

Coping Strategies and Burnout among Nurses: The Moderating Role of Resilience.

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Abstract

Burnout is an increasingly critical issue particularly in high stress professions such as nursing. Understanding coping mechanisms and the ability to adapt emphasizes actionable insights for workplace wellbeing programs and the current study investigated resilience, coping strategies and burnout among nurses. A total of one hundred and twenty-four (124) nurses participated in the study and were selected and analyzed using cross sectional design and linear regression with Hayes Process Macro (4). Maslach Burnout Inventory (Maslach & Jackson, 1981), Brief Coping Scale (Hamby et al, 2015) and Brief Resilience Scale (Smith et al, 2008) were used for data collection. Consistent with our hypothesized predictive relationship, the results showed that avoidance coping strategy significantly predicted burnout among nurses and resilience moderated the association between avoidance coping strategy and burnout syndrome. Consequently, it is essential to note that people with low resilience and avoidant coping strategy struggle to adapt to stress which can undermine their ability to adjust and recover. Therefore, training programs that can help nurses change negative thought patterns, develop emotional strength and flexibility and adopt more adaptive coping strategies should be encouraged in order to buffer the effects of burnout.

Introduction

The issue of burnout among nurses in Nigeria is worrisome due to the prevalence of brain drain leading to serious shortage of nurses in the country as it is reported that Nigeria has 1.2 nurses per 1000 population, compared to other African countries (Alabi et al. 2021). Nurses have had to engage in tedious patient's care, emotional labor, excessive surgical workload, poor working conditions, inadequate rest while navigating a rapidly expanding nursing knowledge base, attend to more onerous maintenance of certification requirements and face an unprecedented level of scrutiny to ensure quality nursing care for their patients. Regardless of this, severe staff shortages increase workload and stress coupled with a negative work environment loaded with poor job resources which can cause physical, psychological and occupational problems predisposing to nurse's burnout.

While the theoretical concept of burnout is grounded in many theories, specifically, an important framework of burnout is the job demand-resources (JD-R) theory (Bakker & Demerouti, 2007). This theory asserts that high job demands can lead to burnout especially if not balanced by sufficient job resources that can foster resilience and adaptive coping strategies. Certain studies, like that of Ateniola et al, (2025) and Martinez et al. (2020) aligns with the assumptions of the JD-R and have shown that individuals implement various coping strategies with the aid of personal resources, such as resilience in mitigating burnout profiles since coping strategies are used when the demand of a stressful situation exceed individual resources. In recent years, nursing professionals have faced escalating levels of occupational stress, resulting in widespread burnout which is a sustained response to chronic work stress with three dimensions: emotional exhaustion, depersonalization and lack of personal accomplishment (Okwaraji & Aguwa, 2014).

Emotional exhaustion is one of the most prominent dimensions of burnout, particularly among nurses and this dimension refers to feelings of being emotionally overextended and depleted of emotional resources. Nurses who experience emotional exhaustion often feel drained, fatigued, and unable to face another day at work. The demanding and high-stress environment of healthcare settings, including hospitals and clinics,

significantly contributes to these feelings. For instance, long working hours, critical decision-making and the emotional toll of patient care can lead to a state of chronic physical and emotional fatigue. Recent studies highlight that emotional exhaustion is prevalent among nurses, with many reporting that the pressure of their work environment leave them feeling overwhelmed and unable to recharge (Garcia & Calvo, 2022).

Depersonalization is another critical dimension of burnout, characterized by an unfeeling and impersonal response towards the recipients of one's care or service. For nurses, this dimension manifests as a cynical attitude towards patients, where they may start to see patients as objects rather than human beings deserving of empathy and compassion. This detachment can stem from the emotional burden of dealing with suffering, illness, and sometimes death on a regular basis. As nurses become more emotionally exhausted, they may adopt a depersonalized approach as a coping mechanism to protect themselves from further emotional strain. Lee and Akhtar (2021) indicate that depersonalization among nurses is a significant concern, as it not only affects the quality of patient care but also the mental health of the nurses themselves. Feeling of reduced personal accomplishment involves feelings of inefficacy and a lack of achievement in one's work. Nurses experiencing this dimension of burnout may feel that their efforts are not making a significant impact, leading to a diminished sense of professional competence and success. This can be particularly disheartening in the nursing profession where the desire to help and heal is a primary motivator.

Burnout on nurses is not only a consequence of the demanding nature of their work but also a critical area where effective coping strategies can make a significant difference. Effective coping strategies can help mitigate the negative effects of burnout since it is the cognitive and behavioral efforts individuals employ to manage the demands of stressful situations. Research by Garcia & Calvo (2022) demonstrates that nurses who employ active coping strategies, such as problem-solving and seeking social support, experience lower levels of burnout. These strategies enable nurses to address the specific stressors they face in their work environment, thus reducing feelings of helplessness and emotional exhaustion.

Coping strategies can be categorized into three primary dimensions: problem-focused coping, emotion-focused coping and avoidance-focused coping. Problem-focused coping involves actively addressing the source of stress and finding solutions to the challenges faced. In contrast, emotion-focused coping aims to manage emotional responses to stressors rather than addressing the stressor itself. This may involve techniques such as mindfulness, relaxation exercises, or seeking emotional support from friends and family (Santos & Silva, 2021). Finally, avoidance-focused coping involves strategies where individuals attempt to evade or ignore the stressor and its associated emotions. This type of coping can manifest in various forms, such as cognitive avoidance (denial), behavioral avoidance (distracting oneself through activities like watching television or engaging in hobbies), or even escapism (using substances like alcohol or drugs to temporarily escape the stress).

Research by Johnson et al. (2020) indicates that nurses who engage in adaptive coping strategies are better equipped to manage the emotional and physical demands of their work and thereby report higher job satisfaction and lower emotional exhaustion. Martinez & Fernandez (2023) highlighted that nurses who frequently engage in avoidance coping are more likely to experience burnout, decreased job satisfaction, and poorer patient care outcomes. Effective coping techniques, such as problem-solving, seeking social support, and maintaining a positive outlook, enhance an individual's capacity to adapt to stress and overcome adversity, ultimately fostering resilience.

According to the American Psychological Association (2020), resilience is defined as the process or outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional and behavioral flexibility and adjustment to external and internal demands. Resilient nurses can maintain a sense of purpose, adaptability, and emotional stability, contributing to sustained job satisfaction and overall well-being (Mealer et al., 2012).

Resilience not only safeguards against burnout and mental health challenges but also enhances nurse's ability to provide compassionate and effective care as it acts as a buffer, allowing individuals to cope with the emotional demands of their roles and maintain professional efficacy in the face of adversity. Yet,

despite its importance, empirical evidence (e.g. Pisant et al. 2016; Koutsimani, 2019) have demonstrated various components of burnout among nurses in developing countries.

In Nigeria likewise, studies have been conducted on burnout in the healthcare sector (Oyedirin et al, 2025; Okwaraji & Aguwa, 2014; Lasebikan & Oyetunde, 2012) but still exposing the gap and limited understanding of how individual coping strategies and resilience interact to influence these outcomes within the local healthcare context. While coping mechanisms provide immediate or short-term relief from occupational stress, resilience represents a deeper more enduring capacity to adapt and recover from adversity. Together these constructs are critical in determining how nurses manage emotional exhaustion, depersonalization, and reduced personal accomplishment. Given Nigeria's resource constrained healthcare environment, exploring the dynamics among burnout, coping strategies and resilience can offer actionable insights for designing interventions and institutional policies that not only promote psychological wellbeing but also sustain motivation, retention and quality care delivery among nurses in Nigeria. In line with these objectives, the study proposes the following hypotheses:

H₁: Coping strategies will significantly predict burnout among a sample of Nigerian nurses.

H₂. Resilience will significantly predict burnout among a sample of Nigerian nurses.

H₃. Resilience moderates the relationship between coping strategies and burnout among a sample of Nigerian nurses.

Several studies have demonstrated various components of burnout among nurses in developed countries of the world [7, 8, 11]. However, not much has been done in a poor resource, multiethnic, and culturally laden country like Nigeria. There is a dearth of information on this subject matter, hence the need for this study. Several studies have demonstrated various components of burnout among nurses in developed countries of the world [7, 8, 11]. However, not much has been done in a poor resource, multiethnic, and culturally laden country like Nigeria.

Method

Participants

A total of one hundred and twenty-four (124) participants comprising of twenty-one (21) male and one hundred and three (103) female nurses with a mean age of 28.81 and standard deviation of 8.45 were drawn from University of Nigeria Teaching Hospital Ituku Ozalla, Enugu and Enugu State University Teaching Hospital (ESUTH) both in Enugu State, Nigeria. Multi stage sampling technique (Cluster, balloting & systematic sampling) was used to select the hospitals, units and participants respectively. The list of all the units and nurses assigned to them were obtained from the administrative department of the respective hospitals. The first participant from each unit was randomly selected and subsequent ones systematically selected until all study participants in each of the hospitals were selected.

Instruments

Three set of instruments were used in this study for data collection; Maslach Burnout Inventory (Maslach & Jackson, 1981), Brief Coping Scale (Hamby et al, 2015) and Brief Resilience Scale (Smith et al, 2008).

Maslach Burnout Inventory

The MBI is a 22-item self-report inventory designed to measure the characteristics of burnout with 0- Never 1- A few times a year, 2- Many times a year, 3- A few times every month, 4- Many times every month, 5- A few times every week, 6- Everyday. The prevalence of burnout is determined in three areas, emotional exhaustion, depersonalization and personal accomplishment (Maslach & Jackson, 1986). A score of ≥ 27 in items 1 to 9 of the Maslach Burnout Inventory, signifies a high burnout in the area of emotional exhaustion, a score of ≥ 13 in items 10 to 14, signifies a high burnout in the area of depersonalization, while a score of ≤ 33 in items 15–22 signifies a high burnout in the area of personal accomplishment. This is the cutoff point obtained during the validation process in Nigeria and

psychometric properties of the MBI, using a sample of health care workers obtained reliability coefficients as follows: Cronbach's alpha of 0.86 and split-alpha of 0.57 (Coker & Omoluabi, 2009).

Brief Coping Scale

The brief coping scale developed by Hamby et al. (2015) is a succinct instrument designed to assess coping strategies among individuals. This scale comprises 14 items, where respondents are required to indicate the frequency with which they employ each coping strategy, using a 5-point scale ranging from 'never' (1) to 'very often' (5). The items are categorized to measure different coping mechanisms, including problem-focused coping, emotion-focused coping, and avoidance. The scale has demonstrated good psychometric properties with an original Cronbach alpha of .82 indicating high internal consistency. It also shows strong convergent validity with coefficients ranging from .25 to .60 when correlated with other coping measures.

Brief Resilience Scale

The third scale is a 6-item brief resilience scale designed by Smith et al. (2008) to measure the ability to bounce back or recover from stress. It has Likert-type response format of 1 (strongly agree) to 5 (strongly disagree). The instrument is both direct and reverse scored. Direct scored items are 1, 3, and 5 while the reversed scored items are 2, 4 and 6. Participants' scores are obtained by adding together their scores on all the items. The authors reported a coefficient alpha of .89 and a concurrent validity of .83. This instrument is also validated in Nigeria by Uzor et al (2022) and a Cronbach alpha of .87 was obtained.

Design/ Statistics

A cross-sectional survey design was employed and linear regression with Hayes Process Macro (4) was used to test the hypotheses.

Results

The correlations of the demographic variables and main variables of the study are shown in Table 1; while the findings of the Hayes PROCESS macro (Model 1) for hypotheses testing were presented in Table 2.

Table 1: Descriptive and Correlations

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1 Age	28.81	8.74	-											
2 Gender	1.83	.38	-.06	-										
3 Marital Status	1.30	.48	.68**	.06	-									
4 Level of Education	1.81	.72	.24**	-.09	.15	-								
5 Service Years	4.90	4.60	.77**	-.02	.51**	.04	-							
6 Problem F. Coping	15.87	2.47	-.03	.31**	.03	-.09	-.02	-						
7 Emotion F. Coping	21.16	3.76	.09	.33**	.15	-.09	.13	.03	-					
8 Avoidance Coping	2.35	1.01	.07	.03	.07	-.18*	.16	.23*	.32**	-				
9 Resilience	19.38	3.81	-.12	.04	-.02	-.16	-.09	.15	.04	.09	-			
10 Emotional Exhaust.	29.62	8.28	-.35**	.06	-.35**	-.14	-.22*	.02	.03	.01	.06	-		
11 Depersonalization	13.09	4.67	-.14	-.09	-.18*	.06	-.16	.15	-.15	-.13	.05	.47**	-	
12 Personal Accompl.	33.32	8.43	-.08	-.04	-.05	-.17	-.02	.13	.06	-.10	.16	.17	.05	-

Table 1 revealed that among the control variables (age, gender, marital status, education, and service years) used in this study, age show a significant negative relationship to emotional exhaustion ($r = -.35$; $p < .01$). Whereas marital status show a significant negative relationship to emotional exhaustion and depersonalization ($r = .35$; $p < .01$, $r = .18$; $p < .05$) respectively. However, service years was negatively related to emotional exhaustion ($r = -.22$; $p < .05$). Furthermore, none of the dimensions of coping and resilience was significantly related to any of the dimensions of burnout.

Table 2: Resilience [RS] as a Moderator of the Link between Coping Strategy and Burnout Syndromes (Emotional Exhaustion [EE], Depersonalization [DP], and Personal Accomplishment [PA])

MODEL		<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	<i>95%CI</i>
1 EE	CS	-.78	.60	-1.29	.199	[-1.97, .41]
	RS	-1.46	1.19	-1.23	.221	[-3.82, .89]
	CS × RS	.04	.03	1.35	.180	[-.02, .10]
2 DP	CS	-.52	.34	-1.54	.13	[-1.19, .15]
	RS	-.74	.67	-1.14	.27	[-2.06, .58]
	CS × RS	.02	.02	1.27	.21	[-.01, .05]
3 PA	CS	-1 .04	.60	-1.72	.09	[-2.24, .00]
	RS	-1.75	1.19	-1.47	.14	[-4.11, .60]
	CS × RS	.05	.03	1.79	.08	[-.01, .11]

Dependent Variable: Burnout syndrome

Linear regression analysis indicated that only reduced personal accomplishment as a dimension of burnout syndrome predicted coping strategy, but the prediction was not significant.

Table 3. Hayes PROCESS results predicting coping strategies by burnout and resilience

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95%CI</i>
PFC	-1.80	3.04	-.59	.56	[-7.82, 4.23]
Resilience (RS)	-.20	2.45	-.08	.94	[-5.04, 4.65]
PFC x RS	.05	.15	.34	.74	[-.25, .35]
EFC	-3.46	1.94	-1.78	.08	[-7.30, .39]
Resilience (RS)	-3.16	2.09	-1.51	.13	[-7.30, .97]
EFC x RS	.17	.10	1.80	.07	[-.02, .37]
AC	-36.23	7.61	-4.76	.00	[166.07, 196.02]
Resilience (RS)	-4.08	1.06	-3.84	.00	[-6.19, -1.98]
AC x RS	1.84	.40	4.62	.00	[1.05, 2.62]

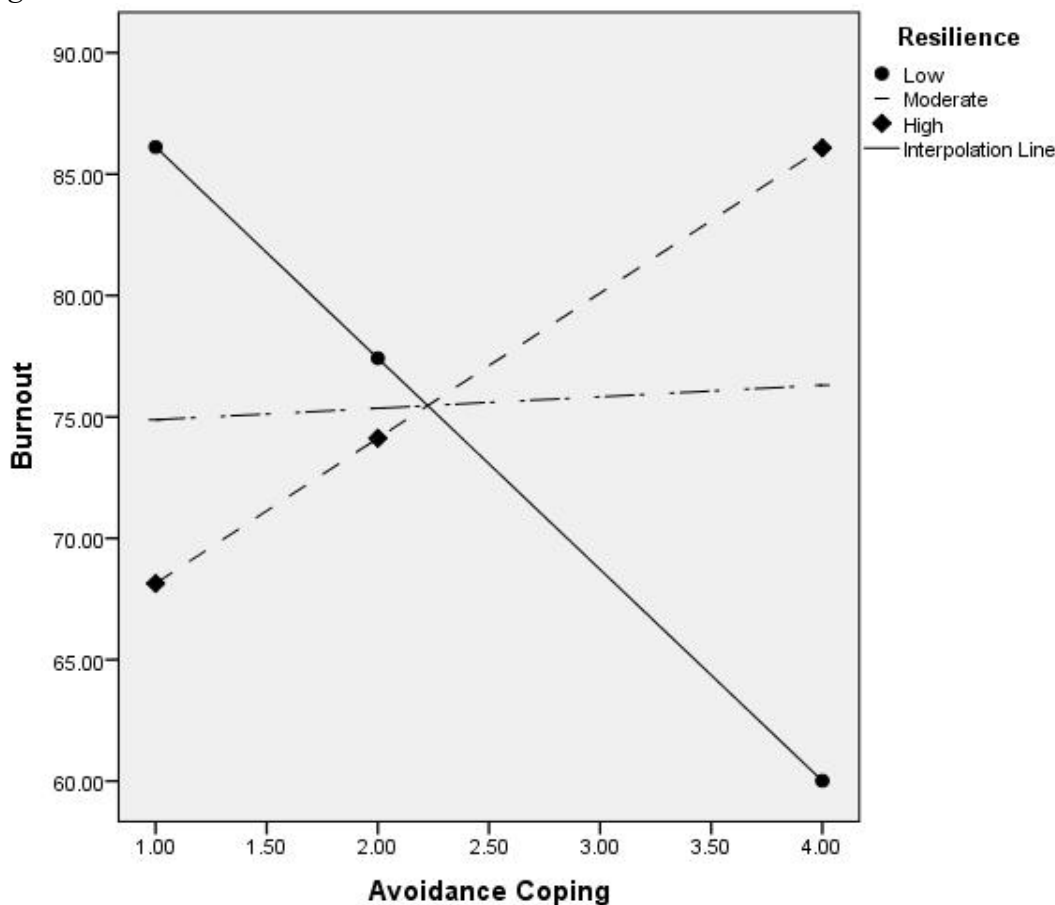
BURNOUT

Note: PFC = Problem-focused coping; EFC = Emotion-focused coping; AC = Avoidance coping

Linear regression analysis indicated that avoidance coping ($B = -36.23, p < .01$) and resilience ($B = -4.08, p < .01$) has a negative significant predictive influence on burnout syndrome. As avoidance coping and resilience increases burnout decreases. Also, the link between burnout, resilience, and other dimensions of coping was analyzed, and the linear regression analysis shows that burnout and resilience is not a significant predictor of the other dimensions of coping except avoidance coping.

However, the interaction effect between dimensions of coping and resilience on burnout syndrome were explored. The linear model shows that the interaction effect between only avoidance coping and resilience on burnout exists, $B = 1.84, t = 4.62, 95\%CI [1.05, 2.62]$.

Fig. 1



The slope simply shows the effect of the moderating variable on the predictor and outcome variables. The study indicated that participants with low resilience predicted an increase in avoidance coping strategy than their high resilience counterparts. This shows that people with low resilience avoidantly cope better with burnout than those with high resilience.

Discussion

The findings from this study draw attention to burnout among nurses who form the major nucleus of health care delivery in Nigeria. These demographic differences were present for age, marital status and length of years in service, a finding previously

reported and supported by Canadas-De le Fuente et al. (2018). Findings for this study indicate that emotional exhaustion was significantly reported by older and senior serving nurses compared to the junior ones. While married individuals may also experience lower emotional exhaustion and reduced feelings of detachment or cynicism towards work due

to emotional and social support from their partner which helps to buffer work-related stress. The results of this study also highlight that nurses who rely on avoidance coping strategies (e.g. ignoring stressful situations, disengaging or avoiding dealing with problems) are more likely to experience higher levels of burnout. This is due to the fact that avoidance does not resolve work-related stressors and can exacerbate feelings of helplessness and fatigue, leading to emotional exhaustion, depersonalization and reduced personal accomplishment. On the other hand, resilience acts as a protective factor against burnout because resilient individuals tend to face challenges with adaptability, maintain emotional balance and use effective coping mechanisms, reducing the likelihood of burnout. An empirical study by Ferreira and Gomes (2021) supports the findings of this study and emphasizes the importance of developing resilience to mitigate the effects of occupational stress and burnout in high stress environments like healthcare settings.

Strength and Limitation of the Study

By examining the interrelationships among burnout, coping strategies and resilience, this study contributes to the broader body of occupational health psychology by clarifying the moderating role of resilience in high stress professions. This study also addresses a critical issue in healthcare, as burnout in a high stress profession such as nursing can negatively affect patient care and organizational outcomes. The finding underscores the urgent need for healthcare institutions in Nigeria to design and implement structured stress-management and resilience-building programs for nurses. Addressing and identifying coping strategies and resilience as predictive factors provides actionable insights for interventions aimed at reducing burnout. Hospital management and policymakers should also integrate these programs into continuing professional development to foster a psychologically supportive work environment.

The main limitation of this study was its use of self-reported questionnaires which are subject to biases such as social desirability, recall error and response exaggeration. The study also focused on nurses within selected hospitals in Enugu State Nigeria which may not fully represent all nursing populations nationwide. The use of cross-sectional design as it only captures data at one point in time making it difficult to establish causal relationships between coping, resilience and burnout. Future studies can address these limitations by employing longitudinal

design, mixed method approaches, larger and more diverse samples, while exploring other mediating and moderating factors such as organizational culture, leadership style and socio-economic differences which may influence how nurses experience burnout or deploy coping mechanisms.

Conclusion

This study highlights the significant predictive influence of coping strategies and resilience on burnout among nurses. The findings suggest that reliance on avoidance coping strategy is associated with higher levels of burnout, whereas resilience serves as a protective factor, mitigating the effects of occupational stress. So, interventions aimed at promoting adaptive coping strategies and resilience should be integrated into workplace wellness programs and professional trainings for nurses which could help them face challenges more proactively and effectively.

References

- Alabi, M.A., Ishola, A. G., Onibokun, A. C. & Lasebikan, V. O. (2021). Burnout and quality of life among nurses working in selected mental health institutions in South West Nigeria. *Afr Health Sci.* 21(3):1428-1439. doi: 10.4314/ahs.v21i3.54.
- American Psychological Association (2020). *Resilience*. In APA Dictionary of Psychology. Retrieved from <https://dictionary.apa.org/resilience>.
- Atemola, J. O., Afolayan, J. A & Anyebe, E. C. (2025). The effectiveness of a nurse led education on coping strategies of occupational stress among nurses in tertiary hospitals, Ekiti State Nigeria. *African Journal of Health, Nursing & Midwifery*, 8 (1), 60-76.
- Bakker, A. B. & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22 (3), 309-328.
- Canadas-De la Fuente, G., Ortega, E., Ramirez-Baena, L., De la Fuente-Solana., Vargas, C. & Gomez-Urquiza. (2018). Gender, marital status and children as risk factors for burnout in Nurses: A meta-analytic study.

International Journal of Environmental Research and Public Health, 15, 2102, 1-13. doi: 10.3390/ijerph15102102

Health Sciences, 14(1), 237–245. doi: 10.4314/ahs.v14i1.37.

Coker, A. O. & Omoluabi, P. F. (2009). Validation of Maslach burnout inventory. *IFE Psychologia*, 17 (1), 1117–1421.

Ferreira, P., & Gomes, S. (2021). The role of resilience in reducing burnout: A study with healthcare workers during COVID- 19 pandemic. *Social Sciences*, 10 (9), 317. <https://doi.org/10.3390/socsci10090317>.

Garcia, F., & Calvo, R. (2022). Emotional exhaustion in nursing. *Journal of Health Psychology*, 2, 11-24.

Hamby, S., Grych, J. & Banyard, V. (2015). The brief coping scale. *Journal of Behavioural Medicine*, 38(5), 742-753.

Johnson, L. M. & Carter, S. P. (2020). *Nursing in Modern Healthcare*. Medical Publishing.

Koutsimani, P., Montgomery, A. & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers Psych.* 10, (284). doi: 10.3389/fpsyg.2019.00284.

Lasebikan, V. O. & Oyetunde, M. O. (2012). Burnout among Nurses in a Nigerian General Hospital: Prevalence and Associated Factors. *ISRN Nurs.* 402157(10), 29. doi: 10.5402/2012/402157.

Martinez, L., et al. (2020). Coping strategies and resilience in nursing. *Journal of Advanced Nursing*, 76 (6), 1439-1449. <https://doi.org/10.1111/jan.14465>

Maslach, C. & Jackson, S. E. (1986). In: *Maslach Burnout Inventory*. Alto P, editor. CA: Consulting Psychologists Press. Mealer, M., Jones, J., Newman, J., McFann, K. K., Rothbaum, B. & Moss, M. (2012). The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: Results of a national survey. *International Journal of Nursing Studies*, 49(3), 292-299. <https://doi.org/10.1016/j.ijnurstu.2011.09.015>.

Okwaraji, F. E., & Aguwa, E. N. (2014) Burnout and psychological distress among nurses in a Nigerian tertiary health institution. *African*

Oyediran, et al. (2025). Work related stress and coping strategies of perioperative nurses in government hospitals: A study from South Western Nigeria. *Asian Journal of Medicine & Health*. 23(9),9-17. <https://doi.org/10.9734/ajmah/2025/v23:91291>

Pisanti, R., van der Doef, M., Maes, S., Meier, L. L., Lazzari, D. & Violani, C. (2016). How changes in psychosocial job characteristics impact burnout in nurses: A longitudinal analysis. *Frontiers in Psychology*, 7,1082. doi: 10.3389/fpsyg.2016.01082.

Santos, A. & Silva, M. (2021). Organizational culture and burnout. *Journal of Applied Psychology*, 106(3), 483-494. <https://doi.org/10.1037/apl0000791>

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioural Medicine*, 15(3),194-200. <https://doi.org/10.1080/10705500802222972>

Uzor, C., Obi-Nwosu, H., Obidigbo, G. & Edoka, A. (2022). Decision making styles and resilience as correlates of suicidal ideation among undergraduates. *Practicum Psychologia*, 12, 1-16.