Social Predictors of Burnout among Nurses in a Nigerian Teaching Hospital

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ABSTRACT	Published Online: 01 March 2022

Aims: This study aimed to identify the social predictors of burnout syndrome among nurses in a Nigerian teaching hospital

Methods: A cross sectional survey design was employed. Nursing staff of Obafemi Awolowo Teaching Hospital, Ile-Ife, Nigeria were systematically selected form a comprehensive list that comprised the an alphabetical arrangement of nurses across all departments. Information collected from the respondents, using a quantitative method were analysed using Chi Square $p < .05$

Results: Findings from the study revealed that there was no statistically significant association between burnout syndrome (across personal, work, and Client relations burnout rates) and nearly all the socio-demographic variables, except in the case of marital status and work burnout rate.

Conclusion: Although, they may engage in a selfless vocation, however, there is the need to understand that these health professionals (nurses in this case) are also humans, and are susceptible to being overwhelmed by the activities they engage in, in their personal lives, at work, and in their relations with people, either in a formal or informal setting.

KEYWORDS: Burnout Syndrome, Social Predictors, Nurses, Teaching Hospital

INTRODUCTION

Globally, nurses are renowned for their roles and selfless service offered in the areas of health promotion, disease prevention, and direct treatment, towards the care and support of individuals with health problems; categorised mainly into In-patients, and Out-patients. However, in the course of their service, nurses are prone to certain challenges that affect health as well as job performance at varying levels. Generally defined as a reduction of employee's energetic performance, influenced by the process of managing others' problems, "Occupational burnout" constitutes one of such challenges. Vidotti, Martins, Galdino, Ribeiro, and Robazzi (2019) asserted that the working environments of nurses are a premise for occupational risks, with emphasis on psychosocial risk, fostered by intense psychological working conditions, due to regular contact with suffering and death, insatiable patients' demand, faulty interpersonal relationship, and the under-appreciation of the profession. Additionally, the emergence and prevalence of COVID-19 further compounds the extant vulnerability of nurses to psychosocial risk such as manifestable in burnout.

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The term Burnout was first used by Freudenberger in 1974, to describe his observation among volunteers, who exhibited loss of motivation and declined commitment at a mental health clinic (Dall'Ora, Ball, Reinius, and Griffiths, 2020). As such, overwhelming workloads, and certain environmental problems like poor communication between physicians and nurses, poor organizational leadership, yield the consequence of burnout among nurses. Oliveira, Reis, Franco, and Braga (2021) have described Burnout as a "psychological syndrome resulting from a delayed response to chronic interpersonal stressors present in the work environment". However, a popular definition of burnout by Maslach describes it as "a syndrome of emotional exhaustion, depersonalisation, and a diminished sense of personal accomplishment, which may occur among various professionals who work with other people in a specific manner". (Grochowska, Kubik, Romanowka, and Lebica, 2018).

Globally, studies have generally established the prevalence of burnout syndrome among nurses (Omotade, Okafor, Omolayo, and Tajat, 2021; Belay, Guangul, Asmare, Bogale, and Manaye, 2021; Anita, and Kizito, 2020; Vidotti, Martins, Galdino, Ribeiro, and Robazzi, 2019; Lawrence, Yoder, Schadler, and Shenoi, 2018). Literature has also revealed certain factors that are associated with the prevalence of burnout among nurses (Ezenwaji, Eseadi, Okide, Nwosu, Ugwoke, Ololo, Oforka, and Oboegbulem, 2021; Simisola, Akinade, and John, 2021; Ubah, Maduabuchukwu, Alikor,

and Boniface, 2020; Gan, Jiang, Li, Yang, Wang, Liu, Yang, Opoku, Hu, Xu, Herath, Chang, Fang, and Lu, 2019; Mushonga and Dube-Mawerewere, 2017; Basar and Basim, 2016: Dall'Ora, Griffiths, Ball, Simon, and Aiken, 2015).

In addition, studies have also been conducted to investigate the effect of nurse burnout on patients' quality of care (Apiradee Nantsupawat, Nantsupawat, Kunaviktikul, Turale, and Poghosyan, 2016) as well as understand the severity of burnout among nurses working in public hospitals (Dechasa, Worku, Baraki, Merga, and Asfaw, 2021). Therefore, extrapolating from the various studies across Nigeria, very little has been done to identify the social predictors associated with burnout among hospital-based nurses, particularly in Southwestern Nigeria. Hence, this study aimed to identify the prevalence and associated factors (social predictors) of burnout syndrome amongst hospital-based nurses in Southwest Nigeria. This endeavour is intended to complement the gap in the literature. The research questions were as follows;

A. What is the prevalence of burnout syndrome among nurses in a Nigerian teaching hospital?

B. What are the socio-demographic factors that are associated with burnout syndrome among nurses in a Nigerian teaching hospital?

METHODS

Aim(s): This study aimed to identify the social predictors of burnout syndrome among nurses in a Nigerian teaching hospital

Study Design: The study was a Cross-Sectional Survey Design adopted to acquire information from respondents at a single point in time. Under this design, the descriptive research method was utilized. The descriptive method enabled the researcher to carefully assess Social Predictors of Burnout Syndrome among nurses in a Nigerian teaching hospital

Population and Sample: The study population comprised nursing staff of Obafemi Awolowo Teaching Hospital, Ile-Ife, Nigeria. The comprehensive list comprising nurses from the different departments was collected from the establishment department of the University. The names were arranged in alphabetical order, beginning with surnames. This constituted the sampling frame for the study, which gave every nursing staff of the hospital, a fair chance of being selected. The first participant was randomly selected using the coin-tossing method, while systematic sampling was used in selecting subsequent 3rd names on the list who met the inclusion criteria for the study. The questionnaire was electronically administered via the email address of each selected participant, while a follow-up was done via mobile phone call.

Data Collection Tool: Data were collected using the online Google form (questionnaire) that was specifically designed for this study. The data tool was segmented into questions on the Socio-demographic characteristics of the respondents,

measures of burnout syndrome prevalence, and identification of the associated factors of burnout syndrome among the study population.

Data Collection: Data were collected between September to November Nurses were asked to complete the Google form within their own leisure time to avoid inconvenience during work hours. The choice of an electronic data collection method was due to its associated advantages, and the fact that the study population included educated persons who could afford to own and use smartphones.

Ethical Consideration: This study abided by the ethical principles guiding the conduct of human subject research. Voluntariness, informed consent, anonymity, and confidentiality were dutifully observed during the conduct of the study. Selected participants were educated about the meaning and implications of each of these principles for the study, while the researcher made efforts to ensure that the questionnaire was not too long, to avoid generating unnecessary stress for the selected participants.

Data Analysis: The Statistical Package for the Social Sciences (SPSS v.26) was used for the data analysis at univariate and bivariate levels. Before analysis, data were cleaned to rid them of irrelevances as well as incomplete or unusable responses. Clean data was then uploaded to the SPSS software platform. The Univariate analysis provided a picture of the descriptive statistics (frequency distribution tables, percentages, and charts) on the distribution of respondent's demographic characteristics and other necessary data. Bivariate analysis of data was done using chi-square to measure the association between the various relevant variables in the study. The analysis adopted a 5% significant association and 95% confidence level.

RESULTS

Table 1 reveals the socio-demographic characteristics of the respondents. Almost half (49.1%) of the respondents were within the age range of 27 and 36 years. About one-fifth (20.9%) of the respondents fall within the age group of 47 and 59 years while nearly one-third (30%) of the respondents were in the age group of 37 and 46 years. There are more females than male respondents (82.7% and 17.3% respectively). Almost all (96%) of the respondents were married while very few (4%) were single. More than three-quarters of the respondents (77.3%) were Bachelor Degree holders, almost one-fifth (16%) had Masters Degree while about limited proportion (6%) had a diploma. For the rank of the respondents, about one-third (30%) of the respondents were Nursing Officer 1. The rank distribution of the respondents included; ACNO (16.4%), ADNS (21.8%), CNO (10.0%), Nursing Officer 2 (7.3%) and Senior Nursing Officer (14.5%). Nearly one-third (30%) of the respondents had worked between 11-15 years, about one-quarter (22%) had been in service for 6-10 years, Majority of the respondents (61.8%) work for more than 8 hours daily.

Table 2 indicates the personal burnout rate of the respondents. While just about three quarter (75.5%) of the respondents are sometimes tired, a simple majority (64.5%) of the respondents are also sometimes physically exhausted. Half (53.6%) of the respondents are sometimes emotionally exhausted, contrary to the nearly half (45.5%) of the respondents who rarely think "they cannot take it anymore". A large proportion (62.4%) of the respondents is sometimes worn-out, while half (52.7%) sometimes feel weak and susceptible to illness.

Table 3 reveals the work burnout rate of the respondents. Nearly two-thirds (64.5%) of the respondents strongly concedes to their work being emotionally exhausting, as a simple majority (58.2%) of the respondent strongly believes they experience burnout because of their work. More than two-fifths (44.6%) of the respondents positively affirmed being frustrated by their work, while the majority (80.9%) of the respondents usually feel worn out at the end of a working day. Almost half (49.1%) of the respondents are usually exhausted at the thought of another day's work, as a majority (60%) of the respondents hardly perceive every hour of work as tiring to them. Finally, half (50.9%) of the respondents believe they have enough energy for their family and friends during their leisure hours.

Table 1. Socio-demographic Background of Respondents

Item	Scale	Frequency	Percent
Age	27-36 years	54	49.1
	37-46 years	33	30.0
	47-59 years	23	20.9
Gender	Male	19	17.3
	Female	91	82.7
Marital Status	Single	4	3.6
	Married	105	95.5
	Separated	1	0.9
Educational Qualification	Diploma	7	6.4
	Bachelors	85	77.3
	Masters	18	16.3
Rank	ACNO	18	16.4
	ADNS	24	21.8
	CNO	11	10.0
	Nursing Officer 1	33	30.0
	Nursing Officer 2	8	7.3
	Senior Nursing Officer	16	14.5
Number of years as Nurse	1-5 years	9	8.2
	6-10 years	24	21.8
	11-15 years	33	30.0
	16-20 years	15	13.6
	21-25 years	13	11.8
	26-30 years	9	8.2
	More than 30 years	7	6.4
Duration spent at work daily	5-8 hours	42	38.2
	More than 8 hours	68	61.8

Table 2. Personal Burnout Rate of Respondents

Item	Scale	Frequency	Per cent
How often do you feel tired	Rarely	5	4.5
	Sometimes	83	75.5
	Often	18	16.4
	Always	4	3.6
How often are you physically exhausted	Rarely	18	16.4
	Sometimes	71	64.5
	Often	19	17.3
	Always	2	1.8
How often are you emotionally exhausted	Never	3	2.7
	Rarely	37	33.6
	Sometimes	59	53.6

	Often	11	10.0
How often do you think: "I can't take it anymore"	Never	18	16.4
	Rarely	50	45.5
	Sometimes	35	31.8
	Often	5	4.5
	Always	2	1.8
How often are you worn-out	Never	7	6.4
	Rarely	20	18.3
	Sometimes	68	62.4
	Often	11	10.0
	Always	4	3.6
How often do you feel weak and susceptible to illness	Never	6	5.5
	Rarely	42	38.2
	Sometimes	58	52.7
	Often	4	3.6

Table 3. Work Burnout Rate of Respondents

Item	Scale	Frequency	Per cent
Is your work Emotionally Exhausting	To a very low degree	12	10.9
	To a low degree	27	24.5
	Somewhat	41	37.3
	To a high degree	27	24.5
	To a very high degree	3	2.7
Do you feel burnt out because of your work	To a very low degree	12	10.9
	To a low degree	34	30.9
	Somewhat	34	30.9
	To a high degree	28	25.5
	To a very high degree	2	1.8
Does your work frustrate you?	To a very low degree	27	24.5
	To a low degree	34	30.9
	Somewhat	30	27.3
	To a high degree	18	16.4
	To a very high degree	1	0.9
Do you feel worn out at the end of the working day?	Rarely	21	19.1
	Sometimes	67	60.9
	Often	18	16.4
	Always	4	3.6
Are you exhausted in the morning at the thought of another day of work?	Never	13	11.8
	Rarely	43	39.1
	Sometimes	40	36.4
	Often	13	11.8
	Always	1	0.9
Do you feel that every working hour is tiring to you?	Never	20	18.2
	Rarely	46	41.8
	Sometimes	33	30.0
	Often	10	9.1
	Always	1	0.9
Do you have enough energy for family and friends during leisure time?	Rarely	13	11.8
	Sometimes	41	37.3
	Often	41	37.3
	Always	15	13.6

Table 4 reveals the client relations burn-out rate. A large majority (88.2%) and (89.1%) of the respondents do not find it hard to work with clients and do not find it frustrating to work with clients respectively. Also, the majority (75.4%) of the respondents affirm that working with clients does not drain their energy, howeve3r, slightly over two-thirds

(67.6%) of the respondents feel they give more than they get back when working with a client. Despite that, a majority (78.2%) of the respondents are rarely or never tired of working with clients, as nearly two-thirds (64.5%) of the respondents rarely or never wondered how long they will be working with clients.

Table 4. Client-relations Burnout Rate of Respondents

Item	Scale	Frequency	Per cent
Do you find it hard to work with clients?	To a very low degree	46	41.8
	To a low degree	51	46.4
	Somewhat	11	10.0
	To a high degree	2	1.8
Do you find it frustrating to work with clients?	To a very low degree	48	43.6
	To a low degree	50	45.5
	Somewhat	11	10.0
	To a high degree	1	0.9
Does it drain your energy to work with clients?	To a very low degree	34	30.9
	To a low degree	49	44.5
	Somewhat	20	18.2
	To a high degree	4	3.7
	To a very high degree	2	1.8
Do you feel that you give more than you get back when you work with clients?	To a very low degree	15	13.6
	To a low degree	25	22.7
	Somewhat	27	24.5
	To a high degree	34	30.9
	To a very high degree	9	8.2
Are you tired of working with clients?	Never	55	50.0
	Rarely	31	28.2
	Sometimes	24	21.8
Do you sometimes wonder how long you will be able to continue working with clients?	Never	26	23.6
	Rarely	45	40.9
	Sometimes	29	26.4
	Often	8	7.3
	Always	2	1.8

Group Categorization

For Personal Burnout Rate and Client-relations Burnout Rate, a composite score totalling 30 was derived for each respondent. The score was then categorized as "Low: 1-12", "Moderate: 13-18" and "High: 19-30". For the Work Burnout Rate, the composite score is 35 and the categories include; "Low: 1-14", "Moderate: 15-21" and "High: 22-35".

Table 5 revealed that there is no significant relationship between age and burnout syndrome (across all the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate, indicating the P-Values of 0.721, 0.427, and 0.154 respectively).

Table 5: Age and Burnout rates

Age group	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	2.082 (4)	0.721
27-36 years	3 (5.6%)	40 (74.1%)	11 (20.4%)	54 (100.0%)		
37-46 years	3 (9.1%)	20 (60.6%)	10 (30.3%)	33 (100.0%)		
47-59 years	1 (4.3%)	17 (73.9%)	5 (21.7%)	23 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Age group	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	3.850 (4)	0.427
27-36 years	4 (7.4%)	33 (61.1%)	17 (31.5%)	54 (100.0%)		
37-46 years	3 (9.1%)	21 (63.6%)	9 (27.3%)	33 (100.0%)		
47-59 years	5 (21.7%)	13 (56.5%)	5 (21.7%)	23 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		

Age group	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	6.677 (4)	0.154
27-36 years	28 (51.9%)	23 (42.6%)	3 (5.6%)	54 (100.0%)		
37-46 years	13 (39.4%)	17 (51.5%)	3 (9.1%)	33 (100.0%)		
47-59 years	17 (73.9%)	5 (21.7%)	1 (4.3%)	23 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

Table 6 equally indicated that there is no significant relationship between gender and burnout syndrome (across all the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate, indicating the P-Values of 0.667, 0.114, and 0.509 respectively)

Table 7 revealed that there is no significant relationship between marital status and burnout syndrome (across all but one of the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate, indicating the P-Values of 0.949, 0.029, and 0.869 respectively).

Table 6: Gender and Burnout rates

Gender	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	0.810 (2)	0.667
Male	1 (5.3%)	12 (63.2%)	6 (31.6%)	19 (100.0%)		
Female	6 (6.6%)	65 (71.4%)	20 (22.0%)	91 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Gender	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	4.336 (2)	0.114
Male	2 (10.5%)	8 (42.1%)	9 (47.4%)	19 (100.0%)		
Female	10 (11.0%)	59 (64.8%)	22 (24.2%)	91 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		
Gender	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	1.351 (2)	0.509
Male	8 (42.1%)	9 (47.4%)	2 (10.5%)	19 (100.0%)		
Female	50 (54.9%)	36 (39.6%)	5 (5.5%)	91 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

Table 7: Marital Status and Burnout rates

Marital Status	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	0.720 (4)	0.949
Single	0 (0.0%)	3 (75.0%)	1 (25.0%)	4 (100.0%)		
Married	7 (6.7%)	73 (69.5%)	25 (23.8%)	105 (100.0%)		
Separated	0 (0.0%)	1 (100.0%)	0 (0.0%)	1 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Marital Status	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	10.833 (4)	0.029
Single	0 (0.0%)	4 (100.0%)	0 (0.0%)	4 (100.0%)		
Married	11 (10.5%)	63 (60.0%)	31 (29.5%)	105 (100.0%)		
Separated	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		
Marital Status	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	1.255 (4)	0.869
Single	2 (50.0%)	2 (50.0%)	0 (0.0%)	4 (100.0%)		
Married	55 (52.4%)	43 (41.0%)	7 (6.7%)	105 (100.0%)		
Separated	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

Table 8 revealed that there is no significant relationship between educational attainment and burnout syndrome

(across all the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate,

indicating the P-Values of 0.403, 0.842, and 0.199 respectively).

Table 8: Educational Attainment and Burnout rates

Educational Attainment	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	4.024 (4)	0.403
Diploma	1 (14.3%)	6 (85.7%)	0 (0.0%)	7 (100.0%)		
Bachelors	6 (7.1%)	58 (68.2%)	21 (24.7%)	85 (100.0%)		
Masters	0 (0.0%)	13 (72.2%)	5 (27.8%)	18 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Educational Attainment	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	1.415 (4)	0.842
Diploma	1 (14.3%)	5 (71.4%)	1 (14.3%)	7 (100.0%)		
Bachelors	10 (11.8%)	50 (58.8%)	25 (29.4%)	85 (100.0%)		
Masters	1 (5.6%)	12 (66.7%)	5 (27.8%)	18 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		
Educational Attainment	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	5.997 (4)	0.199
Diploma	4 (57.1%)	3 (42.9%)	0 (0.0%)	7 (100.0%)		
Bachelors	43 (50.6%)	38 (44.7%)	4 (4.7%)	85 (100.0%)		
Masters	11 (61.1%)	4 (22.2%)	3 (16.7%)	18 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

Table 9 equally indicated that there is no significant relationship between years of experience and burnout syndrome (across all the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate, indicating the P-Values of 0.441, 0.115, and 0.139 respectively).

Table 10 equally indicated that there is no significant relationship between working hours and burnout syndrome (across all the three categories of burnout; Personal Burnout rate, work burnout rate, Client relations burnout rate, indicating the P-Values of 0.304, 0.098, and 0.367 respectively).

Table 9: Years of Experience and Burnout rates

Years of experience	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	12.058 (12)	0.441
1-5 years	0 (0.0)	8 (88.9%)	1 (11.1%)	9 (100.0%)		
6-10 years	2 (8.3%)	15 (62.5%)	7 (29.2%)	24 (100.0%)		
11-15 years	1 (3.0%)	26 (78.8%)	6 (18.2%)	33 (100.0%)		
16-20 years	2 (13.3%)	6 (40.0%)	7 (46.7%)	15 (100.0%)		
21-25 years	1 (7.7%)	9 (69.2%)	3 (23.1%)	13 (100.0%)		
26-30 years	1 (11.1%)	7 (77.8%)	1 (11.1%)	9 (100.0%)		
Above 30 years	0 (0.0%)	6 (85.7%)	1 (14.3%)	7 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Years of experience	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	18.015 (12)	0.115
1-5 years	1 (11.1%)	7 (77.8%)	1 (11.1%)	9 (100.0%)		
6-10 years	3 (12.5%)	12 (50.0%)	9 (37.5%)	24 (100.0%)		
11-15 years	0 (0.0%)	23 (69.7%)	10 (30.3%)	33 (100.0%)		
16-20 years	1 (6.7%)	7 (46.7%)	7 (46.7%)	15 (100.0%)		
21-25 years	4 (30.8%)	8 (61.5%)	1 (7.7%)	13 (100.0%)		
26-30 years	2 (22.2%)	6 (66.7%)	1 (11.1%)	9 (100.0%)		

Above 30 years	1 (14.3%)	4 (57.1%)	2 (28.6%)	7 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		
Years of experience	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	17.291 (12)	0.139
1-5 years	7 (77.8%)	2 (22.2%)	0 (0.0%)	9 (100.0%)		
6-10 years	8 (33.3%)	14 (58.3%)	2 (8.3%)	24 (100.0%)		
11-15 years	15 (45.5%)	16 (48.5%)	2 (6.1%)	33 (100.0%)		
16-20 years	8 (53.3%)	5 (33.3%)	2 (13.3%)	15 (100.0%)		
21-25 years	9 (69.2%)	4 (30.8%)	0 (0.0%)	13 (100.0%)		
26-30 years	8 (88.9%)	0 (0.0%)	1 (11.1%)	9 (100.0%)		
Above 30 years	3 (42.9%)	4 (57.1%)	0 (0.0%)	7 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

Table 10: Working Hours and Personal Burnout Rate

Working Hours	Personal Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	2.383 (2)	0.304
5-8 hours	2 (4.8%)	33 (78.6%)	7 (16.7%)	42 (100.0%)		
Above 8 hours	5 (7.4%)	44 (64.7%)	19 (27.9%)	68 (100.0%)		
Total	7 (6.4%)	77 (70.0%)	26 (23.6%)	110 (100.0%)		
Working Hours	Work Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	4.646 (2)	0.098
5-8 hours	6 (14.3%)	29 (69.0%)	7 (16.7%)	42 (100.0%)		
Above 8 hours	6 (8.8%)	38 (55.9%)	24 (35.3%)	68 (100.0%)		
Total	12 (10.9%)	67 (60.9%)	31 (28.2%)	110 (100.0%)		
Working Hours	Client-relations Burnout Rate				Chi-square (df)	p-value
	Low	Moderate	High	Total	2.006 (2)	0.367
5-8 hours	22 (52.4%)	19 (45.2%)	1 (2.4%)	42 (100.0%)		
Above 8 hours	36 (52.9%)	26 (38.2%)	6 (8.8%)	68 (100.0%)		
Total	58 (52.7%)	45 (40.9%)	7 (6.4%)	110 (100.0%)		

DISCUSSION

On understanding the Personal Burnout Rate, about three-quarters (75.5%) of the respondents were sometimes tired, contrary to the limited proportion (4.5%) of the respondents who were rarely tired. This implies that the workload that these nurses had was often, but not necessarily always beyond their physical; and mental strength. Nearly two-thirds (64.5%) of the respondents sometimes felt physically exhausted while less than one-fifth (16.4%) of the respondents rarely felt physically exhausted. This implies that the nurses engage in strenuous activities within their long hours' shift, albeit this contradicts the findings of Ubah, Maduabuchukwu, Alikor, and Boniface (2020) that revealed that over one-quarter of the study respondents rarely did not feel energetic. A little over half (53.6%) of the respondents experienced emotional exhaustion in contrast to very few (2.7%) who never experienced this. This is very similar to the study of Ubah, Maduabuchukwu, Alikor, and Boniface (2020), where nearly one-third of the study participants felt emotionally drained.

Although nearly half (45.5%) of the respondents rarely thought they could not take it anymore, however, almost very few (1.8%) always does. The majority (62.4%) of the respondents were sometimes worn out after work, nevertheless, a limited proportion (6.4%) were never worn out. In terms of susceptibility to illness, a little over half ((52.7%) of the respondents sometimes had this feeling, but few (5.5%) of them never did. This is against the findings of Vidotti et al (2019) who observed that nearly three-quarters of their study respondents did not feel susceptible to illness. Juxtaposing from the various responses to the questions in understanding nurses PBR, they engage more in stressful activities that might not necessarily be peculiar to their work-life and are likely not to take adequate rest.

With regards to the Work Burnout Rate of respondents, over one-third (37.3%) of the respondents found their work somewhat emotionally exhausting, in contrast to very few (2.7%) who affirmed that to a very high degree their work is emotionally exhausting. The implication for this is the tendency for their productive output to be affected in terms of

the quality of care offered to the patients. Nearly one-third (30.9%) of the respondents were to a low degree and somewhat burnt out because of their work. Only one (0.9%) respondent conceded to being frustrated by work to a high degree, as against nearly one-third (30.9%) of the respondents who were frustrated by work to a low degree. This implies that although there might be some level of frustration in their line of work, however, the intrinsic motivation that the nurses experienced in the course of executing their roles fills the gap. This however contradicts the findings of Dechasa, Worku, Baraki, Merga, and Asfaw (2021) who reported that more than half of the respondents indicated having fair work satisfaction.

The majority (60.9%) of the respondents sometimes felt worn out at the end of a working day, unlike a very limited proportion (3.6%) who always felt worn out at the end of a working day. This is contrary to the findings of Belay *et al* (2021) who found that majority of the study respondents were not worn out. About two out of every five (39.1%) respondents rarely felt exhausted in the morning at the thought of another day's work. This corroborates the findings of Ubah, Maduabuchukwu, Alikor, and Boniface (2020) that indicated nearly one-third of the study participants felt exhausted at the thought of another day's work. Two out of every five (41.8%) respondents rarely felt that every working hour is tiring, contrary to one (0.9%) respondent who always felt every working hour is tiring. Over one-third (37.3%) of the respondents equally sometimes, and often have enough energy for family and friends during their leisure.

Findings from Client Relations Burnout Rate revealed that nearly half (46.4%) of the respondents, to a low degree found it hard to work with clients, in contrast to a very limited proportion (1.8%) of the respondents who found it hard to work with clients to a high degree. Two out of every five (43.6% and 45.5%) respondents found it frustrating to work with a client to a very low degree, and a low degree respectively. Two out of every five (44.5%) respondents, to a low degree, felt working with clients drain their energy, as against very few (1.8%) of the respondents who to a very high degree, found working with clients to drain their energy. Nearly one-third (30.9%) of the respondents, was to a high degree concerned that they gave more than they got back when working with clients, in contrast to over one-tenth (13.6%) of the respondents, who to a very low degree, felt the same way. This is similar to the findings of Belay *et al* (2021) who found that more than half of their study population felt they were not getting sufficient reward for their efforts. Half (50%) of the respondents were never tired of working with clients, unlike one-fifth (21.8%) of the respondents who sometimes felt like that. Two out of every five (40.9%) respondents rarely wondered how long they will continue working with clients, unlike very few (1.8%) of the respondents who always wondered such The cross-tabulation between the Socio-demographics; such as age, gender, marital status, educational attainment, years of experience of

the respondents and the different incidents of burnout rates revealed an insignificant association. However, the only significant association established in this study is between the marital status of the respondent and their work burnout rate. The direction of the association is however unknown. Furthermore, there was also no association between the different burnouts measured by this study and the working hours the respondents reported.

Respondents with the age group of 27 and 36 years, about three-quarters (74.1%) of them feel moderately burnt out while one-fifth (20.4%) of them feel highly burnt-out. For respondents with the age group of 27 and 36 years, about three out of every five (61%) of respondents feel moderately burnt out from work while about one-third (31.5%) of them feel highly burnt-out from work. For respondents with the age group of 27 and 36 years, more than half (51.9%) of the respondents have a low burnout rate in their interaction with clients while two out of every ten (43%) of the respondents experience a moderate burnout rate by this interaction. Three out of every five (63.2%) male respondents reported that they experience moderate burnout experience while nearly one-third (31.6%) of the respondents experience high burnout rate. Nearly half (47.4%) of the male respondents reported that they experience a high burnout rate while two out of every five (42%) respondents experience a moderate burnout rate from work. Also, nearly half (47.4%) of the male respondents reported that they experience a moderate burnout rate from relations with their clients while about two out of every five (42%) respondents experience a low burnout rate from relations with clients.

Findings from marital status and PBR revealed that three-quarters (75.0%) of the respondents who are single experience a moderate burnout rate while one-quarter (25%) of the respondents experience a high burnout rate. For respondents who are married, the majority (69.5%) of them experience moderate PBR, in comparison to over one-fifth (23.8%) of the respondents who experience high PBR. For WBR, All (100%) single respondents experience a moderate burnout rate, while in the case of married respondents, three out of every five (60%) respondents experience a moderate burnout rate, as nearly one-third (29.5%) of married respondents experience high WBR. Half (50%) of the respondents who are single equally experience low and moderate CBR while more than half (52.4%) of married respondents experience low CBR as against two out of every five (41%) married respondents Experience moderate CBR.

For educational attainment, the majority (85.7%) of the respondents with a Diploma experience a moderate PBR, as against over one-tenth (14.3%) of them who experience a low PBR. Over two-thirds (68.2%) of the respondents with a Bachelors degree experience, a moderate PBR compared to nearly one-quarter (24.7%) of their colleagues with high PBR. Nearly three-quarters (72.2%) of the respondents with a Masters degree experience a moderate PBR, unlike over one-quarter (27.8%) with a high PBR. In the case of CBR,

more than half (57.1%) of the respondents with a diploma experience low CBR, unlike two out of every five (42.9%) of their colleagues with moderate CBR. Half (50%) of the respondents with a Bachelors degree experience low CBR, while two out of every five (44.7%) of the respondents experience moderate CBR. Over half (52.7%) of Masters Degree holders experience low CBR, as two out of every five (40.9%) experienced moderate CBR.

Furthermore, the study found that the majority (88.9%) of the respondents with <5 years experience reported to have experienced moderate PBR, while three out of every five (62.5%) of the respondents with <10 years working experience had moderate PBR. In addition, more than three-quarters (78.8%) of the respondents who had worked for <15 years experienced moderate PBR, while nearly half (46.7%) of the respondents with <20 years experience had experienced a high PBR. More than two-thirds (69.2%) of the respondents with <25 years experience had experienced a moderate PBR, and a large majority (85.7%) of the respondents with >30 years of service experienced moderate PBR. For WBR. More than three-quarters (77.8%) of respondents with <5 years experience reported to have experienced moderate WBR, half (50%) of the respondents with <10 years experience reported moderate WBR, more than two-thirds (69.2%) of the respondents with <15 years experience reported moderate WBR, nearly half (46.7%) of the respondents with <20 years experience equally reported moderate and high WBR, as three out of every five (61.5%) of the respondents with <25 years reported a moderate WBR, while two-third (66.7%) of the respondents with <30 years reported moderate WBR, and more than half (57.1%) of the respondents with >30 years experience also reported moderate WBR.

In the case of CBR, over three-quarters (77.8%) of respondents with <5 years experience reported low CBR, nearly two out of five (58.3%) respondents with <10 years experience reported moderate CBR, nearly half (48.5%) of the respondents with <15 years reported moderate CBR. In addition, more than half (53.3%) of the respondents with <20 years working experience reported low CBR, as over two-thirds of respondents with <25 years experience reported low CBR, while nearly all (88.9%) of the respondents with <30 years experience reported low CBR, and more than half (57.1%) of the respondents with >30 years experience reported moderate CBR.

Finally, inferential analysis from the study findings revealed that more than three-quarters (78.6%) of the respondents who work between 5 and 8 hours daily reported experiencing moderate PBR, just as nearly two-thirds (64.7%) of the respondents working >8 hours who also experienced moderate PBR. More than two-thirds (69.0%) of the respondents with <8 working hours experienced moderate WBR, as much as more than half (55.9%) of the respondents working >8 hours experienced moderate WBR. More than half (52.4%) of the respondents working <8 hours experience

low CBR, which is very similar to over half (52.9%) of the respondents working >8 hours who also experienced low CBR.

CONCLUSION

The effects of burnout syndrome on health professionals, especially amongst nurses cannot be overemphasized. Although, they may engage in a selfless vocation, however, there is the need to understand that these health professionals (nurses in this case) are also humans, and are susceptible to being overwhelmed by the activities they engage in, in their personal lives, at work, and in their relations with people, either in a formal or informal setting. Findings from this study have revealed the lack of statistically significant association between Socio-demographic variables and Burnout syndrome amongst nurses, albeit the prevalence is evident. Therefore, nurses need to find the balance in their personal lives, work lives, and relationships with others to avoid, or reduce drastically the challenge of burnout, and subsequent depreciation of their health.

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