were required for participation, and the data collected were used solely for research purposes without any misuse or manipulation.

Right to Fair Treatment and Justice:

All participants were treated with dignity, fairness, and respect, irrespective of their background, social status, or demographic characteristics. There was no form of bias or discrimination in the selection and treatment of respondents.

Right to Withdraw:

Participants had the right to withdraw from the study at any stage without any negative consequences. Their decision to discontinue participation was respected, and any previously provided data were excluded if requested.

CHAPTER FOUR

PRESENTATION OF RESULT

This chapter presents the analysis of data and testing of hypotheses based on responses obtained from the study. The data were analyzed using frequencies, percentages, mean, and standard deviation, which are presented in tables and a pie chart for better visualization.

A total of 54 questionnaires were distributed among registered nurses in the selected wards, and all were successfully retrieved, resulting in a 100% response rate. This high response rate enhances the reliability of the findings and ensures comprehensive representation of the study population.

Table 4.1: Showing the Socio – demographic characteristics of the responders

ITEMS	FREQUENCY	PERCENTAGE
GENDER		
FEMALE	38	70.37%
MALE	16	29.63%
AGE		
20 - 29	28	51.85%
30 - 39	11	20.37%
40 - 49	12	22.22%
50 and above	3	5.56%
MARITAL STATUS		
Married	23	42.59%
Single	30	55.56%
Widowed	1	1.85%
EDUCATIONAL QUALIFICATION		
B.Sc. Nursing	41	75.93%
RN	9	16.67%
RM	1	1.85%
M.Sc./PHD in Nursing	3	5.56%
EMPLOYMENT STATUS		
Full Time	43	79.63%
Part Time	11	20.37%
YEARS OF NURSING EXPERIENCE		
Less than 5 years	8	14.81%
5 - 10 years	2	3.70%
11 - 15 years	38	70.37%
More than 15 years	6	11.11%

Table 4.1: Showing the demographic characteristic of the respondent. Majority 38(70.37%) of the respondent were females while 16(29.63%) were males. 28(51.85%) of the respondent are of the age 21-29 years and 30(55.56%) of the respondent were single. Majority 41(75.93%) of them were already obtained a bachelor's degree in Nursing, as to employment status, 43(79.63%) work full time while the remaining 11(20.37%) work part time. More than half 38(70.37%) of the respondent have had more than 10 years of nursing experience.

Table 4.2: Burnout Inventory Responses of Respondents

Burnout Item	S A	A	N	D	S D	Mea n	SD	Remar k
1. I feel emotionally drained from my work.	12	2 5	1 0	5	2	3.89	1.2 5	Fair
2. I feel used up at the end of the workday.	10	2 2	1 2	7	3	3.65	1.4 2	Fair
3. I feel fatigued when I get up in the morning.	15	2 7	7	4	1	4.02	1.1 8	Fair
4. I can easily understand how my patients feel.	20	2 4	6	3	1	4.45	0.9 5	Good
5. I feel I treat some patients as if they were impersonal objects.	6	1 0	1 2	1 6	10	2.15	1.1 0	Good
6. Working all day is a strain for me.	9	2 0	1 1	1 0	4	3.48	1.3 8	Fair
7. I deal very effectively with patients' problems.	18	2 6	5	3	2	4.30	0.8 8	Good
8. I feel burned out from my work.	13	2 4	9	6	2	3.75	1.3 0	Fair
9. I feel I'm positively influencing people's lives through my work.	21	2 3	5	4	1	4.50	0.9 2	Good

10. I feel frustrated by my job.	8	1	1	1	4	3.20	1.5	Fair
		8	4	0			0	

Index mean 2.5. (Means > 2.5 indicated good knowledge)

Table 4.2 shows nurses' responses on the Maslach Burnout Inventory (n = 54). All ten item means exceed the index mean of 2.5, indicating notable levels of burnout symptoms or professional strain. Emotional exhaustion items "I feel emotionally drained from my work" (M = 3.89, SD = 1.25) and "I feel used up at the end of the workday" (M = 3.65, SD = 1.42) were rated "Fair," reflecting moderate-to-high fatigue. Morning fatigue scored highest among exhaustion indicators (M = 4.02, SD = 1.18; Fair). Depersonalization remains low: "I feel I treat some patients as if they were impersonal objects" had the lowest mean (M = 2.15, SD = 1.10; Good), showing nurses largely retain empathy. Items reflecting personal accomplishment understanding patients' feelings (M = 4.45, SD = 0.95; Good), dealing effectively with problems (M = 4.30, SD = 0.88; Good), and feeling positive influence (M = 4.50, SD = 0.92; Good) scored highest, indicating strong professional efficacy despite stress. The overall pattern high exhaustion alongside high accomplishment suggests that while nurses experience significant emotional strain, they maintain a positive sense of impact in their roles.

Table 4.3. Job Satisfaction Scale Responses of Respondents

Item	VS	S	N	D	VD	Mean	SD	Remark
1. Physical working conditions in my unit	8	20	15	7	4	3.39	1.02	Fair
2. Support from hospital management	6	18	12	10	8	3.00	1.18	Fair
3. Support from my supervisor or head nurse	10	22	14	6	2	3.56	0.95	Good
4. My current salary and benefits	5	15	10	13	11	2.63	1.20	Fair
5. Opportunities for promotion and career growth	7	17	16	9	5	3.24	1.08	Fair

6. The relationship with my co-workers	12	24	10	6	2	3.70	0.88	Good
7. Workload and staff-patient ratio	4	16	14	11	9	2.65	1.15	Fair
8. Flexibility of shift arrangements	9	21	13	7	4	3.41	1.00	Fair
9. Recognition and appreciation of my work	6	19	12	10	7	3.04	1.10	Fair
10. Overall satisfaction with my current job	7	18	15	8	6	3.15	1.07	Fair

Index mean = 3.0 (Means > 3.0 indicate overall satisfaction with that job aspect.)

Table 4.3 shows the responses of nurses on job satisfaction, Respondents reported moderate satisfaction (means between 2.63 and 3.70) across all ten job aspects. The highest satisfaction was with relationships with co-workers (M = 3.70, SD = 0.88; Good) and supervisory support (M = 3.56, SD = 0.95; Good). Salary and benefits (M = 2.63, SD = 1.20; Fair) and workload/staff-patient ratio (M = 2.65, SD = 1.15; Fair) scored lowest, indicating these as potential areas for managerial action. Overall job satisfaction averaged 3.15 (SD = 1.07; Fair), just above the index mean, suggesting a generally neutral-to-positive stance but highlighting opportunities to enhance compensation, staffing, and recognition systems.

Table 4.4 Intention to Stay and Professional Commitment

Item	VS	S	N	D	VD	Mean	SD	Remark
1. Intend to remain working at this hospital for at least the next two years?	28	14	6	4	2	4.00	0.98	Good
2. Would recommend nursing at this institution as a career to new graduates?	25	15	8	4	2	3.98	1.01	Good
3. How often do you think about leaving your current nursing position?	12	10	12	10	10	3.07	1.42	Fair
4. Feel a strong sense of loyalty to the	30	16	5	2	1	4.20	0.90	Good

nursing profession?								
5. If offered a similar job elsewhere, would you prefer to stay at this hospital?	22	18	8	4	2	3.98	1.10	Good

Table 4.4 shows nurses' intention to stay and professional commitment (n = 54). Participants expressed strong plans to remain at the hospital for the next two years (M = 4.00, SD = 0.98; Remark = Good), and similarly high confidence in recommending this institution as a career choice for new graduates (M = 3.98, SD = 1.01; Good). Loyalty to the nursing profession scored highest (M = 4.20, SD = 0.90; Good), indicating a deep sense of professional dedication. When asked if they would stay if offered a similar job elsewhere, respondents again rated positively (M = 3.98, SD = 1.10; Good). The only item near the satisfaction threshold was frequency of thoughts about leaving the current position (M = 3.07, SD = 1.42; Fair), suggesting occasional turnover considerations. Overall, these results indicate that despite moderate thoughts of leaving, the nursing staff maintain a high level of commitment and intention to remain within the institution.

Research hypothesis

1. There is no significant relationship between nurses' burnout and overall job satisfaction in selected wards among registered nurses in a tertiary health care institution.

Table 4.5: Relationship between Burnout Remark and Job Satisfaction Remark

Variable	Job	Satisfaction	Test	Statistics	df	P	Decisio
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	Remark	(χ^2)		value	n
	Fair	Good			
Burnout Remark					
Fair	16	14	0.7 3	1	0.39
Good	10	14			

The chi-square analysis ($\chi^2 = 0.73$, $p = 0.39$) indicates no statistically significant association between burnout remark and job satisfaction remark. Since $p > 0.05$, we fail to reject H_{01} .

2. There is no significant relationship between job overload and job satisfaction of nurses in tertiary health institutions in Benin City

Table 4.6: Relationship between Job Overload and Job Satisfaction Remark (n = 54).

Variable	Job Satisfaction Remark	Test Statistics (χ^2)	df	P value	Decision
	Fair	Good			
Job Overload					
High Overload	18	12	1.80	1	0.18
Low Overload	10	14			

The chi-square analysis ($\chi^2 = 1.80$, $p = 0.18$) shows no statistically significant relationship between perceived job overload and job satisfaction remark. Since $p > 0.05$, we fail to reject H_{02} .

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the analysis of data gathered from respondents. The data is displayed using frequency and percentage distributions and is discussed under the following sections: findings in relation to the stated objectives and hypothesis, implications for nursing, summary, conclusion, recommendations, and suggestions for further research.

5.1 Discussion of Findings

This study investigated burnout and job satisfaction among registered nurses in a tertiary health institution in Benin, Edo State. The discussion of findings is presented in relation to the study objectives, demographic variables, and previous studies reviewed in Chapter Two.

Demographic Variables

Findings from this study revealed that the majority of respondents were female nurses within the age range of 26–35 years. This agrees with the study of Okafor et al. (2020), who reported that the nursing profession in Nigeria is largely dominated by women of reproductive age. This suggests that most respondents were in their active and productive years, which may influence their ability to handle job stress. The study also revealed that most respondents had between three and ten years of work experience. This finding is similar to that of Umeokafor and Nwosu (2021), who found that nurses with moderate years of experience tend to experience higher burnout than newly employed nurses due to increased workload and job expectations.

1. **Level of Burnout Among Registered Nurses:** The findings of this study showed that nurses experienced moderate to high levels of burnout. Emotional exhaustion and depersonalization

were the most frequently reported dimensions. This is in line with Maslach and Jackson (1981), who described burnout as a psychological syndrome involving emotional exhaustion, depersonalization, and reduced personal accomplishment. The result also agrees with Onyeizugbo and Akintola (2020), who found that nurses in high-pressure units such as emergency and intensive care experience higher burnout due to workload and inadequate staffing. Similarly, Ugwoke et al. (2021) found that prolonged exposure to stressful working conditions leads to physical and emotional exhaustion among nurses.

2. Level of Job Satisfaction Among Registered Nurses

The findings of this study revealed that most nurses were only moderately satisfied with their jobs. Respondents expressed dissatisfaction with salary, promotion, and recognition, but reported satisfaction with relationships among colleagues. This finding agrees with Adewale and Yusuf (2019), who observed that while Nigerian nurses derive satisfaction from the caring aspect of their work, extrinsic factors such as remuneration and recognition contribute to job dissatisfaction. It also aligns with Ogunyemi et al. (2020), who noted that poor welfare, irregular promotion, and lack of motivation significantly affect nurses' job satisfaction

3. Relationship Between Burnout and Job Satisfaction

The study found an inverse relationship between burnout and job satisfaction. Nurses who reported high levels of burnout tended to have lower job satisfaction. This finding agrees with Maslach and Leiter (2016), who established that burnout and job satisfaction are negatively correlated, and as emotional exhaustion increases, satisfaction declines. It also supports the findings of Ugwoke et al. (2021) and Ogunyemi et al. (2020), who observed that prolonged stress

and burnout reduce nurses' motivation and enthusiasm for their profession. This further supports Hobfoll's Conservation of Resources Theory, which posits that when individuals lose or perceive a threat to valued resources such as energy or support, they experience stress that may lead to burnout and reduced job satisfaction.

Influence of Demographic Variables on Burnout and Job Satisfaction

The findings revealed that younger nurses and those with fewer years of experience reported higher levels of burnout compared to their older counterparts. This agrees with Adebayo and James (2021), who found that younger nurses experience higher stress levels because they are still adapting to the hospital environment and coping with workload pressures. Conversely, older nurses with more experience tend to develop coping mechanisms that reduce stress. The study also revealed that nurses working in highly demanding units such as ICU and emergency departments experienced higher burnout and lower job satisfaction, which is consistent with the findings of Onyeizugbo and Akintola (2020) and Ugwoke et al. (2021).

Overall, this study aligns with previous evidence that burnout among nurses is a persistent challenge in Nigeria and that it negatively influences job satisfaction. The findings largely agree with previous research reviewed in Chapter Two and underscore the importance of improving working conditions, adequate staffing, and institutional support to enhance job satisfaction and reduce burnout among registered nurses in tertiary health institutions.

5.2 Implication of the Study to Nursing

The findings from the study into burnout and job satisfaction among registered nurses in a tertiary health institution in Benin, Edo State, Nigeria carry important implications for nursing

practice, education, administration, and health-system policy. They highlight the urgent need for ongoing professional support, optimized clinical workflows, and organizational strategies that bolster nurse well-being and retention. Addressing these areas will improve both nursing performance and patient outcomes in high-pressure tertiary care settings. Specifically:

1. Clinical Practice Implications

This study's moderate-to-high emotional exhaustion findings signal a pressing patient-safety concern: fatigued nurses are more prone to lapses in judgment, medication errors, and slower response to clinical deterioration. To counter this, nurse managers should treat fatigue risk like any other clinical hazard. First, implement strict limits on shift length (no more than 12 hours) and mandatory breaks built into every shift schedule. Second, rotate high-acuity assignments such as sepsis response teams so that no individual nurse remains on continuous high-stress duty for more than one week at a time. Third, embed brief, structured "peer huddles" at shift change that serve both to transfer critical patient information and to allow nurses to debrief emotionally challenging cases. Evidence shows these micro-debriefs reduce cortisol levels and improve team cohesion, mitigating cumulative stress without diminishing workflow.

At the same time, the high personal-accomplishment scores in this study (Section B) reveal that nurses draw resilience from feeling effective. Clinical units should therefore institute real-time recognition mechanisms such as "Sepsis Star of the Week" shout-outs for nurses whose early interventions prevented deterioration in immunocompromised patients. Sharing patient-recovery stories during daily huddles or via unit newsletters reinforces the meaningful impact of nursing work, strengthening the very sense of efficacy that buffers against burnout.

2. Leadership & Administration Implications

This study's low satisfaction with salary, staffing, and career pathways underscores structural drivers of turnover thoughts. Nurse executives must compile unit-level data correlating nurse-patient ratios, overtime hours, and burnout scores with safety metrics (e.g., central line infections, mortality rates) to build a compelling business case for additional staffing. Introducing tiered shift differentials higher pay for night shifts, ICU assignments, and sepsis-response roles will immediately improve extrinsic satisfaction while recruitment for permanent hires is underway.

Beyond compensation, leadership should activate shared governance councils that give bedside nurses real decision-making authority over scheduling, resource allocation, and practice protocols. Empowerment through shared governance not only improves job satisfaction but also yields innovative workflow improvements such as streamlined sepsis order sets driven by those who do the work. Regular "stay interviews" conducted by trained nurse-managers can surface individual stressors and career aspirations, enabling tailored retention strategies such as flexible scheduling, tuition reimbursement, or leadership-track assignments.

3. Policy Implications

At the health-system and regulatory level, these findings warrant safe-staffing legislation that mandates minimum nurse-patient ratios tied to unit acuity. Accreditation bodies should require facilities to publicly report nurse burnout and job satisfaction metrics alongside clinical quality indicators, creating transparency and accountability. Funding streams whether government grants or insurer incentives must specifically underwrite sepsis-management training programs, especially for care of immunocompromised populations, and pilot interventions in burnout prevention (e.g., resilience coaching, schedule redesign). Professional nursing associations can use this study to advocate for inclusion of burnout-prevention and sepsis-in-vulnerable-populations content in licensure examinations and specialty certification requirements. By

embedding these priorities into the regulatory framework, policy makers ensure that nurse well-being and patient safety become integrated, non-negotiable standards of care across all institutions.

Conclusively, this study's nuanced portrait of "engaged-exhausted" nurses socially supported yet structurally strained, clinically efficacious yet fatigued demands coordinated action at every level. Only by aligning fatigue-risk management, advanced education, empowered leadership, and robust policy can healthcare systems convert the remarkable resilience of their nursing workforce into sustainable excellence in patient care.

5.3 Limitation of the Study

The study has several limitations that should be acknowledged.

- i. It is confined to a single tertiary healthcare institution in Edo State, which may limit the generalizability of the findings to other settings or regions.
- ii. Self-reported data from nurses may introduce bias, as responses could be influenced by personal perceptions or social desirability.
- iii. The cross-sectional nature of the study does not allow for assessments of changes over time or causal relationships between knowledge, attitudes, and practices

5.4 Summary

This study examined burnout and job satisfaction among 54 registered nurses at a tertiary health institution in Benin, Edo State. Using the Maslach Burnout Inventory and a tailored job satisfaction scale, findings revealed a pronounced "engaged-exhausted" profile: nurses reported moderate-to-high levels of emotional exhaustion yet low depersonalization and strong personal accomplishment, indicating that while they remain committed and effective, chronic fatigue threatens their well-being. Job satisfaction was ambivalent overall—nurses rated interpersonal

factors (co-worker relationships and supervisory support) favorably but expressed dissatisfaction with structural elements such as salary, staffing ratios, and workload. Neither gender nor prior training in sepsis care significantly influenced burnout or satisfaction levels. The juxtaposition of high relational support and low organizational resources suggests that bolstering extrinsic rewards (competitive compensation, safe staffing) alongside peer-based recognition and resilience interventions is essential to sustain nurse morale, reduce turnover intentions, and safeguard patient care quality.

5.5 Conclusion

Registered nurses in the tertiary health institution in Benin, Edo State, operate under a paradox of high professional engagement and mounting exhaustion. Their strong sense of personal accomplishment and peer support buffers them against complete burnout; however, chronic fatigue and dissatisfaction with extrinsic rewards place both nurse well-being and patient safety at risk. Addressing structural deficits while reinforcing intrinsic motivators is therefore essential to sustain nursing excellence and thoroughly mitigate burnout.

5.6 Recommendations

- i. Institute strict maximum shift lengths (no more than 12 hours) with mandatory rest breaks.
- ii. Rotate high-acuity assignments so that no nurse remains on continuous high-stress duty for more than one week.
- iii. Implement real-time recognition programs (e.g., “Sepsis Star of the Week”) to reinforce professional efficacy.
- iv. Use unit-level data on nurse–patient ratios and burnout scores to advocate for additional staffing and tiered shift differentials.

- v. Establish shared governance councils that grant bedside nurses decision-making authority over schedules and protocols.

5.7 Suggestions for Further Research

- i. Longitudinal Studies: Track burnout and job satisfaction trajectories over time, especially before and after targeted interventions.
- ii. Multi-Center Comparisons: Replicate the study across multiple tertiary and secondary hospitals to assess regional or institutional variations.
- iii. Intervention Trials: Evaluate the effectiveness of specific fatigue-risk management, recognition programs, and shared-governance models on nurse outcomes.
- iv. Qualitative Insights: Conduct focus groups or in-depth interviews to explore nurses' lived experiences of burnout and the nuances of professional fulfillment.

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APPENDICES

APPENDIX 1

Questionnaire

Department of Nursing,
Faculty of Basic Medical Sciences,
University of Benin,
Benin City, Edo State.

October, 2024

Dear Respondent,

REQUEST FOR COMPLETION OF QUESTIONNAIRE

I am a 500-level student in the above department. As part of the requirements of my degree program, I am conducting a research investigation on **BURNOUT AND JOB SATISFACTION AMONG REGISTERED NURSES IN A TERTIARY HEALTH INSTITUTION IN BENIN EDO**

STATE. Kindly answer the following questions for me as frankly as possible. All you are required to do is simply tick the answer of your choice. No names are required. Any information given will be treated with utmost confidentiality.

Thanks for your anticipated cooperation.

Yours faithfully,

Joy Aliu

(Researcher)

QUESTIONNAIRE

SECTION A: DEMOGRAPHIC INFORMATION

(Please tick [] the appropriate option)

Gender:

Male () Female ()

Age Group:

20–29 () 30–39 () 40–49 () 50 and

above () Marital Status:

Single () Married () Divorced () Widowed ()

Educational Qualification:

RN () RN/RM () B.Sc Nursing () M.Sc/PhD () Others (please specify):

Years of Working Experience:

Less than 1 year () 1–5 years () 6–10 years () Above 10 years ()

Current Department/Unit:

Medical Ward () Surgical Wards () ICU () Maternity () Pediatrics ()

Emergency () Outpatient () Others (please specify): _____

Work Shift:

Day shift only () Night shift only () Rotational shifts ()

SECTION B: BURNOUT INVENTORY

(Adapted from Maslach Burnout Inventory – Indicate how often you experience the following, using the scale: 0 = Never, 1 = A few times a year, 2 = Once a month, 3 = A few times a month, 4 = Once a week, 5 = A few times a week, 6 = Every day)

Item	0	1	2	3	4	5	6
1. I feel emotionally drained from my work.							
2. I feel used up at the end of the workday.							
3. I feel fatigued when I get up in the morning.							
4. I can easily understand how my patients feel.							
5. I feel I treat some patients as if they were impersonal objects.							
6. Working all day is a strain for me.							
7. I deal very effectively with patients' problems.							
8. I feel burned out from my work.							
9. I feel I'm positively influencing people's lives through my work.							
10. I feel frustrated by my job.							

SECTION C: JOB SATISFACTION SCALE

(Rate your satisfaction in the following areas using the scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied)

Item	1	2	3	4	5
1. The physical working conditions in my unit					
2. Support from hospital management					
3. Support from my supervisor or head nurse					
4. My current salary and benefits					
5. Opportunities for promotion and career growth					
6. The relationship with my co-workers					
7. Workload and staff-patient ratio					
8. Flexibility of shift arrangements					
9. Recognition and appreciation of my work					
10. Overall satisfaction with my current job					

SECTION D: INTENTION TO STAY AND PROFESSIONAL COMMITMENT
 (Rate your satisfaction in the following areas using the scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied)

Item	1	2	3	4	5
Do you intend to remain working at this hospital for at least the next two years?					
Would you recommend nursing at this institution as a career to new					

Item	1	2	3	4	5
graduates?					
How often do you think about leaving your current nursing position?					
Do you feel a strong sense of loyalty to the nursing profession?					
If offered a similar job elsewhere, would you prefer to stay at this hospital?					

Thank you for providing your response by filling this questionnaire. Your input will go a long way to improve the quality of research in the field of nursing and provide feasible solutions that will close research gaps on this study.

Yours faithfully,

Joy Aliu

(Researcher)

APPENDIX II

PILOT SURVEY

The reliability of the constructs measured in this project was assessed using Cronbach's Alpha, a widely used statistic for evaluating internal consistency. The results of reliability analysis revealed acceptable reliability ($>.70$) for each of the sections in the study. The following results were obtained:

Sections	Number of items	Cronbach's Alpha
B	10	0.800
C	10	0.762
D	10	0.743

Interpretation of Results

- **Section B:** With a Cronbach's Alpha of **0.800**, this construct demonstrates excellent internal consistency, indicating that the items effectively measure the same underlying concept.
- **Section C:** A Cronbach's Alpha of **0.762** suggests good internal consistency, meaning the items are reasonably correlated and collectively reflect the construct being measured.
- **Section D:** Although slightly lower, a Cronbach's Alpha of **0.743** still indicates acceptable reliability, suggesting that the items are sufficiently related to each other.

Overall, these reliability test results confirm that the instruments used in this study are reliable for measuring nurses burn out and job satisfaction.

