Emotional Abuse, Emotional Regulation and Job Burnout Among Nurses of Federal Medical Centre, Makurdi

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Abstract

This study investigated the influence of emotional abuse and emotional regulation on job burnout among nurses of Federal Medical Centre, Makurdi. The cross-sectional survey design was employed where 117 Nurses of consisting of 11 (9.4%) males and 106 (90.6%) females. Their ages ranged from 27-51 years with a mean age of 38.59years (SD=6.78). Accidental sampling was used to draw the sample for the study. Three instruments were used for data collection; Emotional Abuse Scale, Emotion Regulation Questionnaire and the Maslach Burnout Inventory-Human Services Survey. Three hypotheses were tested using Simple, Linear Regression, Multiple Linear Regression and Standard Multiple Regression. Findings indicated that there was a significant influence of emotional abuse on burnout among nurses. Secondly, there was a significant influence of emotion regulation on burnout among nurses. Lastly, there was a significant joint influence of emotional abuse and emotion regulation on burnout among nurses of Federal Medical Centre Makurdi. It was recommended that, the management of Federal Medical Centre Makurdi should ensure that training programmes are designed to educate nurses on the proper regulation of their emotions; as this would reduce their predisposition to job burnout.

Key Words: Emotional abuse, emotion regulation, burnout, nurses, Federal Medical Centre, Makurdi

Introduction

The burnout syndrome is common among health workers, especially nurses. In our society today, the nursing profession is one of the most demanding and stressful occupations, due to the quantity and diversity of risk factors associated with their work environment and competence. Job burnout is one of the negative outcomes associated with this demanding profession. It is a specific kind of occupational stress among human service professionals, as a result of the demanding and emotionally charged relationships between caregivers and their recipients (Zamboriova & Stefkova 2016; Maslach, 2021). Clinical symptoms of the burnout syndrome are nonspecific and include tiredness, headaches, eating problems, insomnia, irritability, emotional instability and rigidity in relationships with other people (Kilikova & Sramka, 2016). The most frequent risk factors of the burnout syndrome are excessive workload such as lack of time; work shift; type of department; organization culture (e.g. relationships among colleagues; role conflicts; etc.), not enough materials and technical equipment. The presence of burnout syndrome among nurses has been examined in several research studies (Panunto & Ghirardello, 2023). This is because the level of health and social care is one of the major factors in rating a society's development (Rakova & Kacmarova, 2024).

Job burnout is often reflected of emotional exhaustion, lack of energy, bodily tiredness, psychological diseases, increase of alcoholism and drugs, being pessimistic, angry, depressed, and lack of individual success. Bodily and emotional exhaustion are the effects of job burnout which includes being pessimistic on your job, resigning and having negative feelings toward the customers and the clients. Job burnout causes the emotional sources of individuals to diminish. Today, it's estimated that around 3% to 7% of the employed population across the world are suffering from job burnout. Job burnout is thus recognized as a special job-related syndrome which happens due to stresses related to work place in service provider jobs. A multi-country, cross-sectional study conducted in 10 European countries involving 23,159 nurses working in surgical and medical wards reported high levels of burnout among nurses in different countries: 42 % England, 22% Finland, Belgium 25 %, Germany 30%, Poland 40%, Ire-land 41%, Norway 24%, Spain 29%, Netherlands 10%, and Switzerland 15%. Due to this high prevalence, the intention to leave the profession was also higher among the nurses experiencing burnout (Heinen et al., 2023). In Sub-saharan Africa, findings have shown moderate to high level burnout among both physicians and nurses; 72% had Emotional Exhaustion (EE), 43% had Depersonalization (DP) and 74% experienced low Personal Accomplishment (PA). A study conducted specifically in Nigeria on the prevalence of burnout and risk factors among nurses working in a Nigerian hospital, found factors associated with high level burnout in all dimensions of burnout as old age, female gender, being single, job title and prolonged night duties. Many factors are implicated in the prediction of burnout among nurses.

Emotional abuse is one of the speculative determinants of burnout. Classic symptoms of emotional abuse are identified as agitation, anger, negative attitude, fearful behavior, especially around certain individuals as well as reports of verbal abuse or mistreatment (Carney et al., 2023). Apparently, not all abuses can be directly observed. There is also emotional abuse that occurs when a person is demeaning and dehumanizing another person. Emotional abuse can also make someone withdraw into depression or even deny that anything bad is actually taking place (Wilson,

2018). Studies have shown the link between emotional abuse, emotional exhaustion and cynicism (Gilsa & Zapf, 2023). Others have shown that burnout can be predicted by varying the types of abused effected on a worker (Biron & van-Veldhoven, 2022). Among nurses, numerous studies (Goodwin et al., 2021; Scott & Barnes, 2021) have found child hod emotional abuse to predict adulthood stress/burnout predisposition. However, there are also other likely predictors of burnout outside of emotional abuse.

Emotional Regulation (ER) is another determinant of burnout among nurses. This concept defines the processes that influence the way in which people experience and express their emotions. People are able to re-route the spontaneous flow of their emotions, increasing, maintaining or decreasing them (Gross, 2015). A recent meta-analysis of the most accepted emotion regulation strategies in the literature lists ten strategies; acceptance, behavioral avoidance, distraction, experiential avoidance, expressive suppression, mindfulness, problem-solving, reappraisal, reflection and concern (Naragon-Gainey et al., 2017). Apparently, there are many strategies for regulating emotions and the cognitive processes involved during an emotional episode play a key role (Garnefski et al., 2021). Workers continually appeal to different processes of emotion regulation (ER) in order to take charge of the emotions they experience in their work setting (Grandey, 2015). These same ER processes can be of relevance in preventing burnout (Arnold et al., 2015), promoting work engagement on the part of employees (Salanova et al., 2021), creating more adaptive organizational behavior and are closely related to job satisfaction (Cote & Morgan, 2022). These findings are consistent with those reported by Grandey and Melloy (2017) who revealed that ER in the work setting has a direct impact on variables such as work satisfaction, burnout, work performance and task abandonment.

Theoretical Review

This study hinges on the Conservation of Resources (COR) Theory developed by Hobfoll (1989). Although the theory was primarily constructed as a general stress theory, it has been applied to burnout as well (Hobfoll & Shirom, 2001). The underlying basic tenet of the Conservation of Resources theory is that people have a deep motivation to obtain, maintain and protect what they value i.e. their personal resources. Resources are divided into four categories; objects (e.g., house), conditions (e.g., well-being, health), personal characteristics (e.g., sense of coherence) and energies (e.g., knowledge). Psychological stress such as burnout, is expected to occur when resources are threatened, lost or when a person invests resources but fails to regain corresponding valued resources. According to the COR theory, individuals place greater weight on the effects of losses than those of gains and therefore, strive to protect themselves from resource loss. Because loss is deemed more significant than gain, employees also are more sensitive to stresses at work that threaten their resources. In the work context, work demands, which can be considered as antecedents of burnout (Maslach, Schaufeli & Leiter, 2001) are perceived as losses, since meeting them requires resource investments in order to protect from further resource depletion (Hobfoll & Shirom, 2001). The theory implies that individuals who lack resources are more vulnerable to the cycles of resource depletion, whereas those rich in resources are less likely to encounter stressful events (Hobfoll & Shirom, 2001). Individuals with a strong resource pool are able to distance themselves from stressful situations that accompany the lack of resources or they are more capable of problem-solving and investing resources to improve their situation or obtain new resources (Hobfoll, 2002).

Emotional Abuse and Burnout

Nurhasanah et al. (2024) examined the relationship of verbal abuse experience with burnout among employees in Indonesia. This research was quantitative with a correlation design. The data collection technique was carried out by collecting questionnaires. Respondents in this study were 153 people (15 men and 138 women). Data analysis was carried out using descriptive data which showed mean, range, standard deviation, F-test and correlation test. The results showed that the correlation between verbal abuse and burnout was significant. The study is related to the present study because they both assessed abuse and burnout. However, they differ in that, the populations used in the both studies differ.

Abbas et al. (2021) examined the impact of abusive supervision on emotional exhaustion, counterproductive work behaviours and intention to quit: moderating role of emotional intelligence. The information were gathered from 472 people employed in banks of Punjab, Pakistan. The research used SPSS-22 and AMOS-24 to analyze the information and conduct statistical analysis. Findings showed that abusive supervision has a positive correlation with emotional exhaustion of employees. Meanwhile, emotional intelligence did not act as a moderator with the concerned variables in this study. The study concluded that firms need to understand the damaging impacts of the abusive behavior of managers and must try to prevent such behaviors by implementing ethical leadership and devising HR policies to support the subordinates, reduce stressful situations and maltreatments among employees. This study is also related but is criticized by neglecting the sample of nurses in Makurdi.

Giacomo et al. (2017) investigated child abuse and burnout among patients admitted to outpatient psychiatric department in a six-month period (1st January, 2015 - 30th June, 2015) complaining low to moderate anxiety or depression have been administered Childhood Trauma Questionnaire (CTQ) and Maslach Burnout Inventory. The results showed that none of the patients who suffered sexual abuse shows depersonalization or personal accomplishment difficulties linked to burnout. Patients negative to abuse showed respectively moderate emotional exhaustion, moderate depersonalization and high personal accomplishment. Patients who suffered emotional neglect show the poorest profile at Maslach, particularly regarding emotional exhaustion. ANOVA reaches statistical significance among the 3 groups of detected abuse (EN, SA, PA) in personal accomplishment confirmed at Post-Hoc between EN and SA. They concluded that, it seems urgent to stress the huge prevalence of emotional neglect among those referred to psychiatric outpatient department due to moderate anxiety or depression complain.

Neuberg et al. (2017) explored the presence of the burnout syndrome in nurses to see how it is related to their perception of elder mistreatment in nursing homes and extended care units. The burnout syndrome was assessed in 171 nursing professionals with a standardized Maslach Burnout Inventory for Human Services Survey (MBI-HSS). The result suggested that elder mistreatment in Croatian nursing homes and extended care units is more common than expected: 55% witnessed shouting at a resident in anger, 43% insulting and swearing at a resident, 42% force-feeding the resident, 39% ignoring a resident when they called, and 38% neglecting to turn or move a resident to prevent pressure sores. They also established associations between perceived

abuse and neglect and the burnout syndrome dimensions. They suggested that, one way to avoid the pitfalls that lead to abuse and neglect is education in schools and at work.

Emotion Regulation and Burnout

Li (2023) investigated the effects of emotion regulation and creativity on EFL teachers' burnout in online classes. They hypothesized that teachers' creativity and ability to regulate their emotions can minimize the rate of burnout. To test this hypothesis, 329 Chinese EFL teachers were invited to respond to three validated questionnaires. The collected data were analyzed through Structural Equation Modelling (SEM). The study outcome revealed a significant correlation between Chinese EFL teachers' creativity, emotion regulation, and burnout. The results also showed that creativity and emotion regulation can make a significant change in the rate of teacher burnout. The results are therefore hoped to be illuminating for all online English teachers. This study has the major shortcoming of being conducted among teachers and not nurses as is done in the present study.

Martin-Brufau et al. (2020) explored the contribution of two emotion regulation strategies namely; emotion suppression and cognitive reevaluation to residents' burnout, while accounting for workload factors. Participants were 105 residents (68.6% women; mean age = 27.5, SD = 3.0). Results indicated that emotional suppression was associated with higher burnout (depersonalization scale) and cognitive revaluation was linked to lower burnout (higher personal accomplishment), even after controlling for demographic and workload factors. They found interaction effects between workload variables (supervisor support and number of patient hours) and emotion regulation. They concluded that the results also support including emotion regulation training in prevention and treatment programs targeting burnout during residency.

Castellano et al. (2019) examined the relationship between cognitive regulation strategies, engagement and burnout. A sample of 350 employees (54.8% men and 45.2% women) were presented with several instruments measuring burnout, engagement, affect and cognitive emotion regulation strategies in a prospective study. An explanatory model was tested through structural equation modeling analysis. The result revealed that an acceptable fit indices and a significant explanatory value both for burnout (61%) and engagement (58%) were obtained. The use of "automatic" cognitive regulation strategies was associated with the presence of negative affect and burnout whereas "elaborative" processes were associated with positive affect and engagement. Their findings underscored the importance of the role of cognitive emotion regulation in organizational settings. They also made few recommendations for research and practice.

Jackson-Koku and Grime (2019) examined the relationship between emotion regulation and burnout among doctors. Twenty-two full text articles were read and eight excluded for ineligibility. Following data extraction, bias and methodological quality assessment, findings were synthesized using descriptive analysis and presented according to relevant themes. A correlative relationship was observed between emotion regulation and burnout in doctors. Findings also indicated that using self-regulatory or taught emotion regulation skills or interventions such as mindfulness were associated with a reduction in burnout. They hence concluded that, emotion regulation is an important psychological variable associated with burnout.

Johnson et al. (2017) examined age, emotion regulation strategies, burnout, and engagement in the service sector. Analyses using data from 444 service employees in Germany revealed age is negatively directly related to exhaustion and cynicism, and positively directly related to professional efficacy, as well as positively directly linked to engagement. Additionally, age predicts less burnout and more engagement indirectly through the use of the emotion regulation strategies surface acting and anticipative deep acting. This provided evidence against the general deficit hypothesis of age, which assumes a decline of employee skills and abilities with age. They found no evidence that older workers are worse than younger workers, with older workers using positive emotion regulation strategies, being more engaged and less burnt out. The limitations and recommendations of the study were duly made. Based on the limitations observed in the above reviewed studies, the following hypotheses were made:

i.   Emotional abuse will significantly influence burnout among nurses of Federal Medical Centre Makurdi.

ii.   Emotion regulation will significantly influence burnout among nurses of Federal Medical Centre Makurdi.

iii.   Emotional abuse and emotion regulation will jointly influence burnout among nurses of Federal Medical Centre Makurdi.

Method

This section covers the participants, instrument, sampling technique, procedure, design and data analysis for the study.

Participants

The participants for this study were 117 Nurses of Federal Medical Centre Makurdi consisting of 11 (9.4%) males and 106 (90.6%) females. Their ages ranged from 27-51 years with a mean age of 38.59 (SD=6.78). In terms of their religion, 114 (97.4%) were Christians while the remaining 3 (2.6%) were Muslims. Also, 65 (55.6%) were Tiv, 42 (35.9%) were Idoma while the remaining 10 (8.5%) were from other ethnic groups. Considering their Marital Status, 30 (25.6%) were Single, 77 (65.8%) were Married, 6 (5.1%) were Divorced while the remaining 4 (3.5%) were Separated. As for their duration of work, 33 (28.2%) worked for a range of 1-10years, 56 (47.9%) worked for 11-20years, 24 (20.5%) worked for 21-30years while the remaining 4 (3.4%) worked for 31-40years.

Instruments

For the purpose of data collection, the Emotional Abuse Scale, Emotion Regulation Questionnaire and Maslach Burnout Inventory-Human Services Survey were used.

i.   Socio-Demographic Variables: The demographic information that were collected from the respondents include; sex, age, religion, ethnic group, marital status and duration of work.

ii.   Emotional Abuse was measured using the Emotional Abuse Scale developed by Malik and Shah (2007). The 14-item scale is measured using a 4-point format of 1 (never) to 4 (Always). The scale has an alpha coefficient of .90. The present study obtained an alpha coefficient of .75. Sample of items include; "My relative uses abusive language with me", "My relative expresses their aggression on me".

iii.   Emotion Regulation was measured using the Emotion Regulation Questionnaire developed by Gross and John (2003). This 10-item scale is measured on a 7-point Likert format of 1 (strongly disagree) to 7 (strongly agree). The scale has two dimensions; Cognitive Reappraisal (items 1, 3, 5, 7, 8, 10) and Expressive Suppression (items 2, 4, 6, 9). The present study obtained an overall alpha coefficient of .76 and .71 and .66 for the subscales respectively. Sample of items include; "I keep my emotions to myself", "I control my emotions by not expressing them".

iv.   Burnout was measured using the Maslach Burnout Inventory-Human Services Survey developed by Maslach and Jackson (1981). The MBI-HSS tool is a 22-item questionnaire that relates to three components of burnout, namely, Emotional Exhaustion (EE; 9 items) Depersonalization (DP; 5 items) and Personal Accomplishment (PA; 8 items). The MBI is measured on a 7-point Likert-type scale showing the extent to which the feeling is 0 (Never) to 6 (everyday). The internal consistency was measured and the following Cronbach's alpha coefficients for the three MBI components were reported as .90 for EE, .79 for DP and .71 for PA. The present study obtained an alpha coefficient of .84 for the overall inventory while the three dimensions had .78, .87 and .81 respectively. Sample of items include; "I feel frustrated by my job", "I feel I treat some recipients as if they were impersonal objects".

Procedure

This study was conducted among Nurses of Federal Medical Centre Makurdi. The researchers presented a letter to the Federal Medical Centre Makurdi ethical committee for approval. Upon granting the approval, the consent of the nurses were sought and obtained before administration of the questionnaire copies. All ethical issues were taken into consideration in the course of the study. The researchers accidentally sampled the available nurses for the study. After administering 120 copies of the questionnaire, a total of 117 copies representing a return rate of 97.5% was found useful for data analysis.

Design

This study employed cross-sectional survey design to investigate the influence of emotional abuse and emotional regulation on burnout among nurses in Federal Medical Centre Makurdi. Cross-sectional studies are observational in nature and are known as descriptive research, and not causal or relational studies, meaning that you cannot use them to determine causal relations. In this design, researchers record the information that is present in a population at a time, but they do not manipulate variables. This survey design offers the researchers the leniency of collecting, analyzing, interpreting and generalizing research results at a specific point in time. The independent variables for this study were emotional abuse and emotion regulation, while the dependent variable was burnout.

Sampling

This study will employ the use of Accidental Sampling Technique. This is a non-probability sampling method in which the respondents that are readily available to the researcher during the research conduct are used. This implies that the nurses that were used for this study were not purposefully chosen but were met accidentally as they come to work.

Data Analysis

Data for this study were analyzed using both descriptive and inferential statistics. The researchers used descriptive statistics including frequencies and simple percentages, mean and standard deviation to summarize data on the demographic characteristics of respondents. On the other hand, simple linear regression was used for hypothesis one, multiple linear regression for hypothesis two and standard multiple regression for hypothesis three.

Results

The research hypotheses raised in this study were tested using simple linear regression, multiple linear regression and standard multiple regression. The results are as presented in the subsequent tables below:

Table 1: Multiple Linear Regression showing the influence of Emotional Abuse on Burnout among Nurses of Federal Medical Centre Makurdi

Outcome		R	R^2	F	β	t	Sig.
Burnout	Constant	.388	.151	143.687		6.125	.000
	Emotional Abuse				.388	7.212	.000
Emotional Exhaustion							
	Constant	.538	.289	285.216		9.110	.000
	Emotional Abuse				.538	12.293	.000
Depersonalization							
	Constant	.209	.044	524.095		8.555	.000
	Emotional Abuse				.209	13.360	.000
Personal Accomplishment							

					β	t	Sig.
Constant	.138	.019	8.556			7.508	.059
Emotional Abuse					.138	.134	.158

The results as presented in Table 1 shows that there was a significant influence of emotional abuse on burnout among nurses R^2=.151, F(1,115)=143.687, p<.001. The result further showed that emotional abuse significantly influenced two dimensions of burnout; Emotional Exhaustion R^2=.289, F(1,115)=285.216, p<.001 and Depersonalization R^2=.044, F(1,115)=524.095, p<.001 while the third dimension; Reduced Personal Accomplishment R^2=.019, F(1,115)=8.556, p>.05 was not significant. This finding implies that emotional abuse explained 28.9%, 4.4% and 1.9% of the variance in emotional exhaustion, depersonalization and reduced personal accomplishment respectively. Over all, emotional abuse explained 15.1% of the total variation in burnout. Hence, Hypothesis One was supported.

Table 2: Multiple Linear Regression showing the influence of Emotion Regulation on Burnout among Nurses of Federal Medical Centre Makurdi

Outcome		R	R^2	F	β	t	Sig.
Burnout	Constant	.779	.607	149.062		8.772	.000
	Cognitive Reappraisal				.335	10.168	.001
	Expressive Suppression				.253	11.481	.001
Emotional Exhaustion							
	Constant	.499	.249	59.050		6.383	.001
	Cognitive Reappraisal				.319	9.332	.001
	Expressive Suppression				.401	9.498	.001
Depersonalization							
	Constant	.474	.225	36.570		8.112	.012
	Cognitive Reappraisal				.327	6.209	.001
	Expressive Suppression				.288	7.436	.002
Personal Accomplishment							
	Constant	.161	.026	2.245		2.277	.166
	Cognitive Reappraisal				.031	2.872	.143
	Expressive Suppression				.062	3.419	.119

The results as presented in Table 2 shows that there was a significant influence of emotion regulation on burnout among nurses R^2=.607, F(2,114)=149.062, p<.001. Furthermore, the two dimensions of Emotion Regulation; Cognitive Reappraisal (β=.335, t=10.168, p<.01) and Expressive Suppression (β=.253, t=11.481, p<.01) significantly influenced Burnout among Nurses. This shows that emotion regulation explained 60.7% of the variance in burnout.

The result further showed that emotion regulation significantly influenced the emotional exhaustion dimension of burnout R^2=.249, F(2,114)=59.050, p<.01. Furthermore, the two dimensions of Emotion Regulation; Cognitive Reappraisal (β=.319, t=9.332, p<.01) and

Expressive Suppression (β=.401, t=9.498, p<.01) significantly influenced Emotional Exhaustion among nurses. This shows that Emotion Regulation explained 24.9% of the variance in Emotional Exhaustion.

The result also showed that emotion regulation significantly influenced the depersonalization dimension of burnout R^2=.225, F(2,114)=36.570, p<.05. Furthermore, the two dimensions of Emotion Regulation; Cognitive Reappraisal (β=.327, t=6.209, p<.01) and Expressive Suppression (β=.288, t=7.436, p<.01) significantly influenced Depersonalization among nurses. This shows that Emotion Regulation explained 22.5% of the variance in Depersonalization. The result further showed that Emotion Regulation did not significantly influence Reduced Personal Accomplishment R^2=.477, F(2,114)=2.245, p>.05. Hence, hypothesis two was supported.

Table 3: Multiple Regression showing the joint influence of Emotional Abuse and Emotion Regulation on Burnout among Nurses of Federal Medical Centre Makurdi

Variables	R	R^2	F	β	t	sig
Constant	.666	.444	83.621		9.882	.001
Emotional Abuse				.442	14.177	.002
Emotion Regulation				.541	15.419	.000

The results as presented in Table 3 shows that there was a significant joint influence of emotional abuse and emotion regulation on burnout among nurses R^2=.444, F(2,114)=83.621, p<.01. This implies that emotional abuse and emotion regulation jointly accounted for 44.4% of the variance in burnout. Therefore, hypothesis three was also supported.

Discussion

Hypothesis one was tested to find out if there will be significant influence of emotional abuse on burnout among nurses of Federal Medical Centre Makurdi. Finding indicated that there was a significant influence of emotional abuse on burnout among nurses. This finding could be because nurses who are abused emotionally may suffer psychological distress and become frustrated, thus leading to burnout. This finding tallies with Nurhasanah et al. (2024) who significant correlation between verbal abuse and burnout. Also, Abbas et al. (2021) found that abusive supervision has a positive correlation with emotional exhaustion of employees. A study by Giacomo et al. (2017) showed that none of the patients who suffered sexual abuse showed depersonalization or personal accomplishment difficulties linked to burnout. Also, patients negative to abuse showed respectively moderate emotional exhaustion, moderate depersonalization and high personal accomplishment. Those who suffered emotional neglect showed the poorest profile at Maslach, particularly regarding emotional exhaustion. Lastly, Neuberg et al. (2017) found associations between perceived abuse and neglect and the burnout syndrome dimensions.

Hypothesis two was tested to find out if there will be significant influence of emotional regulation on burnout among nurses of Federal Medical Centre Makurdi. Finding indicated that there was a significant influence of emotional regulation on burnout among nurses. Since emotional regulation is a requisite skill for all nurses, this ability is likely to inoculate them from burnout. This finding tallies with Li (2023) who revealed a significant correlation between Chinese EFL teachers' creativity, emotion regulation, and burnout. The results also showed that creativity and emotion regulation made a significant change in the rate of teacher burnout. An earlier study by Martin-Brufau et al. (2020) found that emotional suppression was associated with higher burnout (depersonalization scale) and that cognitive revaluation was linked to lower burnout (higher personal accomplishment). A related study by Castellano et al. (2019) revealed that the use of "automatic" cognitive regulation strategies was associated with the presence of negative affect and burnout. Similarly, Jackson-Koku and Grime (2019) found a relationship between emotion regulation and burnout in doctors. Also, Johnson et al. (2017) indicated that using self-regulatory or taught emotion regulation skills or interventions such as mindfulness were associated with a reduction in burnout.

Hypothesis three was tested to find out if there will be significant joint influence of emotional abuse and emotional regulation on burnout among nurses of Federal Medical Centre Makurdi. Finding indicated that there was a significant influence of emotional abuse on burnout among nurses. However, due to the dearth of preexisting studies of this manner, this finding lacks the required research support from previous studies.

Implications

One of the implications of this study is that, nurses who are emotionally abused at early or older ages will be predisposed to experiencing high burnout levels on the job. Secondly, nurses who have emotion regulation skills may have higher chances of bouncing back from the impact of burnout experienced on the job.

Limitations

The researchers faced many difficulties in the process of conducting this study. First, this study was conducted among nurses whose nature of work makes them too busy to attend to research needs. This made the entire process hectic since, the researchers had to convince the nurses of the significance of the study before they would respond to the questionnaires. Secondly, the scales used in this study were self-report measures, this means that the respondents may have had to room to fake responses on their burnout levels. This may have also derailed the actual results for the study.

Recommendations of the Study

Given the finding obtained from this study, it is recommended that nurses should develop resilience skills to avert the forces emotional abuse often spelled on them by the patients they support. Also, the Management of Federal Medical Centre should ensure that training programmes are designed to educate nurses on the proper regulation of their emotions; this would in the long run reduce their predisposition to job burnout.

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