# Table of Contents

<table>
<thead>
<tr>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Effort to Improve Performance of Public Service: A Study on Fresh Water Service in the Municipality of Makassar...</td>
<td>1</td>
</tr>
<tr>
<td>DACHLAN Hamsinah and DACHLAN Liesda</td>
<td></td>
</tr>
<tr>
<td>An Empirical Study of the Quality of Assessment in Large Classes in Junior Secondary Schools in Nigeria: The Case of Esan West Local Government Area (EWLGA) Edo Imahe, C.l. and Imahe, O.J.</td>
<td>14</td>
</tr>
<tr>
<td>Problems of Sit-Tight Leaders in Africa... OYEWO Ajagbe Toriola</td>
<td>18</td>
</tr>
<tr>
<td>Polychronic Work Behaviour and Leadership Effectiveness: Any Value?... AKUBUIRO Harriet Nkechi and OGBONNA Iheanyi George</td>
<td>25</td>
</tr>
<tr>
<td>Transforming Academic Libraries Through ICT Driven Collection Development Initiatives. OKOH, Matthew Igberaese</td>
<td>34</td>
</tr>
<tr>
<td>Model for Capacity Building for Sustainability of Rural Projects... EKERE Justina Ngozi and NWABUKO Linus Okechukwu.</td>
<td>39</td>
</tr>
<tr>
<td>Adolescent Exposure to Community Violence and Psychological Functioning: The Protective Effect of Family vs. Friends' Support... IMHONDE Henry Odhianosen</td>
<td>45</td>
</tr>
<tr>
<td>HI-TECH Competence Building in Firms: Priority of Technological Efforts ADEREMLI Helen O, OYEBISI Timothy O. and ADEGBITE Stephen A.</td>
<td>54</td>
</tr>
<tr>
<td>Towards Building Learning Organizations: The Impact of Motivation on Knowledge Sharing KRUBU Dorcas Ejemeh</td>
<td>64</td>
</tr>
<tr>
<td>Effect of Burnout on Work Performance of Helping Professionals: Implication for Development Goals in Africa... GESINDE Abiodun M., ADEJUMO Gbadebo O</td>
<td>71</td>
</tr>
<tr>
<td>The New Partnership for Africa's Development: The Millennium Development Goals and Poverty Eradication... AWAIKO Wilson Jerry</td>
<td>79</td>
</tr>
<tr>
<td>Indigenous Knowledge, Intellectual Property, Libraries and Archives: The Role of Information Technology Management... OJO Joshua Oncaede</td>
<td>85</td>
</tr>
<tr>
<td>Effects of Social Cognitive Training and Mindfulness Technique on Self-Efficacy of Pre-Service Counsellors in Nigerian Universities ADEYEMO D. Akinlolu and AGOKEI R. Chukwudi...</td>
<td>91</td>
</tr>
<tr>
<td>A Study on the Increasing Cases of Abortion among the Female Teenagers and the Age Bearing Mothers in Port Harcourt: A Public Health and Family Health Approach ORIME OKECHUKWU C.N and INYANG M.B</td>
<td>98</td>
</tr>
</tbody>
</table>


Drug Abuse and Trafficking in Nigeria: Causes, Effects and Control Strategies … AKINDUTIRE, A. Francis, AFOLABI, Olukayode A. and IKUOMOLA, Adediran Daniel … 127

Nigerian Federalism and Nation Building … OMOREGIE Pat Iziengbe ……………………….. 134

Understanding the Nigerian Spirit of Resilience and the Need for Re-orientation … EKWUEME, Elechi and KINGSLEY, Nsirim …………………………….. 140


Fear of Crime and Economic Activities among Owners of Small Businesses at Iyana Iba in Lagos State … AYODELE Johnson Oluwole …………………………….. 152

Transformations in HIV Awareness In Nigeria: An Empirical Investigation of Personality and Risky Sexual Behaviour Among Undergraduates … AFOLABI O. A. and AKINDUTIRE F. A ……………………….. 162

Judicial Enforcement of Accountability of Local Government Councils for Breach of Ultra-Vires Doctrine … Adediji Banji Oyeniran ……………………….. 169

Professionalism in Book Publishing in Nigeria: How Far So Far? BIOBAKU Lanre …… 181

Socio-Ecological Dimensions of Wetland Use in Urban Area of Ijebu Ode, Nigeria … OKE, Muritala Olaniyi; BAKARE, Hakeem Oladimeji; BANKOLE, Michael Olaidele and OREDIPE, Martins Olufunmilayo ……………………….. 189


The Military Rule as a Clog to Development: An Analysis of Selected Coup Speeches in Nigeria KUMUYI O.O., AKINKUROLERE, Susan Olajoke and ARIYO, Kayode Samuel ……………………….. 202

Determinants of Infant Mortality in Nigeria … AILEMEN, Moses Isunu ……………………….. 208

Globalization: Implications for Federal University Libraries in Nigeria. Abiola Amos Okunlola and Dr. Mike Adeyeye ……………………….. 215

Construction and Standardisation of Ethnic Identity Scale … AWOSOLA Rasaq Kayode ……… 220

The Role of Civil Society Group in the Management of Electoral Violence in Nigeria: A Case Study of Transition Monitoring Group … OBA PAULINA E ……………………….. 225
Overcoming Development Crisis in Africa: A Challenge for the 21st Century
Felix Omoh Okokhere and Bona Chizea ........................................................................232

The Impact of Financial Reporting on Stock Prices of Nigerian Banks
KIGHIR, Apedzan Emmanuel and MLANGA, Sunday .................................................239

Gender and Economic Empowerment in a Globalized System...
AGHEMELO, Augustine Thomas and IBHASEBHOR, Solomon ..................................246

Psychosocial Correlates of Entrepreneurial Self-Efficacy among University Undergraduates in South-West, Nigeria... WILLIAMS, Taiwo Motolani, ADEYEMO, David Akinloti, and AREMU, Amos Oyesoji .......................................................... 254

Information Literacy and Capacity Building in Academic Libraries., OYELUDE, A.Adebisi, CLN 261

Budget Reforms and Budget Implementation in Nigeria: A Critical Review of Medium Term Expenditure Framework... KIGHIR, Apedzan Emmanuel................................................ 267

Coercive Persuasion and Socio-Economic Status as Determinants of Choice of Candidates for Elections in Nigeria... ADESINA, Ayobami Adekunle......................................................... 275

From Secular Wars to Holy Wars: Islamic Fundamentalism and Terrorism in Nigeria
AGARA, Tunde, Agara and OKOKHERE, Felix Omoh................................................... 280

Igbira Music and the Promotion of Peaceful Co-Existence among Yagba People in Kogi State, Nigeria, ... TITUS, Olusegun Stephen and BELLO, Omonoyosi Abayomi .............................................. 291

A Study of Technology-Oriented Micro Enterprises in Southwestern Nigeria
Dr. OLAPOSI, Titilayo Olubunmi ....................................................................................... 300

Governance, Security and Development in West Africa... ADEDOYIN, Adedayo .................. 310

Appraisal of Internal Control System in Federal Polytechnics: A Study of The Federal Polytechnic, Ilaro... ADELUSI, Abosede Ifeoluwa ................................................................. 318

Exchange Rate Volatility in Nigeria and How it Affects Growth in the Economy
ONYA Caroline Chinwe, OJIMADU Kem Pascal and OGU Callistus ................................. 323

The Predictive Effect of Some Psycho-Social Factors on The Psychological Well-Being of Out-of-School Adolescents in Ibadan Metropolis. OLA, O. Abisola, HAMMED Ayo, OKOIYE, Ojaga Emmanuel ................................................................. 336

Role of SMEs as Tools in a Competitive Economy for the National Industrialization Development in Nigeria...ADEBAYO, Olakunle Kasim and AJAYI, Taiwo Bosede .................. 345

High Prevalence of Malaria and The Financial Implications on Nigerians: A Case Study of Edo State... EDOBOR, Williams Willosa, SUKORE, Jonathan Ebikake and EDOBOR, Emily Ainiulimhe ,DIAKHUEA, Edison Omogenfe ................................................................. 351

Sports and Nigeria’s Foreign Policy from 1999 to 2007...UDOCHU, Eke .................................. 361
Attaining Millennium Development Goals (MDGS) and the Corruption Question in Nigeria... OKUMAGBA Paul Oghenero ................................................................. 36

The Effect of the Out Sourcing of Internal Auditing Function on the Quoted Banks in Nigeria ORBUNDE Bemshima Benjamin........................................................... 37


Re-Emergence of Cinema Culture in Lagos... KAYODE, Jimi and ADENLE, G. Oluwabukola ............................................... 38

The Role of Accountants Towards the Attainment of Millennium Development Goals AJEWOLE, Olaniyi Olowu.......................................................................... 39

Assignment Problem in Decision Making; An Aid to The Realisation of Sustainable Development in Nigeria... OLAWEPO, Gabriel Tejumola................................................................. 39

Communication and Sustainable Environmental Development in Nigeria: Issues, Challenges, and Strategies. KALEJAIYE, Olugbenga, J. and ADEOYE, Jacob Adewole ...................................................... 40

Millennium Development Goals (MDGS) and the Agricultural Sector in Nigeria: Partnership in Sustainable Developments... FAMOGBIELE, Akinola................................................ 40

Human Capital Development and Poverty in Nigeria... OGU Callistus................................................................. 41

Historicizing Small Business Development in Nigeria... OLADEJO Mutiat Titilope................................................................. 42

The Role of Information Professionals in Conflict Resolution... Krubu, D.E., Adekunjo, O.A. and Krubu, S.G................................................................. 42

Education for Self-Reliance: Creating a Library System that Serves the Needs of Rural Communities in Nigeria. ADEAGBO, Omobolade and Okunlola Abiola Amos................................................................. 43

Facilitating and Managing Information for Rural Development and Gender Equality FASOLA, Omobolanle Seri ................................................................. 43

Association of Domestic Violence with Psychological Symptoms among Adolescents in Ondo State of Nigeria... ADEDAYO, Olufunmilayo and DUNAPO, Olajide Stephen................................................................. 44

Legal Framework for Capacity Enhancement for Sustainable Development in Africa Mercy O Erhun,......................................................................................... 45

The Effect of the Out Sourcing of Internal Auditing Function on the Quoted Banks in Nigeria ORBUNDE Bemshima Benjamin................................................................. 45
EFFECT OF BURNOUT ON WORK PERFORMANCE OF HELPING PROFESSIONALS: IMPLICATION FOR DEVELOPMENT GOALS IN AFRICA

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ABSTRACT
Helping professionals have significant part to play in the realization of development goals. The maintenance of helping professionals' health and psychological well-being is paramount to their capacity to serve their clients. Regrettably, helping professionals have been found to focus on clients’ problems and consistently fail to attend to their well being leading to job burnout. This study therefore examined the effects of burnout on work performance of professionals. This descriptive research adopted an ex-post facto approach. A simple random sampling technique was used to select 750 helping professionals between the ages of 28 and 59 years with mean age of 38 years from Lagos and Ogun states, Nigeria. Burnout Questionnaire (BQ) and Helping Profession Work Performance Scale (HPWPS) were used to generate data with .72 and .68 for test – retest reliability and Cronbach alpha of .78 and .76 respectively. Analysts of variance and simple regression analysis were calculated to test the three null hypotheses raised at .05 level of significance. Results revealed a significant difference in the level of burnout of counsellors, psychiatrists/psychologists, medical practitioners and social workers at $F(3, 746) = 48.28$, and $< .05$ and a significant difference in the level of performance of helping professionals who experienced high, medium and low levels of burnout at $F(2, 747) = 28.56$, and $< .05$. Also, burnout significantly contributed to the determination of the work performance of helping professionals at $R^2 = .664$, $F(1, 749) = 50.260; p < .05$. The implication of these findings on the attainment of development goals in Africa was discussed. It is recommended that MDG for Africa in the 21st should be revisited to address the burnout status of helping and care giving professionals and that government and non-governmental agencies should develop burnout reduction programme with a view to helping professionals contribute maximally to the realization of MDG for Africa.

KEYWORDS: Burnout, health, helping professionals, work performance.

INTRODUCTION
In September 2000 a landmark event took place in United Nation’s history. 189 presidents and prime ministers from different countries at a summit adopted the famous Millennium Development Goals (MDG). The major target of the eight goals is to spare no effort to free men, women, and children from dehumanizing conditions of extreme poverty. Specifically, the goals are to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women and reduce child mortality. Others are to improve maternal health, combat HIV/AIDS, malaria, and other diseases, ensure environmental sustainability and develop a global partnership for development. The goals are broken down into 21 quantifiable targets that could be assessed by 60 indicators. The goals are to be achieved in every country by the year 2015. African Heads of State not only approved the Millennium Development Goals but has adopted the New Partnership for Africa’s Development (NEPAD) in July 2001. African Heads of State continue to monitor the progress towards the attainment of MDG through annual reports from the African Union Commission, the United Nations Commission for Africa, African Development Bank, and United Nations Development Programme.

Professionals from diverse fields have significant role to play if MDG in Africa will not be a mirage. WHO (2011) submitted that there is the need to put in place mechanisms for optimizing the strengths and skills of health professionals if the Millennium Development Goals are to be achieved. The United Nations Foundation, in recognition of the role of professionals to the attainment of MDG, collaborated with Devex and developed MDG online conversation website.
where professionals revealed what they are doing towards the realization of MDG goals. Thousands of development professionals (global health, microfinance, transportation, human rights and water management) from more than 175 countries have visited the website for conversation. Devex (2010).

LITERATURE REVIEW
Professionals are people who are paid to undertake highly skilled tasks, Wikipedia (2011). Certain professions are categorized as helping profession because they nurture the growth of or address the problems of a person’s physical, psychological, intellectual, emotional or spiritual well-being, Wiktionary (2011), or they in are involved in ameliorating some kinds of acute or chronic suffering in an individual or large population. Hewitt (2011). Such profession includes medicine, nursing, psychological counselling, social work, education. A helping professional could equally be defined as a service-oriented professional who is committed to improving the quality of life of the clients in areas which he or she has qualified expertise and who interact with clients to render a service, Hodges and Vickery (1989). Helping professionals have been found to be in their job, and have a sense of humour, start with a smile and tend to acknowledge that it is a person in front of them. They are approachable, good at listening, give encouragement and also make people feel valued and at ease, (FRHWS, 2006), emphatic and receive a sense of fulfillment when they help people (Hewitt, 2011).

Helping professionals would make immeasurable contributions to five of the eight MDG. These are eradication of extreme poverty and hunger, attainment of universal primary education, empowerment of women and reduction of child mortality, improvement of maternal health, and combat of HIV/AIDS, malaria, and other diseases. For instance, Materu (2007), observed that tertiary education (where we have professional teachers) plays a critical capacity building and professional training role in support of all the Millennium Development Goals (MDGs). Similarly, health professionals working together at the national and community levels are also capable of making a significant contribution towards the achievement of MDGs numbers 4 & 5 (WHO, 2011). However, working as helping professionals can be demanding, challenging, and emotionally taxing; Corey, Corey and Callana (2011). Smith and Moses (2009), revealed that stress, burnout, vicarious traumatization are ongoing challenges facing helping professionals. Burnout, which is the focus of this paper, was first discovered by Herbert Freudenberger in 1960s. Meier (1983), submitted that burnout phenomenon is widely acknowledged as an important issue among people-helping professionals. It is defined as a psychosocial syndrome which involves feelings of emotional exhaustion, (when workers perceive they are no longer able to participate on an emotional level), depersonalization, (the development of negative attitudes and feelings towards persons for whom work is done) and diminished personal accomplishment at work; (tendency in professionals to negatively value their own capacity to carry out tasks and to interact with persons for whom they are performed, and feeling unhappy or dissatisfied with the results obtained) (Montero-Marín, García-Campayo, Mera & del Hoyo, 2009). It could also be defined as a state of physical, emotional, intellectual, and spiritual depletion characterized by feelings of helplessness and hopelessness, Corey, Corey and Callana (2011).

Veninga and Spradley (1981), identified five stages of burnout. These are honeymoon, energy depletion, chronic systems, crisis, and hitting the wall. It is at the third stage that the affected professional will start to experience chronic symptoms of burnout which are capable of disturbing his/her functioning both at home and workplace. On the other hand, Freudenberger and North in Wikipedia (2011), theorized that the burnout process can be divided into 12 phases. These include the compulsion to prove self, working harder, neglecting their needs, displacement of conflicts, revision of values and denial of emerging problems. Others are withdrawal, obvious behavioural changes, depersonalization, inner emptiness, depression, and burnout syndrome.

The prevalence of burnout among helping professionals has been established through a number of systematic observations and studies. Elit, Trim, Mand-Bains, Sussman, and Grunfeld (2004) observed that burnout in diverse occupational settings have been reported. Zur (2011), asserted
that all psychotherapists, at different times of their careers, suffer from burnout to some degree. Deighton, Gurris, and Traue (2007) and Whealin, Batzer, Morgan, Detwiler, Schunurr, and Friedman (2007) also concurred that counsellors, who might not experience vicarious trauma symptoms, may experience stress and burnout on the basis of overall experience of working with clients. Maslach, Jackson and Leiter (1996) reported that burnout occurs most frequently, at least in the USA, among young employees aged under 30 or 40, who have relatively little work experience.

Allegra, Hall, and Yothers (2005), surveyed 1740 medical oncologists in USA and found out that 61.7% of the respondents reported feelings of burnout, with the top three signs being frustration (78%), emotional exhaustion (69%), and lack of satisfaction with their work (50%). The highest-ranked causes for their feelings of burnout included overwork, lack of time away from the office, and reimbursement concerns. The top remedies for burnout were felt to be fewer patients, more time away from the office, and increased attendance at medical meetings. Further analysis indicated highly significant associations between burnout and hours spent on patient care, personal time off, and number of educational meetings attended. In Japan, Imai, Nakao, Nakagi, Niwata, Sugioaka, Itoh &and Yoshida (2006) mailed out a questionnaire including the Pines burnout scale to 785 respondents (396 psychiatric PHNs and 389 non-psychiatric PHNs) and discovered that burnout was significantly higher for psychiatric PHNs (59.2%) than for non-psychiatric PHNs (51.3%). When prevalence of burnout in each group was analyzed in relation to question responses regarding emergency service and patient referral systems, prevalence of burnout for psychiatric PHNs displayed significant correlations to frequency of cases requiring overtime emergency services, difficulties referring patients, and a feeling of “restriction.”

The result of a study designed to assess the prevalence and degree of burnout among surgical residents and surgeons in Switzerland carried out by Businger, Stefenelli, and Guller (2010) showed that 3.7% and 35.1% of 504 participants showed high and moderate degrees of burnout, respectively. Respondents with high and moderate degrees of burnout had higher summary scores of perceived stress (P < .001). In addition, the strongest predictors of burnout were poor interaction with nurses, disturbances due to telephone consultations, and high overall workload. Job demands have been found to have effect on burnout and work engagement; whereas job resources are related to increased workaholism in a study conducted among 266 Turkish hotel and health care service employees by Baran (2010).

It is evident from the above that helping professionals do suffer from job burnout. Solimano (2005), has pointed out that the health levels of the workforce is one of the basic conditions required before policies can yield good economic outcomes. The effects of burnout on health levels of helping professionals are devastating. There are short and long-term effects. Chemiss's (1992) study of 25 human service professionals originally working in the fields of public service law, public health nursing, high school teaching, or mental health indicated that early career burnout does not seem to lead to any significant, negative, long-term consequences. However, burnout occurring later in the career might have more serious long-term effects. Research, according to Zur (2011), has shown that psychotherapists are more prone to becoming depressed, substance abusing or suicidal than any other comparable profession, such as physicians, attorneys, accountants, and dentists. Burnout has also been found to affect work performance of workers. In Iran a cross-sectional study carried out by Ashati, Farhady, and Khodaei (2009,) to measure job stresses and burnout among various health care providers in psychiatric hospital indicated that about 96% of the study group have experienced some level of job burnout and about half of the sample group were suffering from high level of job burnout. In addition, burnout was found to impact on other aspects of their life including, health, job and social affairs.

Review of relevant literature regrettably showed that there are inadequate studies on burnout status of professionals in Nigeria and the implication of this on millennium development goals for Africa. The act of determining the extent, pattern and predictors of burnout and psychological morbidity among professionals can lead to a number of benefits. These, according to Oyefeso,
Effect of Burnout on Work Performance of Helping Professionals: Implication for Development Goals in Africa

Clancy and Farmer (2008) include: improving job satisfaction and retention in the workforce, providing information that should assist employee support and the development of programmes to promote employee well-being and helping employers address employee mental health needs with a view to improving overall psychological health and job performance. Consequently, empirical findings are required to determine the influence of burnout on work performance of helping professionals in Nigeria. This paper, is therefore, designed to examine the effect of burnout on work performance of counsellors/psychiatrists, medical practitioners and social workers.

RESEARCH HYPOTHESES
The following hypotheses were developed from the review.

1. There is no significant difference in the level of burnout among helping professionals.
2. There is no significant difference in the performance of helping professionals who experienced high, medium and low levels of burnout.
3. There is no significant contribution of burnout in determining the work performance of helping professionals.

METHODOLOGY
Research Design
This descriptive research adopted an ex-post facto approach. This is a study that attempts to discover the pre-existing causal conditions between variables. Rather than creating the treatment, this study examines the effect of a naturally occurring treatment after it has occurred. A simple random sampling technique was used to select total sample of 750 helping professionals from Lagos and Ogun states. These helping professionals were selected from counsellors, psychiatrists/psychologists, medical practitioners and social workers.

Instrumentation
Two instruments were developed and used. These were Burnout Questionnaire (BQ) and Helping Profession Work Performance Scale (HPWPS). The psychometric of the two instruments were ensured with r=.72 and r=.68 for test–retest reliability for BQ and HPWPS respectively, the Cronbach alpha for BQ was .78 and for HPWPS was .76.

RESULTS
Hypothesis 1
There is no significant difference in the level of burnout among helping professionals

<table>
<thead>
<tr>
<th>Variations</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3576.0996</td>
<td>3</td>
<td>1192.0332</td>
<td>48.28</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>18418.74</td>
<td>746</td>
<td>24.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21994.8396</td>
<td>749</td>
<td></td>
<td></td>
<td></td>
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</table>

In this study the statistic reveals a significant difference in the level of burnout of counsellors, psychiatrists/psychologists, medical practitioners and social workers at F (3,746) = 48.28, and < 0.05 significant level. However, to determine which of the groups is higher than the other a post-hoc test was conducted. The Turkey’s post-hoc test revealed that psychiatrists/psychologists indicated the highest level of burnout = 56.24, followed by medical practitioners = 54.12, counselors = 42.24 and social workers=24.26.

Hypothesis 2
There is no significant difference in the performance of helping professionals who experienced high, medium and low levels of burnout.
Effect of Burnout on Work Performance of Helping Professionals: Implication for Development Goals in Africa

Table 2: Analysis of Variance Comparing Work Performance of Helping Professionals with High, Medium and Low Levels of Burnout

<table>
<thead>
<tr>
<th>Variations</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>535.2144</td>
<td>2</td>
<td>267.6072</td>
<td>28.56</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>6999.39</td>
<td>747</td>
<td>9.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7534.6044</td>
<td>749</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

In this study the statistic reveals that the level of performance of helping professionals who experienced high, medium and low levels of burnout are significantly different at F(2,747) = 28.56, and < 0.05 significant level. However, to determine which of the groups is higher than the other a post-hoc test was conducted. The Turkey's post-hoc test revealed that performance of helping professionals who experienced low level of burnout is the highest = 25.16, followed by those who experienced average level of burnout of 17.14 and those who experienced high level of burnout = 14.44.

Hypothesis 3
There is no significant contribution of burnout in determining the work performance of helping professionals.

Table 3: Summary of Regression Analysis Between Burnout and Work Performance

<table>
<thead>
<tr>
<th>Regression Sources</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F-ratio</th>
<th>Sig.</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td>8464.1634</td>
<td>750</td>
<td>10.590</td>
<td>50.260</td>
<td>.000</td>
</tr>
<tr>
<td>Residual</td>
<td>7931.91</td>
<td>749</td>
<td>10.590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>532.2534</td>
<td>1</td>
<td>532.2534</td>
<td>50.260</td>
<td>.000</td>
</tr>
</tbody>
</table>

a. predictors (Constant), burnout
b. dependent Variable-work performance

discussion
This descriptive survey study was to examine the effect of job burnout on work performance of some helping professionals. The analysis of the two of the three null hypotheses indicated that there were significant differences in the level of burnout among helping professionals used for the study in general and among professionals who experienced high, medium and low levels of burnout. However, there was a significant contribution of burnout in determining the work performance of helping professionals (R= .815). Previous studies have recorded diverse burnout levels for workers in different fields and even for workers in the same fields but different locations. For instance, Ashtari, Farhady and Khodaee (2009), study among 100 participants comprising of nurses, co-nurses, psychologists, social workers, and occupational therapists showed that 45.6% of the sample had job burnout at a high level; 42.5% of subjects had emotional exhaustion at a high level and 65.5% had experienced depersonalization at a high level; however, only 21% experienced feelings of failure in individual achievement at a high level. Similarly, data
Effect of Burnout on Work Performance of Helping Professionals: Implication for Development Goals in Africa

collected from 203 doctoral level psychologists (Correctional psychologists, veteran affairs workers, counsellors, public psychiatry workers) by Senter, Morgan, Serna-McDonald and Bewley (2010), indicated that correctional psychologists do experience significantly more occupational burnout relative to veteran affairs workers. On the other hand, psychologists working in public psychiatry hospital reported significantly lower levels of life satisfaction than workers in veteran affairs and correctional psychologists. Mehta (2007), study indicated that UK clinical psychologists displayed higher scores on emotional exhaustion, lower scores on depersonalization and personal accomplishment as compared to their US counterparts.

The fact that psychiatrists/psychologists experienced the highest level of burnout did not come as a surprise because it led credence to Lasalvia, et al. (2009), study which found that psychiatrists reported the highest levels of burnout. Further analysis of their study, however, negates the finding of this study in that social workers also recorded highest score while psychologists have the lowest score. This difference in finding notwithstanding, the fact still remains that helping professionals are experiencing job burnout at various degrees. Helping professionals generally are employed in positions that entail working in a variety of professional roles with students, employees, patients and clients in different settings such as school systems, organisations and health institutions (Paisley & McMahon, 2001; Ribak-Rosenthal, 1994). Counsellors and psychologists, for example, assume a broad range of responsibilities, which include providing individual and group counselling, conducting psycho-educational outreach with a large student body, providing educational testing and academic advising, completing various administrative tasks, and engaging in clinical supervision to school counsellor trainees, to name a few (Fitch, Newby, Ballester, & Marshall, 2001; Kuranz, 2002; Pérusse, Goodnough, & Noël, 2001b). Society equally demands the highest standards of professional competence and ethical conduct from doctors. The working population expects no less, and insists on equally high standards of proficiency in care and conduct from occupational physicians and social workers. Because of their myriad professional roles, accompanied by increased workloads and marked ambiguity in role responsibilities (Freeman & Coll, 1997; Kendrick, Chandler, & Hatcher, 1994), helping professionals may be particularly susceptible to experiencing burnout. This is not good enough for optimum performance at work. The analysis of the third hypothesis attested to this fact when it revealed that job burnout accounted for almost 82% of the variance in work performance. This implies that other variables that are not examined by this study could only explain 18% of the variance. Although, there are studies on relationship between job burnout and work performance, this study has been able to establish the extent of the relationship.

IMPLICATIONS OF THE STUDY ON DEVELOPMENT GOALS FOR AFRICA

The MDG is a welcome development. The eight goals, no doubt, are attainable even if not in 2015. Significant progress has been recorded in the realization of the goals in some developing countries. However, there is the need to place equal importance on personnel that will make invaluable contributions to the realization of the MDG. Helping professionals’ impact cannot be underestimated in the attainment of goals that are related to universal primary education, gender equality and women empowerment, child mortality, maternal health, HIV/AIDS, malaria, and other diseases. They can hardly make meaningful impact when they are faced with health or psychological challenge like job burnout. Burnout causes depression, Ahola and Hakanen, (2007)) and a depressed man or woman would not be at his/her best to give out the best. Decreased worker effectiveness and turnover is a frequent response to burnout resulting in a drain on already limited resources to recharge emotionally fatigued workers or recruit and train new workers especially in developing nations. There is no denying the fact that the nature of work of helping professionals is stressful because of dealing with clients with multiple and intractable social problems, chronic, severe and perhaps untreatable mental and medical illness and unimaginable trauma and suffering. Consequently, the millennium development goals for Africa in the 21st should address factors that will hinder helping professionals from contributing maximally to the realization of MDG in Africa. It is recommended that burnout status of professionals directly connected with the attainment of MDG be determined and government and non-government agencies should develop burnout reduction programme.
Effect of Burnout on Work Performance of Helping Professionals: Implication for Development Goals in Africa

REFERENCES


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