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Workplace Burnout Among Mental Health Professionals: Implications for Strategic Leadership Style Interventions in Nigeria's Hospitals

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ABSTRACT

Workplace burnout among mental health professionals in Nigeria's federal hospitals poses a critical threat to clinical performance and patient care quality, exacerbated by the 'japa syndrome', the mass emigration of skilled workers seeking better conditions abroad. This study investigated the effects of burnout and the efficacy of strategic leadership interventions in mitigating the challenges. A cross-sectional survey of 270 mental health professionals from the University of Abuja Teaching Hospital and Federal Medical Centre Abuja, selected through systematic sampling. Data was collected using structured questionnaires on a 5-point Likert scale (Strongly Agree to Strongly Disagree), burnout and effects were analyzed with mean scores ($M \geq 3.50$ indicating agreement), and logistic regression analysis ($p < 0.05$). Respondents were predominantly male (66.7%), aged 35-40 years (57.8%), and had 5-10 years of work experience (66.3%). Frequent diagnostic or treatment errors, lowered patient care effectiveness, less ability to concentrate, reduced empathy, and reduction in productivity and efficiency predicted burnout ($p < 0.001$). Burnout impaired the quality of healthcare delivered to patients through medical errors ($M = 4.25$), weakened teamwork ($M = 3.95$), increased dissatisfaction ($M = 3.86$), reduced communication ($M = 3.79$), and increased delays ($M = 3.70$). Participatory and transformational leadership significantly enhanced morale and motivation, while government interventions like enhanced remuneration, foreign collaborations, and strong mental health programmes would significantly reduce burnout-related emigration. Strategic interventions, including transformational leadership, fair pay, infrastructure upgrades, and training, are vital to alleviate burnout, retain talent, and improve Nigeria's mental health system. Integrated stakeholder efforts are recommended for sustainable service delivery.

INTRODUCTION

The physical and mental health of a company's employees has an immense impact on how productive an institution is. Emotionally stable workers stay focused and productive, which improves the organization's overall results (Poudel *et al.*, 2025). But burnout has become a common problem, especially in the healthcare field, where long hours, high emotional demands, and lack of institutional support make people more likely to feel stressed and exhausted (Dobešová Cakirpaloglu *et al.*, 2024).

Freudenberger initiated discussions of burnout, characterized by feelings of emotional exhaustion, detachment from others, and a sense of less accomplishment due to long-term work-related stress (Freudenberger, 1989). Burnout was initially perceived as an individual concern; however, recent studies recognize burnout as an organizational challenge associated with systemic inefficiencies, inadequate welfare frameworks,

and deficiencies in leadership (Anno, 2025).

Burnout among healthcare professionals has garnered significant global attention because of its detrimental impact on worker well-being, performance, and patient safety. In Nigeria, federal hospitals that offer specialized mental health treatments are experiencing rising levels of staff burnout due to excessive workloads, emotional stress, and insufficient institutional support (Ogunsuji *et al.*, 2023; Ubom *et al.*, 2023). Mental health professionals, such as psychiatrists, psychologists, nurses, and social workers, frequently operate under significant strain, leading to increased stress levels and diminished productivity; and in extreme instances, burnout results in professional disengagement or relocation (Kanmodi *et al.*, 2022; Soneye *et al.*, 2023).

The 'japa syndrome' in Nigeria, which refers to the increased departure of healthcare personnel from the country, has made the staff shortages at federal hospitals

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even worse. Many talented workers move to places like the United Kingdom, Canada, and the United States to get better jobs (Adebayo & Akinyemi, 2022). This trend places greater stress on workers who are still in the country and exacerbates burnout. Because of these problems, strategic leadership interventions are necessary to help mental health personnel in Nigeria's federal hospitals deal with burnout. Strengthening organizational policies, enhancing management support, and improving staff welfare are essential strategies to promote employee well-being and improve the delivery of mental healthcare services (Elufioye *et al.*, 2024).

Statement of the Problem

In Nigeria's federal hospitals, mental health professionals experience burnout at work, which is a severe but frequently ignored threat to service delivery and staff retention. The University of Abuja Teaching Hospital (UATH) and the Federal Medical Centre (FMC) in Abuja are two examples of institutions that are increasingly emotionally draining, with morale steeply dropping due to poor leadership, lack of administrative support, and severe clinical workloads. The mass exodus of health workers has worsened the occurrence of burnout as well as the personnel structures. Thus, it is important to have effective interventions that focus on both staff health and workforce stability.

This study differs from previous research that mostly concentrated on government policy responses; it directly involves medical practitioners to investigate the impact of leadership styles and people management techniques on burnout and organizational sustainability. This viewpoint aids in recognizing effective methods for alleviating stress and enhancing employee motivation. UATH and FMC Abuja serve as case studies due to their strategic positioning in the nation's capital, which exemplifies difficulties prevalent in other federal health facilities. This research evaluated the impact of burnout on clinical performance, investigated its consequences for patient care, and provided leadership and policy solutions to mitigate burnout and curb the escalating exodus of mental health professionals due to inadequate working circumstances.

To effectively address these objectives, the following research questions were formulated:

- i. How does workplace burnout affect the clinical performance of mental health professionals in Nigeria's federal hospitals?
- ii. What are the adverse effects of burnout on the quality of healthcare delivery to patients in Nigeria's federal hospitals?
- iii. What strategic leadership style interventions can strengthen workforce resilience and prevent burnout among mental health professionals in federal hospitals?
- iv. What strategic government interventions can be implemented to curb the health worker exodus arising from burnout among mental health professionals in Nigeria's federal hospitals?

LITERATURE REVIEW

Conceptual Reviews

Workplace Burnout

Maslach & Leiter (2016) state that the emotional, bodily, and mental tiredness brought on by extended exposure to work-related pressures is known as workplace burnout. Burnout is prevalent in occupations with high demand, like social services, healthcare, and education, where ongoing human interaction and accountability are necessary (Vergara & Taja-on, 2025). Chronic exhaustion, diminished motivation, disengagement, and deteriorating work performance are signs of burnout, which is frequently caused by an overwhelming workload, a lack of personnel, and inadequate institutional support and is an occupational problem that has an impact on customer or patient service quality, productivity, and employee satisfaction.

Mental Health Professionals (MHPs)

Psychologists, psychiatric nurses, social workers, and therapists are examples of mental health professionals (MHPs) who analyze, diagnose, and treat people with psychological or emotional difficulties (Robiner, 2006). They play a crucial part in preserving mental health and halting the progression of mental illnesses and operate in a variety of settings, including schools, hospitals, community clinics, and rehabilitation facilities. MHPs frequently deal with work stressors like large caseloads, emotional demands, and trauma exposure.

Leadership Style

Leadership style is the pattern of behaviour, attitude, and decision-making method used by leaders to control and direct subordinates toward accomplishing organizational objectives, and effective leadership is crucial for preserving employee morale, fostering teamwork, and guaranteeing high-quality service delivery in the healthcare industry (Bwalya, 2023). Transformational, transactional, democratic, autocratic, and servant leadership are common leadership philosophies, and transformational leaders inspire workers by fostering creativity and a sense of purpose (Al-Thawabiya *et al.*, 2023). Leadership is essential for inspiring teams and controlling stress in Nigerian hospitals, where staff shortages and resource limitations are prevalent. In order to improve patient outcomes and strengthen healthcare systems, it is essential to comprehend and implement successful leadership styles.

Literature and Theoretical Framework

Effect and Adverse Effects of Workplace Burnout Clinical Performance of Mental Health Professionals

High levels of burnout among clinicians in Nigeria have been linked to reduced clinical performance, poor attentiveness, and declining patient-care quality (Ogunsuji *et al.*, 2023; Ubom *et al.*, 2023). Burnout weakens concentration, increases the likelihood of clinical errors, and lowers therapeutic engagement among mental health and general healthcare workers (Kanmodi *et al.*,

2022). These studies consistently identify major system-level causes, including excessive workload, inadequate equipment, insufficient pay, and weak institutional support.

Burnout also plays a significant role in the high emigration intentions among Nigerian clinicians. Many professionals prefer to work in Europe due to better salaries, safer and better-equipped hospitals, structured career pathways, and stronger labour protections. Push factors such as chronic overload, delayed remuneration, poor infrastructure, and limited training worsen burnout and encourage migration (Adebayo & Akinyemi, 2022). Large surveys among students and early-career clinicians in Nigeria show that improved career prospects and access to advanced equipment abroad were among the most influential motivators for relocation (Adebayo & Akinyemi, 2022; Folayan *et al.*, 2021; Soneye *et al.*, 2023). These motivations directly align with the structural causes of burnout documented in the literature.

Staff experiencing severe exhaustion are more likely to engage in absenteeism and skip essential tasks, and it negatively affects patient outcomes, leading to longer waiting periods, inadequate discharge education, poor follow-up, and reduced monitoring. These service gaps, combined with persistent staffing shortages, create a cycle where burnout worsens operational inefficiencies and increases the desire to migrate. This outward movement further deepens workforce shortages, reinforcing a continuous negative feedback loop within Nigeria's hospital system.

Leadership Style and Strategic Government Interventions for Curbing 'Japa Syndrome' and Strengthening Workforce Resilience among Mental Health Professionals.

Supportive leadership reduces burnout and strengthens resilience among healthcare workers. Transformational and participatory leadership styles foster recognition, mentoring, equitable task allocation, and open communication, helping staff feel valued and mitigating emotional exhaustion. Hospital leaders who demonstrate empathy, encourage teamwork, and provide career development opportunities enable employees to manage stress effectively and maintain higher-quality patient care (Damatov *et al.*, 2025). Leadership training and wellness programmes further improve job satisfaction among mental health professionals.

Theoretical Framework

Transformational Leadership Theory

Burns (1978) and Bass (1985) established the Transformational Leadership Theory, which describes how leaders inspire and encourage followers to reach better performance and personal growth levels (Eaton *et al.*, 2024). By providing a clear vision, encouragement, and one-on-one support, transformational leaders foster dedication and trust. Intellectual stimulation, idealized influence, inspirational drive, and individualized

consideration were the four main components highlighted by the theory. By offering emotional support and acknowledging the professional accomplishments of mental health professionals, this leadership style is poised to lessen burnout in organizations, including hospitals.

Participatory Leadership Theory

Participatory leadership allows subordinates to freely discuss problems and offer solutions without fear of repercussions, an openness that enables prompt responses by identifying early indicators of stress or burnout among healthcare professionals. Interpersonal ties across professional hierarchies are strengthened and morale is raised when leaders actively solicit feedback from their subordinates and demonstrate empathy (Jin & Ikeda, 2023). This inclusive leadership approach fosters psychological safety in mental health facilities, which is crucial for staff members who frequently interact with emotionally taxing patients. Participatory leaders contribute to the development of a healthy workplace that fosters both professional and personal growth by fostering inclusivity and trust.

MATERIALS AND METHODS

Study Area

Nigeria's healthcare system is structured into three levels - the primary, secondary and tertiary - to enhance accessibility and service delivery. For this study, the University of Abuja Teaching Hospital (UATH) and the Federal Medical Centre (FMC), Abuja, were purposively selected, as they represented both tertiary and secondary healthcare institutions within the Federal Capital Territory. The UATH provided specialized care and medical training, while the FMC served as an intermediary facility offering affordable and accessible healthcare services.

Study Design

A cross-sectional survey approach was utilized with clinical staff in the mental health departments in both health institutions. The purpose of the study was to investigate how occupational burnout affected mental health practitioners' clinical performance and the standard of treatment given in Nigeria's federal hospitals.

Study Population

Mental healthcare workers from the FMC Abuja and the UATH, including psychiatrists, psychologists, nurses, and social workers, made up the study population. The hospitals' bed capacities, 520 beds for UATH and 150 beds for FMC, which represented patient volume, service scope, and staff distribution, were used to calculate the required sample proportionate to size. This also enabled an equitable representation of big and medium-sized federal healthcare facilities in the Federal Capital Territory. Inclusion criteria: Consenting mental healthcare workers with up to 5 years of experience in the profession. Exclusion: Non-consenting individuals.

Data Collection

The data for this study was obtained from respondents at both centres using a standardized paper-based questionnaire to collect quantitative data on occupational burnout, its impact on clinical performance, and associated organizational challenges. The test mostly comprised Likert-scale items to guarantee consistency in replies and facilitate analysis. Prior to full implementation, the questionnaire was subjected to expert validation by three specialists from the University of Abuja, followed by a pre-test with mental health professionals in a non-participating centre, yielding a reliability coefficient of 0.7, aligning with the Cronbach's Alpha standard for robust internal consistency.

Study Instrument

The study used a structured questionnaire adapted from the Burnout Rating Scale (BRS) and the Maslach Burnout Inventory (MBI). The instrument measured the fundamental aspects of burnout, including emotional tiredness, physical depletion, decreased motivation, depersonalization, and lower professional performance. Perceptions of strategic leadership interventions and government initiatives targeted at enhancing resilience, lowering burnout, and addressing workforce migration were assessed by additional items in line with the research questions. A five-point Likert scale was used to rate each item, as follows: Respondents can indicate how strongly they agree or disagree with each statement by selecting Strongly Agree, SA (5); Agree, A (4); Neutral, N (3); Disagree, D (2); and Strongly Disagree, SD (1).

Data Management

IBM SPSS Statistics Version 28 was used to analyze the data from the questionnaires. The study calculated mean scores to measure respondents' burnout levels and opinions on government actions and leadership. The following formula was used to determine each item's mean score.

$$(M(5 \times SA) + (4 \times A) + (3 \times N) + (2 \times D) + (1 \times SD)) / N$$

Ethical Statement and Consent to Participate

The Health Research Ethics Committees of the University of Abuja Teaching Hospital, Gwagwalada, and the Federal Medical Centre, Abuja, approved this study prior to its commencement. All research procedures followed the ethical standards of the institutional and national research committees and were carried out in compliance with the 1964 Declaration of Helsinki and subsequent amendments, which ensured respect, confidentiality, informed consent, and the protection of participants' rights and welfare. All participants were fully informed about the study's purpose, procedures, and their right to withdraw at any time without consequences. Informed consent was secured before questionnaire distribution, and participation was voluntary. All data were handled confidentially in line with the Nigeria Data Protection Act (NDPA) 2023.

RESULTS AND DISCUSSION

Demographic Profile of Respondents

Demographic data reveal a significant gender gap in Nigeria's mental health workforce, with more men, 180 (66.7%) (Figure 1), reflecting sociocultural norms that

Demographic Profile of Respondents

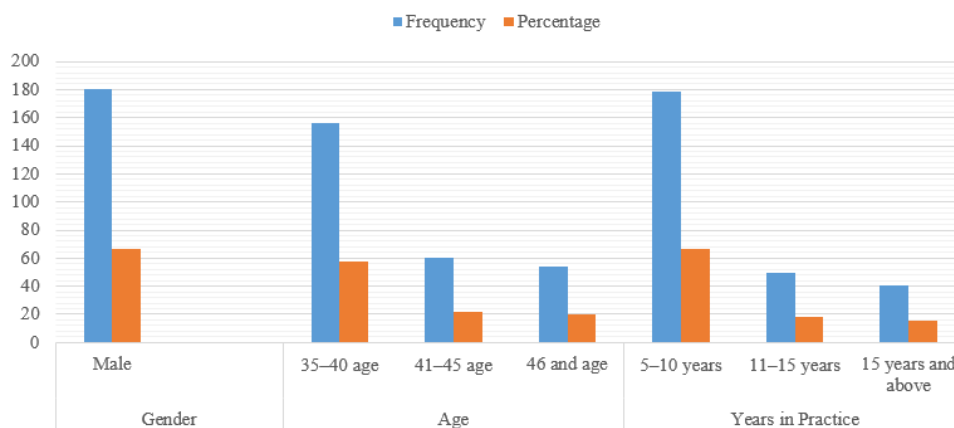


Figure 1: Demographic Profile of Respondents

Source: Field Survey (2025)

assigned men demanding roles (Olonade *et al.*, 2021). The analysis also showed that 156 (57.8%) of respondents were aged 35-40 years, and 179 (66.3%) had five to ten years of work experience.

How does workplace burnout affect the clinical performance of mental health professionals in Nigeria's

federal hospitals?

This study reports that workplace burnout considerably affected the clinical performance of mental health practitioners in Nigeria's federal hospitals, with a total mean score of 3.77 (Table 1). There was lowered ability to concentrate ($M = 3.66$), less patient care effectiveness

(M = 3.84), frequent diagnostic or treatment mistakes (M = 4.17), less empathy (M = 3.54), and the overall clinical productivity and efficiency were diminished (M = 3.73). This means that most respondents reported that burnout made it more difficult to perform their jobs well. These

findings align with both domestic and foreign studies which link burnout to heightened turnover intentions, diminished empathy, emotional weariness, diagnostic errors, and reduced productivity (Kanmodi *et al.*, 2022; López *et al.*, 2025; Ubom *et al.*, 2023; Yue *et al.*, 2022).

Table 1: Effect of workplace burnout on the clinical performance of mental health professionals in Nigeria’s federal hospitals

Statements	SA (5)	A (4)	N (3)	D (2)	SD (1)	Mean Scores
Burnout reduces my ability to concentrate during clinical sessions.	105	50	60	27	28	3.66
Emotional exhaustion makes it difficult for me to attend to patients effectively.	90	100	50	6	24	3.84
Burnout leads to frequent errors in diagnosis or treatment.	150	60	30	15	15	4.17
I often feel less empathetic toward patients due to work fatigue.	70	70	60	50	20	3.54
Burnout reduces my overall clinical productivity and efficiency.	100	70	60	8	32	3.73

Source: Field Survey (2025)

The predictors of workplace burnout as in Table 2 were loss of concentration, less patient care effectiveness, diagnostic and treatment errors, reduced empathy, and the overall reduced productivity and efficiency of mental health professionals in Nigeria’s federal

hospitals ($p < 0.001$). These results showed that burnout significantly increased diagnostic errors and decreased clinical efficiency, decision-making accuracy, empathy, and overall professional performance.

Table 2: Predictors of workplace burnout among mental health professionals in Nigeria’s federal hospitals

Burnout Indicators (Predictors)	B	Std. Error	Beta (β)	t-value	p-value
Loss of Concentration	0.32	0.08	0.28	4.00	<0.001
Less Patient Care Effectiveness	0.41	0.09	0.35	4.56	<0.001
Diagnostic and Treatment Errors	0.45	0.10	0.38	4.50	<0.001
Reduced Empathy	0.29	0.07	0.24	4.14	<0.001
Reduced Productivity and Efficiency	0.36	0.09	0.30	4.00	<0.001

Source: Field Survey (2025)

What are the adverse effects of burnout on the quality of healthcare delivery to patients in Nigeria’s federal hospitals?

This study examined the adverse impacts of burnout on the quality of care in federal hospitals in Nigeria, and the results (Table 3) showed that burnout worsened the quality of healthcare delivered by prolonged wait time (M=3.70), poor communication (M=3.79), reduced patient satisfaction (M=3.86), weakened teamwork (M=3.95), and increased medical mistakes (M=4.25). These findings align with other research indicating that workplace burnout impaired the quality of healthcare delivery through poor communication, mistakes in diagnosis, and delays in service, less collaboration, factors that are essential for effective patient-centred care and clinical precision (Rosenstein, 2025).

The regression analysis (Table 4) showed that burnout was significantly associated with the quality of healthcare delivery among mental health practitioners at Nigeria’s

federal hospitals, through medical errors, weakened teamwork, dissatisfaction, poor communication, and delays ($p < 0.05$).

What strategic leadership style interventions can strengthen workforce resilience and prevent burnout among mental health professionals in federal hospitals?

This study assessed the effects of leadership styles on workplace burnout among mental health professionals in Nigeria’s federal hospitals, and the results (Table 5) showed that participatory and transformational leadership improved morale and motivation (M=4.15), regular feedback reduced burnout (M=3.76), teamwork enhanced resilience (M=4.45), and supportive leadership training strengthened coping mechanisms (M=4.50).

This study’s results (Table 6) indicated that strategic leadership style interventions (including participatory leadership, transformational leadership, feedback &

Table 3: Adverse effects of burnout on the quality of healthcare delivery to patients in Nigeria’s federal hospitals

Statement	SA (5)	A (4)	N (3)	D (2)	SD (1)	Mean Scores
Burnout increases patient waiting time and delays in service delivery	90	90	25	50	15	3.70
Patients often complain of poor communication due to staff burnout	100	90	8	67	5	3.79
Burnout among staff reduces the overall patient satisfaction rate	106	70	49	40	5	3.86
Burnout affects teamwork and collaboration among healthcare workers	129	60	30	40	11	3.95
Burnout contributes to higher rates of medical errors in hospitals	167	50	20	20	13	4.25

Source: Field Survey (2025)

Table 4: Burnout has no statistically significant effect on the quality of healthcare delivery among mental health professionals in Nigeria’s federal hospitals

Predictor	B	SE B	B	T	p-value
Constant	0.82	0.19	-	4.32	<0.001
Waiting Time Delays	0.21	0.07	0.18	3.00	0.003
Poor Communication	0.24	0.08	0.20	3.12	0.002
Reduced Patient Satisfaction	0.29	0.08	0.24	3.62	<0.001
Poor Teamwork	0.31	0.07	0.27	4.43	<0.001
Medical Errors	0.37	0.09	0.32	4.11	<0.001

Source: Field Survey (2025)

Table 5: Effect of strategic leadership style interventions on workforce resilience and burnout prevention among mental health professionals in federal hospitals

Statement	SA (5)	A (4)	N (3)	D (2)	SD (1)	Mean Scores
Participatory leadership improves my morale and job satisfaction	150	60	25	20	15	4.15
Transformational leadership motivates staff to handle work stress better	150	50	40	20	10	4.15
Regular leadership feedback and recognition reduce burnout symptoms	90	90	30	55	5	3.76
Leaders who promote teamwork enhance resilience among staff	167	78	10	10	5	4.45
Supportive leadership training helps improve coping mechanisms	189	50	15	10	6	4.50

Source: Field Survey (2025)

Table 6: Strategic leadership style interventions on workforce resilience and the prevention of burnout among mental health professionals in federal hospitals

Independent Variable	B	Std. Error	Beta (β)	t	p-value
Participatory Leadership	-0.25	0.08	-0.22	-3.13	0.002
Transformational Leadership	-0.18	0.07	-0.16	-2.57	0.011
Feedback & Recognition	-0.12	0.06	-0.10	-2.00	0.047
Teamwork Promotion	-0.30	0.07	-0.26	-4.29	0.000
Supportive Leadership Training	-0.28	0.07	-0.24	-4.00	0.000

Source: Field Survey (2025)

recognition, teamwork promotion, and supportive leadership training) significantly enhanced workforce resilience and mitigated burnout among mental health professionals in Nigeria’s federal hospitals ($p < 0.05$).

What strategic government interventions can be implemented to curb the health worker exodus arising from burnout among mental health professionals in Nigeria’s federal hospitals?

The study examined strategic government interventions to mitigate health worker exodus, also called ‘japa syndrome’, arising from burnout among mental health professionals in Nigeria’s federal institutions. The results showed that there was a strong consensus ($M = 4.43$) that improving pay and benefits and building collaborations

with international health experts ($M = 4.36$) would help keep skilled staff. Modern healthcare infrastructure ($M = 4.07$), extensive health insurance ($M = 4.00$), and frequent mental health programmes ($M = 3.95$) were also crucial. These findings are consistent with prior research demonstrating that inadequate welfare, insufficient institutional support, and restricted career opportunities contribute to burnout and brain drain among Nigerian, Ghanaian, sub-Saharan, and other developing countries’ healthcare workers (Adebayo & Akinyemi, 2022; Toyin-Thomas *et al.*, 2023; Uprety, 2019; Yakubu *et al.*, 2023), underscoring the necessity for strategic governmental intervention to enhance working conditions, alleviate stress, and retain staff.

Table 7: Strategic government interventions that can be implemented to curb the ‘japa syndrome’ arising from burnout among mental health professionals in Nigeria’s federal hospitals

Statement	SA (5)	A (4)	N (3)	D (2)	SD (1)	Mean Scores
The government should enhance remuneration packages and incentives	179	50	25	10	6	4.43
Regular mental health and stress management programmes	166	24	15	30	35	3.95
Provision and maintenance of modern healthcare infrastructure and facilities	130	70	40	20	10	4.07
Collaborative partnerships with foreign health professionals to promote knowledge exchange and capacity-building	189	30	21	20	10	4.36
Comprehensive health insurance schemes should be implemented to cover all medical personnel	120	85	30	15	20	4.00

Source: Field Survey (2025)

Table 8: Strategic government interventions’ effect on reducing burnout-related migration among mental health professionals in Nigeria’s federal hospitals

Predictor	B	SE B	β	t	p-value
Constant	0.91	0.18	-	5.06	<0.001
Enhanced Remuneration	0.28	0.07	0.26	4.00	<0.001
Mental Health Programmes	0.19	0.06	0.17	3.17	0.002
Improved Infrastructure	0.22	0.07	0.20	3.14	0.002
Foreign Collaboration	0.31	0.08	0.29	3.88	<0.001
Health Insurance	0.24	0.07	0.21	3.43	0.001

Source: Field Survey (2025)

The regression analysis showed that comprehensive intentional government interventions would significantly mitigate burnout-related migration among mental health personnel in Nigeria’s federal institutions ($p < 0.05$).

CONCLUSIONS

The study highlighted the widespread issue of workplace burnout among mental health professionals (MHPs) in Nigeria’s federal hospitals and demonstrated its

significant impact on clinical performance as evidenced by increased diagnostic errors, reduced empathy, and overall productivity shortfalls, as well as its detrimental effects on patient care quality, including frequent medical errors, weak teamwork, and service delays. Logistic regression revealed that burnout significantly impacted clinical performance, was predicted by adverse effects, and affected the quality of healthcare delivery, thus exacerbating the mass exodus of health workers known

as the ‘japa syndrome’. However, transformational and participatory leadership paradigms demonstrated resilience through boosting morale, encouraging teamwork, and reducing burnout through feedback and helpful training ($p < 0.05$). At the same time, strategic government interventions like enhanced remuneration, foreign collaborations, and strong mental health programmes will significantly reduce burnout-related migration among mental health professionals in Nigeria’s federal hospitals. These results necessitate a paradigm shift towards integrated, stakeholder-driven interventions that emphasize empathetic leadership, fiscal reforms, and institutional strengthening, not only to preserve Nigeria’s struggling mental health ecosystem but also to protect global mental health equity by maintaining indigenous expertise. Future longitudinal studies should evaluate the long-term effectiveness of these interventions in various geopolitical circumstances to guarantee scalable approaches to sustainable, compassionate health care.

i. The federal government should implement policies that provide competitive salaries, hazard allowances, and modern healthcare infrastructure, as these interventions enable hospital leaders to adopt strategic workforce management practices that reduce burnout and improve staff retention.

ii. Leaders at hospitals and health centres should practice participatory and supportive leadership, such as engaging staff in decision-making and mentoring programmes, as these strategies strengthen morale, enhance teamwork, and empower leaders to mitigate burnout effectively.

iii. Mental health professionals should actively participate in stress management, professional development, and peer-support initiatives, as their engagement allows leaders to implement programmes that foster resilience and maintain high-quality patient care.

iv. The public should advocate for better working conditions and recognize healthcare workers’ contributions, as public support strengthens leaders’ ability to implement policies and interventions that prioritise staff well-being and service efficiency.

v. Community organizations should collaborate with hospitals through outreach programmes and awareness campaigns, as this partnership supports hospital leadership in creating a supportive environment, enhancing workforce resilience, and improving healthcare delivery outcomes.

REFERENCES

Adebayo, A., & Akinyemi, O. O. (2022). “What Are You Really Doing in This Country?”: Emigration Intentions of Nigerian Doctors and Their Policy Implications for Human Resource for Health Management. *Journal of International Migration and Integration*, 23(3), 1377–1396. <https://doi.org/10.1007/S12134-021-00898-Y/FIGURES/3>

Al-Thawabiya, A., Singh, K., Al-Lenjawi, B. A., & Alomari, A. (2023). Leadership styles and transformational leadership skills among nurse leaders in Qatar, a cross-

sectional study. *Nursing Open*, 10(6), 3446. <https://doi.org/10.1002/NOP2.1636>

Anno, E. F. (2025). Effect of Leadership and Management Inefficiencies on Employee Motivation and Engagement in Community-Based Organizations in Turkana, Kenya. *IRASS Journal of Arts, Humanities and Social Sciences*, 2(5), 11–18. <https://www.irasspublisher.com/assets/articles/1746370444.pdf>

Bwalya, A. (2023). Leadership Styles. *Global Scientific Journals*, 11(8), 181–194. <https://doi.org/10.6084/m9.figshare.23932113>

Damatov, M., Kagan, I., & Livshiz-Riven, I. (2025). The role of quality leadership, teamwork, and organizational transparency in shaping professional quality of life among hospital physicians and nurses: a cross-sectional study. *Journal of Public Health*, 1–10. <https://doi.org/10.1007/S10389-025-02471-8>

Dobešová Cakirpaloglu, S., Cakirpaloglu, P., Skopal, O., Kvapilová, B., Schováňková, T., Vévodová, Š., Greaves, J. P., & Steven, A. (2024). Strain and serenity: exploring the interplay of stress, burnout, and well-being among healthcare professionals. *Frontiers in Psychology*, 15, 1415996. <https://doi.org/10.3389/FPSYG.2024.1415996/BIBTEX>

Eaton, L., Bridgman, T., & Cummings, S. (2024). Advancing the democratization of work: A new intellectual history of transformational leadership theory. *Leadership*, 20(3), 125–143. <https://doi.org/10.1177/17427150241232705>

Elufioye, O. A., Ndubuisi, N. L., Daraojimba, R. E., Feranmi Awonuga, K., Ayanponle, O., & Asuzu, O. F. (2024). Reviewing employee well-being and mental health initiatives in contemporary HR Practices. *International Journal of Science and Research Archive*, 2024(01), 828–840. <https://doi.org/10.30574/ijrsra.2024.11.1.0153>

Folayan, O., Amoo, A., Buowari, D., Yahya, A., Kanmodi, K. K., Umar, S. S., Ilesanmi, O. S., Osasona, O. E., Francis, U. W., Ogunsuji, O., Salihu, M. O., Ekuaze, E. F., Adedamola, A. T., Babalola, R. N., Adufe, I., Uyilawa, O., Williams, A., Obazenu, L., & Adebayo, O. (2021). Clinical Practice Satisfaction and Quality of Life among Early-Career Doctors in Nigeria. *Nigerian Journal of Medicine*, 30(5), 487–493. https://doi.org/10.4103/NJM.NJM_107_21

Freudenberger, H. J. (1989). Burnout: Past, Present, and Future Concerns. *Loss, Grief & Care*, 3(1–2), 1–10. https://doi.org/10.1300/J132v03n01_01

Jin, J., & Ikeda, H. (2023). The Role of Empathic Communication in the Relationship between Servant Leadership and Workplace Loneliness: A Serial Mediation Model. *Behavioral Sciences*, 14(1), 4. <https://doi.org/10.3390/BS14010004>

Kanmodi, K., Yahya, A., Umar, S., Enebeli, U., Adebayo, O., Ilesanmi, O., Eze, U., Salihu, M., Ibrahim, S., Durowade, K., Alatishe, T., Buowari, D. Y., Osasona, O., & Ishaya, G. D. (2022). Prevalence and determinants of medical errors among early career

- doctors in Nigeria. *Ibom Medical Journal*, 15(1), 8–17. <https://doi.org/10.61386/IMJ.V15I1.227>
- López, F. V., Mundt, A. P., Hirmas, A., Rivera, R. M., & Guiloff, R. (2025). Impact of burnout on turnover, medical errors, medical leave and a cross-sectional study of contributing factors among Chilean physicians. *BMJ Open*, 15(5), e099773. <https://doi.org/10.1136/BMJOPEN-2025-099773>
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 111. <https://doi.org/10.1002/WPS.20311>
- Ogunsuji, O. O., Adebayo, O., Kanmodi, K. K., Fagbule, O. F., Adeniyi, A. M., James, N. T., Yahya, A. I., Salihu, M. O., Babarinde, T., Olaopa, O., Selowo, T., Enebeli, U. U., & Ishaya, D. G. (2023). Burnout: A predictor of oral health impact profile among Nigerian early career doctors. *PLOS One*, 18(7), e0281024. <https://doi.org/10.1371/JOURNAL.PONE.0281024>
- Olonade, O. Y., Oyibode, B. O., Idowu, B. O., George, T. O., Iwelumor, O. S., Ozoya, M. I., Egharevba, M. E., & Adetunde, C. O. (2021). Understanding gender issues in Nigeria: the imperative for sustainable development. *Heliyon*, 7(7), e07622. <https://doi.org/10.1016/j.heliyon.2021.e07622>
- Poudel, S., Maharjan, S., & Luitel, K. (2025). The Evolving Impact of Remote Work on IT Professionals' Work-Life Balance. *Journal of Mental Health & Well-Being*, 1(1). <https://journals.e-palli.com/home/index.php/jmhwb/article/view/5242>
- Robiner, W. N. (2006). The mental health professions: Workforce supply and demand, issues, and challenges. *Clinical Psychology Review*, 26(5), 600–625. <https://doi.org/10.1016/J.CPR.2006.05.002>
- Rosenstein, A. H. (2025). Physician Dissatisfaction, Stress, and Burnout and Their Impact on Patient Care. In P. J. Papadakos & R. H. Constantine (Eds.), *Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age* (2nd ed., pp. 87–106). Springer.
- Soneye, O. Y., Ogundipe, H. D., Ayowole, D., Umar, S. S., Osasona, E. O., Adebayo, O., Enebeli, U. U., Ishaya, D. G., Isma'il, S. A., & Kabir, M. S. (2023). Systematic review of work-life balance among early career doctors. *Ibom Medical Journal*, 16(1), 1–13. <https://doi.org/10.61386/IMJ.V16I1.285>
- Toyin-Thomas, P., Ikhurionan, P., Omoyibo, E. E., Iwegim, C., Ukueku, A. O., Okpere, J., Nnawuihe, U. C., Atat, J., Otakhoigbogie, U., Orikpete, E. V., Erhiawarie, F., Gbejewoh, E. O., Odogu, U., Akhievbulu, I. C. G., Kwarshak, Y. K., & Wariri, O. (2023). Drivers of health workers' migration, intention to migrate and non-migration from low/middle-income countries, 1970–2022: a systematic review. *BMJ Global Health*, 8(5), 12338. <https://doi.org/10.1136/BMJGH-2023-012338>
- Ubom, A. E. B., Adebayo, O., Adeoye, P. A., Kanmodi, K. K., Salihu, M. O., Umar, S. S., Tolani, M. A., Ogunsuji, O. O., Monye, H. I., Eze, U. A., Ibrahim, Y. A., Nuhu, J. T., Selowo, T. T., Ibrahim, S. O., Alatishe, T., Buowari, D. Y., Edadi, U. E., Williams, A., Ojo, A., ... Enebeli, U. U. (2023). Health, well-being, and burnout amongst early career doctors in Nigeria. *PLOS One*, 18(5), e0285983. <https://doi.org/10.1371/JOURNAL.PONE.0285983>
- Uprety, D. (2019). Skilled migration and health outcomes in developing countries. *International Journal of Health Economics and Management*, 19(1), 1–14. <https://doi.org/10.1007/S10754-018-9242-3>
- Vergara, F. A., & Taja-on, E. P. (2025). Student Voices for Student Minds: A Scoping Review of Student-Led Initiatives in Mental Health Advocacy and Welfare. *Journal of Mental Health & Well-Being*, 1(1). <https://journals.e-palli.com/home/index.php/jmhwb/article/view/5121>
- Yakubu, K., Shanthosh, J., Adebayo, K. O., Peiris, D., & Joshi, R. (2023). Scope of health worker migration governance and its impact on emigration intentions among skilled health workers in Nigeria. *PLOS Global Public Health*, 3(1), e0000717. <https://doi.org/10.1371/JOURNAL.PGPH.0000717>
- Yue, Z., Qin, Y., Li, Y., Wang, J., Nicholas, S., Maitland, E., & Liu, C. (2022). Empathy and burnout in medical staff: mediating role of job satisfaction and job commitment. *BMC Public Health*, 22(1), 1–12. <https://doi.org/10.1186/S12889-022-13405-4>