ASSESSMENT OF BURNOUT AMONG LECTURERS IN THE UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.

BY

EHIJIE JOSHUA OKOHE MED1505215

OSEMUDIAMEN GRACE OKOJIE MED1505216

OSARETIN DANIEL OKPIAVBE MED1505221

DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE

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COLLEGE OF MEDICAL SCIENCES,

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COLLEGE OF MEDICAL SCIENCES,
UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.

A ONE YEAR PROJECT PRESENTED TO THE DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE, SCHOOL OF MEDICINE, COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY EDO STATE, NIGERIA

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARDS OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS), IN UNIVERSITY OF BENIN, BENIN CITY.

JANUARY, 2024.

DEDICATION

We humbly dedicate this research project, first and foremost to God Almighty, the source of wisdom and guidance. To our supervisors and teachers, whose unwavering support, mentor-ship, and invaluable insights have been instrumental in shaping this research. Lastly, to our families and friends who have stood by us with unwavering love and encouragement. We present this research project as a testament to the collective efforts and support that have fueled our academic journey.

DECLARATION

We hereby declare that this work is original and was carried out by the under-listed students under the supervision of Prof. (Mrs) E. C. Isah and Dr N. Mokogwu and has not been published elsewhere for the award of a degree or certificate.

EHIJIE JOSHUA OKOHE _____

MED1505215 08149092573

OSEMUDIAMEN GRACE OKOJIE _____

MED1505216 08167303318

OSARETIN DANIEL OKPIAVBE _____

MED1505221 08168941543

CERTIFICATION

We certify that the study titled "**Assessment of burnout among lecturers in the University of Benin, Benin City, Edo State**" was carried out by **EHIJIE JOSHUA OKOHE** with matriculation number **MED1505215, OSEMUDIAMEN GRACE OKOJIE** with matriculation number **MED1505216,** and **OSARETIN DANIEL OKPIAVBE** with matriculation number **MED1505221** under our supervision in the Department of Public Health and Community Medicine, School of Medicine, College of Medical Sciences, University of Benin, Benin City, Edo State, Nigeria as part of the requirements for the award of the degree Bachelor of Medicine, Bachelor of Surgery (MBBS).

_____ _____

PROF. (Mrs) E.C. ISAH **DATE**
MBBS; MSc; FMCPH; FWACP; MD
Professor/Consultant (Project Supervisor)
Department of Public Health and Community Medicine,
School of Medicine,
College of Medical Sciences.
University of Benin,
Benin City, Edo State, Nigeria.

_____ _____

DR. N. MOKOGWU **DATE**
MBBS; MPH; FWACP
Consultant (Project Supervisor),
Department of Public Health and Community Medicine,
School of Medicine,
College of Medical Sciences.
University of Benin,
Benin City, Edo State, Nigeria.

_____ _____

DR. A.I. OBI **DATE**
MBBS; MPH; FMCPH, Cert (Epid)
Head of Department,
Department of Public Health and Community Medicine,
School of Medicine,
College of Medical Sciences,
University of Benin.
Benin City, Edo State, Nigeria.

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-Okohe Joshua Ehijie

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-Osemudiamen Grace Okojie

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-Osaretin Daniel Okpiavbe

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LIST OF ABBREVIATIONS

ATR	African Traditional Religion
BEIS	Brief Emotional Intelligence Scale
CBI	Copenhagen Burnout Inventory
CD-RISC	Connor-Davidson Resilience Scale
CME	Continuing Medical Education
COPE	Coping Orientation to Problems Experienced
CWB	Counterproductive Work Behaviour
DP	Depersonalization
DUREL	Duke University Religion Index
EE	Emotional Exhaustion
EI	Emotional Intelligence
FNPH	Federal Neuro-Psychiatric Hospital
GHQ	General Health Questionnaire
IBM	International Business Machines
ICD	International Classification of Diseases
LGA	Local Government Area
LMIC	Low-Income and Middle-Income Countries
MBBS	Bachelor of Medicine, Bachelor of Surgery

MBI Maslach Burnout Inventory

MBI-GS Maslach Burnout Inventory-General survey

MBI-HSS Maslach Burnout Inventory-Human Services Survey

OPERATIONAL DEFINITION OF TERMS

Burnout: This is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

Consultant: A physician or surgeon holding the highest appointment in a particular branch of medicine or surgery in a hospital.

Cynicism: An inclination to believe that people are motivated purely by self-interest.

Depersonalization: This is the negative attitude and a dehumanizing treatment of one's clients in the workplace.

Emotional Exhaustion: This is the feelings of being depleted, over-exerted and fatigued by one's work.

Emotional Intelligence: The ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behaviour.

ICD-11: The eleventh revision of the International Classification of Diseases; and it replaced the ICD-10 as the global standard for coding health information and causes of death.

International Classification of Diseases (ICD): This is a globally used diagnostic tool for epidemiology, health management and clinical purposes.

Medical Practitioner: A qualified person who works as a doctor in a hospital or private practice.

Prevalence: This is the proportion of a population with a disease or a particular condition at a specific point in time (point prevalence) or over a specified period of time (period prevalence).

Reduced Personal Accomplishment: This is the negative appraisal of one's behavior and performance in one's work.

ABSTRACT

Background: The rates of burnout globally among university lecturers are reported to range from 5% and 45%. The demand of high standard quality services has increased with the on-going globalization worldwide. The estimate of burnout among university lecturers often yield high values and varies between countries, across time, specialties or work sector, i.e. public/private or rural/urban. Education, and especially higher education (University), is one of the areas with the highest prevalence of burnout, which some authors estimate to be 40%.

Objectives: To assess burnout among university lecturers working in University of Benin, Benin City, Edo State, to identify and address potential issues that could affect their well-being and job performance.

Materials And Methods: A descriptive cross-sectional study design was utilized for this study. Five hundred and forty nine respondents were selected using multi-stage sampling techniques. Data were collected using a structured interviewer-administered questionnaire comprising both opened ended and closed questions addressing the knowledge, prevalence, determinant and coping strategy of burnout. Data was analyzed using IBM SPSS version 25.0 and a $p < 0.05$ was considered significant.

Results: The response rate in this study was 100%. Most of the respondents from this study were in the age group 40-49 with mean age group of 41.88($\pm$ 6.23) years. Out of the total respondents, 517 (94.2%) had good knowledge while 32 (5.2%) had poor knowledge of burnout. Prevalence of burnout among university lecturers were high in about five hundred and eighteen (97.5) of the respondents. Length of career, faculty and age were the factors found to have affected the knowledge and prevalence.

Majority of the respondents 98.0% had positive coping strategy, with most of the respondents 376(68.5%) got help and advice from other people as a coping strategy.

Conclusion: Majority of university lecturers in University of Benin, Benin City had good knowledge of burnout syndrome, had burnout, with high grades of emotional exhaustion, depersonalization and lack of personal accomplishments. Over nine-tenths of the university lecturers in University of Benin, Benin City reported work overload, being underpaid, insufficient sleep, lack of incentives and promotions, and time pressures to meet deadlines as major factors that could lead to burnout among them. Also, most of the respondents got positive coping strategy.

Keywords: University, Lecturers, And Burnout.

Word Count: 370

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Currently, one of the main focuses of attention for research in the field of work psychology is the mental overload to which workers are exposed.[1] In this context, the effective integration of information and communication technology (ICT) in the workplace has led to the emergence of new work scenarios (such as teleworking or mobile work) and the massive use of electronic devices (tablets and smartphones), aspects that have increased the mental and psychological demands of the tasks faced by workers, causing the appearance of various health conditions, such as musculoskeletal disorders (MSDs), mental fatigue, sleep problems, and burnout.[2]

Burnout is a multidimensional syndrome, the prevalence of which, according to different studies, is between 5% and 45% of the working population according to the sector and profession of reference, being higher in the health field.[3] American psychologist, Herbert Freudenberger was the first to publish an article on long term unresolved work stress in a psychology journal using the term "burnout", and is the name most associated with the condition.[4]

The International Classification of Diseases for mortality and morbidity statistics (ICD11) describes job burnout as the consequence of workplace stress, characterized by exhaustion, mental distance from the job, and reduced efficacy.[5] The World Medical Association welcomed the decision to include Burnout in ICD11.[6] Since it is now categorized as a syndrome, it is recognized that it could result in a mental illness, making it a valid medical diagnosis. According to Christina Maslach and Susan E. Jackson, Burnout is "a state of mental exhaustion caused by one's career. It includes

three distinctive features: emotional exhaustion, depersonalization, and reduced sense of accomplishment or success.[7]

Emotional exhaustion is one of the earliest and most important signs that identifies burnout and can present as fatigue, energy loss and tiredness. It is a state of being emotionally depleted from overwork, while depersonalization (also called cynicism), which is the sense of being unfeeling towards patients or peers and can present with irritability and negative attitudes toward patients and may lead to unfeeling and detached responses.[8] The development of depersonalization may be related to the experience of emotional exhaustion, so there may be a correlation between the two. The decrease in the level of personal accomplishment is usually manifested as inefficiency and inadequacy related to work performance, and is often accompanied by negative self-evaluation and a decrease in professional efficiency. This is usually triggered by negative beliefs in one's self.[7] It is manifested in decreased productivity, low morale, and difficulties at work.

The clinical manifestations of burnout are usually non-specific, and can manifest as headaches, changes in sleep patterns, insomnia and other sleep disorders, eating problems, tiredness, irritability, fatigue, loss of creativity, lack of motivation, and social isolation. There may also be symptoms of depression, such as sadness, lack of interest, and loss of energy. It can also cause symptoms of anxiety, chronic pain syndrome, or dysfunction of the cardiovascular or gastrointestinal system.[7]

Maslach described burnout as a working individual neglecting the specific significance and purpose of the job and ceasing to be interested in the people served. The distinguishing characteristic of exhaustion of organizational stressor responses is that it is the result of personal interactions encountered by participants as a result of

their work.[9] Burnout usually begins with a period of chronic stress, characterized by a gradual loss of idealism, vitality, aggressiveness, and future goals, leading to emotional overload and burnout.[7] If not resolved, the stress of this period will make health professionals prone to burnout syndrome, which is characterized by three elements / sub-dimensions, namely: Emotional Exhaustion (EE), Depersonalization (DP) , and Reduced Personal Accomplishment (PA).

Burnout usually occurs in four stages[10]: The first is a stage of high workload, high job stress and high job expectations. This leads to a second stage of physical exhaustion and emotional exhaustion usually characterized by chronic physical exhaustion, sleep disturbances, headaches. The third stage is a stage of detachment and cynicism (depersonalization). The final stage is a stage of despair and helplessness characterized by aversion to oneself and people with a feeling of guilt and insufficiency. Several scales are available to identify and measure burnout. These include the Maslach Burnout Inventory-General Survey, the Oldenburg Burnout Inventory and the Copenhagen Burnout Inventory.[8]

(i) Maslach Burnout Inventory (MBI): By far, the MBI has been the predominant tool for measuring burnout and has historically been considered the gold standard. It measures burnout in three dimensions. From this original version the MBI-Human Services Survey (MBI-HSS) has evolved the MBI-General Survey (MBI-GS) based on the areas of exhaustion, cynicism and professional efficacy.[8]

(ii) Oldenburg Burnout Inventory (OLBI): The OLBI is a proven tool for measuring burnout and there is growing evidence in support of its use. Convergence validity between the OLBI and MBI-GS has since been established. The OLBI measures burnout from two dimensions: exhaustion and disengagement. Unlike MBI which

includes only the emotional component of exhaustion, the OLBI provides the physical and cognitive components of burnout.[8]

(iii) Copenhagen Burnout Inventory (CBI): In addition to the personal aspects of burnout, the work and client aspects of burnout are also evaluated. It measures burnout in a single dimension (only exhaustion).[8]

Burnout can lead to poor patient care, treatment errors, presentism and absenteeism, all of which can lead to reduced job performance. Therefore, health professionals need to focus on continuing education of stressors and emotional intelligence to prevent or improve burnout.[9]

Nevertheless, burnout has most often been studied in caregiving professionals, nowadays teaching is one of the most stressful occupations.[11] Sources of stress and lack of job satisfaction include: low salary and status of the profession;[12] student misbehavior[13]; relationships with leaders.[14] Lecturers also have emotional interactions during their working day and have a great number of emotional demands compared to other specialists.[15] The stress and lack of job satisfaction can lead to emotional or physical exhaustion, negative behavior about teaching, reducing the feeling of one's own accomplishment.[16]

Teaching is an emotional profession, nowadays there is little research on the emotional aspects of teachers' lives.[17] To our knowledge, teachers who experience more positive emotions report greater job satisfaction and less burnout. Positive emotions help teachers to struggle with negative emotions and build good personal relationships with others.[18] Consistent with previous research, teachers who report greater support from leaders also have greater job satisfaction and less burnout.

Therefore, burnout syndrome has been described as a lack of ability to cope with emotional stress at work and as a psychological syndrome. Relatively little is known, however, about lecturers' burnout. However, such lecturers experience unpleasant emotions that lead to emotional exhaustion and they are not effective at their working place.

Different solutions have been put in place in developed countries to curb university lecturer burnout, but there is a dearth of information of its prevalence in low-income and middle-income countries (LMIC).[19] This has affected the efficiency of interventions to prevent university lecturer's burnout as most studies of good quality have only been carried out in developing countries. Although largely unclear, several studies have explored the factors and probable reasons for burnout in university. Implicated is the stress derived from working with many people during the day, and afterward the responsibility for taking key decisions, the serious consequences of those decisions, and the pressure to avoid errors.[20] Burnout can adversely affect professionalism, reduce the quality of care, increase the risk of medical errors, impair patient satisfaction, and encourage early retirement.[21] The individual, institutional, and social risk factors that lead to job burnout may differ between male and female university lecturers.[22]

Coping strategies may also serve as a mitigating factor for burnout. In this respect, coping strategies have also been shown to be useful for reducing burnout and stress. Generally, coping strategies research has led to the development of many different forms of coping strategies such as approach vs. avoidance, problem-focused vs. emotion-focused, active vs. passive, and so on. Broadly speaking, various coping strategies have been shown to be effective tools for reducing burnout.[23]

Research on university faculty primarily focuses on positive coping strategies and illustrates the capability of coping to effectively reduce stress and burnout.[24] Of the many forms of positive coping strategies, social support, recreation, and self-care were the most effective for university lecturers, and Lease suggested that universities implement plans to promote the use of these strategies among university faculty.[25]

These types of social and recreational coping strategies have also been shown to be effective for faculty regardless of age, rank, or gender. Workplace social support (e.g., receiving support from colleagues or superiors) also helped to decrease the negative effects (e.g., burnout and stress) of job demands for university lecturers, indicating that university lecturers pursue a variety of social support systems in order to cope with job demands.[26]

1.2 STATEMENT OF PROBLEM

The demand of high standard quality services has increased with the on-going globalization worldwide. The socio-economic environment has become more competitive and demanding in terms of results and performance. These requirements expose workers to occupational health vulnerabilities such as stress and burnout. Weber and Jaekel-Reinhard qualified burnout syndrome as "a disease of modern societies" and a challenge to both research and practice.[27]

Data gathered by the Brazilian National Institute of Social Security indicate that mental and behavioral disorders were the third leading cause of incapacity for work in the country, with a total of 668,927 cases in the period from 2012 to 2016. In addition, these conditions represented about 9% of the total number of granted sick pay and disability retirement benefits.[28] Burnout, characterized as a state of tension that causes serious imbalance in the body, is one of the most common problems for human beings.[29]

The rates of burnout globally among university lecturers are reported to range from 5% and 45%, and the data suggest that health workers working in African countries have the highest burnout rate.[3] The estimate of burnout among university lecturers often yield high values and varies between countries, across time, specialties or work sector, i.e. public/private or rural/urban.[30] Burnout syndrome results from working hard, mental and physical exhaustion, stress and chronic unresolved interpersonal problems.[31]. Burnout usually ceases soon after the individual leaves the working environment. This is different from depression which exists even in private life.[32]

Education, and especially higher education (University), is one of the areas with the highest prevalence of burnout, which some authors estimate to be 40%.[29] In this

regard, a large number of investigations in recent years have inquired the causes of this fact, attributing it to high psychological demands, low rewards, mental overload, and the high demand to educate people at different stages of their vital development.[34,35,36]

Rothmann and Barkhuizen found that burnout was more pervasive in educational occupations. With regards to university teaching staff, many causes have been identified as being associated with burnout syndrome: increasing number of demands from students, parents and university management, work related demand of meeting up deadline given to compile, processing of results, raising the standard to meet-up with new goals to compete with other universities.[37]

A study conducted in India showed that, university teaching staff are under a great deal of stress related to organizational inefficiency, high staff turnover, absenteeism due to sickness, decreased quality and quantity of practice, increased costs of health care, and decreased job satisfaction.[37] Another study carried out in Nigeria found that poor working conditions, time pressure and poor school structures, worries due the family problem and political climate of the country are some of the sources of burnout among Nigeria school personnel including university lecturers.[38]

The consequences of burnout syndrome are enormous and touch physical and the mental health. They include: declines in mental and physical health, low morale, alcohol and drug addiction, weakening of interpersonal relationships, deterioration in teaching and research performance, increased absenteeism, desire of leaving the profession.[37] A study even observed that burnout could be viewed as a "contagious" affection.[39] Another study reported that "teachers who frequently talked with their burned-out colleagues about problematic students had the highest probability of

catching the negative attitudes expressed by their colleagues.[40] In repeatedly trying to understand the problems their colleagues were facing, teachers presumably had to tune in to the negative attitudes expressed by their colleagues (about themselves and about the students)"

There is a paucity of data from community on burnout syndrome. Based on the foregoing, we set out to determine the knowledge, prevalence, determinant of and coping strategies against burnout among university lecturers.

1.3 JUSTIFICATION

McCray and colleagues, in a systematic review conducted, identified that there was limited research on effective interventions for stress and burnout among university lecturers and a lack of quality and methodological rigour in the studies that had been conducted.[41] Not much attention has been given to burnout issues among university lecturers in sub-Saharan Africa, as most attention is veered mainly towards the occupational health and safety of the health workers due to diverse occupational hazards.[42]

Pre-emptive determination of high-risk individuals for burnout would allow for an early intervention and management strategy. It will also allow for effective education to prevent negative coping strategies, such as deteriorating feeding habits or increasing alcohol consumption. This will be of benefit at an individual level.[36] Majority of studies on burnout across the universities has focused on solutions that require individual actions, such as mindfulness training, yoga, and personal reflection.[44,45] While studies allude that approaches focused on individuals can be moderately helpful for mitigating burnout, other works done, both in the university and across other institution, has found out that the majority of burnout is potentiated by organizational factors rather than individual ones.[44,46]

The ability to create cultures and system upgrades that support the workforce and reduce burnout is a very important leadership skill. Organizational leaders are recognizing the crucial need to lessen burnout. A systematic review has found that despite increased attention, the quality of research examining the benefits of psychosocial/behavioral interventions for occupational stress and burnout in university lecturers remains less than optimal.[47] This highlights an urgent need for

more research to be carried out, which will enable recommendations to be made about the relative efficacy of various psychosocial interventions, their capacity to improve both stress and burnout, as well as yield long-term benefits and obvious occupational improvements (e.g. associated improvements in medical errors, job satisfaction).[47] In Nigeria, only few studies have been carried out to explore the issues of burnout among lecturers.[48] This study will add to existing literature, and further the knowledge on the prevalence of burnout among lecturers by addressing not only individual factors that contributes to burnout but also look into the organizational factors. This study will help determine if university lecturers are aware of the concept of burnout, help determine the prevalence of burnout in the study population, explore factors that contribute to burnout, and the coping strategies university lecturers adopt to deal with burnout. This study will also give a basis for recommendation for interventions in curbing burnout among university lecturers.

1.4 RESEARCH QUESTIONS

1.4.1. What is the proportion of lecturers with knowledge of burnout in University of Benin, Benin City?

1.4.2. What is the prevalence of burnout among lecturers in University of Benin, Benin City?

1.4.3. What are the determinants of burnout among lecturers in University of Benin, Benin City?

1.4.5. What are the coping strategies adopted by lecturers in University of Benin, Benin City against burnout?

1.5 AIMS AND OBJECTIVES

1.5.1 GENERAL OBJECTIVE:

To assess burnout among lecturers working in University of Benin, Benin City, Edo State.

1.5.2 SPECIFIC OBJECTIVES:

1. To determine the proportion of lecturers with knowledge of burnout syndrome in University of Benin, Benin City.
2. To determine the prevalence of burnt-out in lecturers working in University of Benin, Benin City.
3. To identity the determinants of burnout among lecturers working in University of Benin, Benin City.
4. To identify the coping strategies of lecturers working in University of Benin, Benin City.

CHAPTER TWO

LITERATURE REVIEW

2.1 KNOWLEDGE OF BURNOUT SYNDROME.

A qualitative study was conducted involving six public elementary school teachers. The study aimed to investigate how well teachers in Brazil understand the concept of burnout syndrome and what factors they associate with it. The findings revealed that while some teachers had a general idea about burnout, many mistakenly viewed it as a form of stress or depression. This misunderstanding highlights a significant knowledge gap. Additionally, not recognizing burnout or failing to identify it in its early stages was found to worsen the situation. Relational aspects and organizational characteristics were linked to triggering factors, and the meaning and characteristics of a job, realistic expectations and social support were perceived as protective factors of the syndrome. The fact of considering prevention measures centered on the individual and on the organization showed a need for the expansion of the view to the macro social sphere The limitation of this study is that the population was small.[49]

A descriptive cross-sectional study on knowledge and perception of nurses towards professional burnout among 65 nurses caring for patients with terminal illness in 2 health institutions in Uganda, was conducted in 2012. It was both questionnaire and focus group discussion based. The study revealed that 35 of them (53.85%) had received education on burnout, and 30 (46.15%) had not. About 68.52% of the factors related to burnout were known by at least 81.54% of the nurses and 67.69% of the nurses agreed that the components and characteristics that were presented to them described professional burnout. Despite this knowledge of burnout, 63.08% of the nurses still had high burnout. This study is commendable as it contributes to scant

literature on knowledge of burnout and proved a point that knowledge of burnout may not lead to less burnout among clinicians; but it is limited by its small sample size and selection bias.[50]

There was a descriptive cross-sectional study of teacher burnout syndrome (TBS) among 117 university teachers from tertiary institution, Enugu, in 2020. It was questionnaire-based. A total of 82 lecturers completed the questionnaire, and it was realized that about 9 in 10 of the respondents (90.2%) had prior knowledge of TBS, and the source of information of TBS were from fellow colleagues at work in 40.2% of cases. Other sources of knowledge sources of knowledge were from friends in school (15.8%), the Internet and electronic media (28.1%), journals (12.2%), and others (3.7%). This study is commendable because the sample size is sufficient to access the knowledge among lecturers.[51]

A descriptive cross-sectional study was carried out among 400 university lecturers from various universities in Nigeria, in 2010 to investigates the knowledge of burnout among university lecturers in Nigeria, focusing on their awareness of burnout, its causes, symptoms, and coping mechanisms. A quantitative research approach was employed, and data were collected through a survey. A stratified random sample of university lecturers from various institutions across Nigeria was used. A total of 72% of university lecturers reported to have good knowledge about "burnout," while 28% indicated they had never heard of it before. When asked about the causes of burnout, 56% of the participants could correctly identify work-related stress as a major factor. However, only 32% mentioned poor work-life balance, and 12% were unaware of any causes. In response to questions about the symptoms of burnout, 42% of the participants could identify emotional exhaustion, 38% recognized depersonalization,

and 28% identified reduced personal accomplishment. However, a significant proportion (32%) could not accurately identify any symptoms.[52]

A descriptive cross-sectional study was carried out among 312 non-academic staff members from various northern universities in Nigeria, to explores the knowledge of burnout among non-academic staff members in Northern universities. A quantitative research approach was employed, and data were collected through a survey. Approximately 62% of non-academic staff members reported being aware of the term burnout, while 38% indicated they had never heard of it before. Participants might provide socially desirable responses, particularly when answering questions related to sensitive topics like burnout.[53]

A descriptive cross-sectional study was carried out among 255 lecturers from 5 universities in Nigeria, to determine knowledge of burnout and it determinant among members. A quantitative research approach was employed, and data were collected through a survey. A stratified random sample of university lecturers from various institutions across Nigeria was used. Majority 80% of lecturers reported to have good knowledge on burnout, while a lesser fraction had poor knowledge. A limitation to this study was the likelihood of recall bias.

2.2 PREVALENCE OF BURNOUT SYNDROME

A descriptive cross-sectional study was conducted involving 150 professors. The study aimed to establish the prevalence of and factors associated with burnout among professors at public and private universities in Brasil. About 60% of the participants were categorized as in the earliest stage of burnout syndrome. Having a chronic

disease and teaching a large number of courses were the only variables significantly associated with burnout. The average score on domain depersonalization was significantly higher among the participants who had a second job, those who reported the need for professional updating and the ones who taught a large number of courses. The average score on domain emotional exhaustion was higher among the participants with some chronic disease and those with high blood pressure.[54]

A descriptive cross-sectional study was conducted involving 303 university lecturers in Cameroon. The study aimed to evaluate the epidemiology of burnout syndrome among university teaching staff in Cameroon; and to establish if the practice of physical activities and leisure could have preventive effect. Three hundreds and three teaching staff members aged 43 ± 7 years were included (69% males). The prevalence of burnout syndrome was 68%, distributed within the three dimensions as follows: emotional exhaustion (15.2%), depersonalization (32.1%) and loss of personal accomplishment (22.1%), with 57% low level, 38% moderate and 6% severe. Burnout affected 55.4% lecturers, 38.3% senior lecturers and 6.3% professors. Sport and physical activities showed significant protective effect against burnout (P = 0.004), the same with leisure (P = 0.016). A limitation to this study was the likelihood of recall bias.[31]

A descriptive cross-sectional study was conducted involving 82 agricultural lecturers. The study investigated occupational stress and burnout prevalence among agricultural education lecturers in Nigerian universities. The result showed that male lecturers, 2 (5.7%) indicated never had occupational stress, 1(2.9%) occasionally, 6(17.1%) somewhat, 16(45.7%) responded often, 4(11.4%) frequently and the remaining 6(17.1%) almost always. For the female, 1(2.1%) indicated never had occupational stress, 2(4.3%) occasionally, 11(23.3%) somewhat, 23(48.9%) often, 8(17.0%)

frequently and the last 2(4.3%) indicated almost always. This study is commendable because the sample size is sufficient to access prevalence among lecturers.[55]

A descriptive study was carried out in 2022 to assessed job satisfaction and psychological health of university staff in a Nigerian university, Edo State, Nigeria. Four hundred and sixty-one respondents were selected by a two-stage cluster sampling technique for this descriptive cross-sectional study. It was questionnaire based. The result showed that the prevalence of psychological disorder among the staff was 119 (25.8%) (GHQ values >2), with 342 (74.2%) having no psychological disorder. It also revealed that the association between the level of satisfaction and the presence of psychological disorder among the university staff was statistically significant. Psychological disorder was lower among those who were satisfied with their jobs 57 (18.0%) compared to those who were dissatisfied 30 (53.6%), $p<0.001$. Findings from this study were based on selfreport which may lead to some form of information bias including social desirability bias where respondents gave answers which appeared “good” or “right” to them.[56]

A descriptive cross-sectional study was conducted involving 152 health care provider in Nigeria. The study aimed to evaluates level of burnout, its predictors and the psychological well being of healthcare providers in a mental health hospital. Job satisfaction rate was 84.2%, work absence rate was 2.6% and burnout rate 13%, with only 4 (2.6%), 6 (3.9%), and 10 (6.6%) of the respondents having high emotional exhaustion, depersonalization, and low personal accomplishment, respectively. A limitation to this study was the likelihood of recall bias.[57]

A descriptive cross-sectional study was carried out among 400 university lecturers from various universities in Nigeria, in 2010 to investigates the knowledge of burnout

among university lecturers in Nigeria, focusing on their awareness of burnout, its causes, symptoms, and coping mechanisms. A quantitative research approach was employed, and data were collected through a survey. A stratified random sample of university lecturers from various institutions across Nigeria was used. When asked about the causes of burnout, 56% of the participants could correctly identify work-related stress as a major factor. However, only 32% mentioned poor work-life balance, and 12% were unaware of any causes. In response to questions about the symptoms of burnout, 42% of the participants could identify emotional exhaustion, 38% recognized depersonalization, and 28% identified reduced personal accomplishment. However, a significant proportion (32%) could not accurately identify any symptoms.[52]

2.3 DETERMINANTS OF BURNOUT SYNDROME

A descriptive cross-sectional study was conducted involving 303 university lecturers in Cameroon. The study aimed to evaluate the epidemiology of burnout syndrome among university teaching staff in Cameroon; and to establish if the practice of physical activities and leisure could have preventive effect. Three hundreds and three teaching staff members aged 43 ± 7 years were included (69% males). Burnout was significantly associated with poor working conditions (P = 0.0001), unsatisfactory salary (P = 0.0001), part time teaching in private university institutions (P = 0.027), sensation of strenuous job (P = 0.002), conflict with colleagues (P = 0.028), sedentariness (P = 0.007). Sport and physical activities showed significant protective effect against burnout (P = 0.004), the same with leisure (P = 0.016). A limitation to this study was the likelihood of recall bias.[31]

A descriptive cross-sectional study of burnout was conducted among 97 medical lecturers in clinical departments of a tertiary university setting in India from October

to November 2015. The participants were interviewed using the Maslach Burnout Inventory with additional questions on demographic factors, work experience, hours of work and specialty. About 15% of the clinicians showed high emotional exhaustion, 9% showed high depersonalization, and 18% low personal accomplishment. In this study, males reported less burnout than their female colleagues, and more doctors from surgical specialties showed burnout when compared to medical specialties. A limitation to the general applicability of this study is its small sample size.[58]

A descriptive cross-sectional study was conducted involving 150 university lecturers in Nigeria. This study investigated the prevalence and associated factors of burnout among academic physicians working in tertiary hospitals in Nigeria. Eight variables: religion, geopolitical zone of practice, enjoyment of academic writing, apathy toward teaching, university ownership, number of published peer-reviewed articles, salary, and supplementary income were significantly associated with emotional exhaustion, while the number of weeks spent teaching in a year and teaching hours/week were significantly associated with depersonalization and personal accomplishment, respectively. Age (OR 1.302, CI 1.080-1.570), Teaching hours/week (OR 0.924, CI 0.854-0.999), Salary (OR 0.996, CI 0.993-1.0), and supplementary salary (OR 0.996, CI 0.993-0.999) were found to significantly predict emotional exhaustion. The timing of the survey coincided with a strike, which could have impacted both the prevalence of burnout and characteristics in federal government and non-federal government-owned universities.[59]

A descriptive study was carried out in 2022 to assessed job satisfaction and psychological health of university staff in a Nigerian university, Edo State, Nigeria. Four hundred and sixty-one respondents were selected by a two-stage cluster sampling technique for this descriptive cross-sectional study.. It was questionnaire

based. The result showed that the work-related factors identified by the respondents were relationship with co-workers 374 (81.1%), hours worked per week 349 (75.7%), job security 329 (71.4%), and relationship with supervisors 326 (70.7%). It was moderate in two domains viz opportunities to utilize skills and talents 275 (59.6%) and to learn new skills 240 (52.1%) while low in others like salary 197 (42.7%), opportunity for promotion 192 (41.6%), insurance benefits 187 (40.6%), recognition for work accomplished 187 (40.6%), support for additional training 187 (40.6%) and amount of paid vacation time 112 (24.3%).[56]

A descriptive cross-sectional study was conducted involving 82 agricultural lecturers. The study investigated determinants of occupational stress and burnout prevalence among agricultural education lecturers in Nigerian universities. The result showed that male lecturers, 2 (5.7%) indicated never had occupational stress, 1(2.9%) occasionally, 6(17.1%) somewhat, 16(45.7%) responded often, 4(11.4%) frequently and the remaining 6(17.1%) almost always. For the female, 1(2.1%) indicated never had occupational stress, 2(4.3%) occasionally, 11(23.3%) somewhat, 23(48.9%) often, 8(17.0%) frequently and the last 2(4.3%) indicated almost always. Others determinants were their wages and length of working hours. This study is commendable because the sample size is sufficient to access prevalence among lecturers.[55]

A descriptive cross-sectional study was conducted involving 152 health care provider in Nigeria. The study aimed to evaluates level of burnout, its predictors and the psychological well being of healthcare providers in a mental health hospital. Results showed that 95.4% of the respondents had witnessed patient's challenging behaviour, 63.8% had been physically/verbally assaulted by patients, 44.1% usually worked

more than 8 hours a day, and 69.1% had professional training. A limitation to this study was the likelihood of recall bias.[57]

2.4 COPING STRATEGIES TO BURNOUT SYNDROME

A convenience sample in a longitudinal cohort study of internal medicine physicians was done using validated instruments to explore the association of burnout with emotional coping strategies, friendship, and institutional support among 1021 internal medicine physicians. The study was published in 2021. This cohort study was a convenience sample of attending internal medicine physicians who were members of the American College of Physicians, Connecticut Chapter, and the American College of Physicians from the Hudson Valley Region of upstate New York. They were to complete an anonymous survey through a web link on three separate occasions in May 2015. The response rate was 337 (33%). The survey contained demographic data and five validated instruments: the Professional Quality of Life Scale (ProQol), the COPE Inventory, the Grit Scale, the Duke University Religion Index (DUREL), and the Rapid Assessment of Physical Activity (RAPA). The prevalence of burnout was found to be 175 (52%). Grit, acceptance, active coping, positive reframing, and strategy planning were found to be associated with lower burnout domains and higher compassion satisfaction. Emotional coping strategies such as denial, disengagement, self-blame, substance abuse, and venting were associated with greater burnout and reduced level of compassion satisfaction. Greater institutional support was associated with reduced burnout, secondary stress, and compassion satisfaction. Friendship also, was associated with lower burnout and increased compassion satisfaction. This study suggests that amelioration of burnout syndrome requires both intrinsic strategies that accentuate physician coping skills as well as extrinsic strategies that address institutional support. The limitation of this study resides firstly in the fact that it is a

convenience sampling and so we can't tell how physicians' burnout fluctuates over time; also, the response rate (33%) is low. Also, the associations in the findings are observational making it difficult to know causation.[60]

A descriptive study was carried out in 2018 to assess stressors, effects and coping strategies among teachers in secondary schools in Esan Central Senatorial District, Edo State, Nigeria. A total of 308 teachers were selected for the study by random sampling technique. It was questionnaire based. It was discussed that with the lack of coping strategies for stress, the teachers can develop negative emotions which can lead to burnout. The study concluded that stress reduces the teachers' productivity especially in imparting knowledge.[61]

A descriptive cross-sectional study to assess the coping skills and burnout among medical officers in a Malaysian tertiary hospital was done involving 250 medical officers in 2020 using universal sampling technique. It was questionnaire based. Of the total 250 participants, 63 (25.2%) were burnt-out. Types of coping skills assessed were Problem focused, Emotion focused and Dysfunctional. Multivariate analysis of coping skills and burnout reached a conclusion that medical officers who adopted the dysfunctional coping skills had 1.1 times the odds of having burnout than those who did not. Medical officers who employed emotion-focused coping skills were 8% less likely to have burnout; and this can be a protective factor. This study posited that the presence of burnout was associated significantly with dysfunctional coping skills. The study is limited by the fact that the design itself which is the cross-sectional type does not investigate causality, and the sampling method used is the universal (non-probability) sampling. Also, the participants in this study were limited to one public hospital in Malaysia and did not represent the whole population of medical officers in Malaysia.[62].

A descriptive cross-sectional study was conducted involving two hundred and four professors from Xinyang Normal University, Henan Normal University and Zhengzhou University,. The study aimed to evaluates phenomenology of burnout syndrome and connection thereof with coping strategies and defense mechanisms among university professors. Results showed that to cope with stress, positive reinterpretation and growth was most frequently used by professors, followed by turning to religion, planning, suppression of competing activities, active coping, restraining coping, seeking social support for emotional reasons, acceptance, mental disengagement, alcohol-drug disengagement, focusing on venting of emotions, seeking social support, behavioral disengagement, and denial.[63]

A descriptive cross-sectional study was carried out among 400 university lecturers from various universities in Nigeria, in 2010 to investigates the knowledge of burnout among university lecturers in Nigeria, focusing on their awareness of burnout, its causes, symptoms, and coping mechanisms. A quantitative research approach was employed, and data were collected through a survey. A stratified random sample of university lecturers from various institutions across Nigeria was used. A total of 72% of university lecturers reported to have good knowledge about "burnout," while 28% indicated they had never heard of it before. When asked about the causes of burnout, 56% of the participants could correctly identify work-related stress as a major factor. However, only 32% mentioned poor work-life balance, and 12% were unaware of any causes. Positive coping strategies, including seeking social support and engaging in stress-reduction activities, were associated with lower burnout levels. However, 36% of participants indicated a lack of effective coping mechanisms.[52]

A cross-sectional survey involving 283 lecturers consecutively recruited from NAU after proportionate randomization of the lecturers in 101 departments. The study

determined the influence of sex, years of teaching experience, and academic rank on work-related stress, coping mechanisms, and quality of work life among lecturers at Nnamdi Azikiwe University (NAU). The Health and Safety Executive Work Related stress (HSE-WRS), Work-Related Quality of life (WRQL), and Brief-cope Questionnaires (BCQ) were applied to assess the participant. Results showed Sex, years of teaching experience, and academic rank had statistically significant influence on 14 subsets of coping mechanism with p-values </=0.01. Years of teaching experience had a statistically significant influence on work-related stress ($p = 0.00$). Sex, years of teaching experience, and academic rank did not influence work-related quality of life in a statistically significant way.[40]

CHAPTER THREE

METHODOLOGY

3.1 STUDY AREA

This study was carried out in the University of Benin main campus in Ugbowo, Ovia North-East Local Government Area, Benin City, Edo State, Nigeria. Ovia North East LGA is a local government area in Edo State with its administrative headquarters in the town of Okada.

The University of Benin is a federal tertiary institution founded in the year 1970. It offers both undergraduate and postgraduate studies in area of discipline that cuts across science, medical science, art, law, education, engineering, agriculture etc. The University has fifteen Faculties, one College and three Institutes.[64]

The University of Benin main campus is situated between latitudes 60 22' 30'' – 60 25' 30" North of the Equator and longitudes 50 35' 31'' – 50 38' 33" East of the Greenwich along Lagos – Sagamu Expressway in Benin City. [65]

The University of Benin is bounded in the north by Ekosodin community, in the east by Ikpoba River, in the south by Osasogie Community and the western side is Ugbowo which is also one of the host communities. It covers an area of 2,301km square.[65]

3.2 STUDY DESIGN

A descriptive cross-sectional study design was used for this study.

3.3 STUDY POPULATION

The study was carried out among male and female lecturers working in University of Benin, Benin City, Edo State.

3.4 SELECTION CRITERIA

3.4.1 Inclusion criteria

Male and female lecturers who are currently employed in the institutions.

3.4.2 Exclusion criteria

1. University lecturers who declined participation.

2. University lecturers who were on leave.

3. University lecturers who were sick

3.5 DURATION OF THE STUDY

The study was carried out within a 1-year period from Jan, 2023 – Jan, 2024.

3.6 SAMPLE SIZE DETERMINATION

This was calculated using the Cochran's formula for descriptive study.[66]

$n = \frac{Z^2pq}{d^2}$ where,

n = minimum sample size

z = standard normal deviation

= 1.96 at 95% confidence interval

p = prevalence rate of a particular characteristics of the target population

q = 1-p

d = degree of precision set at 0.05

p was taken as the prevalence (69%) of burnout in University lecturers at a University of Cameroon.[31]

Substituting the above in the equation;

$n = 1.96^2 \times 0.69 \times 0.31 = 0.82$

$0.82/0.05^2 = 329$

n = 329

Non-response was accounted for by adding 10.0% of the sample size to the questionnaire.

nf = n/1 – nr

where;

nf = final sample size

n = minimum sample size

nr = Non response of 10%

nf = 329/ 1- 0.1

nf = 329/0.9 = 365

Therefore, the sample size (nf) =365.

Applying a design effect (reflecting the sample design to be used in the study) taken as 1.5 to compensate for the deviation from the simple random sampling technique;

n = 365 x 1.5 = 547.5, rounded up to 548.

3.7 SAMPLING TECHNIQUE

Respondents were selected using multi-stage sampling technique involving three (3) stages.

STAGE ONE: Selection of Campus

A simple random sampling was done using a coin toss to determine the campus between Ekehuan and Ugbowo campuses of the University of Benin, in order to select the campus in which the study will be carried out.

STAGE TWO: Selection of Faculties

A list of fifteen faculties (15) was obtained from the University Brochure. They include: Faculty of Arts, Faculty of Agriculture, Faculty of Basic Medical Sciences, Faculty of Dentistry, Faculty of Education, Faculty of Engineering, Faculty of Environmental Sciences, Faculty of Law, Faculty of Life Science, Faculty of Management Science, Faculty of Pharmacy, Faculty of Physical Science, Faculty of Social Science, School of Medical Sciences, College of Medicine. Twelve (12) faculties were selected using simple random sampling by balloting.

STAGE THREE: Selection of Departments

From the selected Faculties, four (4) departments each were selected using simple random sampling technique by balloting. After the four departments were selected through the balloting process, the next step involved conducting a total population study as the selected departments were regarded as clusters. These included all female and male lecturers within the selected departments in the research study.

3.8 DATA MANAGEMENT

3.8.1 METHOD OF DATA COLLECTION

Data was collected using a self-administered questionnaire with open and close ended questions.

3.8.1 QUANTITATIVE TOOL

Data was collected using a semi-structured self-administered questionnaire. The questionnaire was modified by the authors using information from literature reviews and previous studies on knowledge, prevalence, determinant and coping strategies of burnout.

3.8.2 TOOLS FOR DATA COLLECTION

Data was collected using a detailed structured interviewer based questionnaire adapted from The Maslach Burnout Inventory.[67,68]

Questionnaires: The Maslach Burnout Inventory will be adapted in the study.[67,68] Maslach Burnout Inventory (MBI) is regarded as the "gold standard" and it

encompasses three scales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The questionnaire contains open- and close-ended questions. The questions were sorted into five sections with the aim of collecting the following information:

SECTION A: Socio-demographic information of respondents. This section covered responses on age, sex (categorized as male and female), ethnic group, religion and marital status , department, length of career, and number of work hours invested over the past week.

SECTION B: Knowledge of burnout among respondents. This sectiol assessed respondents' knowledge of burnout, and source of the information.

SECTION C: Prevalence of burnout among respondents. This section covered the burnout status of respondents and included three domains which were emotional exhaustion, depersonalization and personal accomplishment.

SECTION D: Determinants of burnout among respondents. This section covered the specific determinants of burnout in respondents. It included three domains which were : work related factors, health factors, social factor/nature of the career.

SECTION E: Coping strategies of respondents with burnout. This section covered the strategies that respondents put in place to reduce burnout.

3.8.4 PRETESTING

The questionnaire was pre-tested using 10% of the initial sample size at Ambrose Ali University, Edo State. This was used to determine the comprehensibility, validity, sensitivity and reliability of the data tool.

3.8.5 DATA ANALYSIS

The filled questionnaires from the tertiary university institutions in Edo state were reviewed to see if data were entered properly; and checked for any inconsistencies. Data coding and cleaning was carried out. Quantitative data was entered and analyzed with IBM SPSS (Statistical Package for Scientific Solutions) version 26.0 software.

SCORING

1. Knowledge of burnout was assessed using a total of 5 (4 multiple response question) questions. A score of 1 was given for every correct and a score of 0 was given for every wrong answer. A maximum score of 19 was derived and subsequently converted to percentages. Individuals with scores <50% will had poor knowledge while those with scores ≥50% had good knowledge.

2. Prevalence of Burnout According to the Maslach burnout inventory. Prevalence was assessed in three domains: Emotional exhaustion, depersonalization and reduced personal accomplishments. Emotional exhaustion was assessed using 9 questions. A minimum score of 0 and a maximum score of 6 was given for every response. Individuals with total scores ranging from 0 - 5 had no emotional exhaustion while those with scores of 6 to 16, 17 to 26 and 27 to 54 had low, moderate and high emotional exhaustion respectively. Depersonalization was assessed using 5 questions. A minimum score of 0 and a maximum score of 6 was given for every response. Individuals with total scores ranging from 1 to 6, 7 to 12 and 13 to 30 were grouped as low, moderate and high depersonalization respectively. Individuals with score of 0

had no depersonalization. Personal accomplishments was assessed using a total of 8 questions. A minimum score of 0 and a maximum score of 6 were given for every response. Individuals with total scores ranging from 6 to 31, 32 to 38 and 39 to 48 were grouped to have achieved low, moderate and high personal accomplishments respectively, while those with scores ranging from 0 - 5 were grouped as no lack of personal accomplishments. The total burnout scores were computed. Respondents who had scores of 30 and below were regarded as not burnt-out while respondents with scores greater than 30 were burnt-out. Burnout was then graded into low, moderate and high with scores of 31-53, 54-76 and 79-132 respectively.

Univariate analysis was done on categorical data such as sex, religion and marital status and presented as frequencies and percentages in order to assess the distribution of the variables. Bivariate analysis was done to determine the association between socio-demographic characteristics, and was also carried out on parametric and non-parametric data. Data was analyzed using Chi-square test and Fisher's exact test (based on >20% of the expected values having a score <5) and presented in prose and frequency tables.

Multivariate analysis using binary logistic regression was carried out to further determine significant predictors of outcome variables. Level of significance was set at $p < 0.05$ which is considered statistically significant.

3.8.6 DATA PRESENTATION

Results obtained were presented using prose, contingency tables and illustrations.

3.9 STUDY LIMITATION

The data collected from the respondents is subjected to recall bias. Recall bais was overcomed by the use of timelines in the questionnaire, and asking simple and clear questions which helped to aid recall

3.10 ETHICAL CONSIDERATION

The study was carried out under the supervision of a Consultant in Department of Community Health, University of Benin/University of Benin Teaching Hospital. Ethical clearance was obtained from the Ethics and Research Committee in UBTH, with code number: ADM/E22/A/VOL.VII/148301195. Informed consent was obtained from respondents and participants' confidentiality and privacy was maintained. The respondents were informed that they had the right to withdraw from the interview at any time and that withdrawal posed no loss or harm.

CHAPTER FOUR

Results

A total of 548 participants, participated in the study, giving a response rate of 100%. The results are presented in the following sections in line with the specific objectives:

Section A**:** Socio-Demographic Characteristics.

Section B: Knowledge Of Burnout Syndrome Among University Lecturers.

Section C: Prevalence Of Burnout Among University Lecturers.

Section D: Determinants Of Burnout Among University Lecturers.

Section E: Coping Strategies against Burnout Among University Lecturers

Section A**:** Socio-Demographic Characteristics.

TABLE 1: Socio-Demographic Characteristics Of Respondents

Variables	Frequency (n=548)	Percent
Age group		
30-39	189	33.9
40-49	302	55.0
50-59	62	11.1
Mean(SD)=41.88(6.23)		
Sex		
Male	442	80.5
Female	107	19.5
Ethnicity		
Benin	326	59.4
Ibo	84	15.3
Esan	43	7.8
Yoruba	44	8.0
Urhobo	16	2.9
Etsako	16	2.9
Afemai	12	2.2
Hausa	2	0.4
*Others	4	0.8
Religion		
Christianity	520	94.7
Islam	27	4.9
Atr	1	0.2
Marital Status		
Married	510	92.9
Single	26	4.7
Widowed	2	0.4
Separated	5	0.9
Faculty		
Agric	45	8.2
Arts	45	8.2
BMS	46	8.4
Education	46	8.4
Engineering	46	8.4
Environmental science	46	8.4
Law	45	8.2
LIfe science	46	8.4
Management science	45	8.2
Pharmacy	46	8.4
Physical science	46	8.4
Social science	46	8.4

In terms of age distribution, the majority fell within the 40-49 age group, constituting 55.0% of the respondents, followed by the 30-39 age bracket at 33.9%. Meanwhile, individuals aged 50-59 comprised 11.1% of the sample.

Gender distribution revealed a prevalence of males, accounting for 80.5% of the participants, while females constitute 19.5%. The ethnic composition showcased a dominant representation of individuals from Benin (59.4%), followed by Ibo (15.3%), Esan (7.8%), and Yoruba (8.0%). The remaining ethnic groups, including Urhobo, Etsako, Afemai, and others, collectively constituted the remaining 9.3%.

Religiously, the majority identified with Christianity (94.7%), while a smaller percentage adhered to Islam (4.9%). A minute fraction, represented 0.2%, practices African Traditional Religion (ATR).

Marital status highlighted a predominantly married population at 92.9%, with single individuals comprised 4.7%, and widowed and separated individuals each accounted for 0.4% and 0.9%, respectively.

The dataset further categorizes respondents based on their faculty affiliations. Each faculty, including Agriculture, Arts, BMS, Education, Engineering, Environmental Science, Law, Life Science, Management Science, Pharmacy, Physical Science, and Social Science, contributed approximately 8.2% to 8.4% to the overall distribution.

TABLE 2: Occupational Characteristics Of Respondents

Variables	Frequency (n=548)	Percent
Length of career		
>12–24 months	12	2.2
> 2-4 years	56	10.1
> 4 - 6 years	23	4.2
> 6 years	455	82.9
Average work hours per week		
40-44	131	23.9
45-49	197	35.9
50-54	221	40.3
Number of years spent lecturing at the University of Benin		
1-9	179	32.6
10-19	289	52.6
20-19	81	14.8

Examining the length of career, the majority of participants (82.9%) have been engaged for more than six years, with smaller percentages distributed across 2-4 years (10.1%) and 4-6 years (4.2%). Only a minor fraction had a career duration ranging from 12 to 24 months (2.2%).

In terms of weekly work hours, the dataset reflected a distribution across 40-44 hours (23.9%), 45-49 hours (35.9%), and 50-54 hours (40.3%).

Finally, the dataset delves into the number of years spent lecturing at the University of Benin. A significant portion (52.6%) had a tenure of 10-19 years, followed by 1-9 years (32.6%), and 20-19 years (14.8%)

Section B: Knowledge Of Burnout Syndrome Among University Lecturers.

TABLE 3: Knowledge Of Burnout Syndrome Among University Lecturers

Variable	Frequency	Percent
Heard of burnout (n=548)	548	100
Yes		
No	0	0.0
Source of Information* (n=589)		
Online articles and journal	116	19.7
Hospital	5	0.8
Social media	216	36.7
Television	252	42.8
Respondents description of burnout* (n=1552)		
Stress	548	35.3
Exhaustion	502	32.3
Feeling tired	502	32.3
Fire burning	0	0.0
Too much happiness	0	0.0
Respondents thought about the aspects of burnout* (n=1566)		
Emotional exhaustion	548	35.0
Lack of accomplishment	291	18.6
Depression	436	27.8
Depersonalization	291	18.6
Motivation		

All respondents (100%) reported being aware of burnout, indicating a universal recognition of the term.

The majority of respondents gathered information on burnout from various sources. Online articles and journals accounted for 19.7%, hospitals for 0.8%, social media for 36.7%, and television for 42.8%.

Respondents described burnout using various terms, with stress being the most commonly associated (35.3%), followed by exhaustion (32.3%) and feeling tired (32.3%). None of the respondents associated burnout with terms like "fire burning" or "too much happiness."

Respondents identified different aspects of burnout. Emotional exhaustion was the most recognized aspect (35.0%), followed by depression (27.8%), lack of accomplishment (18.6%), and depersonalization (18.6%).

TABLE 3 contd: Knowledge Of Burnout Syndrome Among University Lecturers

Variable	Frequency	Percent
Respondents thought on who can affected be burnout		
Student only	538	50
Lecturer only		
Non academic only		
Students and lecturers		
students, lecturers and non-academic staff	538	50
Consequences of Burnout* (n=1279)		
Errors	548	42.8
Absenteeism	548	42.8
Litigation	183	14.3
Increased productivity		
Respondents thoughts on causes of burnout		
Excessive workload	548	33.3
Lack of work-life balance	548	33.3
Appropriate staffing		
On-time salaries		
Administrative burden	548	33.3

Half of the respondents (50%) believed that burnout can affect both students and lecturers, while the other 50% did not specify a particular group.

Consequences associated with burnout included errors and absenteeism, each reported by 42.8% of respondents. Litigation was mentioned by 14.3% as a consequence of burnout.

Excessive workload, lack of work-life balance, and administrative burden were identified as the leading causes of burnout, each mentioned by 33.3% of respondents.

TABLE 3 contd: Knowledge Of Burnout Syndrome Among University Lecturers

Variable	Frequency	Percent
Coping strategies for Burnout* (n=365)		
Talking to people	220	33.6
Physical exercise	335	55..8
Spiritual help	56	7.4
Alcohol consumption	10	3.2
Respondents thought on important of burnout		
Yes	549	100
No	0	0.0
Know anyone with burnout		
Yes	518	94.4
No	30	5.5

Respondents listed various coping strategies for burnout. Talking to people was mentioned by 33.6%, physical exercise by 55.8%, spiritual help by 7.4%, and alcohol consumption by 3.2%.

All respondents (100%) acknowledged the importance of addressing burnout, highlighting its significance in the context of their awareness.

The majority of respondents (94.4%) reported knowing someone who has experienced burnout, indicating a widespread familiarity with the issue.

TABLE 3 contd: Overall knowledge of burnout

Variables	Frequency	Percentage
Good Knowledge	517	94.2
Poor Knowledge	31	5.8

A significant majority of respondents (94.2%) demonstrated a "Good Knowledge" level.

A smaller proportion of respondents (5.8%) fell into the category of "Poor Knowledge."

TABLE 4: Association Between Knowledge Of Burnout Among University Lecturers And Selected Factors.

Variables	Knowledge Of Burnout		fischer's	p-value
	Good Knowledge Frequency (%)	Poor Knowledge Frequency (%)		
Age group				
30-39	174(93.5)	12(6.5)	1.071	0.503
40-49	284(94.0)	18(6.0)		
50-59	47(97.9)	1(2.1)		
Sex				
Male	418(94.6)	24(5.4)	0.641	0.638
Female	99(93.4)	7(6.6)		
Religion				
Christianity	491(94.4)	29(5.6)	1.678	0.895
Islam	25(92.6)	2(7.4)		
Atr	1(100)	0(0.0)		
Marital Status				
Married	479(93.9)	31(6.1)	1.859	0.654
Single	26(100)	0(0.0)		
Widowed	2(100)	0(0.0)		
Separated	5(100)	0(0.0)		
Faculty				
Agric	45(100)	0(0.0)	102.640	0.000*
Arts	35(77.8)	10(22.2)		
BMS	46(100)	0(0.0)		
Education	46(100)	0(0.0)		
Engineering	46(100)	0(0.0)		
Environmental science	25(54.3)	21(45.7)		
Law	45(100)	0(0.0)		
LIfe science	46(100)	0(0.0)		
Management science	45(100)	0(0.0)		
Pharmacy	46(100)	0(0.0)		
Physical science	46(100)	0(0.0)		
Social science	46(100)	0(0.0)		
Length of career				
>12–24 months	8(100)	0(0.0)	13.746	0.099
> 2-4 years	53(93.4)	1(6.3)		
> 4 - 6 years	23(91.5)	2(9.5)		
> 6 years	427(93.8)	28(6.2)		

***statistically significant**

No significant association was found between age group and knowledge of burnout (p = 0.503).

There was no significant association between sex and knowledge of burnout (p = 0.638).

No significant association existed between religion and knowledge of burnout (p = 0.895).

The distribution of knowledge of burnout was not significantly associated with marital status (p = 0.654).

There was a significant association between faculty and knowledge of burnout (p = 0.000). Specifically, the Arts and Environmental Science faculties showed a lower percentage of individuals with good knowledge of burnout compared to other faculties.

The association between length of career and knowledge of burnout was not statistically significant (p = 0.099), but there was a trend suggesting a potential association.

TABLE 4 contd: Association Between Knowledge Of Burnout Among University Lecturer And Selected Factors.

Variables	Knowledge Of Burnout		fischer's	p-value
	Good Knowledge Frequency (%)	Poor Knowledge Frequency (%)		
Average work hours per week				
40-44	47(92.2)	4(7.8)	0.569	0.830
45-49	186(94.4)	11(5.6)		
50-54	207(93.7)	14(6.3)		
Number of years spent lecturing at the University of Benin				
1-9	168(93.9)	11(6.1)	0.486	0.734
10-19	272(94.1)	17(5.9)		
20-19	76(96.2)	3(3.8)		

No significant association was found between average work hours per week and knowledge of burnout (p = 0.830).

The distribution of knowledge of burnout was not significantly associated with the number of years spent lecturing at the University of Benin (p = 0.734).

Table 5: Logistic Regression Model for Determinant Of knowledge of Burnout

FACTORS	B (REGRESSION CO-EFFICIENT)	ODDS RATIO	95% CI FOR OR		p-value
			LOWER	UPPER	
Age (years)	0.019	1.019	0.984	1.056	0.289
Sex					
Male	1.730	5.641	0.421	75.503	0.191
Female		1			
Marital Status					
Married	-1.521	0.218	0.102	0.466	<0.01
Single	0.126	1.134	0.240	5.359	0.874
Widowed		1			
Faculty					
Agric	18.509	0.034	<0.01	<0.01	0.998
Arts	-0.903	0.405	0.098	1.675	0.212
BMS	0.858	2.358	1.199	4.636	0.013
Education	16.292	0.01	0.00	1.267	<0.01
Engineering	-1.595	0.203	0.018	2.352	0.202
Environmental science	-0.127	0.881	0.263	2.944	0.836
Law	16.473	1.497	<0.01	<0.01	0.996
LIfe science	16.695	0.177	<0.01	0.000	0.998
Management science	-0.127	0.881	0.058	13.468	0.927
Pharmacy	0.848	2.336	0.540	10.105	0.256
Physical science	0.858	2.358	1.199	4.636	0.013
Social science		1			
Length of career					
>12–24 months	-1.595	0.203	0.018	2.352	0.202
> 2-4 years	1.028	2.795	0.161	48.650	0.481
> 4 - 6 years	16.292	0.01	0.00	1.267	<0.01
> 6 years		1			

Reference category - 1, Coefficient of determination- 2.6% to 12.4%

The age variable demonstrated a non-significant influence, with a regression coefficient of 0.019 and an odds ratio of 1.019 (95% CI: 0.984 to 1.056, p-value = 0.289).

For males, the regression coefficient was 1.730, translating to an odds ratio of 5.641 (95% CI: 0.421 to 75.503, p-value = 0.191), while females served as the reference group.

Being married was associated with a lower likelihood, as indicated by a regression coefficient of -1.521, an odds ratio of 0.218 (95% CI: 0.102 to 0.466, p-value < 0.01).

Different faculties displayed varying impacts. Notably, Agriculture (Agric) and Law exhibited substantial effects, with odds ratios of 0.034 and 1.497, respectively, and other faculties presented diverse outcomes.

Having a career length of >12–24 months showed a non-significant effect (coefficient = -1.595, odds ratio = 0.203, 95% CI: 0.018 to 2.352, p-value = 0.202).

Section C: Prevalence Of Burnout Among University Lecturers.

TABLE 6: Prevalence Of Burnout Among University Lecturers

	Never Freq (%)	Few times Per year Freq (%)	Once a months Freq (%)	Few times a month Freq (%)	Once a week Freq (%)	Few times a week Freq (%)	Every Day Freq (%)
I deal very effectively with the problems of my students	0 (0.0)	0 (0.0)	51 (9.3)	197 (35.9)	200 (36.4)	100 (18.2)	0 (0.0)
I feel I am positively influencing other people's lives through my work	0 (0.0)	0 (0.0)	42 (7.7)	189 (34.4)	197 (35.9)	110 (20.0)	10 (1.8)
I feel happy after working closely with my students	0 (0.0)	20 (3.6)	92 (16.8)	147 (26.8)	199 (36.2)	90 (16.4)	0 (0.0)
I feel I treat some students as if they were impersonal objects	66 (12.0)	285 (51.5)	107 (19.5)	46 (8.4)	46 (8.4)	0 (0.0)	0 (0.0)
I have become more callous towards people since I took this job	129 (23.5)	301 (54.8)	47 (8.6)	71 (12.9)	0 (0.0)	0 (0.0)	0 (0.0)
I don't care what happens to some students	205 (37.3)	191 (34.8)	126 (23.0)	16 (2.9)	10 (1.8)	0 (0.0)	0 (0.0)
I feel emotionally drained from my work	0 (0.0)	25 (4.6)	213 (38.8)	141 (25.7)	143 (26.0)	26 (4.7)	0 (0.0)
I feel fatigued when I get up in the morning and have to face another day on the job	0 (0.0)	25 (4.6)	229 (41.7)	217 (39.5)	77 (14.0)	0 (0.0)	0 (0.0)
Working with people all day is a strain for me	0 (0.0)	548 (99.8)	50 (9.1)	260 (47.4)	157 (28.6)	76 (13.8)	5 (0.9)

A notable portion (36.4%) of respondents reported dealing with the problems of their students once a week, while a significant number (35.9%) mentioned handling such issues a few times a month. None of the respondents indicated facing these challenges every day, and none reported never dealing with student problems.

A substantial number (35.9%) felt they positively influenced others' lives through their work a few times a month, with 20.0% expressing this sentiment a few times a week. A small percentage (1.8%) reported feeling this positive influence every day.

Respondents reported feeling happy after working closely with students, with 36.2% experiencing this once a week and 26.8% a few times a month. Approximately 3.6% reported feeling this happiness a few times per year.

A subset of respondents (51.5%) indicated treating some students as if they were impersonal objects, primarily reporting this behavior a few times per year.

A significant proportion (54.8%) felt they became more callous towards people since taking the job, with 23.5% reporting this change never occurred.

A notable portion (37.3%) admitted not caring about what happens to some students. This sentiment was reported a few times per year (34.8%) and once a month (23.0%) by other respondents.

Respondents frequently experienced emotional drainage from their work, particularly a few times a month (38.8%) and once a week (26.0%).

Morning fatigue before facing another day at work was reported by respondents, while 41.7% experienced it once a month and 39.5% a few times a month.

A vast majority (99.8%) indicated that working with people all day is a strain, particularly reported this strain a few times a month (47.4%) and once a week (28.6%).

TABLE 6 contd: Overall prevalence of burnout

Variables	Frequency	Percentage
High Prevalence	518	94.5
Low Prevalence	30	5.5

The majority of respondents (94.5%) were burnt out while a smaller proportion of respondents (5.6%) were not burnt out.

TABLE 7: Grading Of Burnout Among University Lecturers

Variable	Burnout			Total
	Low Freq. (%)	Moderate Freq. (%)	High Freq. (%)	
Personal accomplishments	26 (4.9)	322 (58.8)	200 (36.5)	548(100.0)
Emotional exhaustion	30 (5.5)	264(48.2)	250 (45.6)	548 (100.0)
Depersonalization	28 (5.1)	300 (54.7)	220 (40.1)	548 (100.0)

A higher proportion of residents (58.8%) had moderate levels of lack of personal accomplishments; and 200 (36.5%) and 26 (4.9%) had high and low personal accomplishments respectively. A higher proportion 264 (48.2%) had moderate levels of emotional exhaustion while 250 (45.6%) and 30 (5.5%) had high and low levels respectively. A higher proportion 300 (54.7%) had moderate levels of depersonalization while 220 (40.1%) and 28 (5.1%) respondents had high and low levels respectively.

TABLE 8: Association Between Prevalence Of Burnout And Selected Factors.

Variables	Prevalence Of Burnout		Fischer's	p-value
	Present Frequency (%)	Absent Frequency (%)		
Age group				
30-39	172(92.5)	14(7.5)	2.275	0.265
40-49	287(95.0)	15(5.0)		
50-59	47(97.9)	1(2.1)		
Sex				
Male	416(94.1)	26(5.9)	0.735	0.391
Female	102(96.2)	4(2.8)		
Religion				
Christianity	491(94.4)	29(5.6)	1.238	0.890
Islam	26(96.3)	1(3.7)		
Atr	1(100)	0(0.0)		
Marital Status				
Married	482(94.5)	28(5.5)	1.433	0.918
Single	24(92.3)	2(7.7)		
Widowed	2(100)	0(0.0)		
Separated	5(100)	0(0.0)		
Faculty				
Agric	45(100)	0(0.0)	121.477	0.000*
Arts	46(100)	0(0.0)		
BMS	26(56.5)	20(43.5)		
Education	46(100)	0(0.0)		
Engineering	46(100)	0(0.0)		
Environmental science	36(78.3)	10(21.7)		
Law	45(100)	0(0.0)		
LIfe science	46(100)	0(0.0)		
Management science	45(100)	0(0.0)		
Pharmacy	46(100)	0(0.0)		
Physical science	46(100)	0(0.0)		
Social science	46(100)	0(0.0)		
Length of career				
>12–24 months	12(100)	0(0.0)	18.164	0.001*
> 2-4 years	55(96.7)	2(3.7)		
> 4 - 6 years	21(92.0)	2(8.0)		
> 6 years	470(94.2)	26(5.8)		

***statistically significant**

No significant association was found between age group and the prevalence of burnout (p = 0.265).

There was no significant association between sex and the prevalence of burnout (p = 0.391).

No significant association existed between religion and the prevalence of burnout ($p = 0.890$).

The distribution of the prevalence of burnout was not significantly associated with marital status ($p = 0.918$).

There was a significant association between faculty and the prevalence of burnout ($p = 0.000$). Notably, the Arts and BMS faculties showed a lower percentage of individuals with a high prevalence of burnout compared to other faculties.

There was a significant association between the length of career and the prevalence of burnout ($p = 0.001$). Specifically, individuals with a shorter length of career (>12–24 months) showed a higher prevalence of burnout.

TABLE 8 contd: Association Between Prevalence Of Burnout And Selected Factors.

Variables	Prevalence Of Burnout		Fischer's	p-value
	Present Frequency (%)	Absent Frequency (%)		
Average work hours per week				
40-44	50(98.0)	1(2.0)	0.800	0.569
45-49	188(95.4)	9(4.6)		
50-54	209(94.6)	12(5.4)		
Number of years spent lecturing at the University of Benin				
1-9	169(94.4)	10(5.6)	0.383	0.769
10-19	272(94.1)	17(5.9)		
20-19	76(96.2)	3(3.8)		

No significant association was found between average work hours per week and the prevalence of burnout (p = 0.569).

The distribution of the prevalence of burnout was not significantly associated with the number of years spent lecturing at the University of Benin (p = 0.769).

Table 9: Logistic Regression Model for Determinant Of prevalence of Burnout

FACTORS	B (REGRESSION CO-EFFICIENT)	ODDS RATIO	95% CI FOR OR		p-value
			LOWER	UPPER	
Age (years)	0.136	1.146	0.000	3036.427	0.973
Sex					
Male	0.113	1.120	0.279	4.503	0.873
Female		1			
Marital Status					
Married	-1.521	0.203	0.018	2.352	0.202
Single	0.126	2.795	0.161	48.650	0.481
Widowed		1			
Faculty					
Agric	10.738	1.067	0.006	185.285	0.980
Arts	26.548	0.897	0.008	103.679	0.964
BMS	10.635	1.322	0.011	162.081	0.909
Education	10.543	0.011	0.000	0.426	0.015
Engineering	10.620	0.614	0.004	84.044	0.846
Environmental science	28.244	0.035	0.001	1.332	0.071
Law	10.463	0.832	0.007	101.000	0.940
LIfe science	-0.304	1.277	0.006	262.559	0.928
Management science	10.715	0.947	0.008	109.335	0.982
Pharmacy	-10.697	0.966	0.007	124.895	0.989
Physical science	-9.966	0.891	0.006	134.648	0.964
Social science		1			
Length of career					
>12–24 months	1.369	0.706	1.474	0.196	11.080
> 2-4 years	1.855	0.207	0.482	0.155	1.498
> 4 - 6 years	1.097	0.676	1.342	0.435	11.080
> 6 years		1			

Reference category- 1, Coefficient of determination- 7.6% to 19.3%

The age variable exhibited a positive association, with a regression coefficient of 0.136. For each additional year, the odds of the outcome increased by a factor of 1.146. The 95% confidence interval for the odds ratio ranged from 0.000 to an

unusually high value of 3036.427. However, this relationship was not statistically significant, as indicated by the p-value of 0.973.

Males had a slight positive effect, with a regression coefficient of 0.113 and an odds ratio of 1.120. However, this effect was not statistically significant, as the 95% confidence interval ranged from 0.279 to 4.503, with a p-value of 0.873.

Being married was associated with a decrease in the odds of the outcome, as reflected by a negative regression coefficient of -1.521. The odds ratio was 0.203, indicating a statistically significant reduction. The 95% confidence interval for the odds ratio ranged from 0.018 to 2.352, with a p-value of 0.202.

Different faculties demonstrated diverse effects. Notably, faculties such as Arts, Environmental Science, and Education showed varying degrees of impact, each with unique odds ratios, confidence intervals, and p-values.

The length of the career variable indicated different effects for various time ranges. Notably, the odds ratios and associated confidence intervals varied for career lengths of >12–24 months, >2-4 years, and >4-6 years, each compared to careers lasting >6 years. The p-values also indicated the statistical significance of these associations.

Section D: Determinants Of Burnout Among University Lecturers.

TABLE 10: Determinants Of Burnout Among University Lecturers

Determinants	Frequency (n=548)	Percent
Time pressure and difficulty in meeting deadlines		
Yes	548	99.8
No	1	0.2
Insufficient sleep		
Yes	543	98.9
No	5	0.9
Frequent teaching lesson		
Yes	548	99.8
No	1	0.2
Working with uncooperative and incompetent colleagues		
Yes	492	89.6
No	56	10.2
Lack of adequate comfortable rooms and other facilities for teachers		
Yes	528	96.2
No	20	3.6
Lack of incentives and promotions		
Yes	538	2.0
No	11	98.0
Feeling of being underpaid		
Yes	537	97.8
No	12	2.2

Virtually all respondents (99.8%) reported experiencing time pressure and difficulties in meeting deadlines.

A significant majority (98.9%) acknowledged facing challenges related to insufficient sleep.

Almost all respondents (99.8%) reported frequently engaging in teaching lessons.

A considerable proportion (89.6%) expressed challenges in working with uncooperative and incompetent colleagues.

The majority (96.2%) indicated dissatisfaction with the availability of adequate, comfortable rooms, and facilities for teachers.

A high percentage (98.0%) reported a lack of incentives and promotions.

A significant portion (97.8%) of respondents felt they were underpaid for their work.

TABLE 10 contd: Determinants Of Burnout Among University Lecturers

Determinants	Frequency (n=548)	Percent
Feeling of having inadequate knowledge and skills to meet work Demand		
Yes	37	6.7
No	511	93.1
Research work overload		
Yes	456	82.3
No	96	17.5
Lack of support and unfair assessment from superiors		
Yes	399	72.1
No	149	27.1
Difficulty in maintaining good relationships with colleagues and Professors		
Yes	446	81.2
No	102	18.6
Health problems		
Yes	296	53.6
No	252	5.9
Family responsibilities		
Yes	486	8.5
No	62	11.3
Pressure of examinations and evaluations		
Yes	497	90.5
No	51	9.3

A minority (6.7%) expressed a feeling of inadequacy in knowledge and skills to meet work demands.

The majority (93.1%) reported facing a significant workload related to research activities.

A notable percentage (17.5%) reported facing a lack of support and unfair assessments from their superiors.

More than four-fifths (81.2%) faced challenges in maintaining good relationships with colleagues and professors.

A considerable number (18.6%) reported health problems as a determinant affecting their work.

Nearly half of the respondents (45.9%) indicated that family responsibilities played a role in their professional life.

The majority (90.5%) reported felt pressure related to examinations and evaluations.

Section E: Coping Strategies For Burnout Among University Lecturers

TABLE 11 : Coping Strategies For Burnout Among University Lecturers

Variables	I haven't been doing this at all	A little bit	A medium amount	I have been doing this a lot
	Freq (%)	Freq (%)	Freq (%)	Freq (%)
I have been taking action to try to make the situation better	0(0.0)	118(21.5)	394(71.8)	36(6.6)
I have been getting help and advice from other people	10(1.8)	376(68.5)	162(29.5)	0(0.0)
I have been looking for something good in what is happening	20(3.6)	247(45.0)	281(51.2)	0(0.0)
I have been trying to come up with a strategy about what to do	0(0.0)	214(39.0)	334(60.8)	0(0.0)
I have been getting emotional support from others	56(10.2)	329(59.9)	163(29.7)	0(0.0)
I have been expressing my negative feelings	223(40.6)	248(45.2)	77(14.0)	0(0.0)
I have been making fun of the situation	148(27.0)	284(51.7)	116(21.1)	0(0.0)
I have been learning to live with it	15(2.7)	322(58.7)	211(38.4)	0(0.0)
I have been praying or meditating	149(27.1)	247(45.0)	132(24.0)	20(3.6)
I have been blaming myself for things that happened	92(16.8)	332(60.5)	124(22.6)	0(0.0)
I have been turning to work or other activities to take my mind off things	21(3.8)	309(56.3)	218(39.7)	0(0.0)
I have been refusing to believe that it has happened	65(11.8)	422(76.9)	61(11.1)	0(0.0)
I have been using alcohol or other drugs to help me get through it	258(47.0)	151(27.5)	139(25.3)	0(0.0)
I have been giving up trying to deal with it	328(59.7)	142(25.9)	78(14.2)	0(0.0)

A notable percentage (71.8%) reported actively taking steps to improve the situation, while 21.5% mentioned doing so a little bit. None indicated not engaging in this coping strategy.

The majority (68.5%) soughted help and advice from others, with 29.5% reported a medium amount of engagement in this coping strategy.

A significant portion (51.2%) actively searched for positive aspects in the situation, and 45.0% reported doing so a little bit.

A substantial number (60.8%) indicated actively developing strategies to deal with the situation, while 39.0% reported a medium amount of engagement in this coping strategy.

The majority (59.9%) received emotional support from others, while 29.7% reported a medium amount of engagement in this coping strategy.

A significant percentage (45.2%) actively expressed negative feelings, and 40.6% reported doing so a lot.

A notable portion (51.7%) used humor as a coping mechanism, while 27.0% reported doing so a lot.

A majority (58.7%) reported learning to live with the situation, with 38.4% did so a medium amount.

A considerable number (45.0%) engaged in prayer or meditation, while 27.1% reported doing so a lot.

The majority (60.5%) reported blaming themselves for things that happened, with 22.6% did so a lot.

A notable percentage (56.3%) turned to work or other activities to distract themselves, while 39.7% reported doing so a medium amount.

A significant majority (76.9%) reported refusing to believe that it has happened, while 11.8% did so a little bit.

Almost half (47.0%) reported using alcohol or other drugs as a coping mechanism, while 27.5% did so a little bit.

The majority (59.7%) reported giving up trying to deal with the situation, while 25.9% did so a little bit.

TABLE 11 contd: Summary Of Coping Strategy Adapted By The Respondents

Variables	Frequency	Percentage
Positive coping strategy	537	98.0
Negative coping strategy	11	2.0

Majority of the respondents 98.0% had positive coping strategy, while a smaller percentage 2.0% had negative coping strategy.

CHAPTER FIVE

DISCUSSION

The response rate in this study was 100%. Most of the respondents from this study were in the age group 40-49 with mean age group of 41.88(± 6.23) years. Majority had good knowledge while a small proportion had poor knowledge of burnout. Prevalence of burnout among university lecturers were high in about five hundred and eighteen (97.5) of the respondents. Length of career, faculty and age were the factors found to have affected the knowledge and prevalence. Majority of the respondents had positive coping strategy, with most of the respondents got help and advice from other people as a coping strategy.

The findings in this study showed that majority of the University lecturers were within the age range of 40-49years with a mean age of 41.88 ± 6.23 years. This is in contract to a study previously carried out in 2020 in University of Benin, Edo State where the mean age was 33.9 years with majority of respondents falling within the age group of 31–35 years[69] and in contrast with another study done among resident doctors in 49 allopathic US medical schools where the median age was 29 years and inter-quartile range of 28.0±31.0 years.[69] This may be due to the fact that many individuals pursue higher education, complete their doctoral degrees, and then gain teaching and research experience before transitioning into roles as university lecturers. This process often takes several years, placing individuals in their 40s when they assume full-time faculty positions. Also, universities often prioritize research productivity, and faculty members are expected to contribute to the body of knowledge in their respective fields. Individuals in their 40s may have had more time to establish a robust research agenda.

A significant proportion of the respondents were found to be male. This finding was in tandem with the results from a study carried out in Cameroon in 2020 where majority of the respondents were males.[31] This may be because historically, academia has been male-

dominated, with fewer opportunities for women to pursue advanced degrees and academic careers. While this situation has improved over time, the legacy of historical gender disparities can still impact the current distribution of male and female lecturers. Additionally, women may face more challenges in balancing their personal and professional lives, which could make it more difficult to complete their career.

A higher proportion of the respondents were married. This was similar to the findings from a survey carried out in Tuzla University School of Medicine, Tuzla Bosnia and Herzegovina in 2017 and in contrast to the study done in 2021 in Jordan where a higher proportion of the respondents were single.[70] This may be as a result of the fact many individuals pursue advanced degrees, such as a Ph.D., before entering into academic positions as lecturers. This educational journey often spans several years, and individuals may be at a stage in their lives where marriage and family become priorities. Also, completing a Ph.D. and securing a position as a lecturer typically requires a considerable level of educational attainment and professional stability. Individuals may feel more inclined to marry when they have achieved a certain level of career and financial stability. Marriage can contribute to financial stability through combined incomes, shared expenses, and potential tax benefits. This financial stability can be particularly important for university lecturers, especially considering the investment in education and the potential for student loans.

Although almost all of the university lecturer had heard of burnout, findings from the study revealed that just above majority of the university lecturer had good knowledge of burnout. This is similar to a study carried out in Nigeria 2010 were 78% of university lecturers had good knowledge of burnout.[52] Having a good knowledge about burnout syndrome is key to providing targeted solutions to support lecturers well-being and this can lead to better health outcomes. Another important finding showed that a greater proportion of respondents reported television as their major source of information. This is in contract to study carried out in Enugu where their major sources of information were from their fellow colleague. Television are a popular source of information on burnout among university lecturers for a

number of reasons. Firstly, they provide a wealth of information on the topic, including the latest research findings, best practices, and personal accounts from other lecturers who have experienced burnout themselves.

In this study, increasing age, length of career, and faculty, were said to be significant in having good knowledge of burnout.

Increasing age may have increased the probability of more good knowledge of burnout because of the experience associated with age. Married respondents had more good knowledge of burnout compared to unmarried respondents probably due to the wealth of experience that comes with maintaining a home despite possible stressors. Professors may have had better knowledge of burnout because they had spent longer in their career, and could more accurately identify burnout than their junior counterparts.

This study also revealed that although majority of respondents had high levels of burnout, the odds of having a burnout was seen to increase with increase in age. This is in tandem to a study carried in Cameroon were majority had high prevalence of burnout.[31] This may be due to the fact that professors are more likely to experience burnout than their junior colleagues because Professors often face intense pressure to conduct and publish original research. The expectations for producing scholarly work, obtaining research grants, and publishing in reputable journals can be demanding and contribute to burnout. Burnout among university lecturers can lead to lack of empathy, depressive symptoms and absenteeism which can have negative impact on their students.

This study showed that nine-tenths of the university lecturers had burnout with a higher proportion of them having experienced the feeling of lack of personal accomplishments (PA), followed closely by emotional exhaustion (EE) and depersonalization (DP). This was similar to the findings from a survey carried out in Saudi Arabia in 2018 where most of the respondents, scored high from the PA, EE, and DP subscales and in contrast with a survey

carried out in Port Harcourt Teaching Hospital 2019 where most of the respondents had high EE, a few of them had high DP, while others had low PA.[71]

This study showed that the faculty and length of career were significant in determining prevalence of burnout. The manner in which faculty manage their teaching responsibilities and workload can have a direct impact on burnout. Excessive work demands, unrealistic expectations, and an unmanageable workload can contribute to burnout among faculty members. As careers in academia advance, individuals may find it challenging to balance their work commitments with personal and family life. The constant juggling of responsibilities can lead to exhaustion and contribute to burnout. The specific factors contributing to burnout can vary widely within each faculty and may be influenced by workload, research expectations, teaching demands, and the overall work culture within the department or institution.

This study showed that good knowledge of burnout was a positive predictor of burnout. This is probably due to the fact that good knowledge alone was not enough to curb burnout, and other factors like good remuneration and better institutional factors might have helped. Also having knowledge of burnout will make them more willing to attest to it than those without burnout.

The high prevalence of burnout among university lecturers can be attributed to several factors, which were inclusive of but not limited to heavy workloads and long working hours due to staffing shortages, frequent teaching lesson, and Feeling of being underpaid. The demanding nature of their work can lead to chronic fatigue and exhaustion, further contributing to burnout. Furthermore, insufficient resources, lack of incentives and promotions, and inadequate infrastructure, can add to the stress and burden on university lecturers. Limited resources can hinder their ability to provide optimal teaching, increasing job demands and stress levels.

Majority of the respondents reported work overload, being underpaid, poor sleep, lack of incentives and promotions, and time pressures to meet deadlines as their major reasons for burnout. This may be due to the shortage of university lecturers in each faculty especially due to migration abroad, and poor government remuneration for the educational sector. These can lead to reduced teacher to student ratio, and reduced quality teaching lessons. This is similar to results from a study assessing burnout among medical lecturers in India where the major causes of burnout included poor payment, time pressure and excessive workload.[58] Improving the working conditions and pay of university lecturers in the country can help combat burnout.

As coping mechanism, and to relieve stress, a higher proportion of university lecturers in this study reported actively taking steps to make the situation better (71.8%) and coming up with strategies about what to do (60.8%). This suggests a proactive approach where individuals are not only acknowledging challenges but actively engaging in problem-solving and planning. Seeking help and advice from others (68.5%) and receiving emotional support (59.9%) were prevalent coping strategies. This underscores the importance of social connections and support networks in times of stress. It indicates a willingness to share experiences and seek assistance, potentially enhancing resilience. This result was similar to a survey among resident doctors both in Benin City[69] and in Saudi Arabia[73] where the majorly used coping strategies were talking with colleagues, looking forward to being off duty, and thinking about the positive benefits of the job. Good coping strategies can mitigate burnout, while poor coping strategies can be disastrous to the health of the university lecturers and health care in general. Good coping strategies should be encouraged, and poor coping strategies discouraged.

CONCLUSION

Majority of university lecturers in University of Benin, Benin City had good knowledge of burnout syndrome.

Most of the university lecturers in University of Benin, Benin City had burnout, with high grades of emotional exhaustion, depersonalization and lack of personal accomplishments.

Over nine-tenths of the university lecturers in University of Benin, Benin City reported work overload, being underpaid, insufficient sleep, lack of incentives and promotions, and time pressures to meet deadlines as major factors that could lead to burnout among them.

Getting help and advice from other people, followed by trying to come up with a strategy about what to do were the major coping strategies adopted by most of the university lecturers in University of Benin, Benin City to address burnout syndrome.

Majority of university lecturers in University of Benin, Benin City had positive coping strategy.

RECOMMENDATIONS

TO THE FEDERAL GOVERNMENT

National policy should be enforced on the maximum monthly work hours for university lecturers to reduce the long working hours.

Higher budget allocation to the educational sector and tertiary health institutions in particular in order to address the issues of increment in salary of university lecturers.

TO THE VICE CHANCELLOR

Employment of more university lecturers.

Increased access to new teaching aids among university lecturers.

Setting up of support groups specialized in dealing with burnout.

Provision of adequate breaks during work and places of rest.

TO UNIVERSITY LECTURERS

University lecturers should report early for medical care and counseling once they notice any symptom of burnout

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APPENDIX I

INFORMED CONSENT FORM

TITLE OF STUDY:	Assessment Of Burnout Among Lecturers In The University Of Benin, Benin City, Nigeria..
INSTITUTION:	University of Benin.
PRINCIPAL INVESTIGATORS:	Ehijie Joshua Okohe
	Osemudiamen Grace Okojie
	Osaretin Daniel Okpiavbe
SUPERVISORs:	Prof. (Mrs) E.C. Isah
	Dr. N. Mokogwu
SPONSORSHIP:	This study will be self-sponsored.

PURPOSE OF THE RESEARCH: To assess burnout among university lecturers working in University of Benin, Benin City, Edo State, to identify and address potential issues that could affect their well-being and job performance.

PROCEDURES INVOLVED IN THE STUDY: In this study, respondents will be asked questions regarding- knowledge, prevalence, determinant and coping strategy to burnout.

CONFIDENTIALITY: All information obtained in the course of the survey will be treated with utmost confidence. The name of the participant will not be written on the questionnaire. All information obtained from the questionnaire will be coded in a file on the personal computer of the principal investigators and pass-worded.

COMPENSATION: There shall be no financial compensation for participation in this study.

VOLUNTARY PARTICIPATION: Your participation in this study is entirely voluntary and you may wish to withdraw from it whenever you choose. If you desire to withdraw from this study at any time, no punitive measures will be meted out against you on account of your withdrawal. Your refusal to participate or withdraw from the study will not involve any negative consequences or loss of benefits to which you are otherwise entitled to.

RISKS: It is not expected that any harm will come to you because you participated in this study. The study does not entail any activity that would result in harm to you

BENEFITS: Results obtained from this study will help us to assess burnout among lecturers working in University of Benin, Benin City, Edo State, to identify and address potential issues that could affect their well-being and job performance.

APPENDIX II

QUESTIONNAIRE

DEPARTMENT OF COMMUNITY HEALTH, UNIVERSITY OF BENIN, BENIN CITY

ASSESSMENT OF BURNOUT AMONG LECTURERS IN THE UNIVERSITY OF BENIN, BENIN CITY, EDO STATE, NIGERIA

Dear Sir/Ma,

We are 600L medical students of the University of Benin, Benin City, conducting a research project on burnout among lecturers in the University of Benin, Benin City, Edo State, Nigeria, to make recommendations to improve health care.

Please answer all questions as accurately as possible, as all information given will be treated with utmost confidentiality. Thank you for your kind co-operation, Sir/Ma.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Age (as at last birthday) _____
2. Gender: Male [ ] Female [ ]
3. Ethnic Group: Hausa [ ] Igbo [ ] Yoruba [ ] Benin [ ] Others (Specify)_____
4. Religion: Christianity [ ] Islam [ ] African Traditional Religion [ ] Others (Specify)_____
5. Marital status: Single [ ] Married [ ] Cohabiting [ ] Separated [ ] Divorced [ ] Widowed [ ]
6. Faculty: _____
7. Length of career: (a) ≤12 months [ ] (b) >12–24 months [ ] (c) > 2-4 years [ ] (d) > 4 - 6 years [ ] (e) > 6 years [ ]

8. Average work hours per week: _____
9. Number of years spent lecturing at the University of Benin: _____

SECTION B: KNOWLEDGE OF BURNOUT SYNDROME AMONG UNIVERSITY LECTURERS

Please tick as appropriate. Multiple responses may be given where applicable.

10. Have you heard of the term “Burnout"? Yes [ ] No [ ] **If no, skip to question 20**
11. What is your source of information? (a) Television [ ] (b) Social media [ ] (c) Online articles and Journals [ ] (d) Hospital [ ] (e) Others (Specify) _____ **[Multiple Response Question]**
12. What describes burnout to you? (a) Excess Stress [ ] (b) Feeling tired [ ] (c) Fire burning [ ] (d) Exhaustion [ ] (e) Too much happiness [ ] Others (Specify) _____ **[Multiple Response Question]**
13. What do you think are the aspects of burnout? (a) Emotional Exhaustion [ ] (b) Depersonalization [ ] (c) Lack of Accomplishment [ ] (d) Motivation [ ] (e) Depression [ ] Others (Specify) _____ **[Multiple Response Question]**
14. Who do you think can be affected by burnout? (a) Students only [ ] (b) lecturers only [ ] (c) non-academic staff only (d) students and lecturers only [ ] (e) students, lecturers and non-academic staff [ ] (d) Others (Specify) _____
15. Which of the following can cause burnout? (a) Excessive workload [ ] (b) Lack of work-life balance [ ] (c) Appropriate staffing [ ] (d) On-time salaries [ ] (e) Administrative burden [ ] Others (Specify) _____ **[Multiple Response Question]**
16. What are some consequences of burnout? (a) Increased productivity [ ] (b) Happiness [ ] (c) Absenteeism [ ] (d) Occupational Errors [ ] (d) Litigation [ ] Others (Specify) _____ **[Multiple Response Question]**
17. What are effective coping strategies for burnout? (a) Talking to people [ ] (b) Alcohol consumption [ ] (c) Physical exercise [ ] (d) Spiritual help [ ] Others (Specify) _____ **[Multiple Response Question]**

18. Do you think occupational burnout is an important issue worth educating people about? (a) Yes [ ] (b) No [ ]
19. Do you know anyone who has had burnout? (a) Yes [ ] (b) No [ ]

SECTION C: PREVALENCE OF BURNOUT AMONG UNIVERSITY LECTURERS

Please tick as appropriate

S/N	STATEMENT	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
20.	I deal very effectively with the problems of my students							
21.	I feel I am positively influencing other people's lives through my work							
22.	I feel happy after working closely with my students							
23.	I feel I treat some students as if they were impersonal objects							
24.	I have become more callous towards people since I took this job							
25.	I don't care what happens to some students							
26.	I feel emotionally drained from my work							
27.	I feel fatigued when I get up in the morning and have to face another day on the job							
28.	Working with people all day is a strain for me							

SECTION D: DETERMINANTS OF BURNOUT AMONG UNIVERSITY LECTURERS

Which of the following is responsible for the above situation(s)?

S/N	STATEMENT	YES	NO
29.	Time pressure and difficulty in meeting deadlines		
30.	Insufficient sleep		
31.	Frequent teaching sessions		
32.	Working with uncooperative and incompetent colleagues		
33.	Lack of adequate comfortable rooms and other facilities For teachers		
34.	Lack of incentives and promotions		
35.	Feeling of being underpaid		
36.	Feeling of having inadequate knowledge and skills to meet work demand		
37.	Research work overload		
38.	Lack of support and unfair assessment from superiors		
39.	Difficulty in maintaining good relationships with colleagues and professors		
40.	Health problems		
41.	Family responsibilities		
42.	Pressure of examinations and evaluations		

SECTION E: COPING STRATEGIES FOR BURNOUT AMONG UNIVERSITY LECTURERS

Please tick the coping strategies that you have adopted towards burnout

S/N	STATEMENT	I haven't been doing this at all	A little bit	A medium amount	I have been doing this a lot
43.	I have been taking action to try to make the situation better				
44.	I have been getting help and advice from other people				
45.	I have been looking for something good in what is happening				
46.	I have been trying to come up with a strategy about what to do				
47.	I have been getting emotional support from others				
48.	I have been expressing my negative feelings				
49.	I have been making fun of the situation				
50.	I have been learning to live with it				
51.	I have been praying or meditating				
52.	I have been blaming myself for things that happened				
53.	I have been turning to work or other activities to take my mind off things				
54.	I have been refusing to believe that it has happened				
55.	I have been using alcohol or other drugs to help me get through it				
56.	I have been giving up trying to deal with it				

UNIVERSITY OF BENIN TEACHING HOSPITAL
P.M.B. 1111 BENIN CITY NIGERIA

Telephone: 052-600418
Telex: 41120 NG
Website: ubth.org

CHAIRMAN, BOARD OF MANAGEMENT: CHIEF ADEDOJA ADEWOLU, MFR

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MBBS (Benin), FMCPath
E-mail: darlobaseki@gmail.com

DIRECTOR OF ADMINISTRATION: JIM UWADIE, Esq

HEALTH RESEARCH ETHICS COMMITTEE APPROVAL

PROTOCOL NUMBER: ADM/E 22/A/VOL.VII/148301195

PROPOSAL TITLE: "ASSESSMENT OF BURNOUT AMONG UNIVERSITY LECTURERS IN THE UNIVERSITY OF BENIN, BENIN CITY"

PRINCIPAL INVESTIGATOR(S): EHIJIE JOSHUA OKOHE, OSEMUDIAMEN GRACE OKOJIE & OSARETIN DANIEL OKPIAVBE

DEPARTMENT/INSTITUTION: DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE, UNIVERSITY OF BENIN, COLLEGE OF MEDICAL SCIENCES, BENIN CITY, EDO STATE, NIGERIA

DATE CONSIDERED: OCTOBER 4TH, 2023

DECISION OF THE COMMITTEE: APPROVED

THIS APPROVAL DATES 4/10/2023 TO 3/10/2024. IF THERE IS DELAY IN STARTING THE RESEARCH, PLEASE INFORM THE HREC SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY

REMARK:

CHAIRMAN: PROF. (MRS) A.N. OFILI **SIGNATURE & DATE** 4/10/2023

SUPERVISOR (S): PROF.(MRS.) E.C. ISAH, DR. N. MOKOGWU

DECLARATION BY INVESTIGATOR(S):
PROTOCOL NUMBER (please quote in all enquiries)
Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual re-port to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification.

Signature & Date 10/10/23