

# Health Equity and Access: Workplace Stress and Burnout Among Low-Income Essential Workers in Some Selected Establishments within Abuja Municipal Area Council-Federal Capital Territory, Nigeria

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## ABSTRACT

**Introduction:** This study investigates the critical intersection of health equity, access to care, workplace stress, and burnout among low-income essential workers in Abuja Municipal Area Council (AMAC), Nigeria. This research aimed to assess the prevalence of stress and burnout, evaluate the level of healthcare access, and explore the relationship between these variables within this vulnerable population.

**Aims:** To assess the impact of stress and burnout on low-income essential workers and evaluate access to health services.

**Methodology:** This study employed a multistage sampling technique to select participants from the population of low-income essential workers in Abuja Municipal Area Council, Federal Capital Territory, Nigeria. A descriptive cross-sectional survey design was employed, with data collected from a sample of 350 low-income essential workers (including nurses, administrative assistants, security personnel, and cleaners) across three selected public hospitals in AMAC. A structured questionnaire, incorporating adapted versions of the Perceived Stress Scale (PSS-4) and the Maslach Burnout Inventory (MBI), was used for data collection. Data were analyzed using descriptive and inferential statistics (T-test and Chi-Square).

**Results/Findings:** The findings reveal a public health crisis. A majority of workers reported high levels of perceived stress (54.3%) and alarming rates of burnout, with 60.0% experiencing high emotional exhaustion and 48.6% high depersonalization. These adverse mental health outcomes were strongly linked to poor work conditions, particularly overwhelming workloads and long hours. The study uncovered profound health inequities, with 71.4% of workers lacking health insurance and 64.3% finding healthcare services unaffordable, citing high cost as the primary barrier to access. Inferential analysis confirmed a statistically significant relationship between poor healthcare access (lack of insurance and unaffordability) and higher levels of stress and burnout ( $p < .05$ ).

**Conclusion/Recommendation:** The study concludes that low-income essential workers in AMAC are trapped in a vicious cycle of high occupational stress and inequitable access to healthcare, which mutually reinforces each other. Urgent, multi-pronged interventions are recommended, focusing on expanding subsidized health insurance coverage, enforcing healthier work conditions by employers, and implementing robust workplace mental health support systems. Addressing these systemic failures is crucial for ensuring the well-being of this vital workforce and achieving true health equity.

