

Breaking the Burnout Cycle the Role of Organisational Culture and Resilience in Shaping Healthcare Professionals' Well-Being in Lagos State

¹MoradekeAtoki, ²Matthew Nesiayali

¹²Rome Business School, Nigeria

Abstract

This study examined the relationship between organisational culture, resilience and burnout among healthcare professionals working in public tertiary hospitals in Lagos State with a particular focus on resilience as a mediating variable. The primary objective was to assess how organisational factors contribute to burnout and whether resilience buffers this effect. A cross-sectional survey design was employed, involving 350 healthcare professionals who completed standardized instruments, including the Maslach Burnout Inventory, the Connor-Davidson Resilience Scale, and the Organisational Culture Assessment. Data analysis was conducted using Pearson correlation, multiple regression, and structural equation modeling (SEM). The results revealed significant negative correlations between organisational culture and burnout, as well as between resilience and burnout. Regression analyses identified organisational culture and leadership support as significant predictors of lower burnout levels. Furthermore, SEM confirmed the mediating role of resilience in the relationship between both organisational culture and burnout, and leadership support and burnout. These findings underscore the critical influence of a supportive organisational culture and strong leadership in mitigating burnout, with resilience acting as a central pathway. The study advocates for systemic, organization level interventions rather than solely individual-centered strategies in addressing healthcare worker burnout.

Keyword Burnout Cycle, Organisational Culture, Resilience, Well-Being

1. Background

Burnout among healthcare professionals (HCPs) has emerged as a critical occupational health concern as individuals experiencing burnout often report persistent fatigue, emotional detachment, and a lack of fulfillment in their professional accomplishments. Burnout typically results from prolonged exposure to stress, where the demands placed on individuals exceed their coping capacity thereby leading to reduced productivity, weakened team dynamics and compromised patient safety (Zhang et al., 2025; Arefin & Global Health Institute, 2025). According to the World Health Organization (2019), burnout is a syndrome caused by chronic workplace stress that has not been successfully managed therefore the solution must lie in systemic interventions rather than relying solely on individual coping mechanisms.

The COVID-19 pandemic significantly exposed longstanding vulnerabilities in healthcare systems worldwide and intensified the psychological burden on frontline healthcare workers. Reports from various countries highlighted high levels of stress, anxiety and burnout among health professionals which have had lasting consequences for workforce retention, healthcare delivery and patient outcomes (Tran et al., 2023; Kwong et al., 2025; Hussein et al., 2025). The crisis also catalyzed a shift in focus toward understanding how organizational structure and workplace culture within healthcare institutions affect the mental health and well-being of their staff (Bakuchava & Javakhishvili, 2025; Maddock, 2024). The shared values, behaviors, and norms that constitute organizational culture (OC) are increasingly recognized as critical factors influencing employees' attitudes, emotions, and performance. In healthcare settings, a supportive and positive work environment fosters trust, collaboration, and a unified commitment to patient care factors that act as protective buffers against

occupational stress and burnout (Akinwale& George, 2021; West et al., 2020). Conversely, environments marked by poor communication, lack of recognition, and a blame-oriented culture tend to amplify psychological distress among healthcare workers, contributing to diminished mental well-being and reduced workplace engagement (Adebayo, Aluko&Oyetunde, 2023). Resilience have the ability to effectively adapt to adversity and plays a significant role in mitigating burnout risk associated with job-related stress. Although often viewed as an individual trait, resilience is now increasingly understood as being shaped by leadership practices, the quality of interpersonal relationships at work, and the broader organizational culture (Kihlström et al., 2023; Schmidt-Stiedenroth et al., 2023; Weishaar et al., 2025). Work environments that promote psychological safety, autonomy, and continuous learning are particularly effective in strengthening employee resilience and reducing the likelihood of burnout (Galdames et al., 2024; Karreinen et al., 2023).

Although global research on occupational stress, burnout, and workplace well-being is steadily expanding, studies from low and middle-income countries (LMICs), including Nigeria often remain underdeveloped in scope and depth. In the Nigerian context, existing literature tends to address occupational stress in general terms, with limited emphasis on burnout as a distinct phenomenon or on the organizational factors that contribute to it (Bello, Oni &Salawu, 2021; Sani et al., 2024). Additionally, the frequent conflation of stress, burnout, and mental well-being obscures their unique conceptual distinctions. Stress is typically a short-term response to immediate demands, burnout results from chronic, unmanaged stress over time, and mental well-being refers to an individual's overall emotional state and resilience in facing life's challenges (Maddock, 2024; Kwong et al., 2025; Hussein et al., 2025).

Current intervention efforts in Nigeria largely focus on the individual level, emphasizing stress management workshops and mental health awareness programs (Oyekunle&Olanrewaju, 2025; Vetbuje&Olaleye, 2022). However, these initiatives often overlook the influence of organizational culture, which can either exacerbate or buffer against burnout. While Perceived Organizational Support (POS) shares some similarities centered on employees feeling recognized and supported it is more limited in scope. In contrast, organizational culture encompasses broader, systemic factors such as managerial values, leadership behaviors, and embedded workplace norms (Kok et al., 2022; Okolo et al., 2022), all of which play a crucial role in shaping employee well-being.

Prominent hospitals in developed nations face a different set of challenges however, tertiary healthcare institutions in Lagos State grapple with distinct and pressing issues. These hospitals which serve as hubs for both advanced medical care and academic training are central to Nigeria's healthcare system. However, they are routinely hindered by staff shortages, obsolete equipment, overwhelming workloads and inadequate funding all of which place immense strain on healthcare professionals. Within Lagos State's public tertiary hospitals, doctors and nurses are frequently confronted with high patient volumes, minimal institutional support, and a performance driven administrative culture that often neglects employee well-being (Adebayo et al., 2023). These adverse working conditions have led to a growing prevalence of burnout among healthcare workers in Lagos State, posing significant risks to the quality and continuity of healthcare delivery. While existing research in Nigeria often explores the relationships among stress, burnout, and well-being, the lack of conceptual clarity between these constructs makes it difficult to isolate the true drivers of professional exhaustion and disengagement (Bokuchava&Javakhishvili, 2025). Moreover, although previous studies have examined the mediating role of resilience between perceived organizational climate and burnout, limited research exists on how resilience moderates the relationship between organizational culture and burnout in low- and middle-income countries (LMICs), particularly within the Nigerian context (Abdumohdi, 2023; Zhang et al., 2023). Therefore, this study seeks to investigate the relationship between organizational culture and burnout among healthcare professionals working in Lagos State's public tertiary hospitals, while also exploring how resilience influences this dynamic. By emphasizing the role of organizational support in promoting staff well-being, the study aims to contribute to the development of more supportive and health conscious workplace environments offering evidence based strategies to mitigate burnout.

In Lagos State Nigeria the occupational well-being of healthcare professionals (HCPs) is increasingly under pressure. Public tertiary hospitals are burdened by persistent understaffing, constrained resources, and

overwhelming patient loads, challenges that are further intensified by rigid and, at times, unsupportive organizational cultures. These systemic issues collectively foster conditions conducive to professional burnout. Despite these realities, much of the existing research on occupational well-being within Nigeria's healthcare sector has predominantly focused on occupational stress (Bello, Oni & Salawu, 2021; Sani, Jafaru, Ashipala & Sahabi, 2024).

However, burnout is conceptually distinct from both stress and mental well-being, each of which holds different implications for healthcare performance and policy (Maddock, 2024). Stress typically reflects short term physiological and psychological responses to immediate external pressures, while burnout represents a prolonged reaction to chronic occupational stressors manifested through emotional exhaustion, depersonalization, and a reduced sense of personal achievement (Kwong et al., 2025). In contrast, mental well-being refers to an individual's broader emotional, psychological, and social health, which determines their ability to manage stress, maintain healthy relationships, and function effectively in daily life (Hussein et al., 2025). Thus, burnout constitutes a more severe, cumulative breakdown arising from sustained stress and deteriorating mental well-being (Bokuchava & Javakhishvili, 2025). Burnout is increasingly recognized as a systemic issue in healthcare, most interventions in Nigeria have continued to focus on individual coping strategies, rather than addressing the structural and organizational determinants that contribute to the problem (Oyekunle & Olanrewaju, 2025; Vetbuje & Olaleye, 2022). The link between burnout and organisational culture which includes leadership approaches, workplace climate, and institutional values remains largely underexplored, despite its significance in shaping the occupational well-being of healthcare professionals in Lagos State (Ogunbamila, 2023; Okolo, Okonkwo, Odoh & Obodo, 2022). Moreover, existing policies in Nigeria's public tertiary hospitals rarely incorporate evidence-based frameworks for managing work-related stress, perpetuating a cycle of burnout, job dissatisfaction, and employee disengagement (Bello, Oni & Salawu, 2021; Sani, Jafaru, Ashipala & Shahabi, 2024).

2. Literature Review

Although existing literature offers meaningful insights into the interrelationship between organisational culture, burnout, and resilience in healthcare environments, several critical gaps persist. Notably, there is insufficient investigation into how specific elements of organisational culture such as leadership approaches and communication dynamics directly impact burnout and resilience. Much of the current research addresses culture in broad terms, often overlooking how these finer dimensions may differently influence various healthcare roles or institutional contexts. Furthermore, there is a scarcity of studies focused on the particular challenges confronting healthcare professionals in Nigeria, especially within public tertiary hospitals where limited resources, overcrowding, and systemic inefficiencies may intensify burnout risks. Consequently, to establish evidence-based causal linkages, there is a pressing need for more contextually grounded research that explores how organisational culture and resilience can be strategically harnessed to reduce burnout in Nigeria's public health institutions. Kok et al. (2025) conducted a cross-sectional, multi-centre study to investigate the association between organizational culture and burnout among intensive care unit (ICU) professionals. Their research explored how cultural elements such as shared values, institutional norms, and workplace practices influence the burnout levels experienced by healthcare workers in high pressure ICU settings. The study revealed that ICU professionals operating within collaborative, supportive environments focused on common goals exhibited lower levels of burnout. Conversely, those working in hierarchical or authoritarian cultures experienced higher stress and exhaustion. These findings suggest that cultivating a positive and inclusive organizational culture could serve as an effective strategy for mitigating burnout in critical care environments.

Similarly, Pauliene, Kasnauskiene, Raudone, Liubauskiene, and Vrontis (2025) examined the impact of organizational culture on employee motivation and burnout within medical institutions. Their study demonstrated that organizational culture significantly shapes both healthcare workers' motivational levels and their vulnerability to professional burnout. Institutions fostering cultures of support, empowerment, and engagement reported lower incidences of burnout. In contrast, workplaces organizationa by rigidity, limited communication, and low employee involvement were found to intensify burnout symptoms. The research underscores the dual influence of organizational culture in promoting staff motivation while also serving as a

buffer against occupational exhaustion. In a related study, Burns, Pattani, Lorens, Straus, and Hawker (2021) explored how organizational culture influences professional fulfillment and burnout within an academic medical department. Their findings indicated that departments with inclusive, development-oriented cultures experienced higher levels of job satisfaction and professional fulfillment, with correspondingly lower rates of burnout. In contrast, settings that lacked professional support, recognition, and work-life balance were associated with higher burnout prevalence. The study emphasized the critical role of organizational culture in fostering employee well-being, highlighting the value of recognition and support systems in academic medicine. Rollins et al. (2021) conducted a qualitative investigation into the organizational factors that influence both work engagement and burnout among mental health professionals. Their study underscored the pivotal role of organizational culture in shaping employee experiences. Specifically, mental health workers operating within environments organizational by transparent communication, supportive leadership, and opportunities for continuous professional development reported higher levels of engagement and lower incidences of burnout. The qualitative nature of the study provided nuanced insights into the lived experiences of these professionals, highlighting the importance of organizational culture in promoting psychological well-being and sustained engagement.

Focusing on the connection between organizational culture and employee resilience, Aghaei and Asadi (2020) examined this relationship among nurses using structural equation modelling. Their research demonstrated that a positive organizational culture can mitigate occupational stress and burnout, thereby enhancing resilience. The study further identified job satisfaction as a key mediating factor, revealing that when organizational environments are supportive and empowering, nurses are more likely to cope effectively with workplace demands. These findings emphasize the protective function of organizational culture in fostering resilience among frontline healthcare workers. In a similar context, Adeyi, Akinbode, and Akinola (2023) explored how organizational culture influences employee resilience and sustainable performance in tertiary hospitals located in Oyo State, Nigeria. Their study established that organizational culture significantly affects resilience, which in turn shapes the sustainability of performance outcomes in healthcare institutions. They advocate for deliberate culture-building initiatives aimed at enhancing job satisfaction and reducing occupational stress, thereby cultivating a more resilient and effective workforce. Expanding the discussion to a broader perspective, Tran et al. (2023) analyzed the complexities of organizational culture and its impact on occupational health within healthcare settings. Their findings revealed that cohesive and supportive cultures foster a strong sense of belonging and psychological safety, which are essential for building employee resilience. However, they also caution that cultures organizational by opacity, rigid hierarchies, or poor communication can exacerbate burnout and undermine resilience. This study reinforces the view that organizational culture is a fundamental determinant of staff well-being and long-term institutional health. Likewise, Weishaar et al. (2025) explored the critical role of organizational culture in fostering health system resilience, with a particular emphasis on how healthcare professionals in Germany navigated the challenges of the COVID-19 pandemic. Their qualitative research, published in *PloS One*, revealed that healthcare institutions with cultures that encouraged adaptability, transparent communication, and mutual support enabled staff to manage stress more effectively and maintain resilience amid crisis conditions. The findings underscore that a robust and supportive organizational culture plays a vital role in enhancing healthcare workers' capacity to withstand and adapt during periods of extreme pressure.

Turning to the direct link between employee resilience and burnout, Fouladi and Fouladi (2021) examined this relationship among nurses during the COVID-19 outbreak. Their study demonstrated that resilience acts as a significant protective factor, with higher levels of resilience associated with lower levels of burnout. This suggests that resilient individuals are better equipped to handle the psychological strain brought on by crises, thereby reducing the risk of burnout. Similarly, Siddique et al. (2024) assessed the interplay between resilience and burnout among healthcare professionals during the initial stages of the COVID-19 pandemic. Their findings reinforced the protective role of resilience, showing that healthcare workers who exhibited stronger resilience reported lower burnout levels. The study highlights the importance of cultivating resilience in healthcare settings as a strategic response to burnout, particularly during public health emergencies. In addition, Castillo-González et al. (2024) conducted a comprehensive meta-analysis to evaluate the relationship between resilience and

burnout in the nursing profession. Synthesising findings across multiple studies, they concluded that resilience is a key determinant in mitigating burnout. Nurses with higher resilience displayed more effective coping strategies, enabling them to function more efficiently in high-pressure environments and reducing their vulnerability to emotional exhaustion and disengagement.

Expanding the discourse on resilience and mental well-being, Galdames et al. (2024) developed a latent mediation model to assess the mediating role of resilience in the relationship between burnout and mental health among nurses. The study revealed that resilience partially mediated this relationship, indicating that resilience not only cushions the effects of burnout but also serves as a critical determinant in preserving mental health in clinical settings. In a related study, Ferreira and Gomes (2021) examined the protective influence of resilience on healthcare professionals during the COVID-19 pandemic. Their findings demonstrated that resilience significantly attenuated the adverse impact of burnout on mental health, reinforcing the notion that resilience functions both as a personal attribute and an essential organizational resource in mitigating occupational stress. Similarly, Nupikso (2024) explored resilience as a mediator in the burnout-performance relationship in hospital settings during the COVID-19 crisis. The study found that resilience played a substantial role in lessening the negative effects of burnout on job performance. Nurses with greater resilience maintained higher levels of productivity despite experiencing intense workplace stressors. Likewise, Serrao, Duarte, Castro, and Teixeira (2021) conducted a study among Portuguese healthcare professionals to investigate the link between burnout and depression, with a focus on resilience as a mediating factor. The results indicated that psychological resilience significantly mediated this relationship, underscoring the importance of mental health interventions in curbing the progression from burnout to more severe psychological outcomes.

Vagni, Giostra, Maiorano, Santaniello, and Pajardi (2020) examined how personal accomplishment and hardiness contributed to reducing emergency stress and burnout among frontline COVID-19 workers. Their research highlighted that resilience, alongside traits such as psychological hardiness, played a vital role in mitigating stress and burnout during crisis situations. These findings further emphasize that resilience is a foundational factor in promoting psychological endurance and sustaining performance under pressure in healthcare environments.

Although existing literature offers meaningful insights into the interrelationship between organizational culture, burnout, and resilience in healthcare environments, several critical gaps persist. Notably, there is insufficient investigation into how specific elements of organizational culture such as leadership approaches and communication dynamics directly impact burnout and resilience. Much of the current research addresses culture in broad terms, often overlooking how these finer dimensions may differently influence various healthcare roles or institutional contexts. Furthermore, there is a scarcity of studies focused on the particular challenges confronting healthcare professionals in Nigeria, especially within public tertiary hospitals where limited resources, overcrowding and systemic inefficiencies may intensify burnout risks. Consequently, to establish evidence based causal linkages, there is a pressing need for more contextually grounded research that explores how organizational culture and resilience can be strategically harnessed to reduce burnout in Nigeria's public health institutions.

3. Methodology

The study adopts the quantitative research design to examine the relationships between the variables of the study. The population comprises of 350 healthcare workers which includes doctors, nurses, laboratory technicians and others working in three anonymous public tertiary hospitals in Lagos, Nigeria. In order to see how different types of hospitals function, these were chosen to include federal, state and specialist types, making sure work environments and cultures differed.

A method of sampling in several stages was used. The research first involved selecting hospitals using purposive sampling. Then, stratified sampling grouped hospitals according to their administration setup. Inside each stratum, the system used purposive selection to determine the number of people from each hospital based on the size of their workforce. As a result, there was a fair number of experts from different areas and institutions.

Choosing a sufficient sample follows SEM standards and is enough to see the important facts about the model and to generalise them efficiently (Hair et al., 2019). By design, the finding was supported by sufficient subgroup analysis. Everyone who took part satisfied the inclusion criteria which required them to have worked for their organisations for at least six months so they knew about their work environment. Data were gathered by means of a structured questionnaire that included five validated scales that were adapted and pilot-tested for this setting.

For Organisational Culture, a scale of 8 based on the framework by Schein (2010), was used to measure values, communication and teamwork (Cronbach's $\alpha = 0.84$).

The 10-item Connor-Davidson Resilience Scale (CD-RISC) was applied to measure resilience, since it can assess coping ability and has strong validation (Connor & Davidson, 2003; $\alpha = 0.87$).

For the purpose of assessing burnout, 10 questions from the Maslach Burnout Inventory (Maslach et al., 2001) were used which addressed emotional exhaustion, depersonalisation and reduced personal achievement ($\alpha = 0.81$). Six items from the Minnesota Satisfaction Questionnaire (Weiss et al., 1967) were used to measure how much individuals enjoyed their jobs ($\alpha = 0.86$).

Both scales for Workload and for Leadership Support were built with 5 and 7 items taken from the Health and Safety Executive Management Standards Indicator Tool (Edwards & Webster, 2012) and had high internal consistency which indicates that the questions fit the constructs well ($\alpha = 0.79$ and 0.88).

Every item in the questionnaire was given a score from 1 (Strongly Disagree) to 5 (Strongly Agree) and the results of reliability analyses showed that all constructs had adequate internal consistency (Nunnally & Bernstein, 1994).

Data were collected at selected public tertiary hospitals in Lagos State, Nigeria. Before collecting data, ethical clearance was secured from the proper review boards of the organisation. Official approval was gained from the hospital managers and each participant was asked to consent before taking part. Voluntary involvement, anonymity and confidentiality were followed during the study.

Information was collected from a cross-sectional sample. The selection of participants used stratified random sampling to make sure that various professionals (doctors, nurses, pharmacists, laboratory scientists) were equally included. The questionnaire was completed paper or electronically, depending on what was most convenient and allowed by the hospital. Hard physical copies were handed out during handovers or meetings and electronic forms were shared by email or through online services like Google Forms for everyone to access.

Participants were made aware of the reason for the study and told that their answers would serve only for research. Participants completed the questionnaire in about 15–20 minutes. No personal information was collected to make sure people felt safe talking about emotional topics.

Data collection was done over a period of four weeks. We sent weekly reminders to encourage people to return their questionnaires. The completed questionnaires were gathered and saved safely, with the physical forms kept in a locked cabinet and the digital ones secured by passwords.

The data was carefully checked for accuracy and completeness after being collected and then it was prepared for statistical analysis by coding. Invalid or missing answers were excluded so that the data remained correct.

The data was analysed with SPSS version 26.0 and AMOS version 24.0 when statistical methods were complex. Screening the dataset for fullness and no outliers was done before hypothesis testing. Using frequencies, means and standard deviations, the authors summarised the demographic features and the study variables.

Cronbach's alpha was employed to check if the scales for organisational culture, resilience and burnout were reliable. Having a reliability measure of 0.70 or above was considered acceptable, in accordance with the advice of Nunnally and Bernstein (1994). When required, exploratory factor analysis (EFA) was used to check the construct validity and discover the underlying factors in the adapted tools.

To analyse the hypotheses (H1–H3), Pearson’s correlation was applied to find out the strength and direction of the relationship among organisational culture, resilience and burnout. A multiple regression analysis assessed if organisational culture, leadership support and resilience could each predict levels of burnout and if resilience was strongly associated with burnout.

For H4, AMOS was used with structural equation modelling (SEM) to examine how resilience helps explain the link between organisational culture and burnout. The importance of indirect effects was assessed with 5,000 bootstrapped samples and 95% confidence intervals, according to the suggestion of Preacher and Hayes (2008).

Every assumption such as normality, a linear model, equal variance and no multicollinearity, was confirmed and satisfied before any interpretation. Inferential tests were done using an alpha level of $p < 0.05$. The analysis matched the study questions and hypotheses which were provided in a clear and organised way through tables and figures.

4. Results

The questionnaire was administered to 350 healthcare employees of government teaching hospitals. There was a predominantly female workforce, as more females (57.1%) participated as compared to males (42.9%). This pattern corresponds to popular trends toward occupations such as nursing and care.

The distribution of most respondents (40 %) fell in the category of 26-35-year-old respondents, then those 36-45 years old (31.4 %). A smaller proportion had the age range of 18 to 25 years (12.9%) or more than 46 years (15.7%). It implies that at least sixty % (52.9) were younger than thirty-five, and this represents a youthful cohort of primarily early- and mid-career employment groups.

With regard to job category, the largest percentage of respondents, 45.7 %, were nurses, who were followed by doctors (25.7 %). 14.3% were composed of lab technicians and other health workers. This indicates a significant presence of nurses in Nigerian hospitals.

In terms of experience, it was high, with 37.1 % of the people having worked more than 6 to 10 years and 34.3 % of the people having worked between 1 and 5 years. This indicates that most of them, close to 70 %, were still developing in their careers. The percentage of those who had more than 10 years of experience was only 22.9, and some are just starting out (5.7 %).

Table 1: Demographic Profile of Participants

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	150	42.9
	Female	200	57.1
Age Group	18–25	45	12.9
	26–35	140	40.0
	36–45	110	31.4
	46+	55	15.7
Profession	Doctors	90	25.7
	Nurses	160	45.7
	Laboratory Technicians	50	14.3
	Others	50	14.3

Years of Experience	<1 year	20	5.7
	1–5 years	120	34.3
	6–10 years	130	37.1
	>10 years	80	22.9

The principal findings of the Pearson correlation test expressed in Table 2 indicate that there are significant connections between relevant factors that influence the mental well-being of healthcare professionals and their performance at work. Organisational culture showed a close positive correlation with resilience ($r = .512$, $p < .01$) and job satisfaction ($r = .482$, $p < .01$). It was also negatively correlated to burnout ($r = -.438$, $p < .01$) and workload ($r = -.322$, $p < .01$). It implies that the positive workplace culture contributes to making the staff more powerful and satisfied and reduces stress and burnout. These findings confirm the previous studies (Adeyi et al., 2023; Lu et al., 2022).

Support given by the leadership was also positively associated with resilience ($r = .423$, $p < .01$), job satisfaction ($r = .475$, $p < .01$), and negatively related with burnout ($r = -.406$, $p < .01$). This confirms research findings, which indicate that effective leadership contributes to de-stressing and promotes the well-being of the staff members (Abdumohdi, 2023; Karreinen et al., 2023).

The negatively related factors were burnout and resilience ($r = -.476$, $p < .01$) or burnout and job satisfaction ($r = -.501$, $p < .01$), and the positively related factor was burnout and workload ($r = .564$, $p < .01$). This indicates that an overwhelm of work and insufficient support may be the cause of burnout (Adebayo et al., 2023; Castillo-Gonzalez et al., 2024).

Minor negative relationships were also found between workload and organisational culture ($r = -.322$, $p < .01$) and leadership support ($r = -.303$, $p < .01$) and revealed that positive work environments and promising leadership may be useful to workload such that the workload does not feel as stressful (Kiptulon et al., 2024).

Table 2: *Pearson Correlation Coefficients among Study Variables*

Variables	1	2	3	4	5	6	7	8
1. Organisational Culture	1							
2. Resilience	.512**	1						
3. Burnout	-.438**	-.476**	1					
4. Job Satisfaction	.482**	.445**	-.501**	1				
5. Workload	-.322**	-.287**	.564**	-.394**	1			
6. Years of Experience	.145*	.108	-.092	.081	-.066	1		
7. Age	.132*	.096	-.078	.065	-.058	.834**	1	
8. Leadership Support	.489**	.423**	-.406**	.475**	-.303**	.174**	.163**	1

Note: * $p < .05$, ** $p < .01$ (2-tailed)

Experience or age, however, does not seem to influence resilience and burnout very much. This conclusion implies that issues in the workplace, such as leadership and culture, would have a greater impact on the wellbeing of employees compared to age or years of work experience. The relationship between age and experience in relation to burnout and stress was mixed in other studies as well (Akinwale & George, 2021; Hussien et al., 2025).

Although the correlations in this study are pretty strong, some limits can be set as to what we can say. Since the data is correlational, we cannot tell that one of the things causes another. The results may also depend on other factors, such as personality, the support of relatives and friends, or the goals of the company (Bryman, 2021). Further, at certain workplaces, culture and leadership might even become the consequences of burnout or resilience being attained (Burns et al., 2021). Normally burnout and job satisfaction are inverted; however, this research did not determine whether personal coping skills or resilience restructure such a relationship (Ferreira & Gomes, 2021; Platani et al., 2022).

The fact that age or experience has a poor relationship with burnout also brings the notion of older or experienced staff in a better stance on burnout into question. It is the expectations and job roles that evolve across time, and cross-sectional designs (such as the one presented) might fail to capture it (Ng et al., 2025; Oyekunle&Olanrewaju, 2025). The relations may have appeared to be stronger than they actually are because people may respond similarly due to the fact that self-reported data was used in the study (Hair et al., 2010).

Additionally, it might not be all about leadership in terms of improvement, as there are other aspects of the workplace that should be taken into consideration, such as the way resources are distributed or if there are any policies at all (Kwong et al., 2021; Kline, 2020). Therefore, organisations ought to take several parameters into consideration in order to create better working conditions and reduce burnout.

Furthermore, the findings summarised in Table 3 demonstrate that the effect of leadership support on organisational culture and healthcare workers is strong but elastic, regardless of personal disparities, such as gender, age, and years of experience. The findings confirm the results of other studies that indicate the importance of conditions and the workplace environment and management in developing staff wellbeing (Abdulmohdi, 2023; Adeyi et al., 2023).

In the first model, the explanation of burnout ($R^2 = .07$) and resilience ($R^2 = .06$) was nearly negligible when considering only personal factors. This indicates that such characteristics as gender, age, and experience cannot significantly predict burnout or resilience in isolation. This aligns with the findings of Akinwale and George (2021), who stated that while personal characteristics influence how individuals experience stress, they cannot solely explain burnout among healthcare professionals.

Organisational Culture, Leadership Support, Resilience, and Burnout

Model: Burnout, Resilience

Table 3. Organisational Culture and Leadership Support on Resilience and Burnout, Controlling for Individual Differences

Model		Burnout			Resilience			
		B	SE	p	B	SE	p	VIF
1	(Constant)	3.24	.22	.000	2.67	.18	.000	—
	Gender	-.05	.07	.462	.03	.06	.621	1.03
	Age	-.08	.06	.165	.09	.05	.091	1.08
	Years of Experience	-.03	.06	.650	.07	.05	.153	1.11
	R ²	.07			.06			
2	(Constant)	2.98	.20	.000	2.30	.17	.000	—
	Gender	-.02	.06	.722	.01	.05	.781	1.04
	Age	-.06	.05	.210	.08	.04	.067	1.09

Years of Experience	-.01	.05	.832	.05	.04	.238	1.10
Organisational Culture	-.22**	.06	.000	.34**	.06	.000	1.18
Leadership Support	-.21**	.06	.001	.28**	.05	.000	1.15
R²	.39			.42			
R² Change	.32			.36			

When both organisational culture and leadership were added to the second model, there was a large increase in explaining burnout ($R^2 = .39$) and resilience ($R^2 = .42$). Both leadership and organisational culture significantly influenced the outcomes. They decreased burnout ($B = -0.22$, $p < .01$ and $B = -0.21$, $p < 0.01$) and augmented resilience ($B = 0.34$, $P < .01$ and $B = 0.28$, $P < 0.01$). This conclusion implies that good leadership and workplace health culture are ways of preventing worker burnout. It corresponds to the resource-based view, according to which assistance in the workplace would have been beneficial because it also allows workers to conserve their minds (Hobfoll, 1989; Abdulmohdi, 2023).

A good organisational culture, i.e., when communications between people are clear, people respect one another, and they have values in common, also decreases burnout, as indicated in previous studies (Burns et al., 2021). The findings of Adeyi et al. (2023) indicate the same people and prove that a supportive culture relieves stress and will facilitate emotional well-being.

Supporting leadership was also important. Karreinen et al., 2023; Kihlstrom et al., 2023 confirm these findings. Other researchers discovered that strong healthcare leaders assisted staff to avoid stress, particularly in difficult periods, such as the COVID-19 pandemic. Staff will feel stronger and more connected with their leaders providing emotional support, access to resources, and giving clear directions (Abdulmohdi, 2023). This situation is particularly critical in Nigeria, where a shortage of managers forces healthcare workers to operate under increased pressure (Adebayo et al., 2023).

The findings further indicate that organisational culture and leadership can collaborate in influencing burnout and resilience. A workplace that prioritises the well-being of its employees gives its leaders a genuine opportunity to provide meaningful support and improve the organisational culture (Lu et al., 2022). Such collaboration creates an atmosphere in which the employees feel taken care of, and they do not become burnt out (Castillo-Gonzalez et al., 2024). It is also stated that when treated well by their leaders and workplace, the staff tend to be more motivated and will be less prone to leaving their job (Poku et al., 2025).

It also matters that such personal aspects as age or gender do not have any impact in this model. This implies that burnout is more concerned with the work system and environment compared to the personal characteristics. Therefore, organisations must avoid trying to help individuals cope but instead change workplace policy and culture to mitigate burnout (Kiptulon et al., 2024; Kwong et al., 2021).

Also, bootstrapping 5,000 samples was applied in the research to provide proper indirect effect results. We use this approach in cases when the data is imperfectly normal, and it increases the reliability of the findings (Hayes, 2018; Kline, 2020). Table 5 presents the full results in terms of path values, standard errors, confidence intervals, and levels of significance.

Table 4: Mediation Effect of Resilience Between Organisational Culture and Burnout

Effect Type	Path	Estimate	SE	95% CI (Lower–Upper)	Sig.
Direct Effects	Organisational Culture → Resilience	0.34	0.04	0.26 – 0.42	***

Indirect Effects	Leadership Support → Resilience	0.29	0.04	0.21 – 0.37	***
	Resilience → Burnout	−0.43	0.05	−0.52 – −0.33	***
	Org. Culture → Burnout	−0.12	0.05	−0.21 – −0.03	**
	Leadership Support → Burnout	−0.18	0.05	−0.27 – −0.09	***
	Org. Culture → Resilience → Burnout	−0.15	0.04	−0.24 – −0.08	***
	Leadership Support → Resilience → Burnout	−0.12	0.03	−0.19 – −0.06	***
Total Effects	Org. Culture → Burnout (Total)	−0.27	—	—	—
	Leadership Support → Burnout (Total)	−0.30	—	—	—

The analysis showed that organisational culture has a strong positive effect on resilience ($\beta = 0.34$, $SE = 0.04$, 95% CI [0.26, 0.42], $p < 0.001$). This means that when a workplace has shared values, open communication, and support, it helps workers build the mental strength to handle stress. This supports the Job Demands-Resources (JD-R) model, which sees organisational culture as a key resource that supports staff wellbeing (Bakker & Demerouti, 2017). This result also adds to past research (Adeyi et al., 2023; Aghaei & Asadi, 2020) by showing that this relationship is true even in different social and cultural settings.

Leadership support also had a strong effect on resilience ($\beta = 0.29$, $SE = 0.04$, 95% CI [0.21, 0.37], $p < 0.001$). This shows that strong and supportive leadership helps workers feel more capable and less stressed. This fits the Leader-Member Exchange (LMX) theory, which says that good relationships between managers and staff help reduce stress by giving emotional support and resources (Graen & Uhl-Bien, 1995; Karreinen et al., 2023). These results support leadership training programs that teach supervisors how to better support their teams.

Resilience was found to strongly reduce burnout ($\beta = -0.43$, $SE = 0.05$, 95% CI [−0.52, −0.33], $p < 0.001$). This means that people with more resilience are less likely to feel emotionally drained. This supports Hobfoll's (1989) theory that resilience is a personal resource that protects workers from stress. The strength of this effect shows that resilience is not just helpful—it is essential for mental health in high-pressure jobs.

Both organisational culture and leadership support also directly decreased burnout, even without considering resilience. Organisational culture had a direct effect on burnout ($\beta = -0.12$, $SE = 0.05$, 95% CI [−0.21, −0.03], $p < .01$), and leadership support had a direct effect ($\beta = -0.09$, $SE = 0.04$, 95% CI [−0.17, −0.01], $p < .001$). This shows that a supportive workplace and strong leaders can lower burnout by offering emotional and practical help (Akinwale & George, 2021).

The mediation analysis showed that resilience helps explain how organisational culture The indirect effect of organisational culture on burnout through resilience was $\beta = -0.15$ ($SE = 0.04$, 95% CI [−0.24, −0.08], $p < .001$), and for leadership support, it was $\beta = -0.12$ ($SE = 0.03$, 95% CI [−0.19, −0.06], $p < .001$). These findings show that resilience is the link between supportive workplaces and lower burnout.

This result supports both the JD-R model and Hobfoll's theory, which stress the need for strong resources—both personal and environmental—to protect against burnout. The findings also agree with recent research calling for resilience training as part of strategies to reduce burnout (Fekih-Romdhane et al., 2024; Nupikso, 2024).

By showing how resilience works in this role, the study provides both solid data and deeper understanding. A favourable workplace culture and supportive leaders don't just lower burnout directly—they also help build resilience, which offers extra protection against stress. Such protection is especially important in high-pressure settings with limited resources, like the one in this study.

The total effect (direct + indirect) showed a strong link: organisational culture ($\beta = -0.27$) and leadership support ($\beta = -0.30$), both of which helped reduce burnout overall. These results highlight how important it is to build a positive workplace and strong leadership to both increase resilience and reduce burnout.

5. Conclusion

This study examine the role of organisational culture and leadership in helping healthcare workers across Lagos State's public tertiary hospitals avoid burnout. Results indicate that having trust, teamwork, good communication and supportive leadership in an organisation helps reduce burnout and improves people's ability to withstand pressure. Being resilient reduces the harmful effects of stress on a person's well-being at work. Obviously, gender, age and length of employment did not matter much compared to the role of the organisation itself, pointing to the importance of addressing systems rather than one individual at a time. Making sure staff feel valued and safe, fostering group efforts and providing support can help hospitals manage burnout most successfully. Leadership programmes should stress empathy and support in management, since truly strong leaders help their staff remain resilient and content with their jobs. Also, government and hospital leaders should make sure to include strategies for preventing burnout in their healthcare policies and focus on issues such as handling workloads, dividing resources and giving support to healthcare team members. Professional stress management programmes and mindfulness sessions can help make sure employees have ways to overcome ongoing workplace stress.

Regular employee feedback, the creation of mentorship programmes and introducing ways to manage staff's workload are all good ways for healthcare institutions to follow up on these findings. Studies should look into how organisational interventions affect the work environment over the long term by using case studies from different healthcare environments. In the end, dealing with burnout calls for policies that put the health of organisations above all else, along with care for patients, so medical workers can survive and thrive.

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