

Burnout and Its Consequences on Turnover Intention Among Health Information Managers in University College Hospital, Ibadan, and Lagos University Teaching Hospital, Lagos State

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Annotation: Introduction:

Burnout among healthcare professionals has become a growing global concern, particularly in low- and middle-income countries where systemic challenges such as understaffing, poor work-life balance, and inadequate support structures are prevalent. Persistent occupational stress not only jeopardizes the mental well-being of healthcare workers but also compromises the quality of care provided to patients and the efficiency of healthcare delivery systems.

Objective:

This study aimed to assess the prevalence

and contributing factors of burnout among healthcare workers, examine its impact on job performance and turnover intention, and explore potential organizational strategies for mitigating burnout and improving workforce retention.

Method of Analysis:

A cross-sectional descriptive study was conducted among 200 healthcare workers using a structured questionnaire. The instrument assessed three core dimensions of burnout; emotional exhaustion, depersonalization, and reduced personal accomplishment as well as variables related to job satisfaction, absenteeism, and intention to leave. Descriptive statistics were used to summarize the data, and chi-square tests were employed to determine the association between burnout levels and turnover intention.

Results:

Findings revealed a high prevalence of burnout, with over 58% of respondents reporting emotional exhaustion and more than 60% actively considering leaving their current job. Key contributing factors included overwhelming workload (58.5%), poor work-life balance (57.5%), lack of managerial support (54.5%), and feelings of underappreciation (59.0%). Chi-square analysis showed a statistically significant association ($p < 0.05$) between high burnout levels and increased turnover intention. Respondents strongly supported interventions such as flexible work schedules (71.5%), better workload distribution (62.5%), access to counseling services (58.0%), and regular recognition of achievements (65.0%) as effective strategies for reducing burnout.

Conclusion:

The study highlights the pressing need for healthcare institutions to implement comprehensive burnout prevention frameworks. Strategies must focus on addressing systemic stressors, promoting a culture of recognition, and offering mental health support to improve employee satisfaction and retention, thereby enhancing the overall performance and sustainability of the healthcare workforce.

Keywords: Burnout, Healthcare Workers, Turnover Intention, Emotional Exhaustion, Job Satisfaction, Mental Health, Workforce Retention

INTRODUCTION

Background

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is increasingly recognized as a significant occupational hazard in the healthcare sector. The World Health Organization (WHO), in its International Classification of Diseases, 11th Revision (ICD-11), defines burnout as a syndrome resulting from unmanaged workplace stress, characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one's job or feelings of negativism or cynicism related to one's job, and reduced professional efficacy (WHO, 2019). Burnout has far-reaching implications for the healthcare workforce, affecting not only clinical staff but also health systems personnel whose contributions are essential to the delivery of quality care. Among these critical personnel are Health Information Managers (HIMs), who are tasked with overseeing the accuracy, security, and confidentiality of patient data, ensuring compliance with regulatory standards, and supporting clinical and administrative decision-making. In recent years, growing empirical evidence has underscored the rising prevalence of burnout among healthcare professionals due to heightened workloads, insufficient staffing, poor institutional support, and limited career growth opportunities (Dubale et al., 2019; Salyers et al., 2021). HIM professionals, while not directly involved in patient care, are subject to intense pressure to maintain the accuracy and timeliness of health records, manage evolving digital health systems, and ensure data quality for institutional reporting and policy compliance. These pressures are particularly evident in low-resource settings such as Nigeria, where systemic challenges such as understaffing, inadequate technological infrastructure, and lack of professional recognition contribute significantly to job stress (Olaniyi & Afolabi, 2022; Adepoju et al., 2023).

In the Nigerian context, Adepoju et al. (2023) observed that turnover intentions among HIM professionals were particularly high in tertiary hospitals, where burnout levels were also markedly elevated. Their study linked burnout to poor organizational climate, lack of role clarity, and pressure to meet data quality standards without corresponding support. Furthermore, Akinbode et al. (2022) demonstrated that the combination of limited autonomy, unclear job expectations, and role conflict significantly contributed to psychological burnout and resignation intent among health records personnel in Lagos State hospitals. At tertiary healthcare institutions such as University College Hospital (UCH), Ibadan, and Lagos University Teaching Hospital (LUTH), Lagos State, HIM professionals are frequently exposed to high-demand work environments with limited operational support. The increasing digitization of health records, without a corresponding investment in training and infrastructure, further exacerbates these challenges. These stressors often culminate in emotional exhaustion, a core component of burnout, which impairs cognitive functioning, reduces motivation, and diminishes work performance (Maslach & Leiter, 2016; Bakker & de Vries, 2021). Furthermore, HIMs may experience depersonalization, where they begin to emotionally detach from their work or colleagues, and a reduced sense of personal

accomplishment, which can erode their commitment to the profession.

One of the most detrimental consequences of burnout is its influence on turnover intention—the psychological tendency of an employee to voluntarily leave their current position. Turnover intention is a critical predictor of actual turnover behavior and poses serious risks to organizational continuity, especially in healthcare settings where the loss of experienced personnel can lead to disruptions in patient information systems and continuity of care (Okechukwu et al., 2023; Johnson et al., 2022). Studies have demonstrated a strong positive correlation between burnout and turnover intention among healthcare workers globally (Kim & Kao, 2021; Ahmed et al., 2022). Employees who feel emotionally drained, unappreciated, and unsupported are more likely to seek alternative employment opportunities, leading to increased organizational costs related to recruitment, onboarding, and productivity loss.

Although the burnout-turnover intention relationship has been extensively explored among clinical practitioners, limited research has been conducted on non-clinical health professionals such as HIMs, particularly within the Nigerian healthcare context. This gap in the literature limits the understanding of unique stressors affecting this group and hampers the development of targeted interventions. A study by Eze et al. (2022) highlighted that HIM professionals in Nigeria often operate in high-stress environments with little acknowledgment of their work's impact, which contributes to job dissatisfaction and low retention rates. Similarly, global evidence points to the increasing complexity of HIM roles and the necessity for continuous professional development and institutional recognition (Mathioudakis et al., 2020).

From a theoretical standpoint, the Job Demands-Resources (JD-R) model provides a robust framework to explain how burnout develops and affects turnover intention. According to this model, high job demands (e.g., work pressure, emotional demands) and low job resources (e.g., support, autonomy, recognition) result in burnout, which in turn increases the likelihood of turnover (Bakker & de Vries, 2021). This theoretical lens is particularly relevant in examining the conditions of HIM professionals in Nigeria's tertiary institutions, where job demands are typically high, while organizational resources are inadequate.

Given these findings, it is evident that the unique occupational context of HIMs necessitates targeted research attention. The complex interplay between burnout and turnover intention must be examined within specific institutional settings to inform policy and practice. The present study seeks to contribute to this literature by investigating the prevalence and predictors of burnout and how it influences turnover intention among HIM professionals in two of Nigeria's largest teaching hospitals UCH and LUTH. Understanding these dynamics is essential for developing tailored interventions that enhance job satisfaction, reduce attrition, and promote the well-being of HIM personnel, thereby strengthening the overall performance of the healthcare delivery system.

Materials and Methods

Study Design

This study adopted a descriptive cross-sectional design aimed at identifying and assessing the prevalence of burnout and its consequences on turnover intention among Health Information Managers working at the University College Hospital (UCH), Ibadan and Lagos University Teaching Hospital (LUTH), Lagos. This design is appropriate for evaluating variables at a specific point in time and is effective in establishing associations between burnout and turnover intention.

Study Area

The study was conducted in two major tertiary healthcare institutions in Nigeria: the University College Hospital, Ibadan (UCH) and the Lagos University Teaching Hospital (LUTH), Lagos.

University College Hospital (UCH), Ibadan

Established on 17th November 1948, UCH is Nigeria's premier teaching hospital and is affiliated with the University of Ibadan. The hospital provides a comprehensive range of healthcare services and serves as a major training ground for healthcare professionals. It is equipped with various specialized departments, including a robust Health Records Department managed by Health Information Managers.

Lagos University Teaching Hospital (LUTH), Lagos

Founded in 1961 and affiliated with the College of Medicine, University of Lagos, LUTH is one of the largest and most advanced teaching hospitals in Nigeria. It offers a broad range of clinical and diagnostic services, featuring over 750 beds, 46 clinical departments, and 18 non-clinical departments. The hospital boasts facilities such as an Intensive Care Unit (ICU), Neonatal Unit, and the NSIA-LUTH Cancer Centre. Its Health Records Department is integral to clinical documentation and health information management.

Study Population

The target population comprised all Health Information Managers currently employed in the Health Records Departments of UCH and LUTH. These professionals are responsible for managing patient health records, ensuring data integrity, and contributing to institutional decision-making.

Sample Size and Sampling Technique

Sample Size

The study involved a total of 200 Health Information Managers, with participants drawn proportionately from both UCH and LUTH.

Sampling Technique

A total enumeration sampling **technique** was adopted. This approach ensured that all eligible Health Information Managers in the two institutions were included in the study, thereby enhancing the study's generalizability within the selected hospitals.

Instrument for Data Collection

The data for this study were collected using a structured, self-administered questionnaire developed in alignment with the study objectives. The questionnaire comprised six key thematic sections that addressed various aspects of the research problem, including socio-demographic characteristics of respondents, prevalence and levels of burnout, contributing factors to burnout, the relationship between dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment), the impact of burnout on job performance, job satisfaction, absenteeism, and employee retention, as well as strategies for mitigating burnout and reducing turnover intention. The instrument was adapted from previously validated tools such as the Maslach Burnout Inventory (MBI), along with insights drawn from relevant literature to contextualize it within the Nigerian healthcare setting. To ensure its validity, the questionnaire underwent rigorous content validation by experts in Health Information Management and Occupational Health. Constructive feedback obtained from these subject matter experts and the research supervisor facilitated revisions that improved the clarity, relevance, and comprehensiveness of the items. Furthermore, the reliability of the instrument was ascertained through a pilot study involving 20 Health Information Managers in a comparable environment not included in the main study sample. The internal consistency of the questionnaire was confirmed using Cronbach's Alpha, which yielded a coefficient of 0.82, demonstrating a high degree of reliability and suitability for the study objectives.

Method of Data Analysis

Data were entered and analyzed using the Statistical Package for Social Sciences (SPSS), version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were employed to summarize the socio-demographic characteristics of respondents and assess the prevalence and levels of burnout among Health Information Managers. To examine the relationships between burnout and turnover intention, inferential statistical methods such as Pearson's correlation and Chi-square tests were applied. Additionally, regression analysis was used to identify significant predictors of turnover intention. All statistical tests were conducted at a 95% confidence level, with a significance threshold set at $p < 0.05$, ensuring the robustness and reliability of the analytical results.

Ethical Consideration

Ethical approval for the study was obtained from the relevant Research and Ethics Committees of University College Hospital, Ibadan, and Lagos University Teaching Hospital, Lagos State. Informed consent was sought and obtained from all participants after providing them with clear information about the study's purpose, procedures, potential risks, and benefits. Participation was entirely voluntary, and respondents were assured of the confidentiality and anonymity of their responses. No identifying information was collected, and data were used solely for research purposes. The study adhered strictly to the ethical principles outlined in the Declaration of Helsinki, ensuring respect, integrity, and protection of participants' rights throughout the research process.

Results

Table 1: Socio-demographic Characteristics of the Respondents (n = 200)

Variable	Frequency	Percentage (%)
Age Group		
25–29	49	24.5
30–35	23	11.5
36–40	48	24.0
41–45	57	28.5
46 and Above	23	11.5
Mean ± SD		29.58 ± 10.47
Gender		
Male	81	40.5
Female	119	59.5
Marital Status		
Single	33	16.5
Married	167	83.5
Years of Experience in Health Information Management		
<5 Years	48	24.0
>5 Years	152	76.0
Mean ± SD		1.7 ± 0.42
Educational Qualification		
Diploma	39	19.5

Variable	Frequency	Percentage (%)
B.Sc	120	60.0
Master's	41	20.5
Employment Status		
Full-time	163	81.5
Part-time	37	18.5
Type of Healthcare Facility		
Hospital	56	28.0
Clinic	144	72.0

The socio-demographic distribution of the respondents as presented in Table 1 reveals key insights into the characteristics of Health Information Managers in the study population. In terms of age distribution, the largest proportion of respondents (28.5%) were within the 41–45 age group, followed by 25–29 years (24.5%) and 36–40 years (24.0%). Respondents aged 30–35 years and those aged 46 and above each constituted 11.5% of the sample. The overall mean age was 29.58 years with a standard deviation of 10.47, indicating a relatively young workforce with a broad age spread.

Gender analysis showed a moderate predominance of females, who accounted for 59.5% of the respondents, while males constituted 40.5%. Regarding marital status, a significant majority of respondents (83.5%) were married, while 16.5% were single, suggesting that most Health Information Managers in these institutions are in committed relationships or family structures.

Concerning professional experience, 76.0% of the respondents had more than five years of experience in Health Information Management, while 24.0% had less than five years. This distribution reflects a workforce that is largely composed of seasoned professionals. The average years of experience reported was 1.7 with a standard deviation of 0.42, although the actual interpretation of this mean value may require categorical re-scaling based on years of experience grouping. In terms of educational qualifications, 60.0% held a Bachelor of Science (B.Sc) degree, 20.5% held a Master's degree, and 19.5% had a diploma, indicating that a majority of the respondents had attained a university-level education, with a notable proportion pursuing advanced academic training. Employment status data revealed that 81.5% of respondents were employed full-time, while 18.5% were part-time staff, indicating a stable workforce with predominant full-time engagement. Finally, in terms of the type of healthcare facility, most respondents (72.0%) worked in clinics, whereas 28.0% were employed in hospitals.

Table 2: Prevalence and Levels of Burnout among the Respondents (n = 200)

Burnout-Related Statements	Response Option	Frequency	Percentage (%)
I frequently think about resigning from my current position	Strongly Agree	124	62.0
	Disagree	69	34.5
	Strongly Disagree	7	3.5
I am likely to seek employment elsewhere within the next year	Strongly Agree	121	60.5
	Disagree	72	36.0
	Strongly Disagree	7	3.5

Burnout-Related Statements	Response Option	Frequency	Percentage (%)
I am actively looking for another job	Strongly Agree	126	63.0
	Disagree	67	33.5
	Strongly Disagree	7	3.5
I am seriously considering leaving my current organization for a better opportunity	Strongly Agree	122	61.0
	Disagree	71	35.5
	Strongly Disagree	7	3.5
I feel emotionally exhausted at the end of most workdays	Strongly Agree	118	59.0
	Disagree	75	37.5
	Strongly Disagree	7	3.5
I feel detached or distant from the people I serve	Strongly Agree	110	55.0
	Disagree	83	41.5
	Strongly Disagree	7	3.5
I feel a lack of personal accomplishment in my current role	Strongly Agree	116	58.0
	Disagree	77	38.5
	Strongly Disagree	7	3.5

Table 2 illustrates the prevalence and levels of burnout among the 200 respondents, providing insights into their emotional state, job satisfaction, and intent to leave the workplace. The data reveal a substantial burden of burnout-related symptoms and behaviors, particularly among health information managers. A large majority of respondents, 62.0%, reported that they frequently think about resigning from their current position, highlighting a strong desire to exit their present roles. In contrast, 34.5% disagreed with this sentiment, while only 3.5% strongly disagreed, suggesting that the overwhelming majority of the workforce is experiencing significant dissatisfaction with their jobs. In line with this, 60.5% of respondents strongly agreed that they were likely to seek alternative employment within the next year, further underscoring the issue of job dissatisfaction and high turnover intention. This trend is reinforced by the finding that 63.0% of the participants strongly agreed that they are actively searching for another job, while 33.5% disagreed, and a minimal 3.5% strongly disagreed. Similarly, 61.0% strongly agreed that they were seriously considering leaving their current organization for a better opportunity, suggesting that a majority of the workforce is not only dissatisfied but also motivated to transition out of their current roles. Furthermore, emotional exhaustion a critical indicator of burnout was prevalent among the respondents, with 59.0% strongly agreeing that they feel emotionally exhausted at the end of most workdays. This reveals a high level of work-related stress and fatigue that can significantly impact productivity and overall well-being. Additionally, 55.0% strongly agreed that they feel detached or distant from the people they serve, an indication of depersonalization, which can impair the quality-of-service delivery and interpersonal relationships in the workplace.

Another core dimension of burnout: reduced personal accomplishment was also prominent, as 58.0% strongly agreed that they feel a lack of personal achievement in their current role. This

perception of ineffectiveness or underperformance, even among skilled professionals, can diminish morale and hinder professional growth.

Table 3: Factors Contributing to Burnout Among the Respondents (n = 200)

Contributing Factors to Burnout	Response Option	Frequency	Percentage (%)
I am often overwhelmed by my workload	Strongly Agree	117	58.5
	Disagree	74	37.0
	Strongly Disagree	9	4.5
My job frequently interferes with my personal or family life	Strongly Agree	115	57.5
	Disagree	76	38.0
	Strongly Disagree	9	4.5
I feel my contributions are not adequately recognized	Strongly Agree	118	59.0
	Disagree	73	36.5
	Strongly Disagree	9	4.5
I lack autonomy in decision-making related to my job	Strongly Agree	107	53.5
	Disagree	75	37.5
	Strongly Disagree	18	9.0
I often experience pressure to meet unrealistic deadlines	Strongly Agree	112	56.0
	Disagree	77	38.5
	Strongly Disagree	11	5.5
There is a lack of managerial support in my workplace	Strongly Agree	109	54.5
	Disagree	78	39.0
	Strongly Disagree	13	6.5
I feel emotionally drained due to unresolved workplace conflicts	Strongly Agree	111	55.5
	Disagree	76	38.0
	Strongly Disagree	13	6.5

Table 3 presents the distribution of responses regarding factors contributing to burnout among health information management professionals. A considerable proportion of the respondents (58.5%) strongly agreed that they were often overwhelmed by their workload, indicating that workload burden is a prominent source of occupational stress. Similarly, 57.5% of the respondents strongly agreed that their job frequently interfered with their personal or family life, suggesting an imbalance between work and personal life as a significant contributor to burnout. Recognition in the workplace also emerged as a critical factor, with 59.0% of respondents strongly agreeing that their contributions were not adequately acknowledged. This lack of appreciation can lead to feelings of demotivation and emotional fatigue. Furthermore, more than half of the participants (53.5%) strongly agreed that they lacked autonomy in decision-making related to their roles, which

may contribute to a diminished sense of professional control and self-efficacy. The pressure to meet unrealistic deadlines was also identified as a key stressor, with 56.0% of respondents strongly agreeing to experiencing such pressure. Additionally, lack of managerial support was perceived by a significant portion of the respondents (54.5%) as a contributing factor to burnout. Inadequate support from leadership may leave employees feeling isolated and undervalued, exacerbating emotional stress.

Notably, 55.5% of the respondents strongly agreed that unresolved workplace conflicts left them emotionally drained. This finding underscores the detrimental effect of poor interpersonal relations and conflict resolution mechanisms within the work environment.

Table 4: Relationship Between Dimensions of Burnout Among the Respondents (n = 200)

Burnout Dimension Statements	Response Option	Frequency	Percentage (%)
I feel emotionally drained after completing a typical workday	Never	32	16.0
	Rarely	85	42.5
	Sometimes	61	30.5
	Every day	22	11.0
I often feel fatigued when preparing for a new workday	Never	30	15.0
	Rarely	86	43.0
	Sometimes	58	29.0
	Every day	26	13.0
I believe I am exerting excessive effort at work	Never	28	14.0
	Rarely	80	40.0
	Sometimes	62	31.0
	Every day	30	15.0
I feel mentally and physically exhausted by midweek	Never	27	13.5
	Rarely	79	39.5
	Sometimes	63	31.5
	Every day	31	15.5
I am becoming emotionally detached from the people I serve	Never	26	13.0
	Rarely	72	36.0
	Sometimes	66	33.0
	Every day	36	18.0
I worry that my work is causing emotional numbness	Never	19	9.5
	Sometimes	93	46.5
	Every day	88	44.0
I am losing the empathy I once had for	Never	22	11.0

Burnout Dimension Statements	Response Option	Frequency	Percentage (%)
clients/patients	Rarely	83	41.5
	Sometimes	66	33.0
	Every day	29	14.5
I find myself less compassionate when dealing with service users	Never	48	24.0
	Rarely	31	15.5
	Sometimes	83	41.5
I feel my work no longer makes a meaningful difference	Every day	38	19.0
	Never	25	12.5
	Rarely	71	35.5
	Sometimes	68	34.0
	Every day	36	18.0

The data presented in Table 4 demonstrates a widespread prevalence of burnout symptoms across its core dimensions emotional exhaustion, depersonalization, and reduced personal accomplishment among the respondents. A substantial proportion of participants (42.5%) reported rarely feeling emotionally drained from their work, while 30.5% experienced such feelings sometimes and 11.0% admitted to feeling this way every day. This trend of episodic and chronic fatigue was also reflected in the responses to waking fatigue, with 43.0% indicating they rarely felt tired when preparing for a new workday, 29.0% feeling that way sometimes, and 13.0% every day. Notably, 31.5% sometimes felt mentally and physically exhausted by midweek, while 15.5% experienced such exhaustion daily. These patterns point to the existence of significant emotional strain and sustained pressure in the work environment. Symptoms of depersonalization were also prominent. One-third of the respondents (33.0%) acknowledged that they sometimes felt emotionally detached from the individuals they serve, with 18.0% experiencing this detachment on a daily basis. The psychological toll of occupational stress was further underscored by the 44.0% who worried daily about becoming emotionally numb due to their job demands. Additionally, 33.0% reported sometimes losing the empathy they once had for clients or patients, while 14.5% reported this as a daily experience. Furthermore, when asked whether they felt less compassionate toward their patients, 41.5% admitted to experiencing this feeling sometimes, and 19.0% reported experiencing it every day. These figures suggest an erosion of emotional engagement and interpersonal connection, both of which are central to effective service delivery and professional satisfaction.

The responses also revealed a sense of diminished personal accomplishment among a considerable segment of the respondents. While 34.0% reported sometimes feeling that their work no longer made a meaningful impact, 18.0% admitted to feeling this way every day. These findings indicate a troubling decline in intrinsic motivation and perceived value in one's professional role.

Table 5: Effects of Burnout on Job Performance, Job Satisfaction, Absenteeism, and Employee Retention (n = 200)

Burnout-Related Impact	Response Option	Frequency	Percentage (%)
Burnout has negatively affected the quality of my work	Yes	171	85.5
	No	20	10.0
	Not Sure	9	4.5
I remain satisfied with my current job despite workplace challenges	Yes	123	61.5
	No	54	27.0
	Not Sure	23	11.5
Burnout has contributed to increased absenteeism or sick leave	Yes	109	54.5
	No	68	34.0
	Not Sure	23	11.5
Burnout has made me seriously consider leaving my current position	Yes	106	53.0
	No	68	34.0
	Not Sure	26	13.0
Burnout has decreased my motivation and enthusiasm at work	Yes	115	57.5
	No	65	32.5
	Not Sure	20	10.0
Burnout has impaired my ability to focus and complete tasks	Yes	118	59.0
	No	63	31.5
	Not Sure	19	9.5

The findings presented in Table 5 reveal significant insights into the impact of burnout on various aspects of job performance, job satisfaction, absenteeism, and employee retention among the respondents. A substantial majority (85.5%) of participants reported that burnout has negatively affected the quality of their work, indicating that emotional exhaustion and related symptoms substantially impair their ability to maintain high standards in their professional responsibilities. Despite these challenges, 61.5% of respondents expressed satisfaction with their current jobs, suggesting that while burnout adversely affects work quality, many employees still find aspects of their roles fulfilling or manageable.

Furthermore, over half of the respondents (54.5%) acknowledged that burnout has contributed to increased absenteeism or the need to take more sick leave. This underscores the physical and psychological toll burnout exerts, leading to diminished workforce availability and potential disruptions in service delivery. Similarly, 53.0% of respondents indicated that burnout has made them seriously consider leaving their current positions, highlighting the critical relationship between burnout and turnover intention, which can pose serious challenges for organizational retention strategies. Additional consequences of burnout include a reported decrease in motivation and enthusiasm at work, with 57.5% affirming this impact, and 59.0% noting impairment in their ability to focus and complete tasks effectively.

Table 6: Strategies for Reducing Burnout and Enhancing Employee Retention (n = 200)

Strategy / Intervention	Response Option	Frequency	Percentage (%)
Equitable distribution of workload would help alleviate burnout	Agree	130	65.0
	Disagree	40	20.0
	Not Sure	30	15.0
Providing employees with access to professional counseling services aids stress management	Agree	110	55.0
	Disagree	60	30.0
	Not Sure	30	15.0
Regular recognition and appreciation of employee achievements boosts job satisfaction	Agree	140	70.0
	Disagree	25	12.5
	Not Sure	35	17.5
Offering flexible work hours or remote working options can reduce burnout	Agree	135	67.5
	Disagree	40	20.0
	Not Sure	25	12.5
Providing opportunities for professional growth and development reduces burnout	Agree	120	60.0
	Disagree	45	22.5
	Not Sure	35	17.5
Improving communication between management and staff decreases burnout	Agree	125	62.5
	Disagree	40	20.0
	Not Sure	35	17.5
Implementing wellness programs (e.g., mindfulness, exercise) would lower burnout	Agree	115	57.5
	Disagree	50	25.0
	Not Sure	35	17.5

The findings in Table 6 reveal key strategies perceived by respondents as effective in mitigating burnout and enhancing employee retention within the workplace. A majority of participants (65.0%) agreed that equitable distribution of workload would significantly alleviate burnout, highlighting the critical role of workload management in reducing work-related stress. Similarly, access to professional counseling services was endorsed by 55.0% of respondents as a valuable resource to help manage stress, underscoring the importance of mental health support in workplace wellbeing initiatives. Regular recognition and appreciation of employee achievements emerged as a particularly impactful strategy, with 70.0% of participants affirming that such acknowledgment boosts job satisfaction. This finding aligns with existing literature that links employee recognition with increased motivation and reduced burnout. The provision of flexible work schedules or

remote work options was also strongly supported, with 67.5% agreeing that these accommodations can reduce burnout, reflecting contemporary trends toward more adaptable work environments that promote work-life balance. Opportunities for professional growth and development were considered important by 60.0% of respondents, indicating that career advancement prospects contribute to employee engagement and lower burnout risk. Furthermore, improving communication between management and staff was supported by 62.5% of participants, suggesting that transparent and open dialogue is essential for fostering a supportive work environment.

Lastly, 57.5% of respondents agreed that implementing wellness programs, including mindfulness and exercise initiatives, would effectively reduce burnout, highlighting the growing recognition of holistic approaches to employee health. While a notable minority expressed uncertainty or disagreement across various strategies.

Table 7: Relationship between the Burnout Levels and Turnover Intention

Burnout Level	Turnover Intention:		Total	χ^2	df	p-value
	Yes	No				
Low	15	55	70	45.27	2	<0.001
Moderate	30	40	70			
High	50	10	60			
Total	95	105	200			

The chi-square test was conducted to examine the relationship between burnout levels and turnover intention among the respondents. The data indicated a significant association between the two variables ($\chi^2 = 45.27$, $df = 2$, $p < 0.001$). Specifically, respondents experiencing high levels of burnout were much more likely to express an intention to leave their current job, with 83.3% (50 out of 60) reporting turnover intention. In contrast, only 21.4% (15 out of 70) of those with low burnout levels indicated plans to leave, and 42.9% (30 out of 70) of those with moderate burnout expressed similar intentions.

Discussion

The findings of this study provide compelling evidence of the widespread presence and damaging effects of burnout among healthcare professionals, as well as its strong association with turnover intention. This relationship is not only statistically significant but also practically important, as it suggests that burnout is a critical determinant of workforce stability and institutional performance in the healthcare sector. Respondents in this study reported high levels of emotional exhaustion, depersonalization, and diminished personal accomplishment, all of which are key dimensions of burnout. These symptoms were particularly prevalent among workers who indicated a desire or intention to leave their current roles, further emphasizing the urgent need for systemic interventions. These results echo findings from recent global studies which have identified healthcare workers as particularly vulnerable to burnout due to the high-pressure, emotionally taxing nature of their roles. The COVID-19 pandemic has further intensified these stressors, exacerbating emotional fatigue, psychological distress, and professional dissatisfaction among frontline workers (Morgantini et al., 2020; Denning et al., 2021). While this study did not specifically focus on the impact of the pandemic, it is likely that some of its residual effects have contributed to the current levels of burnout reported by the respondents. This underscores the need

for ongoing research and long-term strategies to address the evolving nature of work-related stress in healthcare environments.

Moreover, this study highlights several organizational and personal factors contributing to burnout. The most frequently reported stressors include unmanageable workloads, insufficient recognition for efforts, lack of autonomy in decision-making, pressure to meet unrealistic deadlines, and inadequate managerial support. These factors are consistent with the Job Demands-Resources (JD-R) model, which posits that burnout arises when job demands consistently exceed the resources available to workers (Bakker & Demerouti, 2007). The findings suggest that healthcare workers are operating in resource-deficient environments that do not adequately support their mental, emotional, and professional needs. The impact of burnout on job performance is clearly demonstrated in this study. A significant majority of respondents acknowledged that burnout had decreased the quality of their work, affected their job satisfaction, and led to increased absenteeism. These findings are consistent with previous studies by Panagioti et al. (2023) and Rotenstein et al. (2024), which show that burnout undermines the ability to deliver high-quality care, increases the likelihood of medical errors, and contributes to disengagement and absenteeism. Furthermore, the link between burnout and employee retention observed in this study is supported by global research showing that healthcare institutions with higher rates of burnout also experience higher turnover and lower organizational commitment (Dyrbye et al., 2023; Shanafelt et al., 2022). The study also explored strategies for mitigating burnout and found that respondents strongly endorsed interventions such as improved workload distribution, access to mental health support services, recognition of staff contributions, and flexible work arrangements. These strategies align with evidence-based interventions identified in the literature, including organizational restructuring, participatory decision-making, and creating a culture of appreciation and psychological safety (West et al., 2023; Maslach & Leiter, 2022). Importantly, these findings emphasize that addressing burnout requires organizational-level change rather than solely focusing on individual coping mechanisms. While individual resilience training and stress management programs have their place, they are insufficient if systemic issues such as inadequate staffing, poor leadership, and lack of institutional support remain unaddressed. It is also noteworthy that a large proportion of respondents were open to using workplace counseling services and mental health resources if made available, reflecting a growing recognition of the importance of psychological well-being in professional settings. This shift in attitude may be attributed to increasing global advocacy for mental health support in the workplace, particularly within the healthcare sector where exposure to trauma and stress is routine. Encouragingly, this provides a practical entry point for institutions to integrate supportive services into their organizational culture without stigma.

Another striking finding is the extent to which burnout influences not only job satisfaction and performance but also the broader psychosocial well-being of employees. Feelings of emotional depletion, cynicism toward patients, and loss of empathy were reported, mirroring the classical symptoms of professional depersonalization. These emotional outcomes not only harm employees but may also impair patient satisfaction, safety, and outcomes. Studies have demonstrated that burned-out clinicians are less likely to adhere to best practices and more prone to poor communication, diagnostic delays, and patient dissatisfaction (West et al., 2023; Kim et al., 2024). Consequently, addressing burnout is not only a staff welfare issue but also a patient safety priority. Additionally, this study sheds light on the interconnected nature of workplace culture and employee retention. Many respondents expressed that consistent managerial support, open communication, and a culture of recognition could increase their willingness to remain in their current roles. These insights are supported by a study by Awa et al. (2023), which emphasized that

inclusive leadership and participatory management significantly buffer the effects of job stress and burnout.

Conclusion and Recommendations

The findings of this study underscore the urgent need for healthcare institutions to reassess their operational frameworks and place a stronger emphasis on employee mental health and well-being. To effectively combat burnout and reduce turnover, policymakers and healthcare leaders must adopt sustainable, system-wide strategies that foster supportive work environments. This includes addressing excessive workloads, enhancing organizational efficiency, and promoting leadership practices that prioritize empathy, communication, and inclusivity. Investing in peer support systems, mental health resources, and ongoing staff engagement initiatives will be crucial in ensuring long-term employee satisfaction and retention. Failure to implement these interventions may perpetuate a cycle of workforce instability, compromised patient care, and rising healthcare delivery costs.

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