

## **Burnout Syndrome among Workers in Selected Hospitals and Industries in Oyo State, Nigeria: Its Impacts on Their Health, Well-Being and Job Performance**

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**Abstract:** The study examined the impact that burnout had on state of health, well-being and job performance of hospital and industrial workers. To this end, the study was carried out among 250 hospital and industrial workers in Oyo State, Nigeria. A single Questionnaire (Burnout Assessment Questionnaire) was developed and used for the study. Three working hypotheses were stated and tested in the study. The statistical test of paired t-test analysis was used to test the hypotheses. The study established that burnout had significant effects on state of health, well-being and job performance of the hospital and the industrial workers. Based on these findings it was recommended that employers of labour (e.g., hospitals management boards, management of industries etc) should provide adequate workers in the work place to prevent being overloaded with work assignments. They should also provide adequate welfare support to their employees. This will help in reducing high levels of frustration in them and at the same time enhance their morale, efficiency and productivity. Workers on their own part, should reduce tensions at work by themselves. To this end, they should feel relaxed at work and at home after each days work and avoid asking for unrealistic demands from their employers.

**Key words:** Burnout syndrome, job performance, workers, hospitals, industries

### **INTRODUCTION**

Burnout syndrome according to Silvia *et al.* (2005) is a physiological, psychological and behavioural condition that presents in a professional whose job is aimed toward direct service to other people. It is a chronic adaptation disorder that provokes serious problems in occupational behaviour. It is a prolonged response to chronic emotional and interpersonal stressers on the job (Kleiber and Enzmann, 1990; Schaufeli *et al.*, 1993). It is defined by the three dimensions of exhaustion, cynicism and inefficiency.

It is a process that occurs when workers perceive a discrepancy between their work input and the output they had expected from work. Burnout syndrome refers to a kind of occupational stress that have psychosomatic, behavioural, emotional, familiar and social repercussions (Pera and Serra-prat, 2002).

It occurs in workers when they feel they are unable to meet constant demands and become increasingly overwhelmed and depleted of energy. It is associated with situations when the workers feel overworked, under appreciated, confused about expectations and priorities, concerned about job security, over-committed with responsibilities, resentful about duties that are not commensurate with pay. In these situations, debilitating

sadness, anger or indifference can set in. Other symptoms associated with burnout are feelings of helplessness and hopelessness, physical and psychological depletion, a sense of unending stress and development of negative self-concept (Kutzko, 1999). It can also cause absenteeism and loss of efficiency at work (Pera and Serra-prat, 2002).

According to Schaufeli and Bunnk (1992) individual symptoms of burnout syndrome include feelings of anger and frustration, cognitive and motor disabilities, restlessness, headache, nausea, excessive or chronic fatigue, ulcer, abdominal-intestinal disturbance, functional heart problem, increased breathing, high blood pressure, excessive smoking, increase in the consumption of caffeine, alcohol and medication isolation from colleagues and environment, negativity, cynicism, discouragement, pessimism and indifference.

Silvia *et al.* (2005) also identified the characteristics of burnout as excessive emotional exhaustion, refusal or isolation toward others and poor work performance.

The presence of some of these symptoms (if not all) in workers will in no doubt affect their state of health, well-being, social functioning and job performance in negative dimensions.

The problem of this study therefore, is to investigate the effects that burnout have on the health, well-being and job performance of workers in hospitals and industrial

organizations. The study also aims at determining how burnout at work place can be reduced or prevented to enhance workers' health, well-being, efficiency and organizational productivity.

**Review of relevant study:** Previous studies on burnout among different categories of workers (nurses, industrial staffs, teachers, etc) had indicated significant association between sex, age, professional categories, work seniority, marital status, work place and burnout (Pera and Serra-prat, 2002; Brewer and Mc Mahan, 2004; Silvia *et al.*, 2005; Lopez *et al.*, 2005).

Pera and Serra-prat (2002) in their study, carried out a cross-sectional study among 300 workers in a district hospital, on which they determined the prevalence of burnout among staff, as well as the personal and working characteristics associated with the syndrome. Three dimensions of burnout syndrome (i.e., emotional exhaustion, depersonalization and personal achievement) were measured, using Maslach Burnout Inventory. The result of multivariate analysis revealed that professional category and sex of the workers were significantly associated with high level of burnout.

Silvia *et al.* (2005) carried out a projective, cross sectional study among 236 Mexican hospital nursery staff. They classified burnout syndrome into low, medium and high categories and studied variables like age, gender, seniority, work place, shifts and type of service. Variance analysis, F-test, P. value and Pearson correlation tests were used to analyse their research data. They found that significant differences existed in age of the respondents, work seniority and work place. No significant differences were observed in type of service, gender, marital status, work shift and work category.

Their findings further showed that 40% of the nurses are emotionally exhausted, 32% undergo depersonalization, 63% have lost interest in work, 50% have general exhaustion and 39% present low and medium compatible date with burnout syndrome. They concluded that burnout syndrome is deemed as the most probable cause of lack of motivation in professional health workers.

The Hospital Nursing Staff (HNS) has been identified as one of the groups at risk of suffering emotional exhaustion, a preliminary stage of burnout syndrome, due to the nature, intensity and diversity of their jobs (Leiter, 1993; Maslach and Leiter, 1997). Social support has been found to have buffering effect on emotional exhaustion experienced by nursing staff. For instance, Albar Marin and Garcia-Ramirez (2005) in their study among 210 hospital nursing staff, examined the role of different social support sources (family as kin, co-workers as inside and supervisor as insiders) on emotional

exhaustion. After applying a hierarchical multiple regression analysis to their data, they found that the three sources of social support are associated with emotional exhaustion. They also found a positive relationship between co-worker support and emotional exhaustion, while negative relationships exist between close families, friends, supervisor and emotional exhaustion.

Studies by Bakker *et al.* (2000), Schmieder and Smith (1996), Kirmeyer and Douherty (1988) revealed that high supervisor support levels buffered the negative effects of the job demands and decrease feelings of emotional exhaustion.

Lopez *et al.* (2005) in their study, assessed the prevalence of burnout syndrome in pediatric healthcare workers. They found that 20.8% of the staff had a high level of burnout, 19.8% had a moderate level of burnout and 59.4% showed a low level. They also found that different reasons were given for the burnout. 67.7% presented a low level of achievement, 14.5% had high scores of emotional exhaustion and 23.9% obtained high scores in the depersonalization scale. They concluded that Burnout Syndrome is present in a significant percentage of hospital workers attending to pediatric patients. Lack of personal achievement expressed may be responsible for the negative attitudes toward self and professional activity, loss of interest in pediatric care, low productivity and loss of self-esteem.

Like nurses, the job of social workers is equally demanding. Hence, they also experience high level of stress and burnout at work. The effects of burnout on the mental health and performance of social workers were given by Sherrill *et al.* (2006). In their study they examined the prevalence of stress and burnout and job satisfaction among mental health social workers and the factors responsible for this. They found that 70% of the respondents reported that their current grade did not reflect the duties they performed, 43% felt undervalued at work and 77% had psychological disorders. They also found that they are overstressed, emotionally exhausted and frustrated at work.

In a study among nurses working in selected state-owned hospitals, Olaleye (2002) found that high level of stress and burnout had significant interactive effects on the state of health well-being, coping ability, job satisfaction and job performance of the nurses.

Burnout syndrome is not limited to the hospital workers. It exist among other professionals (teachers, industrial workers, etc). In this study, its presence among industrial workers is also examined.

Brewer and Mc Mahan (2004) examined job stress and Burnout among 133 Industrial and Technical Teacher Educators, using stepwise regression to determine the

Table 1: Paired t-test analysis showing the impact of burnout on state of health of hospital and industrial workers

Variable	Mean	N	STD. deviation	STD error mean	r	Crit-t	Cal-t	df	P
Burnout	36.9880	250	8.26056	.52244					
State of health	40.9760	250	9.95045	.62932	.000	1.96	5.786	249	.000

t = 5.786, df 249, p>.05

amount of variance in job stress and burnout levels predicted by demographic characteristics. They found that demographic characteristics did not explain a large amount of variance in industrial and technical teacher educators' levels of job stress and burnout. Factors other than their demographic characteristic explained a large amount of the variance in industrial and technical teacher educators' levels of job stress and burnout. Both of these workers perceived lack of organizational support stressors as more severe than any other type of stressor.

### Research hypotheses

- There will be a significant impact of burnout on state of health of hospital and industrial workers.
- There will be a significant impact of burnout on the well-being of hospital and industrial workers.
- There will be a significant impact of burnout on job performance of hospital and industrial workers.

### MATERIALS AND METHODS

Expost-facto research design was adopted for the study. The population for the study comprises the entire health and industrial workers in Oyo State, Nigeria. The data were collected from employees and managers of four different hospitals (2 government owned and 2 mission owned) and four different manufacturing companies. The employees had jobs in various areas of their appointment ranging from nursing, social work, management, engineering, administration, marketing, sales and computer programming. The stratified and random sampling technique were used to select 125 participant each from hospital and manufacturing industries, totaling 250 participants.

**Instrumentation:** The development of a scale to measure burnout syndrome among workers in hospitals and industries with particular impact on their health, well-being and job performance began with a thorough literature search to locate accepted scales. Four scales were used as instrument for the study, namely:

**Burnout scale:** This consists of twenty items adapted from the Maslach Burnout Inventory (MBI). The adapted scale yielded, Cronbach alpha value of 0.84.

**State of health scale:** This is made up of twenty items questionnaire adapted from the Golberg. General Health Questionnaire (GHQ). It yielded a cronbach alpha value of 0.82.

**Well being scale:** This was adapted from section 2 of stress less Inc. Model for 1995-2005 scale. The adapted version was re-validated yielding a cronbach alpha value of 0.85.

**Performance scale:** This is a self constructed twenty items scale that was reliably validated and yielded a cronbach alpha value of 0.83.

### RESULTS

The study made use of paired t-test statistical analysis. The analysis showed both the correlational value (r) and t-value (t) of the paired items (i.e., Burnout versus state of health, well-being and job performance) at 0.05 level of significance.

The results obtained from testing each hypothesis are as follows:

**Hypothesis 1:** There will be a significant impact of burnout on state of hospital and industrial workers. The hypothesis was put to test, using paired t-test. The results of the test are summarized in Table 1.

**Interpretation:** The paired t-test statistics gave both the correlation (r) and the t-value for the impact of Burnout on state of health of both hospital and industrial workers.

The r and t are significant at 0.05 level of significance. This shows that burnout had a significant impact on the state of health of the workers (t = 5.786, df 249, p>.05). The result gives support to the hypothesis. Hence the first hypothesis was accepted.

The result is consistent with the finding of Silvia *et al.* (2005) that nurses working in Mexican Hospitals are emotionally exhausted, undergo depersonalization and have lost interest in work.

The result is also consistent with the finding of Olaleye (2002) that high level of stress and burnout had significant interactive effects on the state of health of nurses working in State-owned Hospitals.

The above result is further supported by the finding of Cheng and Kawachi (2000) that women in the highest third of job demands and the lowest third of job control (reference group "high strain" job) had the worst health

Table 2: Paired t-test analysis showing the Impact of burnout on well-being of hospital and industrial workers

Variable	Mean	N	STD. deviation	STD error mean	r	Crit-t	Cal-t	df	P
Burnout	36.9880	250	8.26056	.52244					
Well-being	24.4200	250	8.29886	.52487	.000	1.96	5.786	249	.000

t = 21.234, df 249, p > .05

Table 3: Paired t-test analysis showing the impact of burnout on job performance of hospital and industrial workers

Variable	Mean	N	STD. deviation	STD error mean	r	Crit-t	Cal-t	Df	P
Burnout	36.9880	250	8.26056	.52244					
Job performance	41.4200	250	13.58432	.85915	.013	1.96	4.749	249	.000

t = 4.749, df 249, p > .05

status, whereas those in the jobs with the highest and lowest demands (“low strain” job) had the best health status.

**Hypothesis II:** There will be a significant impact of burnout on the well-being of the hospital and industrial workers. Paired t-test was used to test the hypothesis. The results obtained from the test are summarized in Table 2.

**Interpretation:** The correlation value (r) and the t-value (t) are significant from the data above. The t-cal (21.234), df 249, p > 0.05 shows that burnout had a significant impact on the well-being of workers. The result gives support to the hypothesis. Thus hypothesis two is accepted.

The result is supported by the finding of Olaleye (2002) that job stress and burnout had significant interactive effects on well-being and coping ability of nurses in State-owned hospitals.

It is also consistent with the finding of Hakanen (1999) that men and women working in Finnish Industries showed high incidence symptoms of burnout, which affected their well-being as women grow tired and men cynical. Increasing cynicism at work was slightly more common among men than women. It was most prevalent in male industries (e.g., machine repairs, transport and storage) and industries where both sexes were equally represented (e.g., agriculture and forestry; real estate maintenance).

The result was further supported by the findings of Sherrill *et al.* (2006) that mental health social workers were more emotionally exhausted and more depersonalized than the average mental health workers.

The result was in line with the finding of Lopez *et al.* (2005) that burnout is present in a significant percentage of hospital workers attending pediatric patients, which is evidence in lack of personal achievement and presence of negative attitude toward self and professional activity, as well as the loss of interest in pediatric care, low productivity and diminished self-esteem.

**Hypothesis III:** There will be a significant impact of burnout on job performance of hospital and

industrial workers. The hypothesis was put to test, using paired t-test.

The results obtained from the test are summarized in Table 3.

**Interpretation:** The paired t-test statistics gave both the correlation (r) and the t-value for the impact of Burnout on job performance of workers. The r-value showed that Burnout is significantly correlated to job performance, also the t-cal (4.749) greater than t-critical (1.96); p > 0.05, is a further the confirmation that Burnout had significant impact on workers performance. Thus hypothesis three is accepted.

The result is in line with the finding of Sherrill *et al.* (2006) that greater decision latitude and low job demand were associated with higher levels of job satisfaction and high social support were associated with greater job performance.

The result is also supported by finding of Hakanen (1999) that male supervisors and computer experts felt less competent in their work than their female colleagues did as a result of burnout.

The result is supported further by the finding of Kalimo and Toppinen (1997) that women took sick leave more often than men and clearly more active in seeking outside help for their problems, while thought more and more of retiring as their burnout got worse.

## DISCUSSION

The results of the first hypothesis revealed a significant impact of burnout on the state of health of the workers understudied (hospital and industrial workers). This implies that burnout syndrome affected their health adversely. This is much evidence in series of their complaints, such as fatigue, low energy, tiredness, disorganized thinking, frustration, lack of concentration, feeling of hopelessness and others.

When these signs or symptoms of burnout are present in the workers they may not be able to put in their best at work. Hence, there is urgent need to address the issues of what bring about the burnout, such as excessive job demands, poor working conditions, low morale, low

social support, poor pay conditions, low decision latitude, conflicts between co-workers or between management and employee, lack of adequate equipment to work with and so on.

It is hoped that when the working conditions of workers are improved, less burnout syndrome will be experienced by workers and their health status (physical and mental) becomes greatly enhanced. To this end, it is suggested that various hospital management boards and industrial organizations in Nigeria and elsewhere should design workers' job in such a way that a single worker or groups will not become overloaded with job assignments. They should also employ more personnel and provide adequate equipment in hospitals, industries or organization to ease the work of their staff. Their working conditions should be improved and adequate remunerations given to them.

The second hypothesis showed a significant impact of burnout on the well-being of hospital and industrial workers. This also implies that their general well-being was greatly affected by the level of burnout they experienced at work. This is much evident in their personal or work behaviours at work place.

About 80% of workers understudied reported feelings of being dull, or bored at work, lack close relationships, having poor love relationships, poor self esteem, limit social welfare, unable to reach out to others, withdrawn and so on.

Similarly, about 45% of the hospital and industrial workers reported being aggressive, hostile or irritable at work. These behavioural signs suggest that burnout affected the well-beings of the workers negatively.

When the well-beings of workers are greatly injured by burnout, their behaviours at work may also become negative towards themselves, to the management, co-workers and other people at work place.

To enhance the well-beings of the workers, various employers of labour should ensure that their employees are not frustrated at work. They must ensure that workers are given the opportunities to advance themselves through workshop and other training programmes.

They must see that workers are adequately represented in decision-making or policies relating to their welfare.

Also management of employers of labour should have clear job and role specification to solve the problems of role confusion and ambiguity.

It is hoped that when the various employers of labour in Nigeria and in other parts of the world ensure good interpersonal relationships at work place, workers will have the sense of belonging to the organization they are working with. This will help to promote peace, harmony and less tension or burnout at work.

The result of the third hypothesis revealed a significant impact of burnout on the performance of hospital and industrial workers. This implies that burnout had great effect on their job performance. This is much evident in the attitudes of the workers to their work or their general behaviours at work place which among others include absenteeism at work; taking more sick leave; alcohol consumption, inefficiency or laziness at work, lateness to work, idleness, sleeping at work and so on.

## **RECOMMENDATION**

To reduce the burnout among all categories of workers and enhance their efficiency and productivity at work, the government or employers of labour should ensure that the working and pay conditions of workers are improved. They should ensure prompt payment of workers' salaries, allowances and other benefits.

They should ensure that workers enjoy welfare and health facilities (e.g., health services, insurance schemes, shares, housing and car loans). All these will help in making them to be emotionally satisfied with their jobs and put in their best at work.

## **CONCLUSION**

Burnout is a serious work-related three-dimensional stress syndrome at work. It's basic symptom is overall mental exhaustion. As the exhaustion increases, job satisfaction is eroded, the job loses its meaningfulness and the person grows increasingly cynical and negative attitude towards work. In the end, coping at work may be impossible as the person's sense of control and professional competence begins to crumble.

It is imperative therefore, that there is an urgent need for the various employers of labour to ensure that their employees experience less burnout for better efficiency and high productivity.

It is hoped that when the various management of hospitals, industries and other organizations embark on organizational policies that will ensure adequate provisions for workers welfare, adequate provision of working equipment and ensuring a tension-free work environment, majority of the workers will experience reduced levels of emotional exhaustion and put in their best at work. Their organizations will also benefit by realizing much gains from high productivity.

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