

Influence of Psychological First Aid on Burnout Among Nurses at AIC Kijabe Level 5 Hospital, Kiambu County, Kenya.

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DOI: <https://doi.org/10.47772/IJRISS.2026.1017PSY0042>

Received: 31 May 2026; Accepted: 05 June 2026; Published: 10 July 2026

ABSTRACT

Burnout among nurses remains a significant occupational health concern in healthcare settings characterized by heavy workloads, emotional demands, staffing shortages, and limited psychosocial support. Understanding the specific dimensions of burnout experienced by nurses is essential for identifying areas requiring Psychological First Aid (PFA) interventions. This study sought to determine the types of burnouts that necessitate Psychological First Aid among nurses at AIC Kijabe Level 5 Hospital, Kiambu County, Kenya. Guided by Maslach's Burnout Theory, the study adopted a convergent parallel mixed-methods design. Data were collected from 152 nurses using a structured questionnaire incorporating the Maslach Burnout Inventory (MBI), alongside open-ended questions to capture participants' experiences. Quantitative data were analysed using descriptive statistics, while qualitative responses were analysed thematically. The findings revealed that emotional exhaustion was the most prevalent dimension of burnout among nurses, characterized by feelings of emotional depletion, fatigue, and reduced energy for personal life. Depersonalization was also evident, although at lower levels, with some nurses reporting emotional distancing and reduced compassion toward patients. The results indicate that emotional exhaustion constitutes the primary burnout dimension necessitating Psychological First Aid interventions within the study setting.

The study concludes that burnout among nurses is predominantly manifested through emotional exhaustion, highlighting the need for timely Psychological First Aid interventions to support nurses' psychological well-being. Healthcare institutions should strengthen psychosocial support services and integrate structured Psychological First Aid programs to address burnout and promote workforce well-being.

Keywords: Burnout, Psychological First Aid, Nurses, Organizational Support, Coping Mechanisms, Kenya

INTRODUCTION

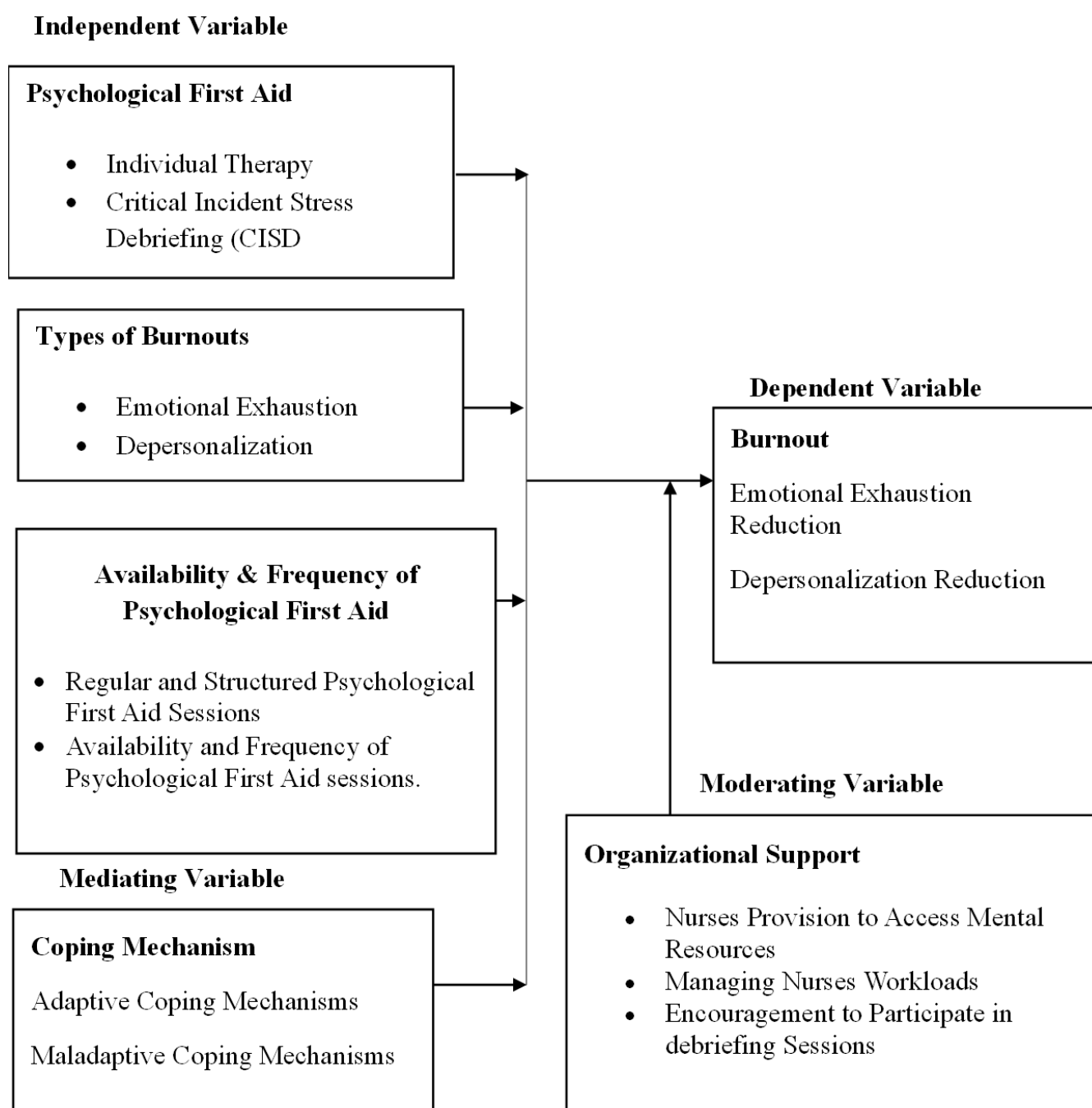
Burnout among nurses has become a significant global public health concern, particularly in healthcare settings characterized by high workloads, prolonged working hours, emotional demands, and limited resources (World Health Organization, 2022; Maslach & Leiter, 2016). As frontline healthcare providers, nurses are frequently exposed to stressful clinical situations that place them at increased risk of developing burnout. According to Maslach and Leiter (2016), burnout is a multidimensional syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. These dimensions adversely affect nurses' psychological well-being, quality of care, job satisfaction, and workforce retention.

Among the dimensions of burnout, emotional exhaustion and depersonalization have been identified as the most immediate manifestations of occupational stress and psychological distress among nurses (Maslach & Leiter, 2016). Emotional exhaustion reflects feelings of being emotionally depleted and overwhelmed by work demands, while depersonalization is characterized by emotional detachment, cynicism, and impersonal attitudes toward patients and colleagues. Reduced personal accomplishment, on the other hand, involves feelings of incompetence and diminished professional achievement. The prevalence of these burnout dimensions has been reported across diverse healthcare settings worldwide, with higher rates observed in environments experiencing staffing shortages, heavy patient workloads, and inadequate psychosocial support (Munyewende et al., 2021; WHO, 2022).

In Kenya, nurses continue to face significant occupational challenges associated with resource limitations, increasing patient demands, and workforce shortages, factors that contribute to burnout and psychological distress (Munyewende et al., 2021; WHO, 2022). Although burnout among nurses has been documented in several Kenyan healthcare settings, limited empirical evidence exists regarding the specific dimensions of burnout that may necessitate psychological first aid interventions. Understanding the predominant forms of burnout experienced by nurses is essential for identifying those requiring immediate psychosocial support and for informing targeted mental health interventions within healthcare institutions.

AIC Kijabe Level 5 Hospital operates within a demanding healthcare environment where nurses encounter substantial emotional and professional pressures. However, the specific types of burnout experienced by nurses and the extent to which these burnout dimensions necessitate psychological first aid remain inadequately understood. Therefore, this study sought to determine the types of burnout that necessitate psychological first aid among nurses at AIC Kijabe Level 5 Hospital, Kiambu County, Kenya.

Figure 1 Conceptual framework illustrating the influence of psychological first aid on burnout among nurses.



Note. Adapted from Maslach and Leiter (2016) and Critical Incident Stress Management Model.

LITERATURE REVIEW

Burnout among nurses is a significant global public health concern due to its adverse effects on healthcare workers' psychological well-being, quality of care, patient safety, and workforce retention. Burnout is commonly conceptualized through three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2021a). Emotional exhaustion refers to feelings of being emotionally depleted by work demands, depersonalization involves emotional detachment and cynical attitudes toward patients, while reduced personal accomplishment reflects diminished feelings of competence and professional achievement. These dimensions have been widely studied among nurses because they are associated with psychological distress and increased need for psychosocial support interventions such as psychological first aid (Maslach & Leiter, 2021a; Shanafelt et al., 2021).

Globally, burnout has been extensively documented among nurses working in demanding healthcare environments. Woo et al. (2020), in a systematic review and meta-analysis involving 45,539 nurses across 49 countries, reported that approximately 12.6% of nurses experienced depersonalization. The study identified excessive patient demands and inadequate psychological support as major contributors to emotional detachment and burnout among nurses. Similarly, Bakker et al. (2021) found that prolonged depersonalization was associated with reduced quality of patient care and increased job dissatisfaction among healthcare professionals. These findings suggest that depersonalization represents a significant form of burnout requiring psychological support interventions. Emotional exhaustion has also emerged as one of the most prevalent dimensions of burnout among nurses worldwide. Ghasemi et al. (2023) reported high levels of emotional exhaustion among nurses across more than 30 countries, highlighting the growing psychological burden experienced by healthcare workers. Similarly, Garcia et al. (2023) observed that post-pandemic healthcare environments were characterized by increased workloads, chronic understaffing, and repeated exposure to traumatic clinical experiences, all of which contributed to elevated emotional exhaustion among nurses. These findings indicate that emotional exhaustion remains a major burnout dimension affecting nurses globally. Research has also documented reduced personal accomplishment among nurses. Poghosyan et al. (2021) found that nurses working in high-demand healthcare settings frequently reported diminished professional efficacy, feelings of incompetence, and lack of recognition. Likewise, Ghasemi et al. (2023) reported increased levels of reduced personal accomplishment among frontline healthcare workers during and after the COVID-19 pandemic. The findings suggest that reduced personal accomplishment is an important dimension of burnout that may negatively affect nurses' motivation, professional identity, and overall well-being.

Across Africa, burnout among nurses has become increasingly prevalent due to staffing shortages, resource constraints, and demanding work environments. In South Africa, Mokgolo et al. (2024) reported significant associations between emotional exhaustion, depersonalization, and depression among nurses. Similarly, Mokoka et al. (2023) found that high levels of depersonalization were strongly associated with depressive symptoms among nurses working in private hospitals. These studies demonstrate the substantial psychological burden associated with burnout among African nurses. In Ethiopia, Beyene et al. (2023) reported significant levels of emotional exhaustion and depersonalization among nurses working in public hospitals. The study further found that approximately 22.7% of nurses experienced reduced personal accomplishment. Similarly, Molebatsi et al. (2024) reported that more than half of nurses in Botswana experienced reduced personal accomplishment, which was associated with overwhelming patient loads and limited professional recognition. These findings suggest that all three burnout dimensions are prevalent among nurses across African healthcare settings.

In Kenya, burnout among nurses is increasingly recognized as a major occupational health challenge. Atieno et al. (2021) reported that 70.6% of nurses experienced elevated levels of depersonalization, with factors such as insecurity, marital status, and low self-efficacy contributing to its occurrence. Similarly, Mutiso et al. (2023) found that nearly half of nurses working in rural counties reported high levels of depersonalization associated with heavy workloads and limited mental health resources. Studies examining emotional exhaustion have reported similarly concerning findings. Mutiso et al. (2023) found moderate to high levels of emotional exhaustion among nurses working in referral hospitals, while Atieno et al. (2021) reported that more than 60% of nurses experienced high emotional exhaustion. These findings indicate that emotional exhaustion is a common experience among nurses in Kenya and may contribute significantly to psychological distress.

Reduced personal accomplishment has also been documented among Kenyan nurses. National studies conducted between 2022 and 2023 reported that approximately 92.6% of nurses experienced low personal accomplishment, which was associated with limited professional growth opportunities, inadequate performance feedback, and insufficient mental health support (Mutiso et al., 2023; Kimani et al., 2022). Such findings suggest that diminished professional efficacy remains a substantial component of burnout within the Kenyan healthcare system.

Locally, evidence regarding the specific dimensions of burnout among nurses in faith-based healthcare settings remains limited. Kamau (2016) identified several workplace challenges affecting nurses in Kiambu County and highlighted the need for interventions that promote nurse well-being. Similarly, Davis et al. (2021) reported that nurses at AIC Kijabe Level 5 Hospital experienced occupational stress and expressed a need for psychological support. However, these studies did not specifically examine the relative prevalence of emotional exhaustion, depersonalization, and reduced personal accomplishment among nurses within the institution.

The reviewed literature demonstrates that emotional exhaustion, depersonalization, and reduced personal accomplishment are prevalent forms of burnout among nurses globally, across Africa, and within Kenya. However, limited empirical evidence exists regarding which specific dimensions of burnout are most prominent among nurses at AIC Kijabe Level 5 Hospital and therefore most likely to necessitate psychological first aid. This knowledge gap necessitated the current study to determine the types of burnout that necessitate psychological first aid among nurses at AIC Kijabe Level 5 Hospital, Kiambu County, Kenya.

RESEARCH METHODOLOGY

This study adopted a convergent parallel mixed-methods design to examine burnout among nurses at AIC Kijabe Hospital, enabling the simultaneous collection and analysis of quantitative and qualitative data to generate a comprehensive understanding of burnout and its associated factors, including Psychological First Aid (PFA), organizational support, and coping strategies (Creswell & Plano Clark, 2018). Prior to the main data collection, a pilot study was conducted to pre-test the research instruments. The pilot involved nurses who were not part of the final study sample and was used to assess clarity, appropriateness, and comprehensiveness of the instruments (Van der Linde et al., 2021). Internal consistency reliability was evaluated using Cronbach's Alpha, with a threshold of ≥ 0.7 considered acceptable (Tavakol & Dennick, 2021).

The methodological framework was structured around participants and sampling procedures. The target population comprised 262 registered nurses employed at AIC Kijabe Hospital. The sample size was determined using Yamane's (1967) formula. Proportionate stratified sampling was employed to ensure representation across different nursing departments and professional categories. Nurses actively engaged in clinical duties during the study period were included, while those on extended leave or exclusively in administrative roles were excluded from participation.

Data collection procedures involved the administration of structured questionnaires to eligible respondents. A sample of 158 nurses was targeted; after screening, 152 complete responses were retained for analysis, yielding a response rate of 96.2%. This high response rate enhanced the statistical power, representativeness, and reliability of the findings.

The research instruments comprised standardized and study-specific measures. Burnout was assessed using the Maslach Burnout Inventory (MBI), a widely validated tool for measuring occupational burnout, particularly emotional exhaustion and depersonalization among healthcare professionals (Maslach & Jackson, 1981). Additional Likert-scale items were developed to measure Psychological First Aid (PFA) exposure, perceived organizational support, and coping strategies. Open-ended questionnaire items were also included to capture qualitative insights into nurses' lived experiences of burnout and psychosocial support within the workplace.

Data analysis was conducted using IBM SPSS Statistics. Quantitative data were analysed using descriptive statistics to summarize respondent characteristics and key variables, followed by Pearson correlation analysis to examine relationships among study constructs. Multiple regression analysis was then applied to determine

the predictive influence of Psychological First Aid, organizational support, and coping strategies on burnout levels. Qualitative data were analysed thematically following Braun and Clarke's (2006) framework to complement and contextualize the quantitative findings.

Instrument reliability was confirmed through pilot testing, with all constructs demonstrating acceptable internal consistency (Cronbach's $\alpha \geq .70$) (Tavakol & Dennick, 2021). Validity was strengthened through the use of standardized instruments and pretesting procedures. Ethical considerations were strictly observed, including informed consent, confidentiality, voluntary participation, and approval from the relevant institutional ethics committee in accordance with established research ethics guidelines (World Medical Association, 2013).

RESULTS AND DISCUSSION

The findings were organized according to the study objectives and included demographic analysis, descriptive statistics, correlation analysis, and multiple regression analysis. Demographic findings indicated that the majority of respondents were female nurses within the active working-age population, reflecting the nursing workforce composition commonly reported in healthcare settings in Kenya and other low- and middle-income countries (Muriithi et al., 2022). The demographic characteristics of the respondents are presented in Table 1.

Table 1 Demographic Characteristics of Respondents

Variable	Category	n	%
Gender	Male	41	27.0
	Female	111	73.0
Age Group (Years)	20–29	37	24.3
	30–39	69	45.4
	40–49	31	20.4
	50 and above	15	9.9
Years of Experience	1–3	34	22.4
	4–6	46	30.3
	7–10	38	25.0
	11–15	20	13.2
	16 and above	14	9.2
Working Hours per Week	Less than 40	17	11.2
	40–50	77	50.7
	51–60	39	25.7
	Over 60	19	12.5
	Total	152	100.0

Note. N = 152.

The findings indicated that the majority of respondents were female nurses (73.0%), while male nurses accounted for 27.0% of the study population. Most respondents were aged between 30 and 39 years (45.4%), followed by those aged 20–29 years (24.3%). In relation to professional experience, the largest proportion of nurses had worked for between 4 and 6 years (30.3%), while more than half of the respondents reported working between 40 and 50 hours per week (50.7%). The findings suggest that nurses within the institution experienced substantial workload demands, which may contribute to occupational stress and burnout within the healthcare setting.

Descriptive statistical analysis revealed moderate levels of burnout among nurses, with emotional exhaustion emerging as the most prevalent burnout dimension. Depersonalization was also reported, though at comparatively lower levels. These findings are consistent with the Burnout Theory advanced by Maslach and Leiter (2016), which identifies emotional exhaustion as the core component of occupational burnout among healthcare professionals. The burnout descriptive statistics are summarized in Table 2.

Table 2 Item-Level Mean and Standard Deviation for Emotional Exhaustion and Depersonalization (N = 152)

Item	M	SD
Emotional Exhaustion Indicators		
I feel emotionally drained from my work	3.98	0.91
I feel exhausted at the end of my shift	4.02	0.89
I feel fatigued when thinking about going to work	3.85	0.92
Working with patients all day is emotionally demanding	3.87	0.90
I feel burned out from my work responsibilities	3.90	0.87
I have little energy left for personal life after work	4.03	0.88
Depersonalization Indicators		
I treat some patients as impersonal objects	2.18	0.79
I have become emotionally distant from patients	2.05	0.75
I feel less compassionate toward patients than before	2.07	0.74
I worry that my work is making me emotionally hardened	2.15	0.77
I feel detached when dealing with difficult patients	2.14	0.76
I sometimes feel indifferent toward patients' feelings	2.09	0.75

Note. M = mean; SD = standard deviation. Higher mean scores indicate higher levels of burnout experiences among respondents.

The findings indicated moderate to high levels of emotional exhaustion among nurses, with the highest mean scores reported for having little energy left for personal life after work (M = 4.03, SD = 0.88) and feeling exhausted at the end of work shifts (M = 4.02, SD = 0.89). Respondents also reported feeling emotionally drained from their work responsibilities and fatigued when thinking about going to work. These findings suggest substantial emotional and physical fatigue among nurses within the healthcare setting. In contrast, depersonalization indicators recorded comparatively lower mean scores, although respondents reported experiences of emotional distancing, reduced compassion, emotional hardening, and detachment when dealing with patients. The findings indicate that emotional exhaustion constituted the dominant type of burnout among nurses and therefore represented the burnout dimension most likely to necessitate psychological first aid. These findings are consistent with Burnout Theory proposed by Maslach and Leiter (2016), which identifies emotional exhaustion as the core component of occupational burnout among healthcare professionals.

Pearson's correlation analysis revealed significant positive relationships between emotional exhaustion and depersonalization indicators among nurses. Higher levels of emotional exhaustion were associated with increased emotional distancing from patients, reduced compassion, and feelings of detachment during patient care. The strongest relationship was observed between having little energy left for personal life after work and indifference toward patients' feelings ($r = .43$, $p < .001$). These findings suggest that prolonged emotional exhaustion may contribute to the development of depersonalization among nurses. The results support Burnout Theory proposed by Maslach and Leiter (2016), which conceptualizes emotional exhaustion and depersonalization as interrelated dimensions of occupational burnout. Overall, the findings indicate that emotional exhaustion and depersonalization were the primary types of burnout experienced by nurses at AIC Kijabe Level 5 Hospital, with emotional exhaustion emerging as the most prevalent dimension requiring psychological first aid intervention Table 4.

Table 4 Item-Level Pearson's Correlation Between Emotional Exhaustion and Depersonalization (N = 152)

Emotional Exhaustion Item	Corresponding Depersonalization Item	r	p-value
I feel emotionally drained from my work	I treat some patients as impersonal objects	.38**	.000
I feel exhausted at the end of my shift	I have become emotionally distant from patients	.42**	.000
I feel fatigued when thinking about going to work	I feel less compassionate toward patients than before	.39**	.000

Working with patients all day is emotionally demanding	I worry that my work is making me emotionally hardened	.40**	.000
I feel burned out from my work responsibilities	I feel detached when dealing with difficult patients	.41**	.000
I have little energy left for personal life after work	I sometimes feel indifferent toward patients' feelings	.43**	.000

Note. r = Pearson's correlation coefficient. Correlation is significant at the .01 level (2-tailed).

Pearson's correlation analysis revealed significant positive relationships between emotional exhaustion and depersonalization indicators among nurses. Higher levels of emotional exhaustion were associated with increased depersonalization experiences, including emotional distancing from patients, reduced compassion, and feelings of detachment during patient care. The strongest correlation was observed between reduced personal energy after work and indifference toward patients' feelings ($r = .43$, $p < .001$), suggesting that prolonged emotional exhaustion may contribute to negative interpersonal attitudes toward patients. These findings support Burnout Theory proposed by Maslach and Leiter (2016), which conceptualizes emotional exhaustion and depersonalization as interrelated dimensions of occupational burnout.

Regression analysis further established that organizational support ($R^2 = .54$), coping strategies ($R^2 = .52$), and PFA services ($R^2 = .48$) were significant predictors of burnout among nurses ($p < .001$). Specifically, stronger organizational support systems and adaptive coping strategies significantly predicted lower burnout levels, while maladaptive coping behaviors predicted higher burnout outcomes. These findings are consistent with previous literature emphasizing the protective role of workplace support and psychological interventions in reducing occupational burnout among healthcare professionals (Maslach & Leiter, 2016; World Health Organization, 2011). The burnout regression results are presented in Table 5.

Table 5

Predictor	β	SE	t	p
Emotional support from supervisors	-0.26	0.07	-3.71	< .001
Encouragement to attend PFA sessions	-0.20	0.08	-2.63	.009
Supervisors care about well-being	-0.29	0.07	-4.14	< .001
Accessibility of PFA services	-0.18	0.07	-2.57	.011
Workload fairly distributed	-0.14	0.07	-2.00	.047
Training on stress management	-0.17	0.08	-2.21	.029
Access to mental health resources	-0.19	0.08	-2.38	.019

Note. $R^2 = .54$, $F(7, 144) = 24.3$, $p < .001$. Burnout was the dependent variable. Negative beta coefficients indicate that higher organizational support was associated with lower burnout levels among nurses. Supervisors' care for well-being emerged as the strongest predictor of reduced burnout.

A multiple regression analysis was conducted to determine whether organizational support variables significantly predicted burnout among nurses. The regression model was statistically significant, $F(7, 144) = 24.3$, $p < .001$, explaining 54% of the variance in burnout ($R^2 = .54$). Supervisors' care for well-being ($\beta = -.29$, $p < .001$) and emotional support from supervisors ($\beta = -.26$, $p < .001$) emerged as the strongest predictors of reduced burnout.

Table 6 Reliability Statistics for Study Variables (N = 152)

Variable	Number of Items	Cronbach's Alpha
Psychological First Aid (PFA)	10	.88
Burnout	9	.91
Organizational Support	7	.86
Coping Strategies	8	.84

Note. Cronbach's alpha values above .70 indicate acceptable internal consistency reliability.

The instruments used in this study demonstrated good to excellent reliability. Burnout had the highest reliability coefficient ($\alpha = 0.91$), indicating excellent internal consistency among the items measuring burnout.

Reliability analysis was conducted using Cronbach's alpha to assess the internal consistency of the study instruments. The results indicated acceptable to excellent reliability across all scales: Psychological First Aid ($\alpha = .88$), Burnout ($\alpha = .91$), Organizational Support ($\alpha = .86$), and Coping Strategies ($\alpha = .84$). These findings suggest that the instruments were reliable for measuring the study constructs.

DISCUSSION

The findings of this study demonstrated that nurses at AIC Kijabe Level 5 Hospital experienced two primary types of burnout: emotional exhaustion and depersonalization. Emotional exhaustion emerged as the most prevalent burnout dimension, indicating substantial emotional and physical fatigue associated with prolonged exposure to occupational stressors within the healthcare environment. Nurses reported feeling emotionally drained, exhausted at the end of work shifts, and lacking sufficient energy for personal activities after work. These findings are consistent with Burnout Theory proposed by Maslach and Leiter (2016), which identifies emotional exhaustion as the central component of occupational burnout. The results also align with previous studies that reported high levels of emotional exhaustion among nurses working in demanding and resource-constrained healthcare settings (Muriithi et al., 2022; World Health Organization, 2022).

The study further established the presence of depersonalization among nurses, although at comparatively lower levels than emotional exhaustion. Respondents reported experiences of emotional distancing from patients, reduced compassion, emotional hardening, and feelings of detachment during patient care. These findings suggest that some nurses may develop psychological distancing as a coping response to sustained occupational stress. Similar findings have been reported in studies conducted among healthcare workers, where prolonged workplace stress was associated with increased depersonalization and reduced interpersonal engagement with patients (Maslach & Leiter, 2016; Muriithi et al., 2022).

The correlation analysis revealed significant positive relationships between emotional exhaustion and depersonalization indicators, suggesting that increased emotional fatigue may contribute to the development of emotional detachment and reduced compassion toward patients. The strongest relationship was observed between reduced personal energy after work and indifference toward patients' feelings. These findings support Burnout Theory proposed by Maslach and Leiter (2016), which conceptualizes emotional exhaustion and depersonalization as interrelated dimensions of occupational burnout.

Overall, the findings indicate that emotional exhaustion and depersonalization were the predominant types of burnout experienced by nurses at AIC Kijabe Level 5 Hospital. Among these dimensions, emotional exhaustion emerged as the most prevalent and severe form of burnout, suggesting that it is the burnout type most likely to necessitate psychological first aid among nurses within the institution.

Study Limitations and Strengths

This study was limited to a single faith-based healthcare institution, which may affect the generalizability of the findings to other healthcare settings. The use of self-reported data may also have introduced response bias, particularly in relation to burnout experiences and coping behaviors. Additionally, the cross-sectional nature of the study limited the ability to establish causal relationships among the study variables. Despite these limitations, the study demonstrated several strengths, including the use of a mixed-methods design that provided both quantitative and qualitative insights into burnout among nurses. The study further contributes context-specific evidence from a resource-constrained faith-based healthcare setting, an area that remains underrepresented in existing literature. The study was delimited to registered nurses actively engaged in clinical duties at AIC Kijabe Hospital during the study period.

CONCLUSION

This study concludes that emotional exhaustion and depersonalization are the primary types of burnout experienced by nurses at AIC Kijabe Level 5 Hospital, Kiambu County, Kenya. Among these dimensions,

emotional exhaustion emerged as the most prevalent form of burnout, with nurses reporting feelings of emotional depletion, fatigue, and reduced personal energy following work-related responsibilities. These findings support Burnout Theory proposed by Maslach and Leiter (2016), which identifies emotional exhaustion as the core component of occupational burnout. The results are also consistent with previous studies that reported high levels of emotional exhaustion among nurses working in demanding and resource-constrained healthcare environments characterized by heavy workloads and prolonged occupational stress (Muriithi et al., 2022; World Health Organization, 2022).

The study further established the presence of depersonalization among nurses, although at lower levels than emotional exhaustion. Nurses reported experiences of emotional distancing, reduced compassion, and detachment when interacting with patients. The positive relationship observed between emotional exhaustion and depersonalization suggests that prolonged emotional fatigue may contribute to the development of detached attitudes and diminished interpersonal engagement during patient care. These findings are consistent with Burnout Theory, which conceptualizes emotional exhaustion and depersonalization as closely related dimensions of occupational burnout (Maslach & Leiter, 2016).

Based on the findings, the study concludes that emotional exhaustion is the burnout dimension most likely to necessitate psychological first aid among nurses, given its prevalence and severity within the study population. Depersonalization also represents an important burnout dimension requiring attention, particularly because of its potential impact on nurse–patient relationships and quality of care. The findings underscore the need for early identification and timely psychological support for nurses experiencing emotional exhaustion and depersonalization in order to promote psychological well-being and maintain effective patient care.

ACKNOWLEDGMENT

The cooperation of all participants in this study is acknowledged for its successful completion.

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