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Evaluation of Workplace Challenges Among Nurses in the Emergency Department of General Hospital Ilorin, Kwara State, Nigeria

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ABSTRACT

Background: Emergency department (ED) nurses in resource-limited settings face workplace challenges that threaten care quality. A comprehensive understanding of these issues in Nigerian EDs is essential for developing context-specific interventions.

Objective: This study evaluated the knowledge, perceptions, contributing factors, and coping strategies regarding workplace challenges among ED nurses at General Hospital, Ilorin, Nigeria.

Methods: A cross-sectional mixed-methods design was used. All ED nurses (n=31) completed validated questionnaires, and eight in-depth interviews were conducted. Quantitative data were analyzed via descriptive statistics and Pearson correlation (SPSS v.26); interviews provided thematic insights.

Results: Participants were predominantly female (74.2%) and experienced. Quantitative findings showed high awareness of challenges (85%), notably overcrowding (95.16%) and violence (90.96%). No significant correlations existed between knowledge (r=0.296, p=0.106) or perception (r=0.204, p=0.272) and work output. Qualitatively, understaffing (76.1% quantitative; 100% qualitative) emerged as the core systemic challenge undermining standard care. While overcrowding was attributed to patient volume, interviews revealed a "hospital flow problem" causing ED bottlenecks. Constant verbal threats required "hyper-vigilance," shifting coping strategies from individual "survival" to advocacy for institutional solutions like improved salary scales, soft loans, and health insurance.

Conclusion: Despite high awareness, systemic understaffing remains a critical bottleneck. The dissonance between work output and emotional drain indicates an unsustainable reliance on personal resilience, requiring urgent institutional intervention.

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Introduction

The emergency department (ED) serves as a critical frontline in healthcare systems worldwide, functioning as the primary point of entry for acute, unpredictable, and often life-threatening conditions (Jon & Jon, 2022). It is characterized by a fast-paced, high-stakes environment with a continuous influx of patients requiring immediate intervention. Nurses constitute the essential, frontline workforce within this setting, bearing significant responsibility for triage, stabilization, and ongoing care. However, the demanding nature of emergency care exposes these professionals to a complex constellation of workplace challenges that threaten not only their personal well-being and job satisfaction but also the safety and quality of patient outcomes (Sullivan et al., 2021).

Workplace challenges in healthcare refer to the multifaceted obstacles and stressors inherent in the work environment that employees must navigate to perform their duties effectively (Ramesh et al., 2022). In the ED, these challenges are particularly intense and interconnected. Globally, ED nurses consistently report facing issues such as workplace violence (WPV), chronic understaffing, severe overcrowding, medication errors, burnout syndrome, and inefficiencies in triage processes (ACEP, 2022; Hou et al., 2022; Bijani & Khaleghi, 2019). WPV, encompassing verbal abuse, threats, and physical assault from patients and visitors, is prevalent and leads to psychological trauma, decreased job satisfaction, and high turnover intentions (NaLia et al., 2019). Overcrowding, defined as demand exceeding available resources, results in treatment delays, increased morbidity and mortality, and heightened staff stress (Gabor et al., 2021). Understaffing creates work overload, elevates the risk of clinical errors, and is a direct contributor to burnout—a state of emotional exhaustion, depersonalization, and reduced accomplishment (Buchan & Calman, 2009; Moukarzel et al., 2019). Medication errors, often linked to verbal orders and high workload, pose a direct threat to patient safety (Kyle et al., 2014), while ineffective triage disrupts patient flow and prioritization (O'Connor et al., 2014).

In low- and middle-income countries like Nigeria, these universal challenges are exacerbated by systemic weaknesses, including chronic underfunding, dilapidated health infrastructure, a severe shortage of skilled professionals due to brain drain, and inadequate policy implementation (Obinna, 2019; Peterson et al., 2019). The Nigerian healthcare system, and its emergency services in particular, operates under immense strain, potentially creating a work environment for ED nurses that is even more demanding and resource-scarce than in higher-income settings. While existing literature has documented individual challenges, there remains a need for holistic, context-specific assessments that capture the interconnected spectrum of difficulties faced by ED nurses in resource-limited environments. Understanding their knowledge, perceptions, and lived experiences of these challenges, as well as their coping mechanisms, is crucial for developing targeted, effective interventions.

This study is theoretically anchored in the Conservation of Resources (COR) Theory (Hobfoll, 1989), which provides a robust framework for understanding the impact of these workplace challenges. COR theory posits that individuals strive to obtain, retain, and protect valued resources (e.g., energy, time, emotional well-being, supportive working conditions). Stress occurs when these resources are threatened, lost, or when significant investment fails to yield adequate returns. The ED environment, with its constant demands, can be viewed as a context where nurses must continually invest personal and professional resources. Chronic challenges like violence, understaffing, and overcrowding represent persistent threats and actual losses of these critical resources, leading to chronic stress, burnout, and ultimately, compromised performance (Prapanjaroensin et al., 2017). The theory also helps explain nurses' coping strategies as active efforts to conserve remaining resources and acquire new ones to mitigate losses.

Therefore, this study aimed to conduct a comprehensive evaluation of the workplace challenges faced by nurses in the ED of General Hospital Ilorin, Kwara State, Nigeria. By integrating quantitative and qualitative methods, the research sought to assess nurses' knowledge and perception of these challenges, identify contributing factors, explore their coping strategies, and examine the relationships between these variables. The findings are intended to provide evidence-based insights for hospital management, nursing administrators, and policymakers to inform the creation of safer, more supportive, and efficient work environments that enhance nurse retention and the quality of emergency care in Nigeria.

Methods

Research Design

A cross-sectional, mixed-methods design was employed, integrating quantitative and qualitative approaches to provide a comprehensive evaluation.

Study Setting

The study was conducted at General Hospital Ilorin, a public secondary healthcare facility in Kwara State,

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Nigeria. The hospital operates 24/7 and has two emergency units: Adult Emergency and Pediatric Emergency.

Participant

The target population comprised all 31 nurses working in both emergency units. A total census sampling technique was used; all 31 nurses participated in the quantitative survey. For the qualitative component, eight nurses were selected via purposive sampling to include representation from senior (CNO), middle (PNO/SNO), and junior (NO) ranks.

Instruments for Data Collection

Quantitative Instrument: A self-administered, structured questionnaire was developed. It consisted of five sections:

Section A collected socio-demographic data (e.g., age, gender, years of experience, educational qualification).

Section B: Knowledge of Workplace Challenges. This 46-item scale assessed nurses' knowledge across six domains: violence (10 items), overcrowding (6 items), understaffing (5 items), medication errors (11 items), burnout (6 items), and triage (8 items). Items were phrased as statements (e.g., "Violence against nurses has a major impact on health and wellbeing") with a dichotomous Yes/No response format. A correct answer scored 1 point; an incorrect answer scored 0. The total score was summed and converted to a percentage, with higher percentages indicating a higher level of knowledge.

Section C: Perception of Workplace Challenges. This 9-item scale measured nurses' perceptions and attitudes towards ED stressors. Items (e.g., "ED stressors are a critical and crucial part of the job") used a dichotomous Yes/No format. Scores were summed and converted to a percentage, where a higher percentage indicated a more positive or accepting perception of workplace challenges.

Section D: Factors Influencing Challenges. This section presented multiple-choice questions identifying factors believed to contribute to each of the six workplace challenges (e.g., "Which factor can be responsible for violence? (a) Aggressive patient, (b) Mental illness...").

Section E: Coping Strategies. This section used multiple-choice formats to identify strategies nurses employ or recommend to overcome each of the six challenges (e.g., "To cope with violence, ER nurses need to: (a) Be aware of patient behavior, (b) Be aware of your environment...").

Psychometrics: Content and face validity were established through review by the research supervisor and a panel of nursing experts. A pilot study (n=10) was conducted, and internal consistency reliability for the knowledge and perception scales was calculated using Cronbach's alpha, yielding a coefficient of .85, indicating good reliability.

Qualitative Instrument: A semi-structured interview guide was used. It contained 14 open-ended questions designed to explore participants' lived experiences with workplace challenges, examples, impacts, coping mechanisms, and suggested solutions (e.g., "What can you say about workplace challenges in your unit?"; "How do you cope when short-staffed?"). The guide facilitated in-depth exploration while allowing for probing follow-up questions.

Data Collection Procedure

Ethical approval was obtained from the Research and Ethics Committees of LAUTECH and General Hospital Ilorin. Informed consent was secured from all participants. Questionnaires were distributed and collected on-site. Interviews were conducted privately in the hospital, audio-recorded with permission, and later transcribed verbatim.

Scope and Operational Definitions

The scope of this study was delimited to examining the operational environment and professional experiences of nurses currently practicing within the Emergency Department of General Hospital, Ilorin. To ensure conceptual clarity and analytical consistency, the following operational definitions were established:

Workplace Challenges: Operationally defined as the presence of environmental, systemic, or interpersonal stressors, specifically violence, overcrowding, understaffing, medication errors, burnout, and triage difficulties that disrupt the standard delivery of emergency care.

Work Output: Operationally defined as the self-reported level of clinical productivity and efficiency in executing core emergency nursing duties, including triage accuracy, timely medication administration, and patient monitoring, as measured by standardized performance indicators within the validated questionnaire.

Coping Strategies: Operationally defined as the specific cognitive and behavioural efforts, ranging from individual survival techniques (e.g., vigilance and endurance) to systemic advocacy (e.g., policy recommendations), employed by nurses to manage the internal and external demands of the ED environment.

Study Limitations

While this study provides critical insights into the Nigerian emergency nursing context, certain limitations are acknowledged. The primary constraint involves the sample size (n=31), which was restricted to the total available nursing population at a single

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facility. This geographic and institutional specificity may limit the generalizability of the findings to broader regional or national contexts. Additionally, the use of self-reported data for work output and challenges introduces the potential for social desirability bias; hence, the integration of qualitative interviews was intended to mitigate this through data triangulation.

Data Analysis and Synthesis

The study employed a convergent mixed-methods analytical framework to integrate quantitative and qualitative datasets, facilitating a multi-dimensional exploration of the research problem.

Quantitative Analysis

Quantitative data were processed and analyzed using IBM SPSS Statistics (Version 26.0). Univariate analysis involved the calculation of descriptive statistics, including frequencies, percentages, and measures of central tendency (means), to summarize demographic profiles and the prevalence of workplace challenges. To test the research hypotheses regarding the association between cognitive-perceptual variables (knowledge and perception) and professional work output, bivariate analysis was conducted using Pearson's product-moment correlation coefficient (r). Statistical significance was predetermined at an alpha level of $p < 0.05$. The use of this parametric test was justified based on the following criteria:

Application of the Central Limit Theorem: With a sample size of n=31, the sampling distribution of the mean is assumed to approach normality, meeting the heuristic threshold for parametric analysis.

Sensitivity to Linear Trends: Pearson's r was selected for its mathematical robustness in detecting linear associations and providing a precise coefficient of determination (r^2).

Measurement Level: The aggregate scores derived from the validated questionnaires provided interval-scale data, for which Pearson's correlation offers greater statistical power than non-parametric alternatives.

Statistical significance was predetermined at an alpha level of $p < 0.05$.

Qualitative Analysis

Qualitative corpora derived from in-depth interviews were transcribed verbatim and subjected to inductive thematic analysis. This process involved recursive stages of data immersion, initial code generation, and the refinement of emergent themes that captured the lived experiences of the participants. Data saturation was determined at the point where subsequent interviews yielded no novel themes or unique insights, indicating that the breadth and depth of the phenomenon had been sufficiently captured within the sample. The rigor of the qualitative arm was maintained through peer debriefing and the use of "thick description" to ensure the credibility and transferability of the findings.

Data Triangulation and Integration

Methodological triangulation was achieved through a side-by-side comparison of quantitative results and qualitative themes. By contrasting statistical patterns (e.g., reported awareness levels) with narrative insights (e.g., the "hospital flow" bottleneck), the analysis moved beyond simple description to provide a nuanced, holistic understanding of the systemic constraints and coping mechanisms prevalent within the emergency department.

Ethical Considerations

The study adhered to ethical principles: voluntary participation, informed consent, confidentiality, anonymity, and the right to withdraw without penalty.

Results

Socio-Demographic Characteristics

Table 1: Socio-Demographic Characteristics of Respondents (N=31)

Variable	Category	Frequency	Percentage (%)
Sex	Male	8	25.8
	Female	23	74.2
Age	< 30 years	3	9.7
	30-39 years	18	58.1
	40-49 years	8	25.8
	≥ 50 years	2	6.5
Years of Experience	< 10 years	10	32.3
	10-19 years	20	64.5
	≥ 20 years	1	3.2
Educational Level	Diploma (Accident & Emergency)	11	35.5
	Bachelor's Degree	14	45.2
	Postgraduate Diploma	6	19.4

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Knowledge and Perception of Workplace Challenges:

Quantitative Findings

Nurses demonstrated high levels of knowledge across all identified challenges (Table 2). The highest awareness was for overcrowding (95.16% mean positive response), followed by violence (90.96%), burnout (90.87%), triage (87.54%), medication errors (84.42%), and understaffing (76.1%). Overall, 85% of nurses had good knowledge of workplace challenges

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Table 2: Knowledge of Nurses on Specific Workplace Challenges (N=31)

Challenge Domain	Number of Items	Mean % Correct Responses
Overcrowding	6	95.16
Violence	10	90.96
Burnout	6	90.87
Triage	8	87.54
Medication Errors	11	84.42
Understaffing	5	76.10
Overall Knowledge	46	~85.00

Nurses' perceptions of workplace challenges were largely positive (87.4% aggregate positive perception). Most agreed that ED stressors are a critical part of the job (90.3%), that workload is a major stressor (87.1%), and that experience helps manage stress (93.5%).

Factors Influencing Workplace Challenges

Table 3: Primary Factors Identified for Each Workplace Challenge

Challenge	Primary Factor(s)	% of Respondents
Violence	Aggressive patients	64.5%
	Mentally ill patients	25.8%
Overcrowding	High number of emergency patients	45.0%
	Delay in admission process	13.0%
Understaffing	Failure to employ enough nurses	45.2%
	High patient influx	22.6%
Medication Errors	Verbal orders / Lack of independent double-checks	16.1% (each)
Ineffective Triage	Lack of clinical competence	29.0%
Burnout	Workload	38.7%
	Lack of motivation	35.5%

Theme 1: Understaffing as a Core Systemic Challenge

Quantitatively, 76.1% of nurses identified understaffing as a major challenge, primarily due to the "failure to employ enough nurses" (45.2%). This was the most pervasive issue in interviews, with 100% of participants confirming chronic shortages. Nurses described a gap between their professional training and the reality of practice; as one Chief Nursing Officer (CNO) noted, *"We are too few... you know you cannot give the care you were trained to give."*

Theme 2: Overcrowding and Systemic Inefficiency

Overcrowding was the most recognized challenge in the survey (95.16%). While survey respondents blamed the high volume of emergency cases, participants qualitatively highlighted a *"hospital flow problem."* Patients are often retained in the ED for hours because *"there are no beds upstairs,"* creating a cycle where the ED becomes a bottleneck. Ideally, nurses suggested transferring stable patients to mitigate this, but noted that such *"solutions are often unattainable under current constraints."*

Theme 3: Violence: Awareness vs. Experience

There is a notable discrepancy between high awareness of violence (90.96%) and direct physical experience. While 100% of participants reported no recent physical assaults, partially due to the presence of Civil Defence officers, they emphasized that verbal aggression is constant. *One Nursing Officer (NO) explained that they must remain in a state of hyper-vigilance: "The shouting, the insults, the threats are common. You must always be alert."*

Theme 4: Coping Strategies: Survival vs. Systemic Solution

Coping mechanisms revealed a divide between individual "survival" and desired institutional change: Individual/Survival: Quantitative data suggested "taking breaks" and "awareness," but interviews

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revealed a grimmer reality of *"enduring"* and *"just managing"* with as few as two nurses per shift.

Institutional Advocacy: Nurses strongly advocated for systemic solutions over individual resilience. Recommendations included improved salary scales to curb staff attrition, "soft loans," and "proper health insurance." As one Senior Nursing Officer (SNO) summarized: *"We are emotionally drained. If they provide security, enough staff, and better equipment, half of these challenges will reduce."*

Hypothesis Testing

To examine the relationships between nurses' understanding of workplace challenges and their professional performance, two hypotheses were tested using Pearson's product-moment correlation coefficient. The results are summarized in Table 4.

Table 4: Pearson Correlation Matrix for Knowledge, Perception, and Work Output

Variable	1. Output	2. Knowledge	3. Perception
1. Output	—		
2. Knowledge	.296	—	
3. Perception	.204	.221	—

Note. $N = 31$ for all correlations.

Hypothesis One

The first null hypothesis stated there would be no significant correlation between nurses' knowledge of workplace challenges and their self-reported work output. This hypothesis was tested using a Pearson correlation. The analysis revealed a weak, positive correlation that was not statistically significant, r(31) = .296, p = .106. Therefore, the null hypothesis was accepted. The results indicate that, within this sample, a nurse's level of awareness regarding workplace challenges is not a significant linear predictor of their perceived work output.

Hypothesis Two

The second null hypothesis proposed no significant correlation between nurses' perception of workplace challenges and their work output. The Pearson correlation analysis resulted in a very weak, non-significant positive relationship, r(31) = .204, *p* = .272. Consequently, the null hypothesis was retained. This finding suggests that how nurses perceive these challenges—whether as an inevitable part of the role or a manageable stressor—does not show a statistically significant association with their reported productivity.

Discussion

This mixed-methods study provides a comprehensive assessment of workplace challenges from the perspective of ED nurses in a Nigerian tertiary hospital. The triangulation of data reveals both alignment and depth between the quantitative and qualitative findings. The high level of knowledge (85%) regarding various challenges indicates a workforce that is acutely aware of the problematic environment in which they operate. This awareness aligns with global literature emphasizing the universality of ED stressors (Jon & Jon, 2022). The particularly high awareness of overcrowding and violence reflects their prominence as immediate and visible threats. The positive perception (87.4%) of these challenges, corroborated by interview remarks about stressors being "part of the job," suggests a degree of normalization or acceptance (Bragard et al., 2015). This acceptance, while potentially a coping mechanism, is concerning as it may reduce the impetus for systemic reporting and advocacy for change.

The correlation analysis revealed that neither knowledge nor perception of challenges significantly correlated with work output. This quantitative finding is nuanced by the qualitative data. Nurses reported that challenges "affected output" and caused emotional drain, yet they spoke of "enduring" and "managing." This suggests that professional commitment and resilience may allow output to be maintained in the short term, masking the cumulative strain that leads to burnout and attrition—a process consistent with the COR Theory's prediction of resource depletion over time.

The identification of understaffing as the foundational challenge is the most critical finding from the triangulated data. The quantitative data pinpointed it as a key factor, while the qualitative data unequivocally framed it as the central, debilitating issue from which many other problems (overcrowding, errors, burnout) emanate. This interconnection underscores that interventions cannot be siloed but must address the ED ecosystem holistically, starting with adequate staffing.

The coping strategies reported highlight a gap between individual resilience and systemic support. Strategies like "awareness" and "enduring" are immediate, personal responses to chronic systemic failures. The solutions proposed by nurses in the interviews—better staffing, security, remuneration, and training—are direct calls for the investment of institutional resources to conserve their personal and professional resources, as outlined by COR Theory.

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Conclusion

This study concludes that nurses in the ED of General Hospital Ilorin possess a strong awareness of the significant workplace challenges they face, with understaffing identified as the core, systemic issue exacerbating others like overcrowding and burnout. Their generally positive perception of these challenges as an inherent part of emergency nursing belies the significant negative impacts on their emotional well-being and morale, as revealed in interviews. The absence of a significant correlation between challenge awareness/perception and output underscores a complex dynamic of professional resilience operating within a strained system, where nurses "manage" until their resources are depleted.

Implications for Nursing Practice and Policy

Hospital Management/Administration: Prioritize the recruitment and retention of ED nurses to achieve safe staffing ratios. Implement a comprehensive motivational package including competitive salaries, timely promotions, and welfare benefits (e.g., health insurance). Ensure 24/7 physical security presence in the ED. Invest in patient flow management and hospital-wide coordination to reduce ED boarding and overcrowding.

Nursing Leadership: Establish clear, zero-tolerance policies for workplace violence with robust reporting, support, and de-escalation training. Facilitate continuous professional development, including mandatory workshops on triage, medication safety, and burnout management. Foster open communication channels between nurses and management to advocate for needed resources.

Government/Policy Makers: Increase health sector funding to enable hospitals to address infrastructure and staffing deficits. Develop and implement policies that mandate safe nurse-to-patient ratios in emergency care. Support the expansion of training programs for nurses specializing in emergency care to build a sustainable, skilled workforce.

Limitations and Suggestions for Further Studies

This study was limited to a single hospital with a small sample size, which may affect generalizability. The cross-sectional design captures a snapshot in time. Future research should employ longitudinal designs across multiple centers in Nigeria to track trends and the long-term effects of these challenges. Intervention studies are needed to test the effectiveness of proposed solutions, such as the impact of improved staffing models or security measures on nurse outcomes and patient safety in EDs.

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