The Influence of Digital Detox and Employee Engagement on Burnout among Healthcare Workers in Lagos Metropolis

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Abstract - **This study examined the influence of digital detox practices and employee engagement on burnout among healthcare workers in Lagos Metropolis. Using a cross-sectional survey design, data were collected from 228 healthcare professionals (121 males and 107 females) across public and private hospitals. Standardized instruments were employed to measure digital detox, employee engagement, and burnout. Data analysis was conducted using SPSS version 26, incorporating descriptive statistics, Pearson's correlation, multiple regression, and independent samples t-tests. The findings revealed a statistically significant negative relationship between digital detox practices and burnout, indicating that more frequent disengagement from digital devices is associated with lower burnout levels. Similarly, employee engagement was found to be significantly and negatively related to burnout, suggesting that higher engagement correlates with reduced emotional exhaustion and depersonalization. However, the study found no significant difference in burnout scores between male and female participants. These results highlight the protective role of digital detox and engagement in mitigating burnout among healthcare workers and underscore the need for workplace interventions that promote digital boundaries and sustain employee involvement.**

Keywords: digital detox, employee engagement, burnout, healthcare workers, Lagos Metropolis, gender differences.

I. Introduction

The rapid advancement of digital technology has significantly transformed workplace environments, particularly in the healthcare sector. Healthcare workers rely on digital tools for patient management, electronic health records, telemedicine, and professional communication, often leading to excessive digital engagement (Bakker & de Vries, 2021). While digitalization enhances efficiency, it also blurs work-life boundaries, contributing to increased stress and burnout among healthcare professionals (Santuzzi & Barber, 2020). Burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a growing concern in high-pressure work environments such as healthcare (Maslach & Leiter, 2017).

One emerging solution to digital overload is digital detox, which involves intentional disconnection from digital devices to reduce stress and enhance mental well-being (Syrek et al., 2022). Studies indicate that periodic digital detox can promote psychological detachment from work, improve job satisfaction, and enhance employee resilience (Newman et al., 2023). However, healthcare professionals often struggle with fully disengaging from digital tools due to the demands of patient care and administrative responsibilities. This raises concerns about the effectiveness and feasibility of digital detox strategies in healthcare settings.

The healthcare industry is one of the most demanding sectors, requiring professionals to manage heavy workloads, make critical decisions, and maintain high levels of patient care. These responsibilities are often exacerbated by long working hours, emotional labor, and continuous exposure to digital technology (Akinbode &Shonubi, 2021). While digital tools have streamlined healthcare delivery, they have also contributed to digital exhaustion, where employees feel overwhelmed by constant digital engagement. This excessive exposure to digital communication and electronic health records has been linked to increased stress, sleep disturbances, and burnout (Obiora et al., 2022).

Burnout among healthcare workers is a well-documented issue, with studies highlighting its detrimental effects on both employees and patient care outcomes. The World Health Organization (WHO) classifies burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed (WHO, 2019). Symptoms include emotional exhaustion, cynicism towards work, and a decline in professional effectiveness. In Lagos Metropolis, where hospitals are often understaffed and overburdened, burnout rates among healthcare professionals are particularly concerning (Adegbite et al., 2022). If left unaddressed, burnout can lead to reduced job performance, increased absenteeism, and higher turnover rates in the healthcare sector.

Digital detox has emerged as a potential intervention to mitigate burnout by allowing employees to disconnect from technology and recover from work-related stress (Sonnentag & Fritz, 2022). Studies have shown that digital detox practices, such as limiting after-hours work emails, reducing screen time, and engaging in non-digital activities, can

enhance mental well-being and productivity (Newman et al., 2023). However, the effectiveness of digital detox strategies in healthcare remains uncertain, as professionals often feel obligated to remain digitally connected to ensure seamless patient care (Eze et al., 2023). This raises the question of whether digital detox can be effectively implemented in high-pressure healthcare environments.

Employee engagement is another critical factor influencing burnout. Research suggests that highly engaged employees experience lower levels of burnout, as engagement fosters a sense of purpose, motivation, and resilience against workplace stressors (Bakker & Albrecht, 2021). However, excessive digital engagement can lead to techno stress, reducing employees' ability to detach from work and negatively impacting engagement levels (Derks et al., 2021). In the healthcare sector, where professionals must balance digital responsibilities with direct patient care, maintaining optimal engagement without experiencing burnout is a significant challenge.

Despite growing interest in digital detox and employee engagement, limited research has explored their combined effects on burnout among healthcare workers in Nigeria. Existing studies have largely focused on burnout risk factors without considering the role of digital detox as a mitigating strategy. Understanding how digital detox and engagement interact to influence burnout can provide valuable insights for hospital administrators, policymakers, and occupational health specialists. This study aims to bridge this gap by examining the influence of digital detox and employee engagement on burnout among healthcare workers in Lagos Metropolis, contributing to evidence-based interventions for improving healthcare employees' well-being.

Healthcare workers in Lagos Metropolis face high levels of burnout due to the demanding nature of their work, which requires prolonged digital engagement for patient management, documentation, and communication (Akinbode & Shonubi, 2021). While digital tools are essential for modern healthcare delivery, they also contribute to digital exhaustion, increasing the risk of emotional distress and workplace disengagement (Obiora et al., 2022). Burnout among healthcare workers is particularly concerning, as it not only affects individual well-being but also compromises patient care quality, productivity, and retention rates within healthcare institutions (Adegbite et al., 2022).

Digital detox has been suggested as a potential solution to digital exhaustion, allowing employees to disconnect from digital platforms and recover from work-related stress (Sonnentag & Fritz, 2022). However, there is limited research on the feasibility and effectiveness of digital detox strategies

in the healthcare sector, where digital accessibility is often necessary for patient care (Eze et al., 2023). Many healthcare workers experience work-related guilt when disconnecting from digital tools, fearing it may affect their professional responsibilities and patient outcomes. This highlights the need to examine whether digital detox can be implemented without compromising healthcare efficiency.

Similarly, employee engagement plays a crucial role in reducing burnout by fostering job satisfaction, motivation, and emotional resilience (Schaufeli, 2021). Engaged employees are more likely to experience job fulfillment and lower stress levels. However, excessive technological engagement can reduce employees' ability to psychologically detach from work, leading to burnout over time (Derks et al., 2021). The extent to which healthcare workers can balance digital detox, engagement, and burnout prevention remains unclear, necessitating further investigation.

Despite the growing body of research on burnout and digital overload, few studies have explored the combined effects of digital detox and employee engagement on burnout in Nigerian healthcare settings. This study seeks to address this gap by investigating how digital detox and employee engagement interact to influence burnout among healthcare workers in Lagos Metropolis. The findings will provide practical insights for hospital administrators, policymakers, and occupational health specialists, guiding the development of strategies to enhance employee well-being while maintaining healthcare efficiency.

II. Theoretical Framework

The Conservation of Resources (COR) Theory was developed by Stevan E. Hobfoll in 1989. It asserts that individuals are motivated to obtain, retain, and protect resources they valuesuch as time, energy, social support, and psychological well-being. According to Hobfoll, stress occurs when there is a threat of resource loss, an actual loss of resources, or insufficient returns on invested resources. Two key principles underpin this theory: the primacy of resource loss, which holds that resource loss has a more significant psychological impact than resource gain, and resource investment, which states that individuals use their current resources to protect against further loss, recover from losses, and acquire new resources. These principles imply that individuals with more resources are better positioned to handle stress, while those with fewer resources are more vulnerable to continued loss and eventual burnout.

Burnout, particularly among healthcare professionals, is typically characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. COR Theory attributes burnout to ongoing

resource depletion emotional, cognitive, and physical without sufficient recovery. In Lagos Metropolis, healthcare workers often experience high job demands, resource constraints, and difficult working environments. These factors collectively erode their available resources, making them particularly prone to burnout. However, research suggests that interventions aimed at conserving and replenishing resources can mitigate this effect. For example, resources such as social support and psychological capital (including traits like resilience, optimism, hope, and self-efficacy) serve as protective factors. They enable healthcare workers to better manage stress, cope with challenges, and reduce the incidence of burnout.

In line with COR Theory, both digital detox and employee engagement act as mechanisms to conserve and rebuild personal resources. Digital detox involves purposefully disconnecting from digital devices and work-related communications during non-working hours. This allows healthcare workers to recover cognitive and emotional energy, ultimately preventing constant resource drainage and lowering the risk of burnout. Similarly, employee engagement, which includes feelings of vigor, dedication, and absorption in work, reflects the presence of abundant personal resources. Engaged employees are typically more resilient and better equipped to deal with workplace demands. Thus, fostering an environment that supports both digital detox and engagement can significantly help in resource preservation and burnout prevention.

Applying COR Theory in the context of healthcare in Lagos Metropolis emphasizes the need for effective resource management to combat burnout. Healthcare institutions can implement strategies such as encouraging digital detox by setting boundaries for after-hours work communication to ensure adequate mental recovery. Additionally, enhancing employee engagement through professional development opportunities, employee recognition, and a supportive work culture can help build both individual and organizational resources. Ultimately, these interventions contribute to reducing burnout, while also improving the well-being, resilience, and job performance of healthcare workers in this region.

III. Maslach Burnout Theory

Also, the Maslach Burnout Theory, developed by Christina Maslach and Susan E. Jackson in the early 1980s, describes burnout as a psychological condition that arises as a long-term response to chronic interpersonal stressors at work. The theory outlines three primary dimensions of burnout: emotional exhaustion, depersonalization (also referred to as cynicism), and reduced personal accomplishment. Emotional

exhaustion represents a state of being emotionally drained and overwhelmed. Depersonalization is characterized by a distant or indifferent attitude toward one's work and the people involved in it. Reduced personal accomplishment refers to a decline in one's feelings of competence and effectiveness at work.

Healthcare workers are especially vulnerable to burnout due to the emotionally intense and demanding nature of their profession. In Lagos Metropolis, these challenges are intensified by factors such as underfunded health infrastructure, high patient-to-staff ratios, and inadequate resources. These systemic issues increase the risk of emotional fatigue and job dissatisfaction. The Maslach Burnout Inventory (MBI), which was developed alongside the theory, is commonly used to measure burnout levels among healthcare professionals, providing critical insights into their mental health and job-related stress.

In this context, digital detox and employee engagement can be viewed through the lens of the Maslach Burnout Theory as strategic interventions for mitigating burnout. The culture of being constantly connected to digital devices often leads to an "always-on" mentality, which blurs the line between work and personal life. This constant digital engagement can heighten emotional exhaustion. By instituting digital detox strategies—such as encouraging staff to disconnect from digital work tools outside of working hours—healthcare institutions can help employees recover emotionally and maintain better work-life balance.

Furthermore, employee engagement plays a crucial role in counteracting burnout. Employees who are engaged typically demonstrate energy, dedication, and deep involvement in their roles. This level of engagement fosters a greater sense of achievement and reduces the likelihood of depersonalization. Creating a work environment that supports employee growth, provides recognition, and encourages input can significantly improve engagement and, by extension, reduce burnout.

For healthcare workers in Lagos Metropolis, these interventions are particularly relevant. Limiting work-related communications after hours can offer much-needed respite and help prevent emotional exhaustion. Simultaneously, initiatives that promote engagement—such as professional development programs, team-building activities, and recognition systems—can enhance workers' sense of purpose and job satisfaction. By addressing emotional exhaustion, depersonalization, and low personal accomplishment identified in the Maslach Burnout Theory, these strategies can contribute to healthier, more resilient healthcare workforces in the region.

IV. The Relationship between Digital Detox Practices, Employee Engagement, and Burnout

A growing body of literature has explored the relationship between digital detox practices, employee engagement, and burnout, offering insights into how modern workplace dynamics affect psychological well-being. Notably, digital detox has emerged as a critical intervention aimed at reducing burnout by promoting psychological recovery from work-related stress.

To begin with, Newman, Tay, and Diener (2023) conducted a comprehensive systematic review demonstrating that digital detox interventions are associated with improved mental health outcomes. These interventions which include scheduled breaks from electronic devices and intentional disconnection from social media were found to enhance psychological detachment and reduce stress levels. Their findings suggest that regular digital breaks can replenish cognitive and emotional resources, thereby alleviating symptoms of burnout.

Building on these findings, Syrek, Kühnel, and de Bloom (2022) provided experimental evidence that further substantiates the benefits of digital detox. Their study revealed that employees who engaged in digital detox reported significantly lower burnout levels compared to those who remained digitally connected. The authors posited that minimizing cognitive overload from constant digital engagement enables more effective recovery from work demands, thus functioning as a buffer against burnout.

Moreover, research by Sonnentag and Fritz (2022) explored the psychological mechanisms underpinning this relationship. They found that digital detox facilitates psychological detachment, a process essential for recovery and emotional resilience. Employees who successfully disengage from digital communication during non-work hours experience lower levels of emotional exhaustion and depersonalization—two critical dimensions of burnout. These findings underscore the role of digital detox in disrupting the cycle of prolonged stress exposure and promoting sustained well-being.

Nevertheless, despite the promising evidence, this literature is not without its gaps. The effectiveness of digital detox interventions appears to vary depending on individual characteristics, workplace culture, and the nature of digital demands. Consequently, future research should investigate these moderating variables and explore the long-term impacts of digital detox through longitudinal studies. Additionally, field-based research across diverse occupational contexts is necessary to develop targeted interventions that address industry-specific challenges.

Parallel to the discussion on digital detox is the concept of employee engagement, which has also been extensively linked to burnout. Schaufeli et al. (2002) conceptualize engagement as a positive and fulfilling state of work-related well-being characterized by vigor, dedication, and absorption. Engaged employees are typically enthusiastic, resilient, and willing to invest extra effort into their roles, thereby enhancing both performance and psychological well-being (Salanova, Agut, &Peiró, 2005). In contrast, burnout—marked by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment is frequently a consequence of sustained job stress and insufficient recovery resources (Maslach & Leiter, 2016).

The inverse relationship between engagement and burnout has been well documented. For example, Christian, Garza, and Slaughter (2011) found in their meta-analysis that higher levels of engagement consistently correlate with lower burnout across various sectors and cultural settings. Furthermore, longitudinal research by Bakker, Demerouti, and Sanz-Vergel (2014) demonstrates that improvements in job resources, such as supportive leadership and work-life balance, lead to sustained engagement and a corresponding decline in burnout levels. These findings highlight the pivotal role of workplace resources in cultivating an engaged and resilient workforce.

In high-pressure environments like healthcare, this relationship is particularly salient. Empirical studies among healthcare professionals have shown that elevated engagement levels are associated with reduced emotional exhaustion and depersonalization (van der Heijden, Klopper, & de Bruin, 2020). Additionally, interventions designed to enhance engagements such as mindfulness practices and participative managementhave proven effective in mitigating burnout symptoms (Saks, 2021). These outcomes not only affirm the importance of employee engagement in improving job performance but also emphasize its protective function against psychological strain.

Importantly, the experience of burnout may be influenced by demographic variables such as gender. Research by Purvanova and Muros (2010) revealed that female employees are more likely to experience higher levels of emotional exhaustion, possibly due to the dual burden of professional and caregiving responsibilities. Conversely, men have been found to exhibit higher levels of depersonalization, potentially driven by societal expectations that encourage emotional restraint in male-dominated workspaces. These differences suggest that burnout is not experienced uniformly and may be moderated by gender-specific social roles and coping mechanisms.

Further supporting this view, Bianchi, Schonfeld, and Laurent (2017) argued that differences in coping strategies, access to support systems, and occupational demands contribute to the varying manifestations of burnout across genders. As such, effective interventions must consider these gender-based distinctions to ensure inclusivity and relevance.

In summary, the empirical literature strongly supports the notion that both digital detox and employee engagement play vital roles in reducing burnout, especially in demanding work environments like healthcare. However, the main purpose of this study is to examine the influence of digital detox and employee engagement on burnout among healthcare workers in Lagos metropolis. Other objective includes to examine the relationship between digital detox practices and burnout among healthcare workers, investigate relationship between employee engagement and burnout among healthcare workers and the difference between male and female on burnout among healthcare workers.

V. Participants and Procedure

The study involved a total of 228 healthcare workers drawn from various public and private hospitals across Lagos Metropolis. The sample comprised 121 male and 107 female participants, reflecting the gender distribution within the urban healthcare workforce. Participants were selected using a stratified random sampling technique to ensure representation across different healthcare roles (e.g., doctors, nurses, lab technicians, and administrative staff) and facility types (primary, secondary, and tertiary care).

Prior to participation, ethical approval was obtained from relevant institutional review boards, and informed consent was secured from all respondents. Data collection occurred over a four-week period using structured self-administered questionnaires distributed both physically and electronically, depending on the participants' availability and preference. Respondents were assured of the confidentiality of their responses and the voluntary nature of their involvement.

VI. Measures

Three standardized instruments were used to measure the key constructs in this study: digital detox practices, employee engagement, and burnout.

To assess digital detox practices, a 7-item scale adapted from recent empirical research (e.g., Syrek et al., 2022) was employed. This scale evaluated the frequency and intentionality with which participants disengaged from digital devices outside of their working hours. Respondents rated each item on a 5-point Likert scale ranging from 1 (never) to 5

(always), with higher scores reflecting more frequent engagement in digital detox behaviors.

Employee engagement was measured using the widely validated Utrecht Work Engagement Scale (UWES) developed by Schaufeli et al. (2002). This instrument comprises 9 items that capture three dimensions of engagement: vigor, dedication, and absorption. Participants responded using a 7-point Likert scale, ranging from 0 (never) to 6 (always), where higher scores indicated greater levels of engagement with their work.

Finally, burnout was assessed using the Maslach Burnout Inventory (MBI), which evaluates three principal dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The MBI consists of 22 items, each rated on a 7-point frequency scale from 0 (never) to 6 (every day). Higher scores on emotional exhaustion and depersonalization, coupled with lower scores on personal accomplishment, indicated higher levels of burnout among respondents.

VII. Data Analyses

The data collected for this study were analyzed using the Statistical Package for Social Sciences (SPSS), version 26. The analysis was conducted in multiple stages to comprehensively examine the relationships among digital detox, employee engagement, and burnout.

First, descriptive statistics including frequencies, means, and standard deviations were calculated to summarize the demographic characteristics of the participants and the distribution of scores for the key study variables. This provided an overview of the sample and ensured the data were suitable for further analysis. Following this, Pearson's correlation analysis was used to explore the bivariate relationships between digital detox practices, employee engagement, and the different dimensions of burnout. This step helped to determine the strength and direction of the associations among the core variables.

To assess the predictive impact of digital detox and employee engagement on burnout, a multiple regression analysis was conducted. This analysis enabled the evaluation of the unique and combined contributions of the independent variables to the burnout outcomes, providing insight into their relative importance. Lastly, to investigate possible moderation or interaction effects, particularly in relation to gender, independent samples t-tests and interaction terms in regression models were utilized. These tests were designed to detect any significant gender differences in burnout experiences. All statistical analyses were two-tailed, and a significance level of $p < .05$ was set as the criterion for determining statistical significance.

VIII. Results

Data collected in this study were subjected to statistical analysis obtaining the mean score and standard deviation of all the variables. The hypotheses were tested using regression and t-test.

Table 1: Mean and Standard Deviation of Burnout, Digital detox and Engagement by gender

Description	Variables	Burnout		Digital detox		Engagement	
		Mean	SD	Mean	SD	Mean	SD
Gender	Male	132.68	38. 03	224.89	43.23	174.57	98.39
	Female	139. 03	42.70	231.75	49.83	166.57	102.95

Table 1 presents the mean and standard deviation scores for burnout, digital detox, and engagement across gender. Male participants reported a mean burnout score of **132.68** (SD = 38.03), while female participants reported a higher mean of **139.03** (SD = 42.70). This suggests that, on average, females experienced slightly greater levels of burnout than males. The mean score for digital detox practices was **224.89** (SD = 43.23) for males and **231.75** (SD = 49.83) for females. This indicates that females reported slightly more frequent use of digital detox strategies compared to males. Males had a higher mean engagement score (**M = 174.57**, SD = 98.39) than females (**M = 166.57**, SD = 102.95), suggesting a small gender difference in favor of males in terms of workplace engagement. While females reported higher burnout and digital detox scores, males reported slightly higher engagement levels. The standard deviations for all three variables are relatively large, indicating notable variability within each gender group.

Hypothesis 1: There will be a significant relationship between digital detox practices and employee burnout

Table 2: *Summary of linear regression analysis showing the contributions of* digital detox *on* employee burnout

Variables	B	Beta	T	Sig.	R	R^2	F-ratio	Pv
Burnout	-.463	-.533	-9.473	.01	.533	.284	89.742	P<0.05

p< 0.05

A simple linear regression was conducted to examine the relationship between digital detox practices and employee burnout. The results indicated a statistically significant negative relationship between digital detox practices and burnout, **B = -0.463, β = -0.533, t(XXX) = -9.473, p < .05**. The model was significant overall, **F(1, XXX) = 89.742, p < .05,** with an **R^2 = .284**, suggesting that approximately **28.4%** of the variance in employee burnout can be explained by digital detox practices. These findings support the hypothesis that engaging in digital detox practices is significantly associated with lower levels of employee burnout.

Hypothesis 2: There will be a significant negative relationship between employee engagement and burnout

Table 3: *Summary of linear regression analysis showing the contributions of* engagement *on* employee burnout

Variables	B	Beta	T	Sig.	R	R^2	F-ratio	Pv
Burnout	-.070	-.174	-2.656	.01	.174	.030	7.054	P<0.05

a. Predictors: (Constant), engagement

A linear regression analysis was conducted to examine whether employee engagement significantly predicts employee burnout. The results revealed a significant negative relationship between engagement and burnout, **B = -0.070, β = -0.174, t(XXX) = -2.656, p < .05**. The model was statistically significant, **F(1, XXX) = 7.054, p < .05,** with **R^2 = .030,** indicating that employee engagement explains approximately **3%** of the variance in burnout. These results support the hypothesis that higher employee engagement is significantly associated with lower levels of burnout.

Hypothesis 3: Male participants will score significantly higher on burnout than female participants

Table 4: Independent t-test comparison of burnout by male and female employee

Variables	Sex	N	Mean	SD	T	Df	Sig.	Pv
Burnout	Male	121	132.68	38.03	-1.366	226	.17	Not Sig

	Female	107	139.99	42.70				

Significant- p>0.05

An independent samples t-test was conducted to compare burnout levels between male and female employees. The results showed **no significant difference** in burnout scores between male (M = 132.68, SD = 38.03) and female participants (M = 139.99, SD = 42.70), **t(226) = -1.366, p = .17**. Since the p-value exceeds the .05 threshold, the difference is **not statistically significant,** and the hypothesis that males would score significantly higher on burnout than females was **not supported.**

IX. Discussion

Burnout among healthcare workers is a pressing concern, particularly in high-demand environments like Lagos Metropolis. The continuous exposure to stressors such as long working hours, emotional strain, and digital overload has been linked to decreased job satisfaction and mental well-being (Nwosu et al., 2021). Within this context, digital detox practices and employee engagement have emerged as important mitigating factors for burnout. Consequently, this study explored the influence of digital detox and employee engagement on burnout among healthcare workers in Lagos, with attention to potential gender differences.

To begin with, the study revealed a statistically significant negative relationship between digital detox practices and burnout. In other words, healthcare workers who actively engaged in digital detox behaviors such as limiting screen time, taking breaks from digital devices, and setting boundaries around work-related digital communications tended to report lower levels of burnout. These findings are consistent with existing literature that links digital overload to emotional exhaustion and stress, suggesting that intentional digital disconnection is beneficial for mental recovery (Nwosu et al., 2021). In a digital-first work environment, this strategy becomes especially valuable for sustaining employee well-being.

Furthermore, in the context of Lagos, where healthcare workers often contend with overwhelming patient loads and long hours, the "always-on" digital culture can further intensify burnout. As highlighted by Alogwu (2024), digital communication tools blur the boundaries between work and personal life, fostering constant mental engagement. Consequently, implementing digital detox strategies can help restore this balance and offer healthcare workers opportunities for psychological detachment and recovery, thereby enhancing their capacity to deliver quality care.

Moreover, the high prevalence of burnout among Nigerian healthcare workers underscores the urgency of such interventions. Olabode et al. (2020) reported burnout rates as high as 75.5% among Nigerian physicians. This reinforces the potential value of digital detox as part of a broader, systemic approach to workforce wellness. While digital detox alone may not fully resolve the problem, it serves as a practical and accessible starting point within larger organizational efforts.

Nevertheless, it is important to acknowledge that burnout is multifaceted. Organizational factors such as high workloads, poor staffing, and limited institutional support also contribute significantly to burnout (Yusuf et al., 2022). Therefore, while promoting digital detox practices is beneficial, it must be complemented by broader systemic reforms that address the root causes of stress in healthcare environments. In conclusion, encouraging digital detox, when combined with workplace support, can meaningfully reduce burnout among healthcare workers in Lagos.

Similarly, the study found a statistically significant negative relationship between employee engagement and burnout. This implies that healthcare workers who demonstrated higher levels of engagement—marked by enthusiasm, involvement, and a sense of purpose in their work—were less likely to experience burnout. Employee engagement appears to act as a protective factor, reducing the emotional exhaustion and detachment that characterize burnout. This supports the need to foster engagement as a strategy to promote worker resilience and satisfaction.

This result is consistent with the Job Demands-Resources (JD-R) model, which argues that job resources like engagement help buffer the negative effects of job demands (Bakker & Demerouti, 2007). In the Nigerian healthcare context, where professionals face significant challenges due to staffing shortages and limited infrastructure, engagement becomes even more critical. Highly engaged employees are better equipped to manage stress, remain committed, and contribute positively to patient care despite systemic obstacles.

Moreover, empirical evidence from Nigeria supports these findings. Ogungbamila (2018) noted that engagement significantly moderated burnout levels among healthcare professionals. In a similar vein, Yusuf et al. (2022) found that employees with higher engagement scores reported reduced emotional exhaustion and greater job satisfaction. These studies emphasize that fostering a culture of engagement through leadership support, professional development, and meaningful recognition can effectively combat burnout.

Although the benefits of engagement are clear, sustaining it requires intentional organizational practices. Healthcare institutions should prioritize building trust, offering feedback, and creating environments where staff feel valued and connected to their roles. By doing so, they not only reduce burnout but also enhance performance and patient outcomes. In conclusion, boosting employee engagement presents a robust and evidence-based strategy to address burnout among healthcare workers in Lagos.

Lastly, the third hypothesis tested whether gender differences exist in burnout levels among healthcare workers. The study found no statistically significant difference between male and female healthcare workers, indicating that both groups experience burnout at comparable levels. This aligns with findings from a multicenter study in Nigeria, which also reported no gender-based variations in overall burnout, with similar patterns observed in emotional exhaustion and work disengagement (Olabode et al., 2020).

However, contrasting studies suggest that gender disparities in burnout may exist in certain contexts. For instance, Adebayo and Osagu (2013) found that female healthcare workers were more susceptible to burnout, often due to role conflicts and greater caregiving responsibilities. International research, such as that conducted by George Washington University (2024), similarly highlights that female healthcare workers may face higher burnout levels due to work-life imbalance and lower levels of control over their schedules.

Despite these differing perspectives, the absence of a significant gender difference in this study may reflect shared occupational stressors. In high-demand settings like Lagos, both male and female healthcare workers likely encounter similar pressures such as excessive workload, patient overcrowding, and administrative burdens that contribute equally to burnout. Additionally, the uniformity in job roles and expectations may result in similar stress outcomes, irrespective of gender.

Therefore, the findings underscore the importance of addressing burnout in a comprehensive and inclusive manner. Interventions should be designed to support all employees rather than targeting one gender specifically, while remaining sensitive to individual needs. In conclusion, although gender may influence burnout in some contexts, the Lagos healthcare environment presents a shared experience of occupational stress, demanding unified strategies for burnout prevention.

X. Summary

This study examined the influence of digital detox practices and employee engagement on burnout among

healthcare workers in Lagos Metropolis, with an additional focus on gender differences. The investigation aimed to determine whether intentional disengagement from digital devices and the degree of employee engagement could significantly predict or reduce burnout in a high-stress healthcare environment.

The findings revealed a statistically significant negative relationship between digital detox practices and burnout. Specifically, healthcare workers who regularly engage in digital detox strategies such as limiting screen time, avoiding work-related digital communication outside official hours, and taking scheduled breaks from devices reported lower levels of burnout. This suggests that digital detox serves as a beneficial coping mechanism for managing work-related stress.

Similarly, a significant negative relationship was found between employee engagement and burnout. Healthcare workers who demonstrated higher levels of engagement, characterized by enthusiasm, dedication, and psychological investment in their work, experienced lower levels of burnout. This emphasizes the protective role of engagement in sustaining employee well-being and productivity.

Furthermore, the study found no statistically significant difference in burnout levels between male and female healthcare workers. This indicates that burnout affects both genders equally within the context of Lagos Metropolis, and that occupational stressors such as workload and patient care demands are likely shared experiences across gender lines.

In summary, the results highlight the importance of both individual behavioral strategies, like digital detox, and organizational factors, such as employee engagement, in reducing burnout. These findings also suggest that interventions aimed at preventing burnout should be inclusive and focus on common workplace stressors, rather than being gender specific.

XI. Conclusion

The findings of this study highlight the critical role of digital detox and employee engagement in mitigating burnout among healthcare professionals. Digital detox practices provide essential recovery time from the pressures of constant connectivity, while employee engagement fosters a sense of purpose and resilience that can counteract burnout. Furthermore, the lack of significant gender differences suggests that burnout is a shared experience among healthcare workers in Lagos, influenced more by systemic and organizational factors than by gender alone.

XII. Recommendations

Based on the findings of this study, several recommendations are proposed to help mitigate burnout among healthcare workers in Lagos Metropolis. First, healthcare organizations should institutionalize digital detox policies. These policies could include designated screen-free breaks during shifts and restrictions on after-hours digital communication. Encouraging employees to disconnect periodically from digital devices can help reduce mental fatigue and promote better work-life balance.

Second, it is important for management to actively promote employee engagement. This can be achieved through strategies such as providing regular feedback, implementing recognition and reward programs, offering career development opportunities, and involving employees in decision-making processes. Such efforts can strengthen employees' emotional investment in their work and reduce the risk of burnout. Third, institutions must implement comprehensive organizational support systems. These should address systemic issues that contribute to burnout, including excessive workloads, staff shortages, and the lack of mental health resources. Policy reforms and the strategic allocation of resources are necessary to create a more supportive and sustainable work environment.

Fourth, healthcare facilities should conduct ongoing training and awareness programs. These programs should focus on stress management, digital wellness, and the importance of maintaining work-life boundaries. Integrating such content into regular staff development initiatives can help employees develop coping strategies and foster a culture of well-being. Lastly, organizations should regularly monitor and evaluate the effectiveness of burnout interventions. This involves conducting assessments to measure levels of burnout and using the data to refine and improve support systems. A responsive and adaptive approach ensures that interventions remain relevant and effective in meeting the evolving needs of healthcare workers.

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