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EFFECT OF BURNOUT ON WORK PERFORMANCE OF HELPING PROFESSIONALS: IMPLICATION FOR DEVELOPMENT GOALS IN AFRICA

GESINDE Abiodun M., **ADEJUMO** Gbadebo O.
Department of Psychology
Covenant University, Ota
Ogun State, Nigeria
abigesh@yahoo.co.uk; adejumod2001@yahoo.com

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 38years 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. Analysis of variance and simple regression analysis were calculated to test the three null hypotheses raised at 0.05 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* < 0.05 *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* <0.05. *Also, burnout significantly contributed to the determination of the work performance of helping professionals at* $R=.815$, $R^2=.664$, $F_{(1,749)} =50.260$; $p<.05$. *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, Sugioka, 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 (51.5%). 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 Ashtari, Farhady, and Khodaee (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,

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 1: Analysis of Variance Comparing the Level of Burnout of Helping Professionals

Variations	SS	Df	MS	F	Sig.
Between Groups	3576.0996	3	1192.0332	48.28	.000
Within Groups	18418.74	746	24.69		
Total	21994.8396	749			

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.

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

Variations	SS	Df	M S	F	Sig.
Between Groups	535.2144	2	267.6072	28.56	.000
Within Groups	6999.39	747	9.37		
Total	7534.6044	749			

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

R=0.815 R^2=0.664 Adj. R^2 =0.616 STD Error=1.482						
Model	Sources	SS	df	MS	F-ratio	Sig
1	Regression Residual Total	532.2534 7931.91 8464.1634	1 749 750	532.2534 10.590	50.260	.000

a. predictors (Constant)), burnout

b. dependent Variable-work performance

Table 3 indicated the model summary of the simple regression equation that predicted work performance. In this study 66.4% of the variation in work performance appears to be accounted for by the level of burnout of helping professionals. The null hypothesis three which stated that "There is no significant contribution of burnout in determining the work performance of helping professionals" was rejected. The last finding revealed a significant contribution of burnout in determining the work performance of helping professionals at R=.815, R^2=.664, $F_{(1,749)}$ =50.260; p<.05.

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

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 professed sional 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, Ballestero, & 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.

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