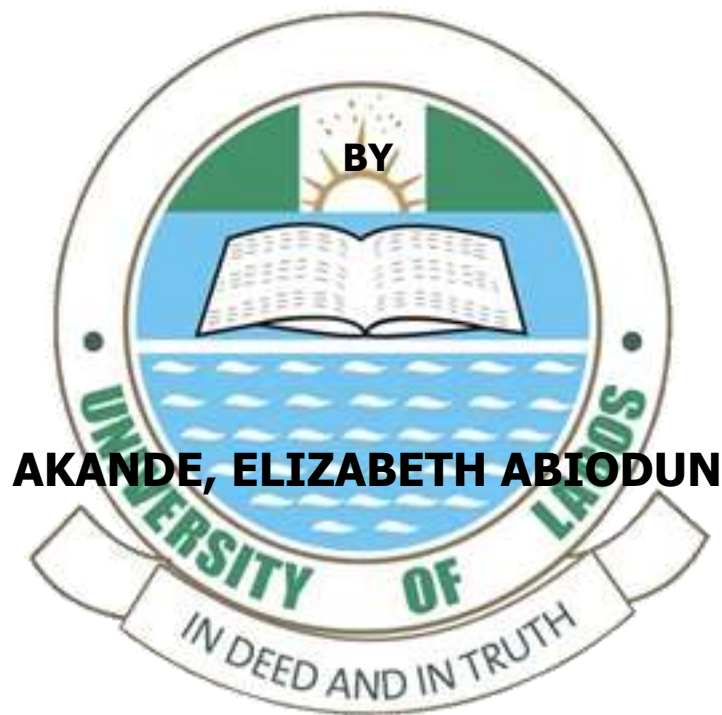


**IMPACT OF TWO COUNSELLING STRATEGIES
ON BURNOUT AMONG MARRIED
WORKING NURSING MOTHERS
IN IBADAN, NIGERIA.**



OCTOBER, 2011

**IMPACT OF TWO COUNSELLING STRATEGIES ON BURNOUT AMONG
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The logo of the University of Lagos is a circular emblem. It features a central sun with rays, positioned above an open book. Below the book are stylized blue waves representing water. The emblem is set against a background of green and white vertical stripes. The words "UNIVERSITY OF LAGOS" are written in a circular path around the central image. A banner at the bottom of the emblem contains the motto "INDEPENDENT AND IN TRUTH".

**A THESIS IN THE DEPARTMENT OF EDUCATIONAL
FOUNDATIONS (WITH PSYCHOLOGY)
SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES
UNIVERSITY OF LAGOS**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D)
IN GUIDANCE AND COUNSELLING OF THE UNIVERSITY OF LAGOS**

OCTOBER, 2011

APPROVAL

This research report has been approved by the Department of Educational Foundations and the School of Postgraduate Studies
University of Lagos



Professor A.M. Olusakin
Head of Department

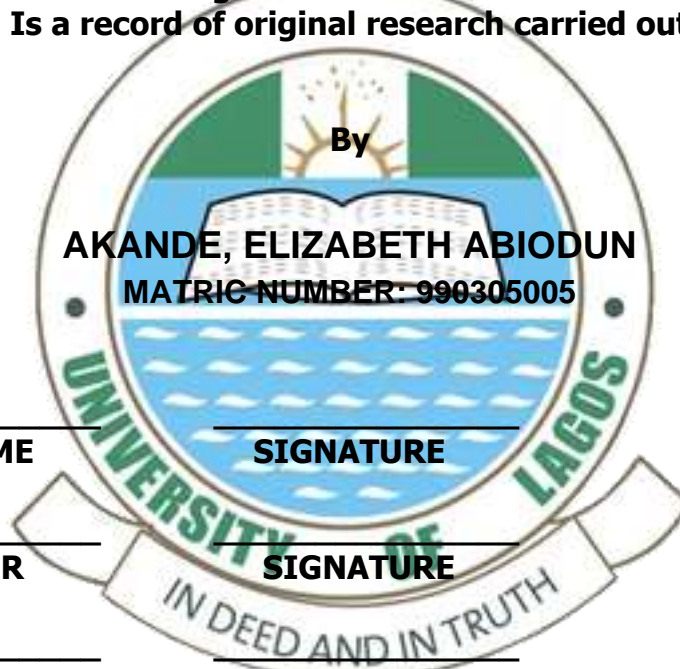
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**SCHOOL OF POSTGRADUATE STUDIES,
UNIVERSITY OF LAGOS**

CERTIFICATION

**THIS IS TO CERTIFY THAT THE THESIS:
IMPACT OF TWO COUNSELLING STRATEGIES ON BURNOUT AMONG
MARRIED WORKING NURSING MOTHERS IN IBADAN, NIGERIA.**

**Submitted to the School of Postgraduate Studies,
University of Lagos, Akoka-Yaba
For the award of the degree of DOCTOR OF PHILOSOPHY (Ph.D)
Is a record of original research carried out**



By

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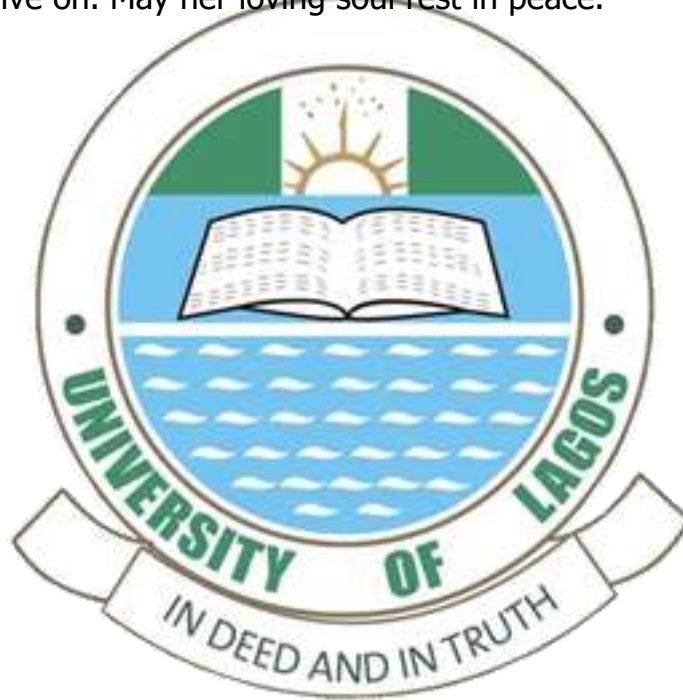
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DEDICATION

To The Most High God who has given me a limitless life to achieve far beyond my wildest dream. He is worthy of my praises.

To the memory of my late sister Mrs. Mercy Hayes – my UNILAG story is incomplete without her contribution. She started it all, even though we miss her, her good works live on. May her loving soul rest in peace.



ACKNOWLEDGEMENTS

Every accomplishment in life is as a result of the contributions of many individuals who directly and indirectly share the gifts, talents and wisdom God has given them with others. This thesis is no exception. The contributions of some special people towards the success of this project will ever remain in my memory. God's presence that has been with me will never depart from them.

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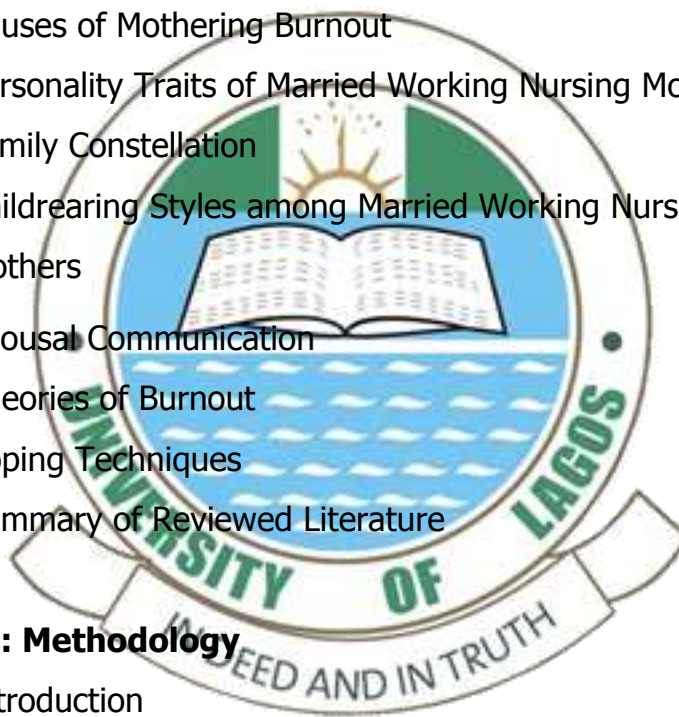
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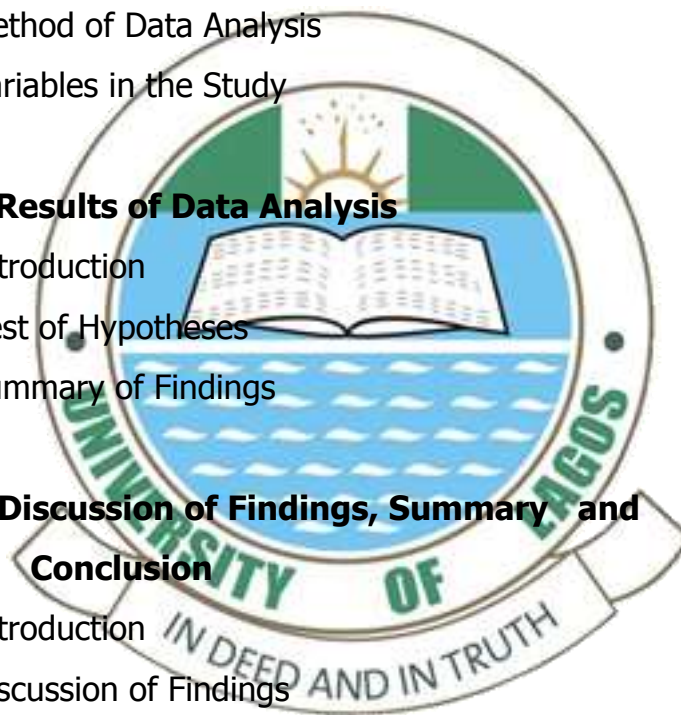
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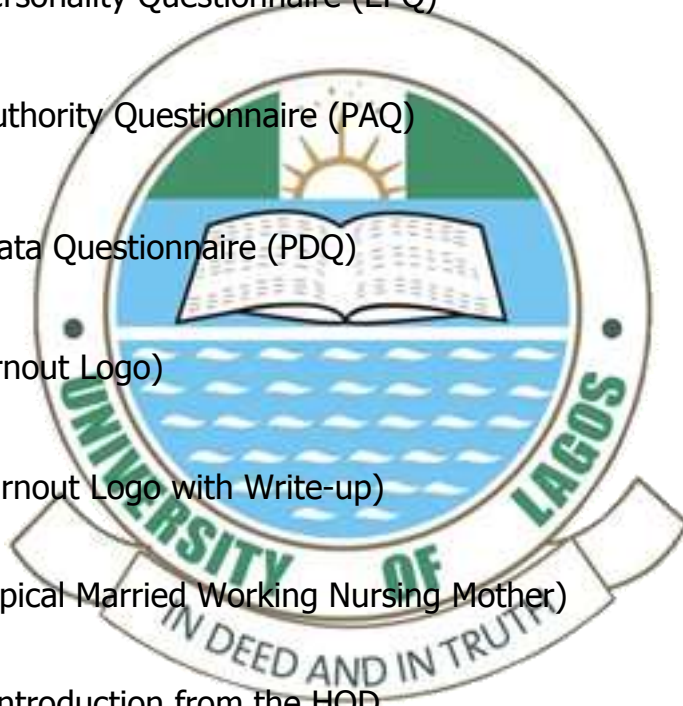
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ABBREVIATIONS

PCI	Primary Communication Inventory
CBI	Copenhagen Burnout Inventory
MSI	Marital Stress Inventory
EPQ	Eysenck Personality Questionnaire
PAQ	Parental Authority Questionnaire
PDQ	Personal Data Questionnaire
REBT	Rational Emotive Behaviour Therapy
FCT	Family Counselling Therapy
MBI	Maslach Burnout Inventory
COR	Conservation Of Resources
O ₁	The pre-test score of the experimental group 1 (that is. REBT group)
O ₂	The post-test score of the experimental group 1 (REBT group)
O ₃	The pre-test score of the experimental group 2 (that is. FCT group)
O ₄	The post-test score of the experimental group 2 (that is. FCT group)
O ₅	Represent the pre-test score of the control group
O ₆	Represent the post-test score of the control group
X ₁	Represents REBT - Treatment group 1

X ₂	Represents FCT - Treatment group 2
R	Represents random assignment of participants to the groups
NUT	Nigerian Union Of Teachers
CIBN	Chartered Institute Of Banker Of Nigerian
NBA	Nigerian Bar Association
NUJ	Nigerian Union of Journalist
NMA	Nigerian Medical Association



ABSTRACT

This study examined the relative effectiveness of Family Counselling Therapy and the Rational Emotive Behaviour Therapy in reduce burnout among married working nursing mothers. The moderating effects of participants' personality type, childrearing styles and spousal communication on burnout of married working nursing mothers were also investigated. The study also sought to determine if participants' family size, gender of children, age at and length of marriage, educational qualification, work experience, work environment and work status were predictive of their burnout.

The study employed the descriptive survey and the quasi-experimental pre-test, post-test control group designs. Multistage sampling procedure was used in selecting initial sample of 600 married working nursing mothers was selected from various organizations from whom the baseline data was obtained. A total of 97 out of the 600 married working nursing mothers, who were experiencing burnout, constituted the final sample for the study. The dependent variables of the study were the post-test burnout scores of married working nursing mothers.

The effect of each of the main independent variables, family counselling and the rational emotive behaviour therapies on participants' personality types, child rearing styles and spousal communication were also tested with the moderating effects of the predictor variables. This also included family size, gender of children, age at and length of marriage, educational qualification, work experience, work environment and work status.

Data for the study were collected using six research instruments. These were the Copenhagen Burnout Inventory (CBI) developed by Kristensen, Borritz, Villadsen and Kristensen (2005), to measure personal burnout, Marital Stress Inventory (MSI) developed by Hudson (1982) and adopted by Omoluabi (1994), to measure distress and discord, Primary Communication Inventory (PCI) by Locke, Sabaght and Thomas (1967), to measure soundness of communication, Eysenck Personality Questionnaire Senior (EPQ Adult) by Eysenck and Eysenck (1975), to measure personality attributes, Parental Authority Questionnaire (PAQ) by Buri (1991) to measure childrearing styles and the Personal Data Questionnaire (PDQ), a researcher-designed instrument to obtain demographic characteristics or bio-data.

Six hypotheses were formulated tested using one-way Analysis of Covariance (ANCOVA), Multiple Regression Analyses and two-way Analysis of Covariance (ANCOVA) as appropriate for each hypothesis. All tests of significance for the hypotheses were performed at 0.05 alpha level when the F-ratio was statistically

significant. Post-hoc analysis was performed using Fisher's protected t-test procedure.

REBT was more efficacious in reducing burnout than family counseling, the personality traits and parenting styles did not significantly influence their burnout while the quality of spousal communication significantly impacted on their burnout. The age at marriage and educational qualification made the greatest contribution to the prediction of burnout among the married working nursing mothers. These results were discussed in the light of the existing literature and recommendations were based on the findings.



CHAPTER ONE

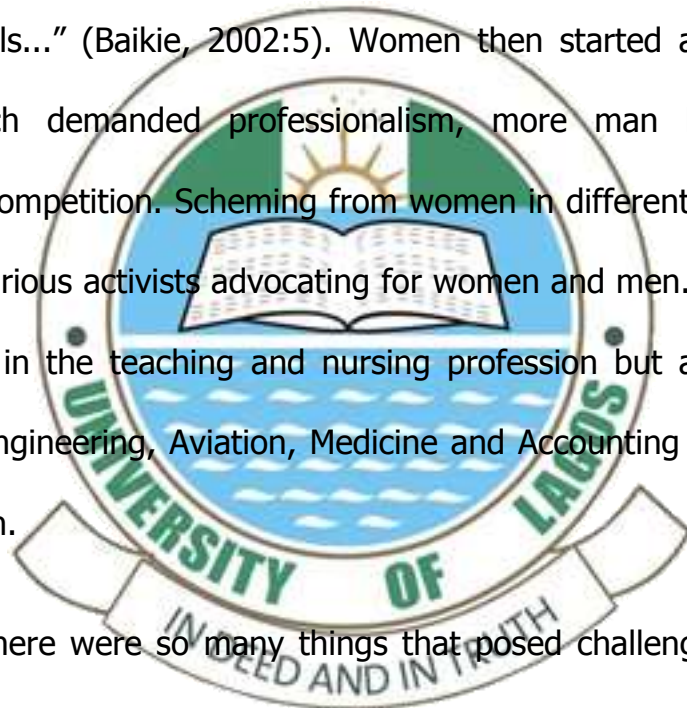
Introduction

1.1 Background to the Study

In the contemporary society, human beings strive to achieve the need for belongingness which is a term popularly used to describe man's need to give and receive acceptance, affection and trust (Hough, 2011; Maslow, 1970). In many homes, both husband and wife try hard to achieve this need in their little ways. In pre-colonial era, couples' attempts to give or receive acceptance, affection and trust yielded some fruit so much so that the women were engaged as full-time house wives. The men became the farmers, hunters and performed other masculine activities that enabled them to provide for their families' welfare (Fafunwa, 1984). The women however suffered bore-out sometimes when seasonal changes affected their ability to help on the farm.

As a consequence of urbanization, people moved away from agrarian communities to the different emerging towns and cities because of the surge of people from the urban areas, unemployment became inevitable. Breadwinners soon realised that there were so many things to contend with like high bills to pay, high rent charges, limited accommodation, expensive children's school fees and general high cost of living. Therefore, it becomes necessary for the woman to work in order to assist the man – breadwinner – in catering for the family.

Urbanization also exposed the girl-child to Western education which in turn made it possible for women to engage in some occupation outside the homes for the economic benefits accruing from there (Makinde, 2006). Baikie (2002) emphasised how the ordinances of Phelps- Stoke's 13-point memorandum of 1923, 1929 and 1948 stressed inter alia the place of women's education as follows: "The education of girls and women is of vital importance though with its own problems. Educated mothers mean educated homes". "Education must provide for adult women as well as schools for girls..." (Baikie, 2002:5). Women then started applying for white-collar jobs, which demanded professionalism, more man hour involvement, surveillance and competition. Scheming from women in different parts of the world also resulted in various activists advocating for women and men. Today women are not just involved in the teaching and nursing profession but also in some other professions like Engineering, Aviation, Medicine and Accounting which were earlier dominated by men.



In the suburbs, there were so many things that posed challenges to couples and which resulted in women going out to get more money to complement the men's effort for them to live a relatively comfortable life. This new role taken by the women was not sympathetic to the woman's traditional role. The woman must perform the roles in the home as well as pursue their career in order to make ends meet; it may result in conflict, and the conflict means stress, and the cumulative effect of this stress is burnout.

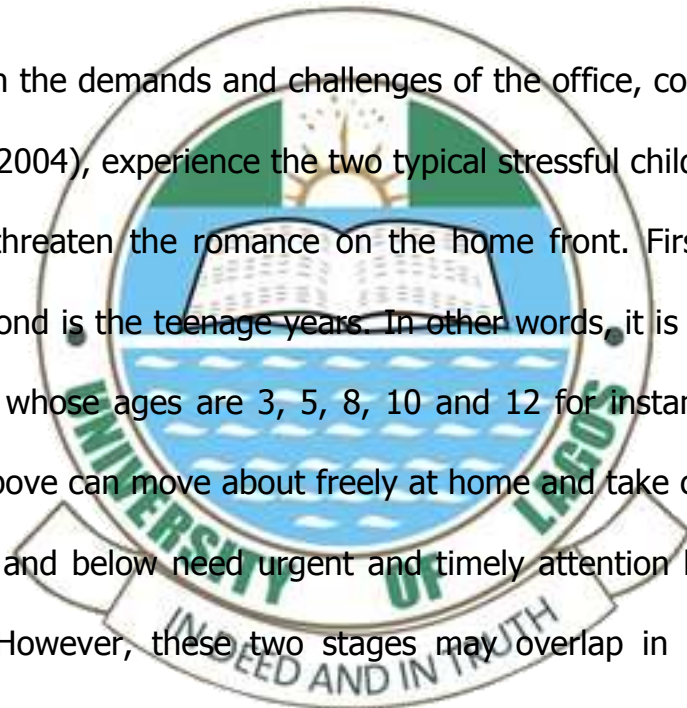
The practice of combining marital duties and motherhood with professional careers among the womenfolk has not only been enigmatic but is also not much valued in many countries of the world. When God created the woman, He gave her multiple avenues to express the essence of her sexuality, especially her femaleness.

According to Rainey & Rainey (2004), a woman can experience the miraculous process of creating a life in her body while the husband watches in amazement for nine months. When the child is born, the woman assumes the role of a "nurturer" until the child is seventeen years plus. The scenario of burnout among married working nursing mothers did not just evolve overnight. It accumulated from the gradual metamorphosis of an emerging society from the traditional conservative environment to the relatively elitist and civilized society that is battling incessantly with economic crises.

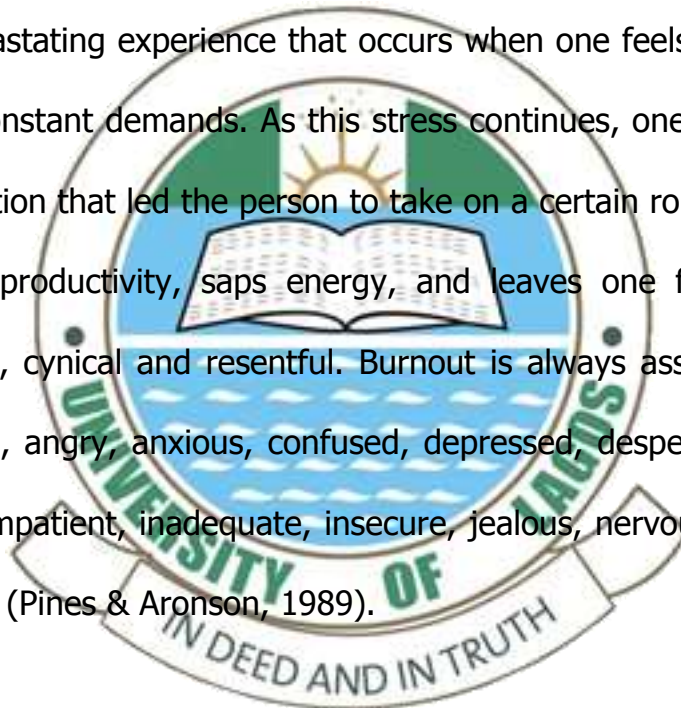
Gone are the days, when the man was considered the hunter, sole breadwinner and provider for the family while the woman remained the home manager. Crittenden (2002) asserted that the woman no longer has to look up to the man to fulfill her dream of economic security. She takes up a job where she earns enough to contribute her quota to the total expenditure of the whole family, especially for the care of the children. Combining professional career with giving care in an intact marriage is energy-sapping. It is tasking, time-consuming and daunting. According to Rainey & Rainey (2004), each couple desires to know the other, understand each other and have empathy for each other so as to be in the safety of

“unconditional love,” but no sooner had the marriage vows been uttered than the popular vow “till death do us part” changes to “I am in this relationship until one of us or both feel otherwise”. The reasons for this sudden turn are not far-fetched; the majority of today’s wives are no longer stay-at-home-mothers but up-and-coming professionals in different fields of human endeavour such as teaching, banking, accounting, nursing, civil service and so on, leaving the man to be filled with self-pity, anger, arrogance and emotional pain.

While battling with the demands and challenges of the office, couples, according to Rainey & Rainey (2004), experience the two typical stressful childhood seasons that will of necessity threaten the romance on the home front. First is the preschool years and the second is the teenage years. In other words, it is possible to have in a family, children whose ages are 3, 5, 8, 10 and 12 for instance. While children from age 9 and above can move about freely at home and take care of themselves, children of age 6 and below need urgent and timely attention by the mother and the care givers. However, these two stages may overlap in some families (for instance, where the eldest child is 14 and has younger siblings whose ages are 11, 9, 6, 3 and 1). Parents must pay attention to all of them. The eldest child who is a teenager has more freedom than the rest and desires more independence in the household; he would like to dish his own food, eat as he wants and may not participate in the house work because of the freedom he desires.



These kids present peculiar challenges which have implications for the genesis of the burnout experienced by the married working nursing mother. While it is easier to hire a babysitter for the childhood season, the teen season is a tough bone to crack as teens could be found wandering about, opening the fridge, dishing the food, staying up late and doing so many things under the guise of 'freedom'. Burnout is a psychological term for diminished interest and is defined as a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. It is a devastating experience that occurs when one feels overwhelmed and unable to meet constant demands. As this stress continues, one begins to lose the interest or motivation that led the person to take on a certain role in the first place. Burnout reduces productivity, saps energy, and leaves one feeling increasingly helpless, hopeless, cynical and resentful. Burnout is always associated with being afraid, abandoned, angry, anxious, confused, depressed, desperate, embarrassed, frustrated, hurt, impatient, inadequate, insecure, jealous, nervous, rejected, tense, upset and worried (Pines & Aronson, 1989).



Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion of values, dignity, spirit and will as well as an erosion of the human soul. Burnout is the presence of negative emotions and absence of positive ones. It is a symptom of people's shortcomings or failures and reduces the capacity to work effectively.

According to Freud (1939), man lives for two main reasons in life: to work and to love. For these two main activities to be accomplished in life, both the man and the woman must of necessity keep their work and love going and blossoming. The married working nursing mother must learn to live and adjust to the demands of home management, child-rearing and the official demands of the workplace. The married working nursing mother must keep herself radiant, cheerful and available not only for the marital demands at home but also for the bureaucratic demands of her promotion and interpersonal relationship with her colleagues in the office.

However, the married working woman is characteristically burnt out not only on the home front but also at work. She has her goals and aspirations to achieve and she must of necessity cope with her spouse as well as the unavoidable superiors and subordinates with their sometimes annoying habits and idiosyncrasies.

Ibadan, an erstwhile traditional city which is gradually turning into a mega city and consequently manifesting the psycho-social effects of modernity underscores a compounding scenario of the hustling and bustling of a mega city with residents encountering traffic jams, high population density and unprecedented levels of vice. Labinjo (1991) described Ibadan as a triangular settlement created by the railway line that brought many European traders into it, together with the unprecedented influx of non-indigenes from all parts of Yorubaland and the concentration of commercial activities at the heart of Mapo Hill, which has caused intricate communication and transportation systems.

According to Tokun (2000), Ibadan is acclaimed worldwide as the second largest city in Africa, South of the Sahara. In Ibadan there is a comprehensive spectrum of infrastructure ranging from rail, road networks to waterways, and water and electricity supply systems. The very first high-rise building in Nigeria was built in Ibadan by the late sage, Chief Obafemi Awolowo. Cocoa House marked the beginning of industrial revolution and civilisation in Nigeria during the pre-independence era (Ogunremi 2000). A lot of research has been done on stress and married working nursing mothers (Soares, Grossi and Sundin, 2007).

The focus of this research therefore is to proffer steps, using two therapies, to know the effectiveness of burnout experienced by married working nursing mothers in Ibadan, Nigeria.

1.2 Statement of the Problem

The workplace today is a cold, hostile and demanding environment both economically and psychologically. People are emotionally, physically and spiritually exhausted. The daily demands of the job, the family and everything in between erodes energy and enthusiasm, that is, joy of success and the thrill of achievement are more and more difficult to attain.

For a marriage to be described as successful in most African settings, one of the indices is the gift of children. Raising children is not an easy task, especially in a metropolitan city like Ibadan. Like any other part of the world, many children and

young adults in the metropolitan city of Ibadan display different kinds of social vices. Gone were the days when mothers or mothers-in-law stayed permanently with a couple to help them raise all the children until they are of school age. Also gone are the days when a child-bearing woman could trust her baby or toddler with a neighbour until she closes from work. Every member of the society plans to take adequate care of his or her babies in one form or another. This is the origin of child rearing problems for nursing mothers. Some of them saddle their baby at their back and hold the hands of the toddlers while going to work. This in itself stresses and saps the energy of the woman, before the activities in the office commence. However successful a marriage might be, even with the blessing of children, the importance of the place of work cannot be over-stressed. For the family's economy to remain stable, both the husband and the wife have to engage in a steady profession or vocation to earn a living and keep the family going.

However, combining work with home management is not an easy task especially on the part of married working nursing women. Of necessity is the woman's compliance with her work schedules; she has a specific time to resume at work, go on break and close from work. Except when she goes on leave, she must resume at work come rain or sunshine. She is expected to focus on her work in order to avoid careless mistakes, which may be detrimental and devastating to her employer/organization.

It is disturbing to note that while the married working nursing mother has the desire to reach the apex of her career; child training from infancy through childhood is such a herculean task. Children are like young plants that develop and thrive only when nurtured with regular loving attention.

Parents are therefore expected to be available to shower their children with verbal and physical expressions of love for mental and emotional growth (Stiles & Wilborn, 1992). It is worthy of note that only mothers must create time to express love and reinforcement for mental and emotional growth of children because the father is apparently present but unavailable to do all these. They claim to be busy all the time ruminating on and planning for the family's survival (Makinde 2004).

Equally worrisome is the fact that every job has its own sizeable number of stressors at various levels; all these will naturally interfere with the married working nursing mother's personal life, her family responsibilities and general interpersonal relationships in the society at large. Her weekend is not spared; many weekends that she ought to spend staying at home to mind the babies are preoccupied with get-togethers and sometimes weekend training courses and retreats for professional growth.

All these challenges faced by married working nursing mothers are the focal points of this study. It is in this vein that this study sets out to investigate the impact of two counselling therapies:-

- Rational Emotive Behavioural Therapy

- Family Counselling Therapy

on burnout among married working nursing mothers in Ibadan.

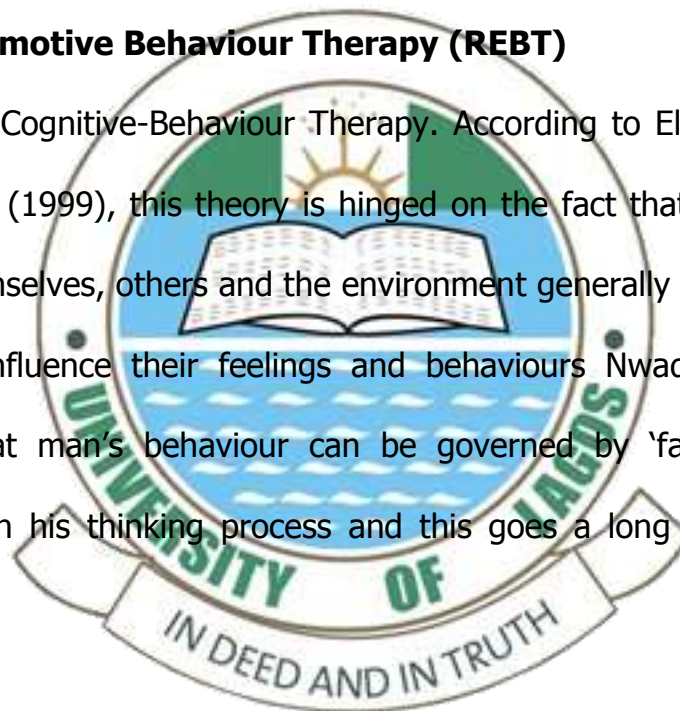
1.3 Theoretical Framework

The study is based on the Rational Emotive Behavioural Therapy of Albert Ellis (REBT) (1995) and the Family Counselling Therapy by Murray Bowen (1990).

1.3.1 Rational Emotive Behaviour Therapy (REBT)

This is a form of Cognitive-Behaviour Therapy. According to Ellis (1995), cited by Gordon & Dryden (1999), this theory is hinged on the fact that people hold some beliefs about themselves, others and the environment generally which, according to Ahimie (2007), influence their feelings and behaviours. Nwadinigwe & Makinde (1997) assert that man's behaviour can be governed by 'faulty belief' that is generated through his thinking process and this goes a long way to control his emotions.

Man is a social animal and cannot function in isolation unless he interacts with other people around him. In the process of building interpersonal relationships, Ellis (1962) contended, it is faulty for man to expect everything to be perfect, that he must be loved by everybody around him or that every event must happen exactly the way he plans it to be. On a broad perspective, DiGiuseppe (1990) underscored the relevance of this therapy in child-rearing and effective parenting by drawing a kind of parallelism in day-to-day activities vis-a-vis the A-B-C-D and E of events



wherein A stands for the activating event, B stands for the faulty belief attached erroneously to A; C stands for the consequences of the spontaneous reaction and faulty belief attached to A. The therapist disrupts the irrational belief and behaviour that emanate from the faulty belief in B by equipping the client (the depressed married working nursing mother or the battered psyche of the emotional child) with competencies that would keep his/her morale high.

Finally, E is the stage of acting out the competencies in D.

The totality of Ellis' postulation is a reflection of our culture which is inherently conducive to maladjustment. For instance, the married working nursing mothers, after cataloguing and interpreting the daily events, are likely to feel angry or hostile toward others at home or at work, or internalize her feelings with resulting guilt, anxiety or depression (Thompson and others; 2004). Man, according to Ellis & Harper (1998), naturally thinks crookedly, behaves irrationally, expresses emotions inappropriately and manifests self-defeat often times. Man needs a therapeutic intervention of this magnitude as in the Rational Emotive Behaviour Therapy to teach him how to do otherwise.

This therapy provides myriads of consequences resulting from irrational or 'stinking thinking', which can be very costly in the stress added to the married working nursing mothers' lives among which are:

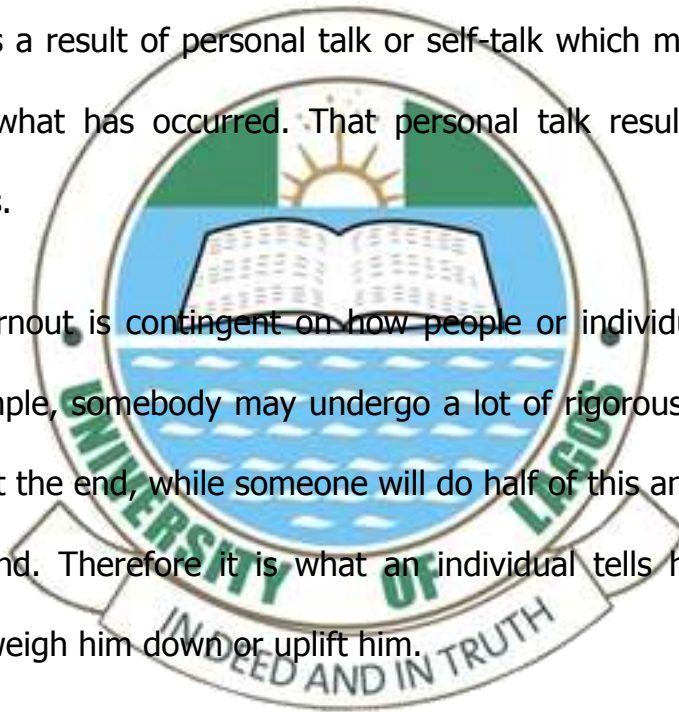
- Work or career-related problem
- Relationship problems.
- Low self-esteem.

- Depression over not getting what one wants.
- Overreacting to daily inconveniences.
- Negative addictions to overeating, drugs and
- Physical illness. (Crawford & Ellis 1989)

This therapy suggests that man by nature is logical and illogical, rational and irrational. When man thinks logically, it results in rational emotion and the behaviour will be healthy. When man thinks illogically, it results in irrational emotions and this will be unhealthy behaviour. Whether man thinks rationally or irrationally, it is as a result of personal talk or self-talk which man gives to himself as he interprets what has occurred. That personal talk results in rationality or irrational emotions.

The degree of burnout is contingent on how people or individual take it or think about it. For example, somebody may undergo a lot of rigorous work and still feel happy and lively at the end, while someone will do half of this and feel so weak and stressed at the end. Therefore it is what an individual tells himself when he is working that will weigh him down or uplift him.

Ellis based rational emotive behaviour on the fact that "what disturbs men's mind is not events, but their judgment of events." REBT stresses that, as human beings, we have choices, we control our ideas, attitudes, feelings, and actions; and we arrange our lives according to our own dictates. We have little control over what happens or what actually exists, but we do have both choices and control over how to react to difficulties, regardless of how we have been taught to respond.



The principal thesis of this therapy is that, sustained emotional reactions are caused by repetitions of internal sentences that people make to themselves. The aim of this therapy is to eliminate self-defeating beliefs of people for example, when anxious people make unrealistic demands of themselves, when people make self-deprecating statements, when people have irrational beliefs that they must be perfect in all they do. REBT reduces anxiety, improves self-reports and behaviour for social anxiety, threat, excessive anger, depression and irrational behaviour.

1.3.2 Family Counselling Therapy (FCT)

The proponent of this therapy, Murray Bowen (1913-1990), believed that each member of the family, especially the mother, should develop an individual identity and independence separate from family identity and at the same time maintain a sense of closeness and a feeling of togetherness with their families. His focus was on parent education, family education and couple education. The goal of this therapy is to ensure that married working nursing mothers experiencing burnout maintain a healthy balance between being enmeshed and being disengaged both at work and at home.

Bowen used a series of questions designed to help family members to think rationally about how they contribute to the family's dysfunction and what they can do to improve the situation. Self-differentiation was Bowen's principal goal of family therapy. He believed that progress towards self-differentiation has to be self-motivated rather than directed by the therapist. Bowen directed his method of

Family Therapy to change the way family members respond to each other in times of crisis.

He used genograms and questions to move his clients to the intellectual level in describing the people that make up a family, how they got to the family (marriage, birth, adoption), when they arrived (birth date, marriage date), what they valued (religion, politics) and why they left the family (death, divorce or separation). These are some of the questions used in the genogram interview, for example: –

- How did people get along in the family?
- What illness is found in the family?

Generally, these questions are based on health, structure, themes, occupations, stages, events, triangles, patterns, size, and contract of the family. Bowen argued that families were like engines with interdependent parts. When one part malfunctions the total engine is adversely affected; that is, one malfunction may cause other parts to break down as well. For a lasting behaviour change, therefore, the entire family may need to change. It is in that respect that when family members are so stressed or are faced with a lot of stressors over a period of time burnout results there-from. In the process of this changing which contrasts with the expected healthy behavioural change; hence considering the behavioral change which requires intervention using family counseling therapy.

Secondly, the family is like a canoe floating downstream; that is, maintaining its balance only because one member of the family is leaning way out over the right

side and two other members are tilted slightly to the left. In other words, the cause is balanced but uncomfortable. The goal of Family Therapy is to relieve the pain by finding a more comfortable balance without upsetting the cause. Hence the family's mantra stabilizes us, but do not change anything.

Thirdly, to bring about successful change, the counsellor may need to tip the cause; the counsellor's job is to ensure that the emergency process is a safe one.

Finally, Family Therapy has branched out to include more non-traditional problems such as delinquency, anxiety disorders, schizophrenia, mood disorders, family violence, family abuse, and addictive disorders. Family Therapy is also concerned with marital, sexual and child concerns.

Bowen (1990) argued that a counsellor should act as a coach to create an environment in which the family can function at its best. However, he stressed that the family members should shift from reacting emotionally about their supposed contribution to the family's dysfunction. Family Therapy, also known as couples' therapy, or family systems therapy, is a psychotherapy that works with families in intimate relationship to nurture change and development. It is an emergence of child guidance movement and marriage counselling which had its origins in social work of the 19th century in England and the United States of America.

Family therapy views change in terms of systematic interaction between family members and emphasises family relationships as important factors in psychological



health. It has been used effectively in the full range of human dilemmas. All categories of relationship and psychological problems have been addressed with this approach. Of great significance is the spousal relationship wherein the woman is a married working nursing mother.

Bowen (1990) stressed that in Family Therapy, counsellors should analyse how well they move in and out of their various roles, how they care and nurture each other, how they solve contemporary problems together and how they play together to relieve tension and decide together. Equally important is the way the couple pursue individual goals, interests and careers without jeopardizing family stability. According to Nichols & Schwartz (1998), in a family, it takes two people to keep the dance going and only one to stop it, the moment the spousal interaction is dysfunctional, it can lead to estrangement of self from the family's emotional system. Sometimes a third party from within (any of the children) or without (any close relation) intervenes when either of the two parties wrongfully causes 'the dance' to stop. This will make it more difficult to resolve conflicts between the original two parties.

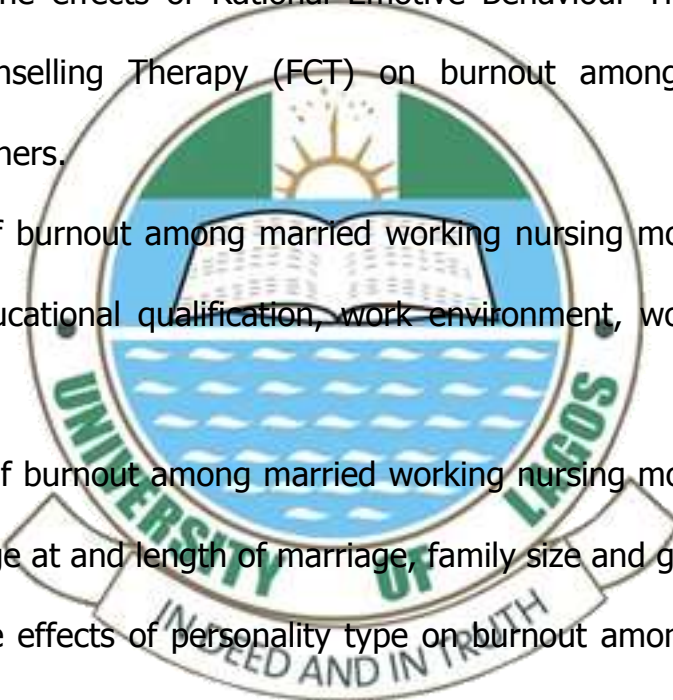
This therapy will streamline the relationship between the couple and the other members of the family from inside or outside and keep it intact no matter the complexity of the spousal involvement in their careers, especially when the woman is a married working nursing mother as she has to recognise the worth and uniqueness of all the members of the family.

1.4 Purpose of the Study

The primary purpose of this study is to determine the relative effectiveness of Rational Emotive Behaviour Therapy and Family Counselling Therapy in reducing burnout among married working nursing mothers. Additionally, the precursors, correlates and predictors of burnout will be investigated.

Specifically, the objectives of the study are to:

1. Determine the effects of Rational Emotive Behaviour Therapy (REBT) and Family Counselling Therapy (FCT) on burnout among married working nursing mothers.
2. Determine if burnout among married working nursing mothers is influenced by their educational qualification, work environment, work experience and work status.
3. Investigate if burnout among married working nursing mothers is associated with their age at and length of marriage, family size and gender.
4. Evaluate the effects of personality type on burnout among married working nursing mothers across the three experimental conditions.
5. Investigate if the effects of Family Counselling and REBT on burnout among married working nursing mothers will differ according to their child rearing style.
6. Assess the main and interaction effects of the experimental conditions and spousal communication on burnout among married working nursing mothers.



1.5 Research Questions

To guide the investigation, the following research questions were raised:

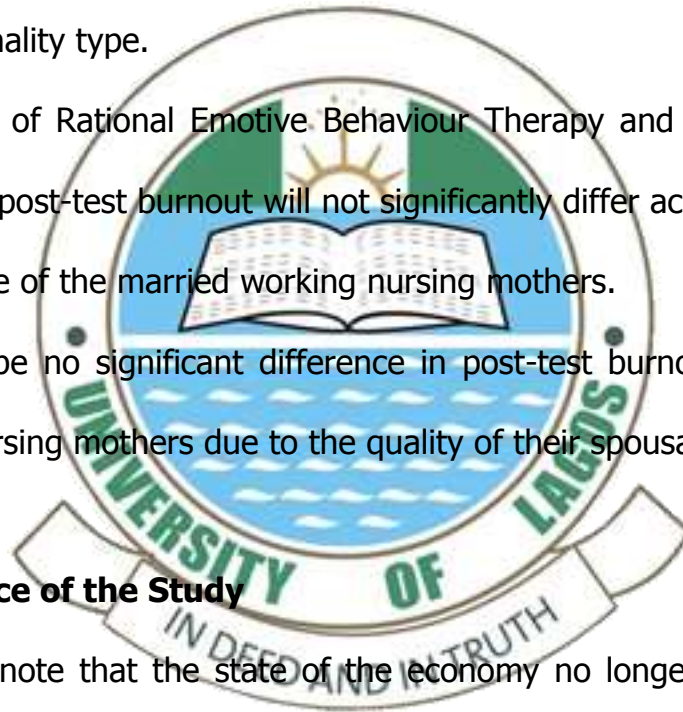
1. Is there any difference in the effect of Rational Emotive Behaviour Therapy (REBT) and Family Counselling Therapy (FCT) on burnout among married working nursing mothers?
2. Will educational qualification, work environment, work experience and work status of married working nursing mothers predicts their level of burnout?
3. Will age at and length of marriage, family size and gender of children predict burnout among married working nursing mothers?
4. Would there be any difference in post-treatment burnout among married working nursing mothers across the three experimental conditions due to their personality type?
5. Will the effects of Rational Emotive Behaviour Therapy and Family Counselling Therapy in post-test burnout of married working nursing mothers differ according to their child rearing style?
6. Will there be any differences in post-test burnout among married working nursing mothers due to the quality of their spousal communication?

1.6 Research Hypotheses

Based on the research questions, the following null hypotheses were proposed:

1. There will be no significant difference in the effect of Rational Emotive Behavioural Therapy (REBT) and Family Counselling Therapy (FCT) on burnout among married working nursing mothers.

2. The educational qualification, work environment, work experience and work status of married working nursing mothers will not significantly predict their level of burnout.
3. The age at and length of marriage, family size and gender of children of married working nursing mothers will not significantly predict their burnout.
4. There will be no significant difference in post-test burnout scores of married working nursing mothers across the three experimental conditions due to their personality type.
5. The effects of Rational Emotive Behaviour Therapy and Family Counselling therapy on post-test burnout will not significantly differ according to the child rearing style of the married working nursing mothers.
6. There will be no significant difference in post-test burnout among married working nursing mothers due to the quality of their spousal communication.



1.7 Significance of the Study

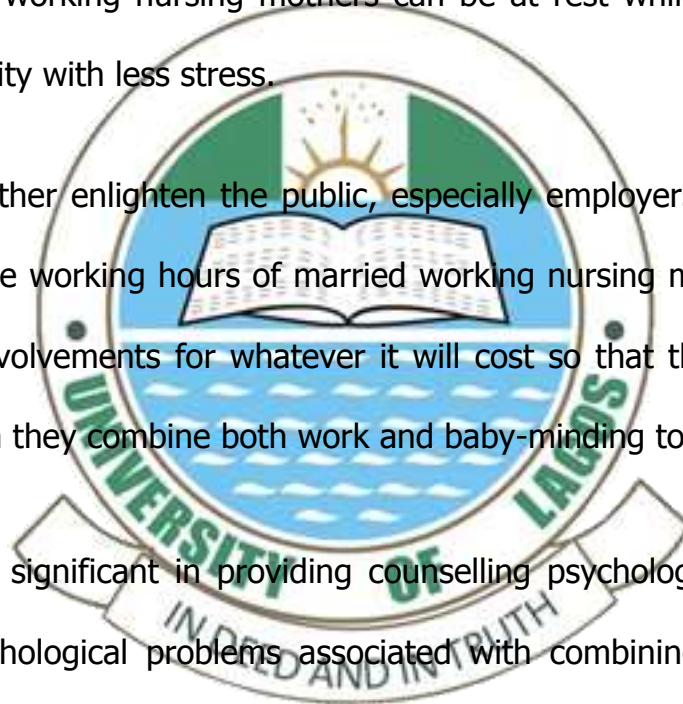
It is pertinent to note that the state of the economy no longer gives room for a woman to adopt the full housewife status because even when the wife is working and giving adequate financial support to the family, very few can assert to be living comfortably. Work is therefore sociologically indispensable in the life of a couple. Work and child-rearing must be handled pari-passu as no marriage in Africa is deemed successful if childless. Child-rearing is a phase that is transient and every married working nursing mother must be ready to pass through it with less stress. This study would be significant in that it would prepare the minds of all married

working nursing mothers for the task ahead as they combine work with nursing, in addition to the idiosyncrasies of couple-hood.

The study would provide information for policy makers in the Ministries of Social Welfare and other relevant agencies that orchestrate child's rights to promulgate laws that can further improve the state of the existing day care centres and the nursery/kindergarten sections of all schools, both public and private, so that the minds of married working nursing mothers can be at rest while at work so as to improve productivity with less stress.

The study will further enlighten the public, especially employers of labour, on the need to reduce the working hours of married working nursing mothers and reduce their over-time involvements for whatever it will cost so that they will experience less burnout when they combine both work and baby-minding together.

The study is also significant in providing counselling psychologists with empirical data on the psychological problems associated with combining work with child-rearing/baby-minding as professional women. It will serve as a baseline for counsellors to design and apply other strategies and techniques in the treatment of burnout as it relates to women's working status. Spouses of married working nursing mothers are enlightened about the enormity of combining work with mothering at the crucial stage of early and later childhood stages, so that they can offer to give a helping hand in some of the activities that constitute stress at home.



1.8 Scope of the Study

The scope of the study is limited to burnout syndrome among married working nursing mothers in Ibadan City. The study covered only those who are in intact families with children 12 years and below and who are in employment in the public or organized private sectors in three distinct areas, viz: Agbowo, Dugbe and Agodi.

1.9 Limitations of the study

The limitations of this study include the following:-

- The respondents whose schedules were already very tight to the extent of burnout could hardly find time to respond to the research instruments.
- The socio-political atmosphere of Ibadan, the capital of Oyo State, was very volatile due to electioneering period at the time of investigation and it almost caused the researcher to abort the study.
- Since the study was conducted away from the researcher's location, the financial implication became enormous due to travel and accommodation expenses incurred during the pilot and the main study.

Finally, it should be noted that the two counselling strategies (REBT & FCT) employed, like any other therapy, cannot guarantee the solution to every problem related to burnout in married working women.

1.10 Operational Definition of Terms.

Age at Marriage:- the period at which somebody is legally considered to be qualified to be betrothed in a legally recognized relationship, established by a civil or religious ceremony, between two people who intend to live together as sexual and domestic partners. In this study, it is the time at which a respondent got married.

Bore-Out:- This refers to condition of lack of work, boredom and consequent-lack of satisfaction among the population studied.

Burnout:- Experience of long-term exhaustion and diminished interest in organisational activities. It is a phenomenon that pervades all organisational set-ups where employees experience general wearing out or alienation from the pressures of work. In this study, respondents were classified as experiencing burnout if they obtain scores higher than 257 on the combined Copenhagen Burnout Inventory and Marital Stress Inventory administered to them.

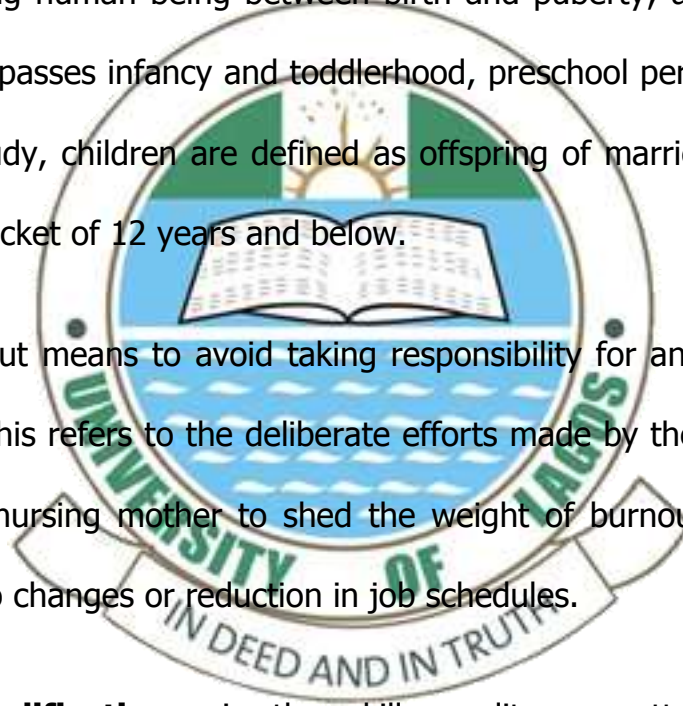
Burned out Mothers:- Mothers who are exhausted as a result of long-term stress. These are persons who are depleted of energy, that is, tired mothers with crying babies, "too tired even to eat". This term is used to refer to mothers who are experiencing the burnout syndrome in their different places of work in addition to their family engagements, with children within the age bracket of 0-12 years.

Child-Rearing:- This is the quality of time that a married working mother and her spouse spend with the child. In this study, child-rearing style refers to the standard strategies or disciplinary practices that parents used in their childrearing from the point of view of the child. These disciplinary practices could be permissive, authoritarian or authoritative. The strategy with the highest scores comprises the parental orientation of each respondent.

Children: A young human being between birth and puberty; an individual whose age period encompasses infancy and toddlerhood, preschool period and school age period. In this study, children are defined as offspring of married working women within the age bracket of 12 years and below.

Cop Out:- Cop out means to avoid taking responsibility for an action or to avoid fulfilling a duty. This refers to the deliberate efforts made by the already burnt out married working nursing mother to shed the weight of burnout and adjust even when there are no changes or reduction in job schedules.

Educational Qualification:- is the skill, quality, or attribute that makes somebody suitable for a job as a result of his/her degree or formal learning. In this study, it refers to the highest educational and/or professional qualification of a respondent.



Family Size:- Number of people living together and functioning as a single household, usually consisting of parents and their children. According to this study, it refers to the number of children including mother and father in a family.

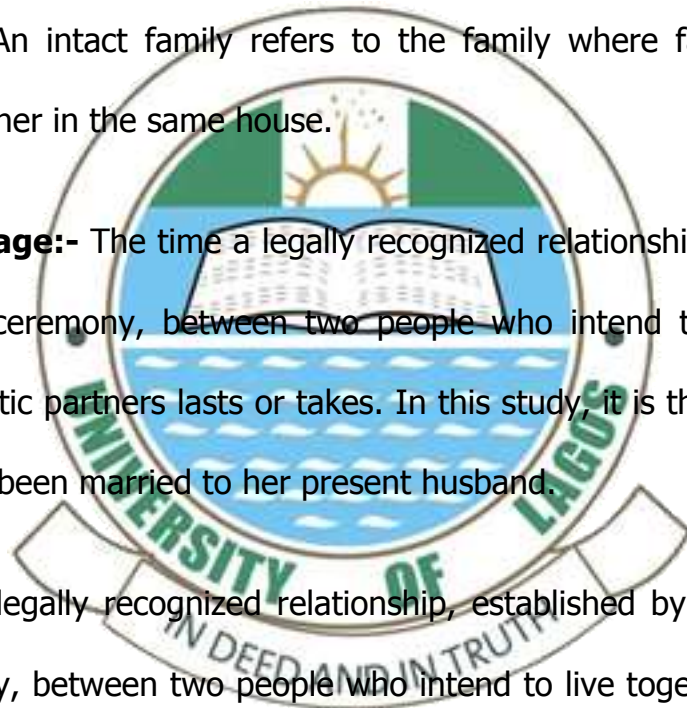
Gender of Children:- The sex of a person under a legally specified age who is considered not to be legally responsible for his or her actions. In this study, it is the male and female children in the family.

Intact Family: An intact family refers to the family where father, mother and children live together in the same house.

Length of Marriage:- The time a legally recognized relationship, established by a civil or religious ceremony, between two people who intend to live together as sexual and domestic partners lasts or takes. In this study, it is the number of years a respondent has been married to her present husband.

Marriage:- Is a legally recognized relationship, established by a civil, cultural or religious ceremony, between two people who intend to live together as sexual and domestic partners. Marriage in this study refers to cohabitation of a man and a woman for the purpose of producing or making children.

Nursing Mothers:- Nursing mothers in this study refer to all married working women who have children that are as young as 12 years of age and below. Infants between 0 and 4 years are in the kindergarten or nursery classes while those



children between 5 and 12 years in school, especially the primary school level, are at the junior secondary school level.

Personality Traits: This refers to the extent of an individual tough-mindedness, social interaction with other people and emotionality. In this study, respondents are classified as possessing either healthy or unhealthy personality traits based on their score on the Eysenck Personality Questionnaire. Respondents with scores higher than 30 were classified as healthy and those below as unhealthy.

Professional Woman:- A professional woman is one in any of the professions requiring long periods of training in esoteric knowledge with stringent entry and qualification requirements. They are women who are trained specifically in particular disciplines like teaching, law, engineering, management, science, mathematics, technology, banking, finance, medicine.

School Runs:- This refers to the activities of dropping off children in the morning and picking them up from school in the afternoon on a regular basis.

Spousal Communication:- In this study, spousal communication refers to the pattern of interaction between husband and wife and is classified as adequate, moderate or poor, depending on a respondent's score on the Primary Communication Inventory. A score which ranges from 0 – 76.80 is classified as poor communication while 76.81 – 86.80 is categorised as moderate and 86.81 – 90 is classified as adequate.

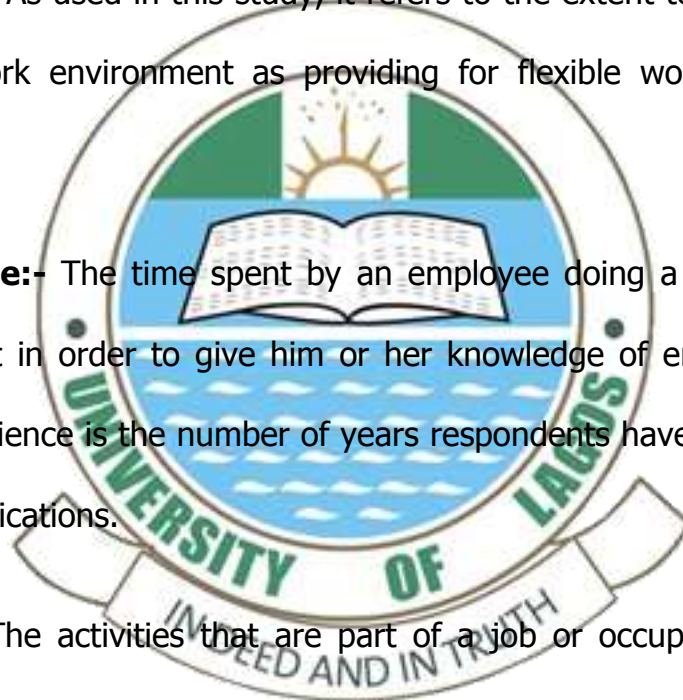
Stressor:- A specific condition or event in the environment that challenges or threaten a person Coon (1995), It is also defined as an event or situation within the environment that causes stress Baron (1995). As used in this study, the term refers to status that triggers off stress in a woman such as tough personal experience, family responsibilities, social and interpersonal challenges, and so on.

Work Environment:- Is a set of external conditions, especially those affecting a particular activity. As used in this study, it refers to the extent to which respondent perceive their work environment as providing for flexible work hours and shift duties.

Work Experience:- The time spent by an employee doing a job in an ordinary work environment in order to give him or her knowledge of employment. In this study, work experience is the number of years respondents have worked after their professional qualifications.

Work Status:- The activities that are part of a job or occupation of a person showing his or her standing especially in a work force, or organization. In this study this refers to the respondent's position or designation at work.

World of Work: Refers to the differences in features that characterise different professions in terms of time management, hazard and organogram.



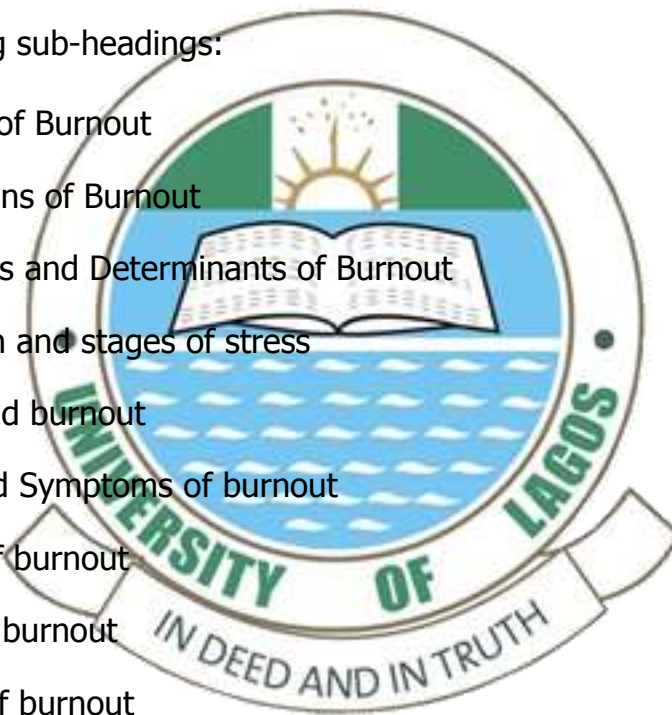
CHAPTER TWO

Review of Related Literature

2.0 Introduction

In this chapter, an attempt was made to review the literature on the issue and problems of burnout among married working nursing mothers with a view to carrying out a study on the impact of two counselling strategies on burnout among married working nursing mothers. For the purpose of focus, the review was done under the following sub-headings:

- Concept of Burnout
- Dimensions of Burnout
- Correlates and Determinants of Burnout
- Definition and stages of stress
- Stress and burnout
- Signs and Symptoms of burnout
- Stages of burnout
- Types of burnout
- Causes of burnout
- Causes of mothering burnout
- Personality traits of married working nursing mothers
- Family constellation
- Child-rearing style among married working nursing mothers
- Spousal communication
- Theories of burnout
- Coping Techniques



2.1 Concept of Burnout

Burnout is a psychological term used to show that an individual is no longer enjoying the activities he or she is involved in. Burnout is a manifestation of exhaustion, both physically and emotionally. It is a mark of diminished interest especially in routine activities at home or in offices. Burnout is a personal or private phenomenon even though it originates from organisational settings.

Every man desires enjoyment and relaxation at all times in all areas of life. On the contrary, man loathes any disruption to his relative enjoyment and if this happens, man tags this disruption 'burnout'. Burnout is a term that has always been with mankind. The notion of being 'burned out' has been with us in every contemporary society since the early 70s but then in different nomenclatures, all dovetailing to mean the unpalatable scenario that can manifest physically and psychologically.

Burnout research started in the mid-1970s when the work initially started out as exploratory (Maslach and others, 2001). The pioneering phase of burnout was originally discovered based on the stressors of people in human service occupations (Maslach and others, 2001). Freudenberger (1974) and Maslach (1976) documented burnout by studying emotions in the workplace and conducting interviews of workers.

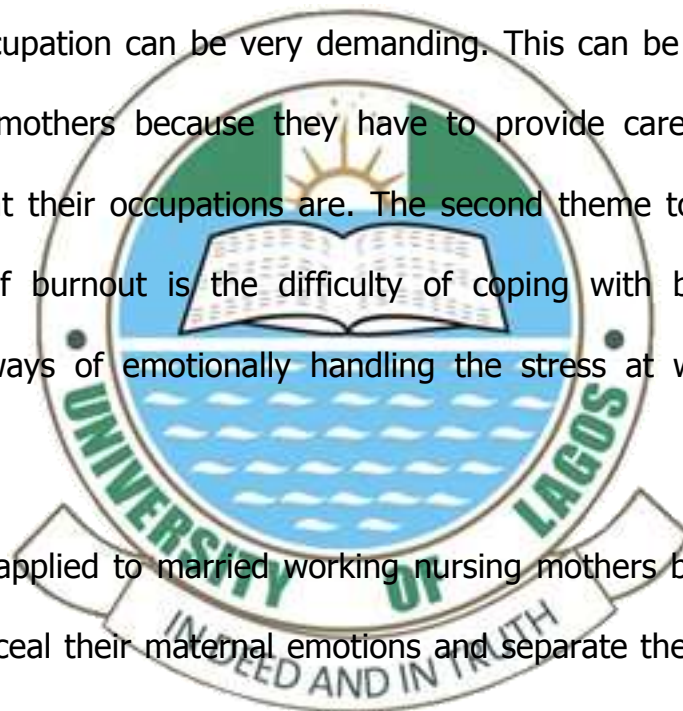
In general, the concept of burnout has been shaped by two main phases, which are the pioneer and the empirical phases. The pioneering phase has given way to the

current concept of burnout that has been generated by other researchers in the field of psychology.

Due to Freudenberg and Maslach's influence on the initial phase of burnout, the earliest concept of burnout was constructed around their clinical and social psychological backgrounds (Maslach and others, 2001, Kristensen and others, 2005). From the research conducted by the pioneers, there were several themes that appeared to frame burnout concepts. The first theme that provision of care or service in any occupation can be very demanding. This can be applied to married working nursing mothers because they have to provide care for their children regardless of what their occupations are. The second theme to emerge from the earliest studies of burnout is the difficulty of coping with burnout where the employees find ways of emotionally handling the stress at work (Maslach and others, 2001).

This can also be applied to married working nursing mothers because mothers at work have to conceal their maternal emotions and separate their family lives from their occupations. The last theme to emerge was the importance of relationships among employees who are burnt out (Maslach and others, 2001). This is quite significant in nursing mothers because they have to maintain healthy relationships both at work and in the home with their spouses and children.

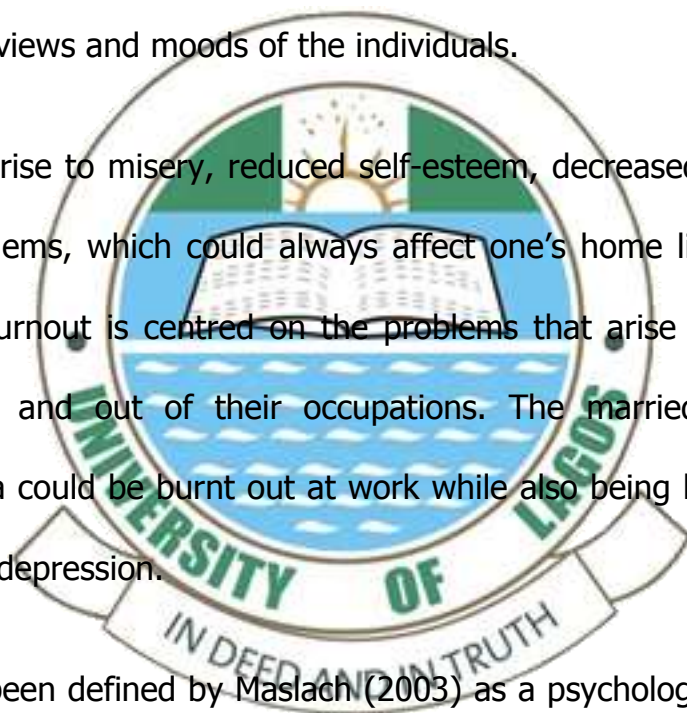
The second phase suggested by Maslach and others, (2001) is the empirical phase where research on burnout was intensified with a quantitative approach. This



phase started in the 1980s and researchers began to make with inventories to quantify burnout such as the Maslach Burnout Inventory (MBI), which later had various versions depending on the occupation the inventory is intended. In the 1990s, the empirical phase changed directions and started extending beyond the original use of burnout for human services and education. Now the concept of burnout can be applied to other occupations when the inventories are modified. During this period, researchers started to connect work environments with the influences on the views and moods of the individuals.

Burnout can give rise to misery, reduced self-esteem, decreased performance and more health problems, which could always affect one's home life (Alarcon 2011). The concept of burnout is centred on the problems that arise from how burnout affects people in and out of their occupations. The married working nursing mothers in Nigeria could be burnt out at work while also being burnt out at home, rapidly leading to depression.

Job burnout has been defined by Maslach (2003) as a psychological syndrome that involves a prolonged response to stressors in the workplace. If this definition is applied to married working nursing mothers in Nigeria, the combination of stressors in the workplace with the stressors at home is effective enough to cause quicker burnout. The empirical phase of burnout has enabled progression in our knowledge of burnout and will help researchers to come up with solutions for burnout in married working nursing mothers. In order to understand how burnout differs



among different genders, occupations and origins, it will be necessary to generate different modifications of burnout as a concept to apply them to individual classes. Notable among the terms used then were depression, fatigue, exhaustion, stress, frustration, boredom and many others. Burnout is a term used frequently among psychiatrists, psychologists, vocational and career counsellors, marital counsellors and employers of labour, especially among professional workers. Paine (1984) considered the term old wine in a new bottle which was meant to replace psychological jargon like `alienation`, `apathy`, blue-collar jobs, mid-life crisis and any other problem relating to identity crisis when interpersonal issues are at stake.

Citing a dictionary, Freudenberger (1974) agrees that burnout is failing, wearing out, or becoming exhausted due to excessive demands being placed upon resources, strength, or energy. It has also been defined as a combination of exhaustion, cynicism, and impaired professional efficacy (Maslach, Schaufeli, & Leiter, 2001); a syndrome of emotional exhaustion, impaired sense of professional accomplishment, and depersonalization (toward recipients of services) that occurs in those that work with people (Ackerly, Burnell, Holder, & Kurdek, 1988; as cited by Everall & Paulson, 2004); and a condition of mental, physical, and emotional exhaustion that is brought on by prolonged exposure to emotionally demanding situations (Pines, Aronson, 1988).

According to Smith, Segal, and Segal (2011), Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It

occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place. Farber, (2001) described burnout as an experience where the worker is aware of considerable discrepancy between his or her efforts and the results, between the invested efforts and the rewards obtained at work.

This phenomenological analysis framework is introduced into the subjective experience of those affected, and the conclusion is reached that the burnout process is triggered when the worker feels that his or her efforts are disproportionate to the gratification achieved, and consequently is no longer able to justify or cope with further investment of effort. Burnout syndrome may be seen as the continuous perception that efforts made to carry out tasks are not effective, because expected gratitude, recognition or success at work are not being achieved. On their part Pines & Aronson (1989) expressed this as a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations. And Freudenberger (1996) expressed it in terms of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward Porteous (1997) defined career burnout as one of man's responses to long, and persistent and unremitting work stress.

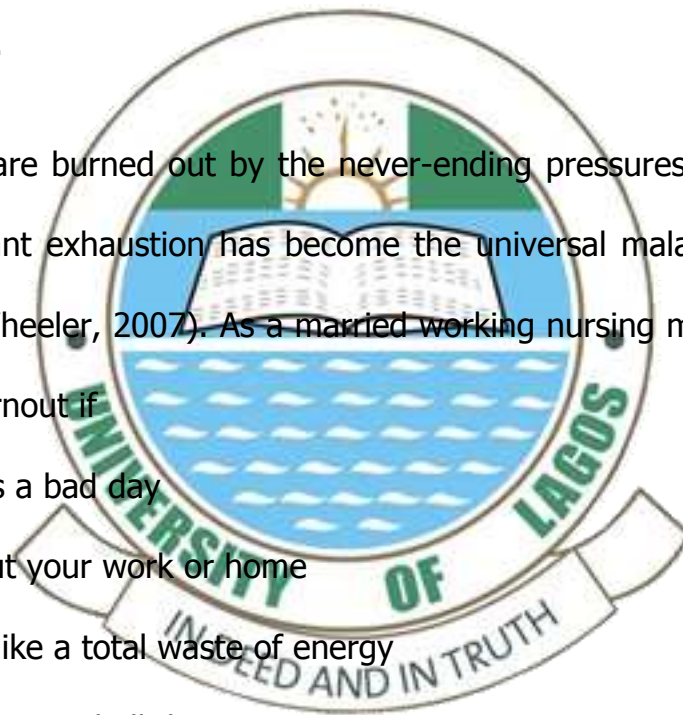
Its manifestation is seen and experienced in emotional exhaustion, depersonalization and low personal accomplishment. Schaufeli, Maslach & Marek,

(1993) defined burnout as a situation where highly motivated professionals identify with their work and hope to derive a sense of existential significance from it fail to accomplish their work goals and feel unable to make a significant contribution. This results in workers becoming more and more emotionally detached from their jobs, finding neither pleasure nor pain in them. Generally speaking, burnout is synonymous with a pervasive mood of anxiety that gives way to depression or despair. To the layman, it is a condition of working too hard for too long in a high-pressure situation.

Today's mothers are burned out by the never-ending pressures and obligations of living. The resultant exhaustion has become the universal malady among families the world over (Wheeler, 2007). As a married working nursing mother, you may be on the road to burnout if

- Every day is a bad day
- Caring about your work or home
- Life seems like a total waste of energy
- You are exhausted all the time
- The majority of your day is spent on tasks
- You find either mind-numbingly dull or overwhelming
- You feel like nothing you do makes a difference or appreciated.

The negative effects of burnout spill over into every area of life – including your home and social life. Burnout can also cause long-term changes to your body that



make you vulnerable to illnesses like colds and flu. In the next session will would examine the dimension of burnout.

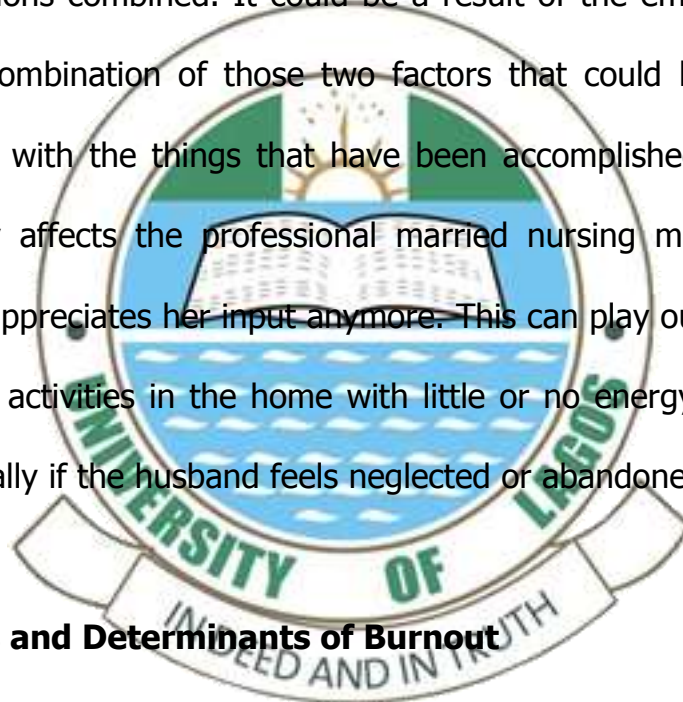
2.2 Dimensions of Burnout

Maslach (1982) described three dimensions of burnout as emotional exhaustion, depersonalization and diminished personal accomplishment (Lee & Ashforth 1996, Maslach and others,. 2001, Alarcon 2011). These dimensions have been used to develop the definition of burnout to encompass other professions other than the pioneering field. Depersonalization means that the person who is burnt out distances himself or herself from other people around (Lee & Ashforth 1996).

Out of these dimensions, Conservation of Resources (COR) theory of stress was introduced as a component of burnout (Lee & Ashforth 1996 Alarcon 2011). The COR theory simply relates the correlates and dimensions of burnout to the concept of burnout itself. According to this theory, emotional exhaustion, which is the most analyzed dimension of burnout, is the first symptom that is usually reported (Alarcon 2011). Emotional exhaustion is a result of the stress and job demands that occur at the work place or at home. This is the other dimensions of burnout. Depersonalization is the disengagement of the professional married nursing mother from the people around her as a coping skill for burnout. Depersonalization is not encouraged because it could possibly lead to a mental break-down on the part of the professional married nursing mother.

She would carry her depersonalized alter ego from the work place to the home eventually, and may relate with her family using the same coping technique that she employs at her place of occupation. Maslach and others,. (2001) have identified depersonalization as an immediate response to the emotional exhaustion that is suffered by burnout victims.

The third dimension of diminished personal accomplishment is the final result of the other two dimensions combined. It could be a result of the emotional exhaustion, pessimism or a combination of those two factors that could lead to the person feeling discontent with the things that have been accomplished in the past. This dimension usually affects the professional married nursing mother because she feels like no one appreciates her input anymore. This can play out in the sense that she will carry out activities in the home with little or no energy. It can affect her marital life especially if the husband feels neglected or abandoned by his wife.



2.3 Correlates and Determinants of Burnout

There are several correlates of burnout such as engagement, job demand, job resources, turnover or job satisfaction, organizational commitment, enhancement opportunities and stressors. Burnout is related to the job parameters because every occupation places different types of burden on different people. The definitions of the correlates describe how burnout is conceptualized in Nigerian society especially for women who are working. These correlates can be visualized in terms of burnout

and have been studied extensively on their relationships to burnout (Jayaratne & Chess 1984, Schaufeli & Bakker 2004).

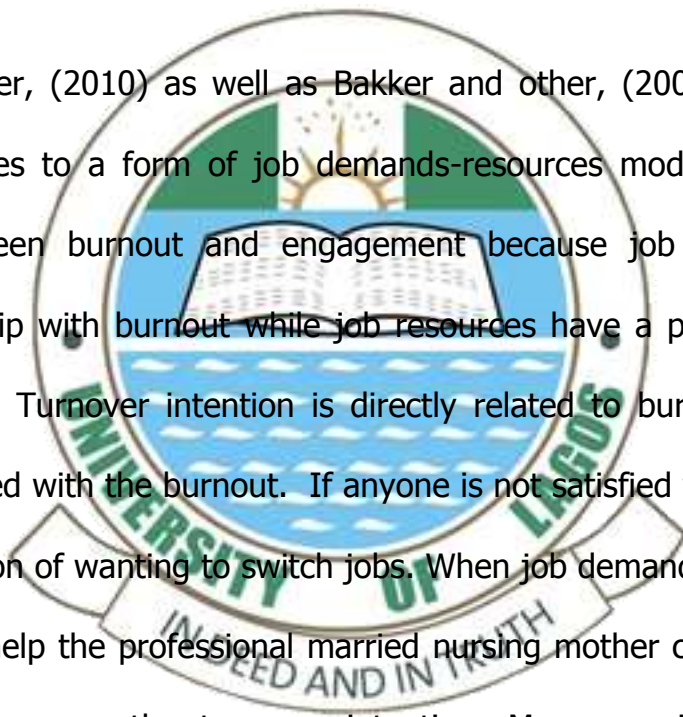
The concept of engagement is the exact opposite of burnout (Schaufeli & Bakker 2004). In the view of Maslach and Leiter (1997), job engagement is defined when the employee has great energy and is highly dedicated to their work (Schaufeli & Bakker 2004). Job engagement occurs when the employee enjoys what he or she does and this usually allows the employee to be excited and give themselves to their work. For a Nigerian professional married nursing mother, job engagement is supposed to be the normal attitude at the workplace. However, the women are expected to show the same type of energy at work as the employees without children. Schaufeli & Bakker (2004) defined engagement as a positive and satisfying work-related state of mind in which the employees show dedication and vigor. When burnout occurs, the women lose the energy and involvement in their work and also in the rearing of their children at home. It is important for researchers to find out how to re-engage professional married nursing mothers in both aspects of their lives.

Job demands and job resources are equally important in burnout. Job demands are the “things that have to be done” in every occupation (Schaufeli & Bakker, 2004). As stated earlier, every job has a burden placed on the employee. These burdens can be physical, psychological, or social (Schaufeli & Bakker, 2004). Job demands can become job stressors, causing burnout, (Schaufeli and others, 2009, Ten

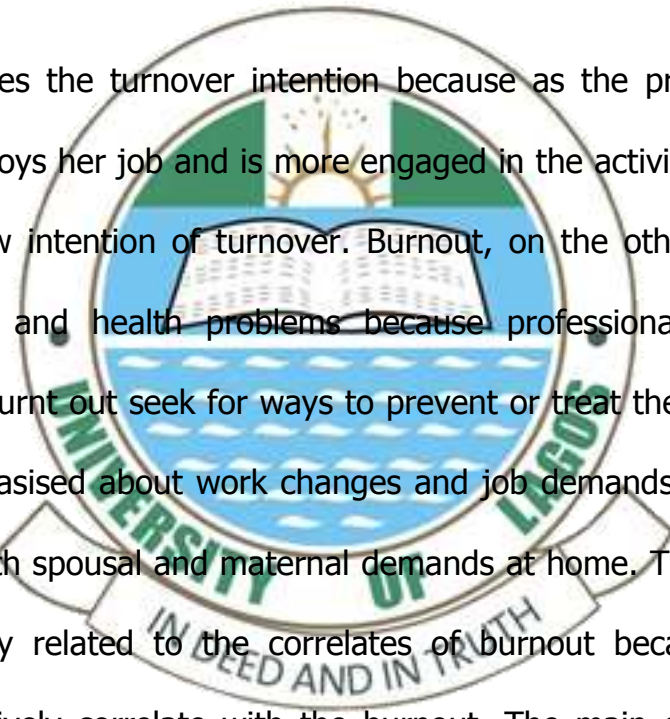
Brummelhuis and other, 2010) in professional married nursing mothers because even when the mother gets used to the job demands, more is expected of her at the place work. Job resources are the things required to reduce the effect of these job demands while allowing the employee to achieve their goals (Schaufeli & Bakker 2004). Specifically, Alarcon (2011) describes job resources as the tools, characteristics, conditions and monetary resources of the job that are available to the employee.

Crawford and other, (2010) as well as Bakker and other, (2004) have combined these two variables to a form of job demands-resources model to compare the relationship between burnout and engagement because job demands have a positive relationship with burnout while job resources have a positive relationship with engagement. Turnover intention is directly related to burnout because it is positively correlated with the burnout. If anyone is not satisfied with their job, they have more intention of wanting to switch jobs. When job demands increase without the resources to help the professional married nursing mother cope, it can lead to burnout which increases the turnover intention. Moreover, if the professional married nursing mother is highly satisfied with her job, she will have fewer chances of being burnout at work and will probably show a relatively high satisfaction level on the home front (Schaufeli & Bakker 2004).

In this point raised above, the relationship between burnout and its correlates is clearly illustrated. Burnout is directly related to engagement because they are direct



opposites of each other. Job resources increase engagement because they help the employees cope with the job demands by reducing them. The married professional nursing mother uses the job resources to reduce the stress that the job demands place on her. Hence, it is a necessity for the mother to prevent burnout by having more job resources. Job demands can act as stressors when the professional nursing mother does not have enough resources to cope with the burdens placed on her by the job.

The logo of the University of Lagos is a circular emblem. It features a central shield with a green top section containing a white sunburst, a blue middle section with a white open book, and a blue bottom section with white wavy lines representing water. The shield is set against a white background with a green border. Below the shield is a white banner with the motto 'IN DEED AND IN TRUTH' in green capital letters. The words 'UNIVERSITY OF LAGOS' are written in green capital letters around the bottom half of the circular border.

Engagement reduces the turnover intention because as the professional married nursing mother enjoys her job and is more engaged in the activities at her job, she has a relatively low intention of turnover. Burnout, on the other hand, increases turnover intention and health problems because professional married nursing mothers who are burnt out seek for ways to prevent or treat their burnout. Hence, they tend to emphasised about work changes and job demands at the place work while they cope with spousal and maternal demands at home. The determinants of burnout are closely related to the correlates of burnout because they tend to positively or negatively correlate with the burnout. The main difference between determinants and correlates is that determinants usually cause burnout while correlates are the factors that arise as a result of burnout.

The determinants of burnout in the professional married nursing mothers occur both at work and in the home. At work, organizational commitment is the dedication of the employee to keep working at that organization while absorbing

the core values of the organization (Leiter 1991). At home, the woman has to feed off the energy and support of her husband and children so that she can maintain the devotion and dedication that she gives to taking care of her family. The determinants are divided into three classes consisting of job stressors, personality and social support (Dolan & Renaud 1992).

These determinants have strong influences on the professional married nursing mothers because they can easily be combined to cause faster burnout. Job stressors vary in form of work surplus, administrative restraints, duties and difficulties in task performance (Dolan & Renaud 1992). Professional married nursing mothers are not able to handle work surplus as the single women or men in the same professions. This is mainly because when a professional married nursing mother gets home after work, she has to cater to the needs of her family. Administrative restraints can occur in form of problems with the Human Resources Department in the office or even problems with their bosses. Professional married nursing mothers can easily be agitated by administrative constraints at work which can distract them at home. When the professional married nursing mothers are stressed in their jobs they tend to carry the anxiety and the frustrations of work back to the home and dump those emotions on the family.

Personality is the second job stressor that could affect professional married nursing mothers. This focused mainly around the self-esteem of the mother both at the office and at work (Dolan & Renaud 1992). Professional married nursing mothers

need to maintain their self-esteem both at work and in the home because if the self-esteem in one environment is being attacked, it could spill over to the other environment. The third aspect of determinants is social support. Social support is necessary for the professional married nursing mother because she needs to be supported by her family, her colleagues and her boss (Dolan & Renaud 1992). The professional nursing mother needs her boss to understand that she has a family to care for after work and someone who can give her time to sort out family emergencies.

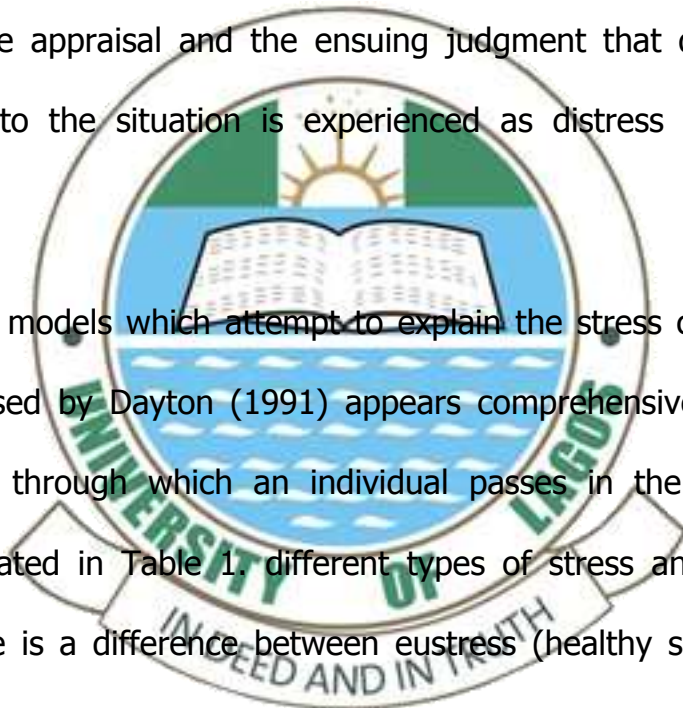
2.4 Definition and Stages of Stress

Okoli and Nnoli (2008) defined stress as the perception of a threat to one`s well-being and the apprehension that one is unable to cope with the perceived threat. Now it is brought about by the continual adjustments and demands that individuals place upon themselves as they react to given stimuli.

Stress is the body's way of responding to any kind of demand. It can be caused by both good and bad experiences. When people feel stressed by something going on around them, their bodies react by releasing chemicals into the blood. These chemicals give people more energy and strength, which can be a good thing if their stress is caused by physical danger. But this can also be a bad thing, if their stress is in response to something emotional and there is no outlet for this extra energy and strength. This study discusses different causes of stress, how stress affects you, the difference between 'good' or 'positive' stress and 'bad' or 'negative' stress,



and some common facts about how stress affects people today While Janis (1983) viewed stress as a temporary or prolonged condition that requires people to adapt to circumstances or expectations shaped by the self or others. Stress is rarely a simple stimulus-response situation, but is rather an interactive process in which one's perception of the rewards in relation to the energy expended is an intervening variable. This individual perception implies that an interpretation of the situation, which may be positive, negative, or somewhere in between follows an appraisal. It is the appraisal and the ensuing judgment that determine whether one's adaptation to the situation is experienced as distress (pain) or eustress (pleasure).



There are various models which attempt to explain the stress cycle Selye (1978). The model proposed by Dayton (1991) appears comprehensive and outlines the sequential stages through which an individual passes in the process of being stressed as illustrated in Table 1. different types of stress and not all stress is detrimental. There is a difference between eustress (healthy stress) and distress (unhealthy stress) (Selye, 1978). Eustress can bring about founded insight and new solutions. Distress can bring about discomfort, poor decisions and sickness – moving through the stages of stress as shown in the table below:

S-T-R-e-S-S Stages	Description
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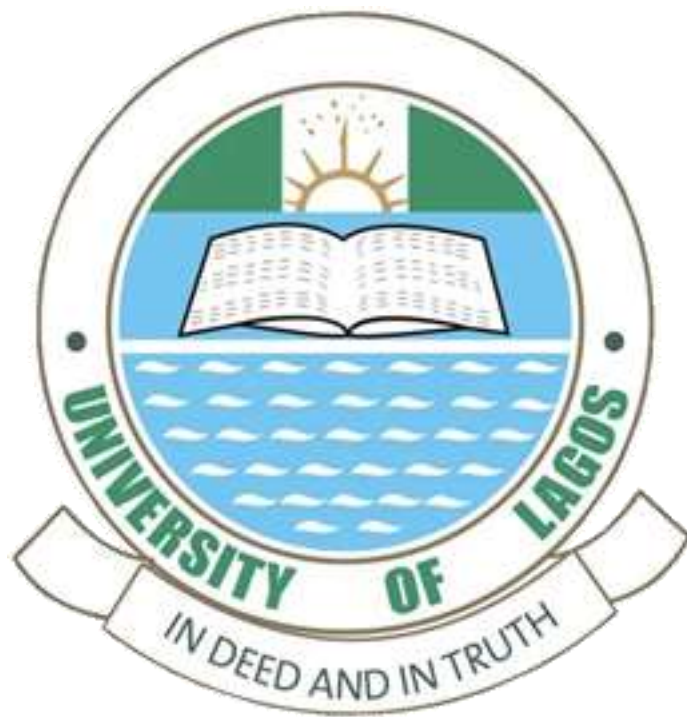


Table 1 – The Stages of STReSS

<p>S Start</p>	<p>Feeling uncomfortable, the “what ifs” begin to dominate thought. Feeling nervous, edgy, pressured. May also experience the up-down-up cycle.</p>	<p>Too busy or hurried. Deadlines are not met. Additional demands are annoying. Short cuts may affect quality. Lack of proper attention and forgetting will affect task quality. Too busy to communicate ideas completely. Easily frustrated with others but willing to struggle to listen.</p>
<p>T Tired</p>	<p>Tired often but not able to sleep well. Early stress body signs.</p>	<p>More busy-minded, decreased attention to task. Mind drifting, daydreaming, lack of focused concentration. Taking longer breaks from work. Starts to become removed from social activities. Extra-curricular activities decrease. Doesn’t listen much, spending more time seeking self-gratification.</p>
<p>R wRong</p>	<p>Anger, frustration. Too many things are wrong. Feeling trapped without a solution. “Why can’t they see it this way?” Stress body signs increase.</p>	<p>May try to “force” others to do the task the “right way.” Conflicts, errors, and serious delays may arise. May totally avoid difficult tasks and may complain frequently. Anger is directed at certain people or establishments. High degree of irritability and limited patience with others. Refusal to see other viewpoints except when they agree.</p>
<p>S Sad</p>	<p>Frustration turns to hopelessness. Insomnia and depression may follow. The up-down-up cycle increases.</p>	<p>The above three stages continue to repeat themselves without relief triggering depression. Depression affects task because of lack of willing involvement and poor attention. The person may become disorganized and unable to sort priorities. Stress body signs may contribute to the start of minor body ailments and trips to see the family doctor.</p>
<p>S Sick</p>	<p>More times away from work with colds, ulcers, injuries and other ailments. Emotionally and physically run down. Time in the hospital.</p>	<p>Lost time, task quality shows serious decrease and interpersonal skills are impaired. Lack of desire, organization, and drive are all evident. Total removal from society due to illness and/or “escape” related behaviours. Excessive emotions and denial affecting all aspects of the people’s life. Obstinate and stubborn.</p>

2.5 Stress and Burnout

Stress and burnout are considered as a persistent component of the global, multicultural workplace (Bhagat and others, 1994, Golembiewski, Boudreau, Munzenrider, & Luo, (1996). Stress involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they will feel better. Burnout, on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout do not see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. One other difference between stress and burnout is that while you are usually aware of being under a lot of stress, you do not always notice burnout when it happens.

Table 2 – Stress vs Burnout

STRESS VERSUS BURNOUT	
STReSS	BURNOUT
Characterized by over-engagement	Characterized by disengagement
Emotions are over-reactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living

Stress is something everyone will experience at some point in life. Stress, like all the barriers, is not in and of itself a destructive influence on mind awakening. It is when the stress exceeds our stress threshold that the negative effects of inefficient thinking occur. Any crisis, developmental or situational, can bring about stress but how this happens is different for all people. Different people react differently to different crises, one of the most significant of which is the strength of our coping skills. In general the stronger our coping skill the higher our stress threshold.

Unabated stress over a significant period of time can lead to burnout. There are specific symptoms which characterize both the burnout process and the burnout syndrome. There are preliminary signs and stages of stress which become increasingly more severe as the person approaches the burnout process. An understanding of these components of stress may help to decrease the negative effects of stress.

Likewise, stress without relief can lead to burnout which is characterized by the symptoms described in the final stage of stress. These stages of stress can be viewed as the phases which precede burnout, if no preventive measures are taken (Golembiewski & Munzenrider, 1988; Schaufeli, & Bunnk, 1996). Burnout can have dramatic, counterproductive effects on thinking and functioning (Dayton, 1991; Jackson, 1984).

2.6 Signs and Symptoms of Burnout

The signs and symptoms of burnout are neither unusual nor mysterious; it is difficult to find someone consistently free of these, burnout is a loss of interest in work and home activities. In extreme forms; the burnout victim can literally become unable to work.

The work skills remain intact but burnout leaves its victim unable to become involved in the work. According to Neils (2008) 13 Signs of burnout are:

- Chronic fatigue-physically run down
- Anger
- Self criticism
- Cynicism, negativity, and irritability
- A sense of being besieged
- Exploding easily at small things
- Headaches & stomach problems
- Weight loss or gain
- Sleeplessness and depression
- Shortness of breath
- Suspiciousness
- Feeling of helplessness
- Increase degree of risk taking.



There is still some lack of clarity regarding the definition of the burnout syndrome (Dayton, 1991), largely due to the long list of symptoms as explained in the table below.

Table 3 – Symptoms of Burnout

Health	Relationships
Fatigue and chronic exhaustion	Isolation or excessive attachment, affairs
Frequent and prolonged colds or flu	Increased mistrust of others
Increased PMS symptom severity, irregular cycles	Isolation from immediate family, increased problems
Headaches, sleep problems, weight change	Decrease in interpersonal skills, increased conflict
Muscle tension/pain, gastrointestinal pain	Mechanical conversation
Exaggeration of previous medical condition (poor rate of healing)	Manipulative within the relationship often with the specific goal of obtaining self gratification
Emotional	Values/Spiritual
Increased fears, fear of “loosing it”, increased anxiety	Sudden and often dramatic shifts in values
Depression, loss of meaning, hopelessness, trapped	Loss of spiritual connectedness - desire to escape
Decreased emotional control (increased impulsivity)	Isolation from spiritual friends
Increased daydreaming, and active fantasy	Loss of the “spiritual gifts”
Work	Attitude
Workaholic or seeks to escape work	Air of righteousness, egocentric, grandiosity
Loss of creativity, decreased problem solving skills	Cynical, pessimistic, frequent negative remarks

Distrust of management, severely critical of management	Extra critical of peers, and the "organization"
Frequent defensive and attacking language	Apathy, not caring, not acting to change, giving up
Use of "sick" humour when discussing clients (students)	
Frequently late for work and often leaves early	Excessive Behaviours
Forgets how to play while at work, doesn't enjoy work, lost sense of humour	Increased consumption of caffeine, tobacco, alcohol, sugar, and food cravings
Work productivity and quality decreases	Risk taking behaviours increase
Management "looses touch" with the workers	Overeating or anorexic
Workers assume routine duties	Promiscuity

Too often, burnout is thought to be solely the responsibility of the individual who is suffering from the syndrome. Carrol and White (1982) suggest that burnout should be viewed as a form of ecological dysfunction, that is, assessment and treatment of burnout should address the person, his/her ecosystem (total environment) and the reciprocal impact each has on the other. They state

"Typically burnout occurs whenever a person with inadequate stress management and need gratifying skills must work in a stressful and need, frustrating environment. Personal signs of burnout should not lead one to conclude that something is wrong with the person; and/or that "fixing" whatever is wrong with him or her will be sufficient to correct that person's problem. Signs of burnout rather, should trigger an ecological system analysis, which should, in turn, lead to the development of a systematic intervention that addresses the key components of the ecological system, namely, the person, the salient elements of various ecosystems, and their interactions." (Carrol and White, 1982: 42-43,).

There remains some question as to the effectiveness of environmentally based stress management programs (Reynolds & Briner, 1994). Additional research (Cropanzo, Howes, Grandey & Toth, 1997; Gottlieb, 1997, Murphy & Hurrell, 1995) indicates that a combination of environmental changes and worker changes can make a difference in the nature of the stress response.

2.7 Stages of Burnout

The issue of burnout among people-oriented professionals has become a major health problem and a cause for concern among policy makers. This phenomenon is pervasive as it not only affects individuals experiencing burnout, but also their co-workers, clients and the larger institution within which they work. Burnout in the workplace may manifest itself in a number of ways. Maslach and Jackson (1981) suggested that burnout appears to be a factor in job turnover, absenteeism, and low morale. Furthermore, burnout seems to be correlated with insomnia, increase use of alcohol and drugs, and marital and family problems. It has been noted that, during the cycle of burnout, individuals experience specific physiological and emotional responses. Kahill (1988) further noted that the symptoms may be clustered into five groups: physical, emotional, behavioural, interpersonal and attitudinal. Physically, the individual who is burned out may experience high blood pressure, headaches, digestive problems, fatigue and psychosomatic illnesses.

Some emotional reactions to burnout highlighted in the literature are feelings of powerlessness, hopelessness, anxiety, boredom or frustration; becoming detached

from people and things around them, and developing depressive attitudes, irritability, or cynicism (Dunham, 1992; Needle and others, 1980; Trendall, 1989).

Behavioural symptoms include increased alcohol and tobacco use, absenteeism, turnover or talk of leaving the job, and decreased job performance. Interpersonal symptoms include reactions such as moodiness, impatience, and withdrawal from both clients and colleagues, and less tolerance toward others. Both Maslach (1993) and Kahill (1988) highlighted burnout in qualified working women. The following are some attitudinal symptoms of burnout: cynicism, loss of self esteem, and negative attitude towards ones job, colleagues and the organization. Veninger and Spradley (as cited in Hamann & Gordon, 2000), proposed that burnout usually progresses through the following five steps:

- The Honeymoon stage, which is characterized by a loss of energy and enthusiasm and job satisfaction.
- Fuel shortage: this level includes inefficiency at work, dissatisfaction with the job, fatigue, sleepless nights, and increased smoking, drinking, or the means of escape.
- Chronic symptoms: this level is characterized by chronic exhaustion, physical illness, anger and depression.
- Crisis: at this level the problem becomes quite pronounced and begins to obsess the individual, demonstrated by exacerbated illness and anger.
- Hitting the wall: this level is characterized by professional incompetence, impairment, and by physical and psychological dysfunction.

The above mentioned stages appear to have symptoms that are evident in Maslach's three dimensional model of burnout. However, although most writers support the three dimensional nature of burnout, some contention exists on the order in which these dimensions emerge. Leiter and Maslach (1988) espoused that the burnout syndrome commences with Emotional Exhaustion, followed by Depersonalization and concludes with a reduced sense of Personal Accomplishment. In contrast, Golembiewski & Munzenrider (1988) purported that burnout commences with the depersonalization syndrome, followed by a reduced sense of Personal accomplishment.

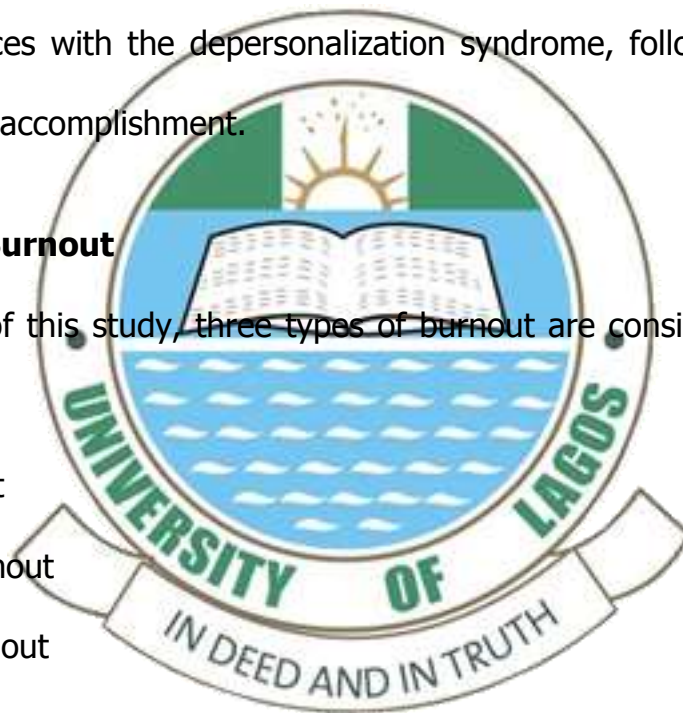
2.8 Types of Burnout

For the purpose of this study, three types of burnout are considered and defined, viz:

- A. Job burnout
- B. Couple burnout
- C. Parent burnout

A Job Burnout:

The word 'work' has turned out to be an emotionally charged word when realizing its psycho-social effects especially in the realm of providing income, contributing to mental and emotional well-being and satisfying the human desire to be productive in life . Apart from the fever of downsizing which places additional demands on the remaining employees, modern technology which is supposed to make life easier and work more efficient has added to the pressures of the workplace, especially



when a worker takes some work home due to the availability of computers, cell phones and the internet thereby blurring the line between home and office (Asuquo, 1997). Job burnout can also arise as result of factors explained below:

- i. Work overload
- ii. Family
- iii. Job status
- iv. Job characteristics
- v. Workplace bullying
- vi. Job stressors

i. Work Overload: Over the last couple of decades, work hours have been dramatically rising. Studies have shown that between 1969 and 1987 the annual hours worked have increased by 163 hours per month for the typical worker (Maslach, Schaufeli & Leiter 2001). Work by itself is not harmful. However, the work overload that can result from this trend can be a very great problem. Work overload occurs when job demand exceeds human limits and people have to do too much in too little time with too few resources. Work overload is characterized by a combination of the following conditions:

- Long and difficult working hours
- Unreasonable workloads
- Pressure to work unwanted overtime (paid and unpaid)
- Less breaks, days off and holidays
- Faster, more pressured work pace

- Increased, excessive performance monitoring
- Unrealistic expectations of what can be achieved with the available time and resource
- Additional, often inappropriate, tasks imposed on top of 'core' workload (more than one job).

A mismatch in workload is generally found as excessive overload, through the simple formula that too many demands exhaust an individual's energy to the extent that recovery becomes impossible. A workload mismatch may also result from the wrong kind of work, as when people lack the skills or inclination for a certain type of work, even when it is required in reasonable quantities. Emotional work is especially draining when the job requires people to display emotions inconsistent with their feelings. Generally, workload is most directly related to the exhaustion aspect of burnout (Maslach, Schaufeli & Leiter, 2001).

According to Schaufeli and Buunk (2003) work overload is one of the most important predictors of burnout, the sense of physical fatigue, mental exhaustion and lack of involvement in work can lead to alienation. The caregivers' dehumanization studies examining the quality of the working lives of professional married working nursing mothers have shown a high level of burnout related to the workload and work pressure (Vettor & Kosinski, 2000).

ii. Family: Work overload not only affects an employee, but can also have an effect on the employees' family. Changes in the roles of couples in work and at

home increases the workload placed on them. As a result, the married working nursing mothers are more likely to experience anxiety and depression than others. This added stress has important ramifications on a family. There are two major concerns: first, the time couples spend with their children is spent on the over-load work; second is the lack of time the couple spends developing their relationship. For the married working nursing mothers, work overload can be just as devastating. Divorce rates have been higher in the last few decades than ever. The stress that work overload puts on the married working nursing mothers relays back into their relationship causing tension and anger. This can be disastrous to the couple if not dealt with.

iii. Job Status

Studies in Europe and America have implicated some job characteristics that may reduce the experience of burnout. For instance, Leiter (1991) and Hackman and Oldham (1975) posited that workers feel burnout when they feel lack of job autonomy and task identity. This position is in line with Ugwu (1985) observation that burnout has a positive relationship with role- based stress like role overload, role ambiguity and role conflict. Mullins (2005) has attempted to explain the three ways by which job autonomy and task identity moderate the experience of burnout. Both may influence the extent to which work is perceived as meaningful and the extent to which workers experience responsibility for the outcomes of the work. They may also influence the actual results of the work activities. Studies however have revealed that those group of workers experiencing higher level of job

autonomy also experience lower degree of burnout (Burke and Richardson, 1993; Cordes and Dougherty, 1993; Ito and Brotheridge, 2003; Ramarajan and Barsade, 2006). In a similar outcome, workers that experience higher level of task identity also experience lower degree of burnout (Chiu, 2000; Tummers, Janseen, Landweed and Houkes 2001; Grandy, Fish and Steiner, 2005).

iv. Job Characteristics

Several characteristics may accelerate the development of burnout. Job characteristics such as excessive workload and time pressure are consistently related to burnout (Maslach and others, 2001). Similar findings were found for the subjective experience of work demands as well as for the actual number of work hours / clients / customers etc. Other characteristics such as role conflict and role ambiguity may be perceived as particularly demanding. Being unable to meet the conflicting demands of the job or not knowing the exact job responsibilities can also trigger burnout (Maslach and others, 2001).

The physical environment (e.g., noise, heat) and shift work may play an important role as well (Demerouti and others, 2007). These general job stressors can be found at least, to some extent in every job. Therefore, burnout may be found in almost every occupation. However, the impact specific emotional demands of the “people work”, such as requirement of being emphatic, severe client problems (even confrontation with death / diseases, for instance, in hospitals), high customer demands, should not be underestimated (Maslach and others, 2001).

Furthermore, a lack of resources may as well lead to burnout. Especially, not having enough support from supervisors and co-workers increases the possibility of having burnout. The absence of job autonomy / control (that is., overall decision freedom in a job) also leads to more burnout. Maslach and Leiter (1997: 42) presumed that

"when people do not have control over important dimension of their job, it prevents them from addressing problems that they identify...Without control, they cannot balance their interest with those of the organization."

Demerouti and others, (2007) found also that a lack of feedback on the work performance, meaningful rewards and a lack of job security are also work conditions that have "burnout potential".

In addition, Maslach and others, (2001) presumed that the whole organizational context should be considered when examining burnout favouring conditions. The organizational context shapes the relationship employees develop to their job. If the organization expects the employees to give more "in terms of time, effort, skills, and flexibility, whereas they receive less in terms of career opportunities, lifetime employment, job security, and so on (p. 409) " the psychological contract between employee and organization is broken. In such a condition employees are more likely to develop burnout.

In summary, several job characteristics, such as excessive work demands and a lack of resources may lead to more burnout. Workload, time pressure, role conflict and role ambiguity are some of the most important “triggers” of burnout.

Lack of social support and job autonomy are harmful as well. When an organization / management / supervisor has high expectations toward the employees but gives less in return, burnout is also likely to develop.

v. Workplace Bullying and Burnout

Stress is well recognized as being an increasing problem in the workplace today, and burnout is a word that most people may not be familiar with. Although the reasons for workplace stress are many and complex, there is still little recognition of bullying as a significant cause of stress and burnout. Caponecchia and Wyatt (2011) posited that a few articles on burnout include any mention of bullying as a possible cause. However, burnout is often more likely, more severe and can progress more rapidly in people who are being bullied. Reasons for this include the following:

- Being bullied is a particularly intense and traumatic form of stress
- Bullying is a systematic form of abuse, and perpetrators will often deliberately exploit the process of burnout as a means of coercing the person they are targeting into compliance, and ultimately, perhaps, getting rid of them
- Being bullied usually involves a loss of control, and poses a threat to a person's well-being

- Bullying is seldom recognized as a serious and very damaging form of abuse, so appropriate and effective support for those being bullied tends to be the exception rather than the rule
- Bullied people may also be experiencing symptoms of post-traumatic stress which will further diminish their resources. Although burnout is a word most people are familiar with today comparatively a few people have a good understanding of it or readily recognise its symptoms.

Burnout may be mistaken for laziness, incompetence, instability and various types of mental illness; in particular, the symptoms of burnout are frequently mistaken for those of depression (Maslach & Leiter 1997). As burnout progresses, a person's efficiency decreases, and bullied worker may find it increasingly difficult to fulfill the obligations of their work. The married working nursing mother experiencing burnout may find that the expectations on them seem to increase as their energy and efficiency decrease. As line managers, unable to see that their subordinate is exhausted, they bring to their constant attention all those jobs that are yet to be done. The normal tendency in these circumstances is to try to work harder in order to meet these expectations, but this only increases the exhaustion and so compounds the problem.

vi. Job Stressors and Indices of Burnout

Stress has been categorized as an antecedent or stimulus, as a consequence or response, and as an interaction. Stress has been regarded as an occupational

hazard since the mid-1950s. In fact, occupational stress has been cited as a significant health problem (Caplan, Cobb, French, Harrison, & Pinneau 1980; House, 1981; Pelletier, 1984). Work stress in married working nursing mothers was first assessed in 1960 when Menzies (1960) identified four sources of anxiety among them

- Patient care
- Decision making
- Responsibility taken, and
- Change

It is widely acknowledged that nurses, teachers, civil servants and other paramedical staff are vulnerable to burnout because their jobs are characterized by stressors which include work overload, low job status, lack of control within the job setting, lack of criteria for measuring accomplishments, lack of feedback and social support from co-workers and supervisors as well as ambiguity and uncertainty about professional roles (Cherniss, 1980; Jayaratne & Chess 1983; Maslach & Jackson 1986).

As further elaborated by Ubangha (1997), there is a high incidence of burnout among teachers as many of them are discontented and lack personal accomplishment. The married working nursing mother's problem is further compounded by her level of vulnerability at work as well as some factors fuelling the vulnerability such as newness on the job, the challenges of her status, the

idiosyncrasies of her super-ordinates, and subordinates, professional overload or under-load, job mobility, work changes, work schedule and other extra judicial responsibilities. These may leave her little or no time to give adequate attention to her children and their education adequate attention should be focused not only on the institution where children would be trained, but also on the parents because of the psychological effect such background will have on the child's subsequent level of academic achievement (Omoegun, 2007; Peretomode 1995).

Women continue to juggle multiple roles, including those roles related to the home and family, for which they may have sole or major responsibility. Nevertheless, work stress and burnout remain significant concerns in married working nursing mothers, affecting both individuals and organizations. In the health care organization, work stress may contribute to absenteeism and turnover, both of which detract from the quality of care (Jennings, 1994). Work stress continues to interest researchers, as illustrated by studies that focused on occupations. A study of 472 Air Force personnel illustrated high levels of work stress in 26 percent of the respondents, with 15 percent claiming work-related emotional distress and 8 percent noting work stress negatively affected their emotional health (Pflanz & Sonnek 2002).

Finally, in a sample of 25,559 male and female German workers, the combined effects of exposure to work stress and downsizing contributed to more symptoms than either experience alone (Dragano, Verde & Siegrist, 2005). The complexity of

work stress was further illustrated in two studies that considered gender effects. The prevalence of burnout was studied in a convenience sample of hospital-based neonatologists (n = 86) and office-based pediatricians (n = 97). Although the prevalence of burnout was comparable between the specialty groups, burnout was found more frequently in female physicians (79 percent) than in male ones (62 percent) (Gellis, 2002; Painter, Akroyd & Elliot, 2003) and this can also be considered to also affect married working nursing mothers.

B. Couple Burnout:

This is a painful state of physical, emotional and mental exhaustion which afflicts people who expect their marriage to give meaning to their lives. It occurs when they finally realize that, despite all their efforts, their relationship does not and will not work out as expected. The problem then, combines unrealistic expectations of a spouse and his/her partner with the stresses and realities of life. If nothing is done to stop the process, things will go from bad to worse. Periods of discontent, once rare, become more and more frequent as mild feelings of dissatisfaction grow into a smouldering fury. The victim may feel physically and emotionally exhausted.

At night, they may think of the offenses their spouse has committed, either real or imagined, and consequently feel miserable. Anahita (2009) states that many couples start their marital life with love, never hoping that the fire of love may one day be put off. Ellis & Dryden (1987) stated that newly married couples rarely think that one day their fictional love may wear off, but it usually happens.

The following factors may be considered in this regards

- Couple burnout is gradual, and rarely happens suddenly. In fact, love and intimacy wear off gradually and with that comes a general exhaustion. In the worst case, burnout means the breakdown of the relationship
- When there is no compatibility between expectations and reality.
- Many factors play a role in couple burnout. One of them is unreasonable expectations. People have different reactions towards different situations. It is possible that some event would make someone anxious or nervous, but the same event might be exciting and challenging for someone else.
- Couple burnout depends on their adjustment to one another's beliefs.

From Sullivan and Shwebel's (1995) point of view, when couples lose their passion and love, even one disappointing event is enough for them to put negative labels on their spouses. In this case, lack of understanding from the husband makes him appear unemotional to his wife; and if the wife does not grant the husband's expectations, then the husband thinks the wife is being unkind.

From medieval times, work has been so important that the lack of it is usually a source of serious social problems. Nevertheless, no matter how highly placed a professional woman is at work, the spouse at the other end desires to be respected and acclaimed to be the 'provider' for the house (Adepoju, 2002). Feldhann (2004), Jackson (2003) and Reiner. Crystal & Ryan (1999) posited that providing is the core of a man's identity because men feel powerful when they are depended on;

inability to provide on the part of the man is an ongoing risk of failure. In addition to long hours at work, series of meetings and the extension of work at home on the laptops and the internet, exposes couples to burnout, where the returns of the workplace are maximized to spite the spouse's ego unconsciously at home. The prevalence of burnout is higher where the professional woman is so much engrossed in work and apparently too much occupied with it to the detriment of her marriage (Asuquo, 1997).

C. Parent Burnout:

The married working nursing mother tries to cope with the stressors at work by putting on a façade of balanced temperament. It is however saddening to note that most men are seemingly less empathic to the plight of their spouses as they constantly complain and remind their wives about those things which they ought to have done but have left undone. Even though life at the workplace can be managed by putting up psychological fronts and by delegating some responsibilities, her reduced involvement in family responsibilities may lead to an unhealthy climate or cause a clog in the wheel of marital stability.

Annoying habits hitherto unlearned for the sake of modesty may resurface from husband, children and even the wife; these may lead to nagging at home and if not well handled, at the place of work. In this era of day-care centres and make-shift babysitter homes, the early life experiences make an indelible mark in the cognitive, affective and psychomotor domains of the child's development.

Osarenren (1997) elaborated extensively on the necessity of an enriched environment during the period of a child's growth and development as opposed to an impoverished environment with its long-term consequences in all areas of life of the child. All these are underscored by the nature nurture dichotomy.

It is not enough to have financial capability to provide the wherewithal for a conducive and enriched environment for the child; the parent must know the child, shape the child, communicate with the child, train the child and make time for enjoyable recreation with the child. According to Durojaye (1972) cited by Olusakin and Ubangha (1998), the parent should provide the early psychological guidance needed by the child. These needs, includes motivation, conducive environments to built up sound interest, attitudes and human-relations with the people around, together with clear understanding and effective harmonisation of self with environmental conditions. Genetically too, parents are responsible for more of the personality characteristics of their children. With professional targets set in the office, with aspirations of being promoted to the next level, driving to and from work and the hassles of day-to-day activities under the umbrella of job security, coping with the two different worlds for the married working nursing mother is quite demanding, hence the majority of them are burned out in the process.

Aina (2007) describes the union called 'marriage' as stressful because the couple is made up of two distinctive individuals with different experiences, emotional dispositions, interests and workplace challenges. Reports on marital cases from the

courts of law and screaming headlines in daily newspapers seem to show that the institution of marriage is facing a lot of crises. The involvements of the couples in the world of work, especially the multiple roles of the married working nursing mothers, make the problem quite enormous.

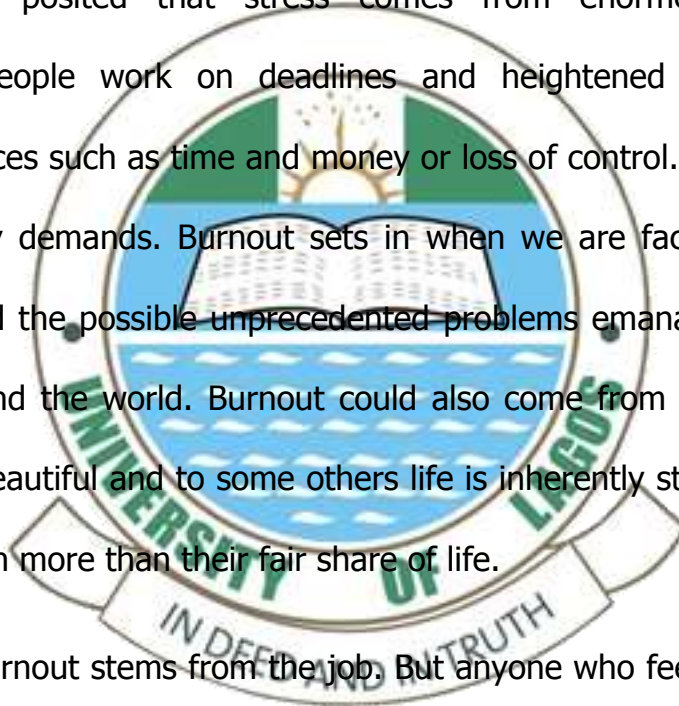
Many parents are burned out as a result of the way they handle the training of their children as regards work, especially household chores, school homework/ assignments and minor errands at home. Crittenden (1999) observed that some parents fail to train their little children by giving them tasks around the home appropriate to their ages; some parents do virtually everything for their offspring or hire paid house-helpers to put them at the children's beck and call, perhaps out of mistaken kindness (Makinde, 2006).

2.9 Causes of Burnout

Sigmund Freud (1939) described the ability to love and the capacity for work as the hallmarks of full maturity. It is observed that many professional women give the best of themselves to their working hours but when they get home, they are too tired to reciprocate the love advances or demands of their spouses. According to Etzion (1990), they expect the spouse to understand. Unconsciously, the spouse's love has been taken for granted. Pines (1996) asserted that when crisis becomes a daily routine in a marriage, it imposes stress on relationships thereby eroding love. Very few romantic marriages can withstand continuous difficulties indefinitely.

In a majority of marriages wherein the married working nursing mothers place a higher priority on their work demands but trivialize their spouses' relationships at home, the couple may burnout (Snyder, 1997). The relationship between couple burnout and career burnout cannot be over-stressed. Goodwin (1990), Smith, Waldorf & Trembath (1999) and Ellis (1992) all asserted that in a 'good' marital relationship, the career does not come first, thus preventing career burnout.

Bernstein (2010) posited that stress comes from enormous pressure and responsibilities. People work on deadlines and heightened ambitions despite insufficient resources such as time and money or loss of control. Stress comes from marital and family demands. Burnout sets in when we are faced with economic, environmental and the possible unprecedented problems emanating from changes taking place around the world. Burnout could also come from mothers-in-law. To some this life is beautiful and to some others life is inherently stressful. People just happen to live with more than their fair share of life.



In many cases, burnout stems from the job. But anyone who feels overworked and undervalued is at risk for burnout – from the hardworking office worker who has not had a vacation or a raise in two years to the frazzled stay-at-home mother struggling with the heavy responsibility of taking care of three kids, the housework, and her aging father. But burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including lifestyle and certain personality traits. What you do in your downtime and how you look at the world can play just as big a role in causing burnout as work or home demands.

Work-related Causes of Burnout

- Feeling like one has little or no control over your work
- Lack of recognition or rewards for good work
- Unclear or overly demanding job expectations
- Doing work that's monotonous or unchallenging
- Working in a chaotic or high-pressure environment

Lifestyle Causes of Burnout

- Working too much, without enough time for relaxing and socializing
- Being expected to be too many things to too many people
- Taking on too many responsibilities, without enough help from others
- Not getting enough sleep
- Lack of close, supportive relationships

Personality Causes of Burnout

- Perfectionist tendencies, nothing is ever good enough
- Pessimistic view of yourself and the world
- The need to be in control, reluctance to delegate to others
- High-achieving, Type A personality

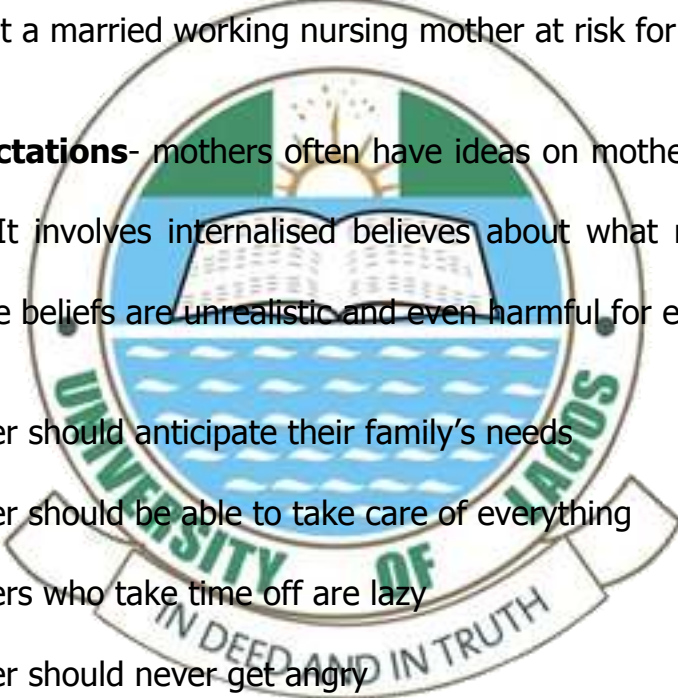
Nearly every adult faces burnout at some point in their life. Whether it is caused by work, family problems, financial issues, or childhood trauma, burnout is a very real and serious issue. Those who struggle with it most are people who find it difficult to deal with stress on a regular basis. Increasing pressure, due to stressful

situations, can create a scenario where a person quickly becomes burned out and can hardly function in normal daily routines. This extreme drop in desire to carry out even the most basic functions is something that can become debilitating, if left unchecked.

2.10 Causes of Mothering Burnout

There comes a time when a married working mother cannot give anymore, for the fact that they care the most they are easily prone to burnout. There are a variety of factors that can put a married working nursing mother at risk for burnout.

Unrealistic expectations- mothers often have ideas on motherhood that are not based on reality. It involves internalised beliefs about what mothers should be and do often, these beliefs are unrealistic and even harmful for example:

- 
- The logo of the University of Lagos is a circular emblem. It features a central sun rising over a body of water with waves. The sun is partially obscured by a banner that reads "UNIVERSITY OF LAGOS". Below the water, there is a banner with the motto "IN DEED AND IN TRUTH". The entire emblem is surrounded by a circular border with the text "UNIVERSITY OF LAGOS" repeated.
- i. Mother should anticipate their family's needs
 - ii. Mother should be able to take care of everything
 - iii. Mothers who take time off are lazy
 - iv. Mother should never get angry

Perfectionism- :- A married working nursing mother, who feels that she has to do all things well, or that her best is never good enough, is in danger of becoming burnout.

An Impossible Job – Unrealistic expectations are part of the problem of a married working nursing mother; the job of mothering alone is very tasking. Taking certain jobs may be impossible, as the demand is enormous from the motherhood.

Meal Planner – The function of a married working nursing mother is to plan the meal for the family, go on shopping, cook for the family and (if she has a helper) needs to coordinate everything.

Home Decorator & Supplier of Hospitality – it frequently falls upon the married working nursing mother to make their homes a nice place to live, her surrounding should influence her family.

School Liaison - a married working nursing mother frequently meets with the teachers, chases after home work, makes sure that clothes and supplies are purchased and monitors the children's academics and performance.

Care-giving Overload - A married working nursing mother cares for the children even when at times, they have children with special needs, physically challenged and aged family members. A mother has to do her runs for such members of the family, were necessary.

Health and Safety - a married working nursing mother is saddle with the responsibilities for the well-being of the family, making doctors' and dentist's appointments, keeping record of vaccinations, keeping the home clean and ensuring adequate safety in the home.

Family Entertainment and Holidays -Mothers typically make the plans for social engagement and entertainment in her home for her family and visitors as well. Mothers are also responsible for the holidays preparations such as Salah



celebration, Christmas and other festivities. The preparation for these festivities puts a lot of pressure on mothers as culture demands that she satisfies every member of the family and the visiting guests. This could lead to burnout.

2.11 Personality Traits of Married Working Nursing Mothers

Lynn & Martin (1997) and Wilkinson (2004) described personality characteristics and the attempt made by individuals to 'take off the mask' and live the real self, daring to show ourselves warts and all, being loved and accepted as who we are even at the risk of being rejected. In adherence to these, however, there are many stakeholders - employers, the spouse and the children in addition to the society at large.

In many cases of burnout at work or at home, Wilkinson (2004) suggested that the professional woman wears her masks by developing patterns of behaviour that will take off the hurts and feelings of unworthiness. Many researchers have worked on different personality types such as introversion - extraversion (Osarenren, 1997) and all these have implications on the prevalence of burnout.

Since the findings about the relationship between chronic stress and depressive symptoms in African-American women in mid-life are not only parsimonious but also ambiguous, personal characteristics may perhaps explain the difference in experiences of these women (Glazer and others, 2002; Woods and Mitchell, 1997). Also, some researchers believe that in the presence of chronic stress, personal characteristics might have a buffering effect on depressive symptoms.

Accordingly, with regard to chronic stress or depressive symptoms, Thoits (2006) asked the question, "What are the personal characteristics that help one to cope?" Personal characteristics consist of personal vulnerabilities (demographics, health status), personal resources (self-perception, socioeconomic status, knowledge, and decision making), social resources (social support), and biological status (perimenopause and menopause).

Vulnerabilities

In various studies, personal vulnerability has been referred to as marker, predisposition, variation, resource, antecedent, or risk factor (Burke & Elliot, 1999; Hemingway, Nicholson, Stafford, Roberts, & Marmot, 1997; Steptoe & Marmot, 2003; Turner & Turner, 2005). People vary in their personal vulnerabilities to adverse experiences and circumstances (Turner & Avison, 2003). In the married working nursing mother analysis, personal vulnerabilities were understood to be predisposed and defined as an inherited or acquired characteristic of functioning which may render the individual susceptible to chronic stress (Burke & Elliot, 1999). For example, given exposure to the same adverse experience, African-American women of lower socio-economic status may be more susceptible to chronic stress than Caucasian women (Ulbrich and others, 1989).

Marital Status

Married African-American women are at increased risk for depressive symptoms than their Caucasian counterparts or unmarried African-American women across

age groups. In one study, it was found that for women who were both non-poor and married, African-American women were 2.4 times more likely than Caucasian women to be at risk for depressive symptoms (Gazmararian and others, 1995).

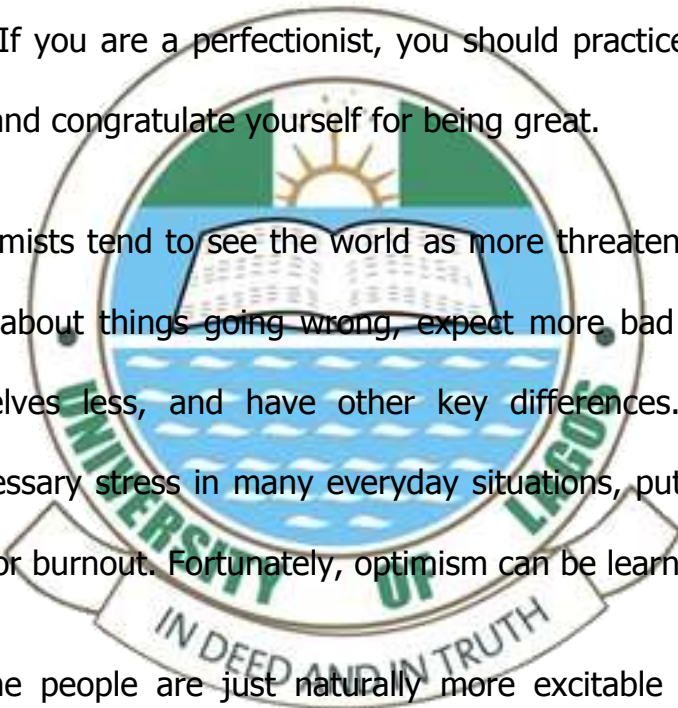
Health Status

Research has revealed that women, especially African-American women in midlife, are in poorer health because their lives are more stressful than men's lives. Therefore, these women are more susceptible to the adverse health consequences, including depressive symptoms and chronic stress (McDonough, 2001). Based on empirical evidence, it is apparent that an individual's perception of his or her health status influences their mental health. However, this connection remains poorly understood (Weissman and Olfson, 1995). Also, a perception of poor health status is directly correlated with lower socio-economic status and indirectly with chronic stress (Hemingway and others, 1997). While many burnout risk factors have to do with job structure and lifestyle factors, certain personality characteristics can exacerbate your experience of stress, making you more susceptible to burnout. While much of personality is inborn, it is important to be aware of how your personal makeup and tendencies can contribute to your stress response, so you can adjust what you can. In addition, the following personal characteristics can affect the stress level and put the married nursing working mothers at an increased risk for burnout.

Perfectionist Tendencies:- Striving to do your best is a sign of a hard worker and can be a positive trait that leads to excellence. However, perfectionism can cause excessive stress and sometimes be crippling. What is the difference between striving for excellence and being a perfectionist? Perfectionists beat themselves up if everything is not perfect, whereas mere hard workers are happy with a near-perfect job well done. Perfectionists sometimes will not even try to accomplish a task because they are too terrified of 'failure'—which can be defined as anything less than perfect! If you are a perfectionist, you should practice forgiving yourself for being human, and congratulate yourself for being great.

Pessimism: Pessimists tend to see the world as more threatening than optimists. They worry more about things going wrong, expect more bad things than good, believe in themselves less, and have other key differences. Pessimists cause themselves unnecessary stress in many everyday situations, putting themselves at an increased risk for burnout. Fortunately, optimism can be learned, to a degree.

Excitability: Some people are just naturally more excitable than others. They have a stronger response to stress, and it is triggered more easily. (These differences can be observed in very young babies and tend to be stable over a person's lifetime.) There is not much you can do to change your body's chemistry, but you can practice tension relieving strategies that can help you calm down when you do get stressed, and you can practise positive self talk strategies so you perceive situations as less threatening.



Type A Personality: it is probable that one is aware of 'Type A Personalities', which put people at an increased risk for cardiac disease and other health and lifestyle difficulties. While many people know what a 'Type A' personality is, the two cardinal characteristics are 1) time impatience and 2) free-floating hostility. Being 'Type A' (or working closely with someone who is) can cause additional and chronic stress, increasing burnout risk. The acts of been impatient with people, life is minor hassles, and having trouble keeping from lashing out at people, may indicate 'Type A'. If so, here are some ways to deal with Type A tendencies.

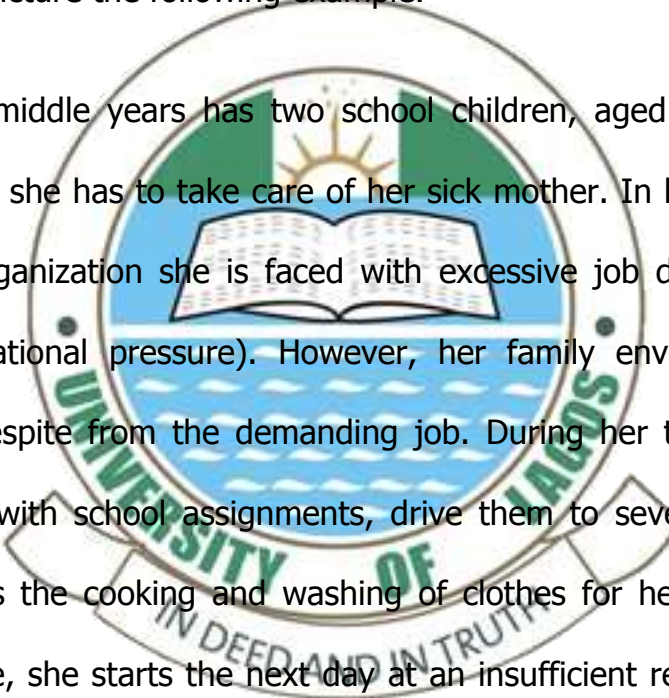
2.12 Family Constellation

Akande, Akande & Odewale (1994) posited that every family differs in composition as well as in its everyday experiences. Professional women's families differ in terms of number of children, gender of children, length of marriage, turn-off/on and other demographic variables (Papp & Silverstein, 1991). Considering ups and downs at the workplace as well as the unpredictable situation at home, the professional women could not predict which days any of the children will fall sick and how much money or hours would be required.

The professional women would as a result of these eventualities desire less of present but unavailable husbands or absentee husbands, which could make matters worse for them (Makinde, 2004). It is very important to consider the age of the children, which, for the purpose of this study, must be between 0 and 12 the typical age for personality formation and development. The professional women

must set their priorities and ensure that attention is not tilted to the office to the detriment of the home so that the children will not end up badly. (Jones & Nisbett, 1989; Bryson & Bryson, 1986; Schiffer, 1985; Turby, 2009).

Although the main precursors of burnout can be found in the work environment, several authors claim that a demanding family environment cannot be neglected when examining the development of burnout (e.g., Peeters, Montgomery, Bakker & Schaufeli, 2005). Picture the following example.



A woman in her middle years has two school children, aged 6 and 8, living at home. In addition, she has to take care of her sick mother. In her job as a project manager in an organization she is faced with excessive job demands (especially time and organizational pressure). However, her family environment does not provide enough respite from the demanding job. During her time-off she has to help the children with school assignments, drive them to several extra-curricular activities and does the cooking and washing of clothes for herself, husband and children. Therefore, she starts the next day at an insufficient recovery level and is ever more susceptible to the demands of the job. Eventually, she starts distancing from her job and colleagues as well as her family. After a year she had to take a sick-leave because she was suffering from burnout.

According to the following example family demands may be directly related to burnout. In addition, simultaneous job and family demands may also be in conflict with each other. Fulfilling responsibilities in one domain (e.g. job) may be difficult

because of responsibilities in the other domain (e.g family). Such a work-family conflict may consequently also trigger burnout (Peeters and others, 2005).

2.13 Childrearing Styles among Married Working Nursing Mothers

Walsh (1995), Yeung, Sandberg, Dacis-Kean & Hoffreth (1999) focus on how well each of the two parties in an intact home know the children and the amount of quality time each spends with them, especially the fathers. However, Klerman & Leibowitz (1994), Bianchi (2000), Bryant & Zick (1996) and Hays (1999) elaborated on the cultural contradictions in motherhood which maternal employment has caused and how it has greatly impacted on time spent caring for children. Wooley (1994), Schor (1998), Rogers (1992) and Hofferth (2000) lamented that married working nursing mothers hardly spend about three hours a week with their children - not continuously, though, to directly engage their children in reading, playing, bathing, cooking, dressing, etc.

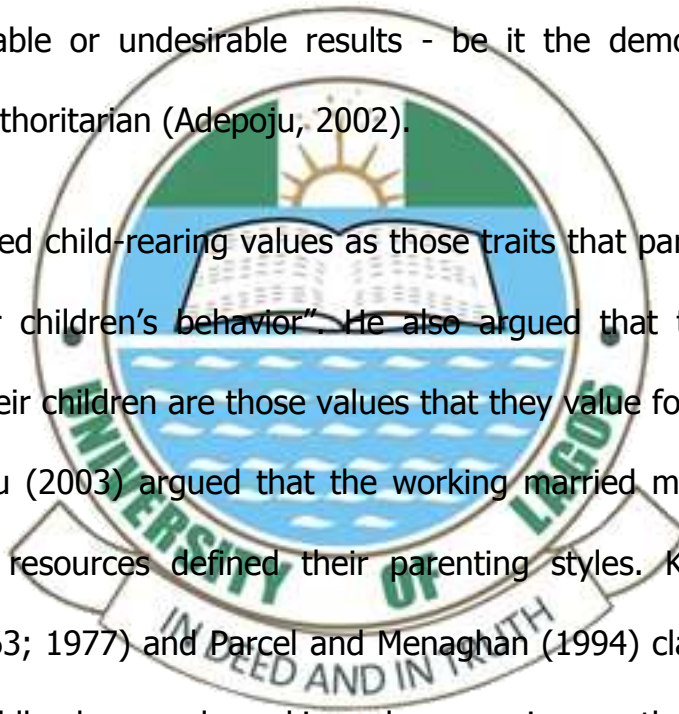
Child-rearing style is usually imagined along two dimensions: parental demand (control) and parental response (warmth). The styles can be understood as attitudes toward the child that are communicated to the child and create an emotional climate in which parents' behaviour is expressed. Four parenting styles can be distinguished as; authoritative (high demand and high responsiveness), authoritarian (high demand and low responsiveness), permissive (low demand and high responsiveness) and democratic (low demand and low responsiveness). According to Darling and Steinberg (1993), parenting styles must be distinguished

from parenting practices-behaviours defined by specific content and socialisation goals (school achievement).

The importance of parenting styles stressor (active or problem-focused coping) and those intended to regulate emotional states resulting from the stressful event (passive or emotion-focused coping; Compas, 1987). Shucksmith, Hendry, and Glendinning (1995) found that child rearing style was predominant, and that the most effective style (based on integration and mental well-being) was the authoritative style. Lamborn, Mounts, Steinberg, and Dornbusch (1991) also reported that children with authoritative parents were better adjusted (school misconduct, bad habits) and more competent (areas of achievement) than children with neglectful or indulgent parents. Johnson, Shulman, and Collins (1991) found that parental warmth to the children was positively related to optimal psychological adjustment, and also found that rejecting discipline (control, punishment) was related to poorer psychological adjustment. Likewise, Wagner, Cohen, and Brook (1996) also found that children who reported warm parenting by both mother and father were less likely to suffer symptoms of depression in reaction to stressful events than were children who reported harsher discipline by both parents. A positive relationship with parents provides a form of social support, which enhances the confidence of the child and therefore, enables him to cope with stressful events (Cohen & Wills 1985; Baumrind, 1991).

The case of a metropolitan city like Ibadan leaves much to be desired in the face of traffic hold-ups, irregular power supply and the noisy and disorganized nature of the populace. This is why the majority of the married working nursing mothers employ nannies or house helps to assist them while they and their spouses are away at work, even though the extent to which they deliver in the spouse's absence leaves much to be desired in the majority of cases. Whichever parenting style is adopted by the spouse, consistency and effectiveness in such practice would yield desirable or undesirable results - be it the democratic, permissive, authoritative or authoritarian (Adepoju, 2002).

Kohn (1977) defined child-rearing values as those traits that parents desire "to see embodied in their children's behavior". He also argued that the values parents desire to see in their children are those values that they value for themselves. Kohn (1977) and Lareau (2003) argued that the working married mothers' own values and occupational resources defined their parenting styles. Kohn and Schooler (1973), Kohn (1963; 1977) and Parcel and Menaghan (1994) claimed that working conditions of middle-class and working class nursing mothers are "important determinants of defining child-rearing values". Middle-class working mothers with higher-ranking occupations are more likely to raise their children with an emphasis on self-direction, autonomy, and reasoning than those [working class] with lower-ranking occupations (Lareau, 2003). Middle-class married working mothers focus on child-rearing techniques that stimulate children's cognitive skill development, whereas working class married nursing mothers teach them to obey and comply to

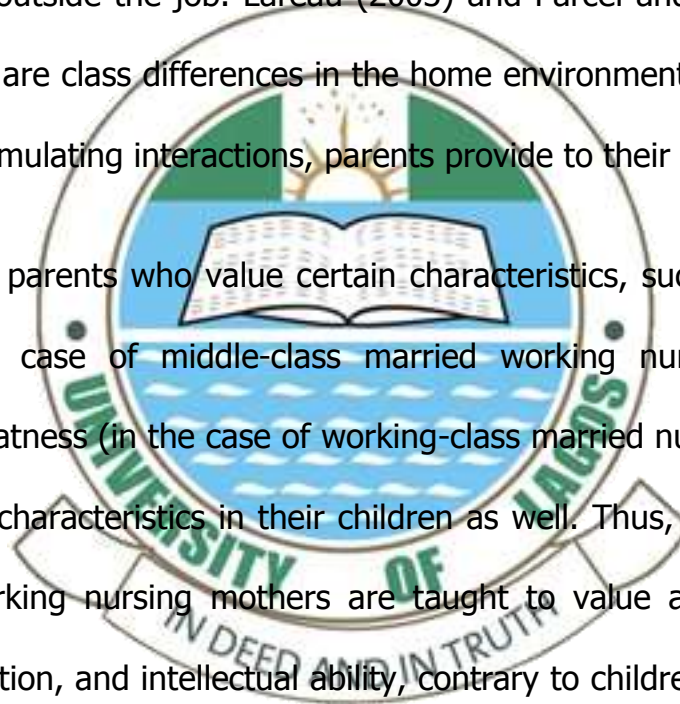


authority figures. These class differences in child-rearing have consequences for children's cognitive skill development.

In other words, mothers' level of autonomy and self-direction on the job may positively influence children's achievement through the type of interaction skills they nurture in the mother. Autonomy refers to self-directedness at work, and Kohn and Schooler (1973) argued that people's workplace tasks and experiences affect their interactions outside the job. Lareau (2003) and Parcel and Menaghan (1994) argued that there are class differences in the home environments, parenting styles, and cognitively stimulating interactions, parents provide to their children.

Kohn argued that parents who value certain characteristics, such as self-direction, creativity (in the case of middle-class married working nursing mothers), or obedience and neatness (in the case of working-class married nursing mothers), try to embody these characteristics in their children as well. Thus, children of middle-class married working nursing mothers are taught to value and embody higher levels of self-direction, and intellectual ability, contrary to children of working class-married working nursing mothers who are taught to value and embody behavioural conformity and neatness.

In contrast to Coleman (1988), Parcel & Menaghan (1994) argued that the working conditions and workplace requirements are at least, as important as number of paid work hours in how they affect people's parenting styles, values, and well-being, and shape the quality of children's home environments. In other words, having



autonomy or supervisory power at work enables married working mothers to pass these characteristics of self-direction and intellectual ability on to their children (Kohn & Schooler, 1973).

In addition, having self-direction, autonomy and supervisory power may be associated with having more discretionary power on their own schedules and pace of work that they can alter as family needs arise. Parcel and Menaghan (1994) also measured married working fathers' occupational complexity along with married working mothers', but they fail to find any significant effect of fathers' job conditions on the child.

2.14 Spousal Communication

Communicative responsiveness refers to one's "perceived ability to listen to and respond effectively to another in distress" (Stiff, and others, 1988: 200). In other words, communicative responsiveness is the ability of the couple to communicate with each other about sensitive and emotional topics in an effective manner. The effects of poor communication on a relationship can threaten the existence of a relationship itself. The symptoms of communication breakdown include feeling like the other person is not listening, arguing constantly, feeling like nothing of substance is being said and being defensiveness. All of these symptoms of communication breakdown serve to create an obstacle towards problem resolution.

After communication breakdown has set into a relationship, if the situation is not quickly resolved through open and positive communication, more problems begin to

set in. The opportunity that poor communication creates for problems to enter the relationship intensifies with each instance of poor communication. Poor communication makes it difficult for couples to relate to each other. Without the ability to relate to each other, the parties may begin to second-guess the relationship itself. Poor communication skills often lead to misunderstanding, which in turn leads to further problems.

In reality, 80 percent of communication that is interpreted is of the nonverbal sort, body language and facial expressions. In a relationship in which poor communication is common, relationship burnout is common. Burnout in this case means that the relationship stops functioning on an emotional level and the two parties begin to withhold information from each other. Betrayal often results, in the form of cheating or placing trust in other people. The further a relationship is allowed to deteriorate because of poor communication, the more difficult it is to regain trust and return the relationship to what it once was. Communication is divided into two types, which are:

- Defensive communication is an unfortunate component in lowering quality relationships between a married working nursing mother, her supervisor at work and her spouse at home. According to a model by Stamp, Vangelisti, and Daly (1992), defensive communication involves a self-perceived flaw that an individual refuses to admit to another person, a sensitivity to that flaw, and an attack by another person that focuses on the flaw. This model accounts for both the internal traits and external states from which defensive

communication may spring. Stamp and others, (1992) captured the interactive, multifaceted nature of defensive communication.

- Supportive communication is linked to and has far reaching implications for stress and burnout (Ray, 1987). However, there are connections between burnout and types of unsupportive communication, such as defensive communication. Defensive communication yields negative effects on the quality of the relationship between the married working nursing mother and her spouse on one hand, her supervisor as well as other employees leading to burnout. The higher levels of self-reported defensive communication are associated with higher levels of burnout.

2.15 Theories of Burnout

There are different theories of burnout. Each theory is discussed under an exposition of the theory, research linked to it and how this theory could be applied to different situations of which married working nursing mother is not an exception.

The theories considered include:-

1. Multidimensional Theory of Burnout
2. Person-Environment Fit Theory
3. Cybernetic Theory

1. Multidimensional Theory Of Burnout

Jobs burnout is a prolonged response to chronic interpersonal stressors on the job.

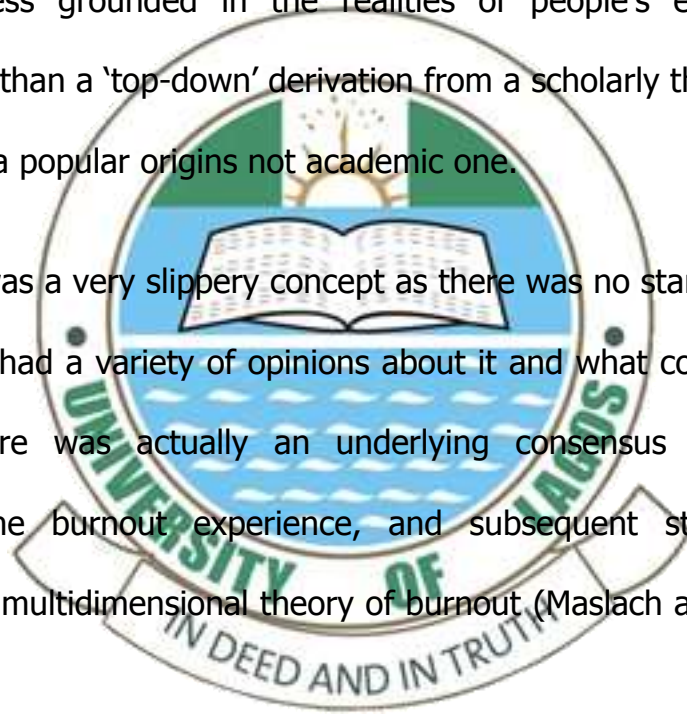
The three key dimensions of this response are an overwhelming exhaustion,

feelings of cynicism and detachment from the job, and a sense of ineffectiveness and failure (Maslach, 1982a; Maslach and Jackson, 1981b; Maslach and Leiter, 1997).

Burnout is an important social problem in the workplace; it was a long time before it became a focus of systematic study by researchers (Maslach and Schaufeli; 1993). Thus, the development of a model of burnout was more of a grass-root, 'bottom-up' process grounded in the realities of people's experiences in the workplace, rather than a 'top-down' derivation from a scholarly theory which proves that burnout had a popular origins not academic one.

Initially Burnout was a very slippery concept as there was no standard definition for it, though people had a variety of opinions about it and what could be done about it. However, there was actually an underlying consensus about three core dimensions of the burnout experience, and subsequent studies led to the development of a multidimensional theory of burnout (Maslach and Jackson,1981b; Maslach, 1993).

Multidimensional theory conceptualizes burnout in terms of its three core components: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1993; Maslach and Jackson, 1981a,1986). According to this theory, burnout is an individual stress experience embedded in a context of complex social relationships, and it involves the person's conception of both self and others.

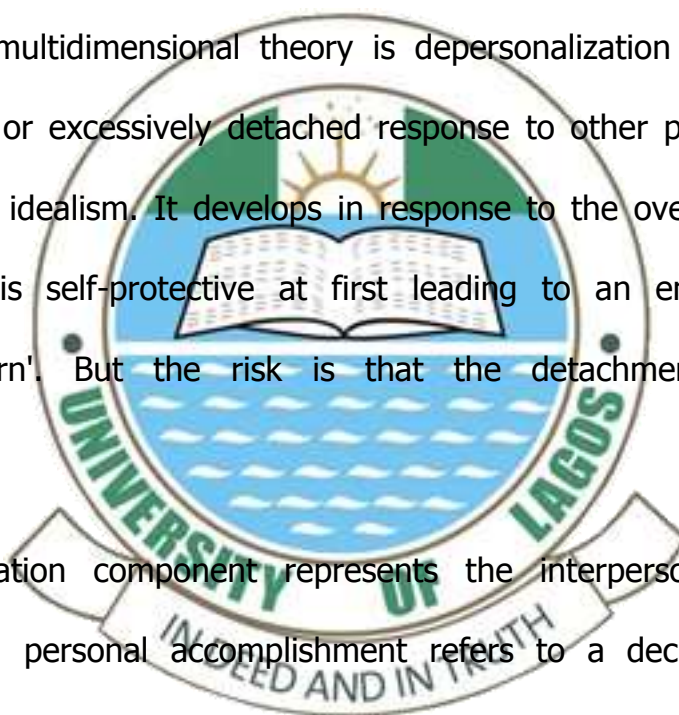


Emotional exhaustion refers to feelings of being emotionally overextended and depleted of one's emotional resources. The major sources of this exhaustion are work overload and personal conflict at work. Workers feel drained and used up, without any source of replenishment. They lack enough energy to face another day or another person in need. The emotional exhaustion component represents the basic individual stress dimension of burnout.

Another core of multidimensional theory is depersonalization which refers to a negative, cynical, or excessively detached response to other people, which often includes a loss of idealism. It develops in response to the overload of emotional exhaustion, and is self-protective at first leading to an emotional buffer of 'detached concern'. But the risk is that the detachment can turn into dehumanization.

The depersonalization component represents the interpersonal dimension of burnout. Reduced personal accomplishment refers to a decline in feelings of competence and productivity at work. This lowered sense of self-efficacy has been linked to depression and an inability to cope with the demands of the job. Workers who experience a growing sense of inadequacy about their jobs demand may result in a self-imposed verdict of failure.

The second component of depersonalization also emerged from acts of trying to control emotional stresses of their work by maintaining excessive detachment and



emotional distance from people as a way of protecting oneself from intense emotional arousal that could interfere with the ability to function effectively on their job.

The third dimension of emotional exhaustion and depersonalization is that of feeling of reduced personal accomplishment. The personal accomplishment component represents the self-evaluation dimension of burnout.

2. Person-Environment Fit Theory

Theories of stress have long recognized the importance of the person and environment in understanding the nature and consequences of stress. There are four types of correspondence between person and environment constructs. They are Objective P-E fit, Subjective P-E fit, Contact with reality, and Accuracy of self-assessment (Caplan, 1983; French et al., 1974; Harrison, 1978).

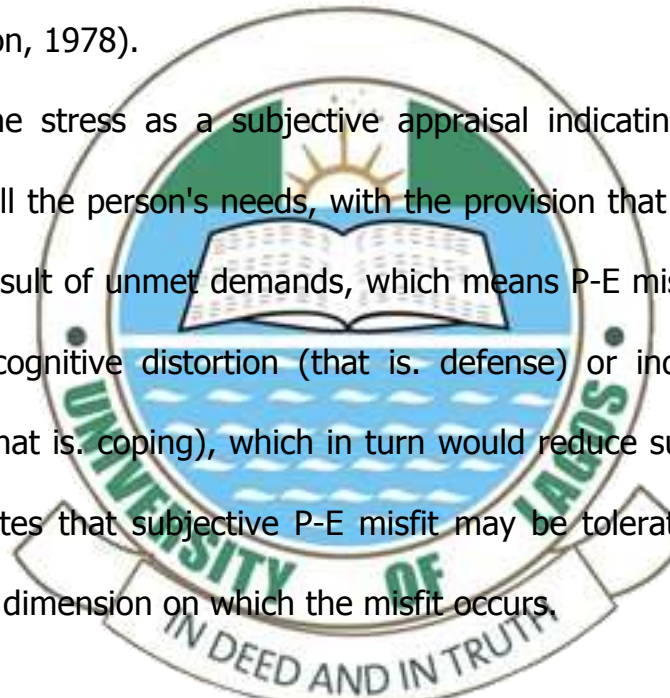
The definition of stress proposed by Harrison (1978, 1985), states that stress arises when: the environment does not provide adequate supplies to meet the person's needs or the abilities of the person fall short of demands that are prerequisite to receiving supplies.

There are four types of correspondence between person and environment constructs:

- (1) Objective P-E fit, which refers to the fit between the objective person and the objective environment;

- (2) Subjective P-E fit, or the fit between the subjective person and the subjective environment;
- (3) Contact with reality, meaning the degree to which the subjective environment corresponds to the objective environment;
- (4) Accuracy of self-assessment (or accessibility of the self; French and others, 1974), representing the match between the objective person and the subjective person (Caplan, 1983; French and others, 1974; Harrison, 1978).

In sum, we define stress as a subjective appraisal indicating that supplies are insufficient to fulfill the person's needs, with the provision that insufficient supplies may occur as a result of unmet demands, which means P-E misfit may be resolved directly through cognitive distortion (that is. defense) or indirectly by reducing objective misfit (that is. coping), which in turn would reduce subjective misfit. The theory also indicates that subjective P-E misfit may be tolerated by reducing the importance of the dimension on which the misfit occurs.



3. Cybernetic Theory

The premise of this theory is that behaviour is directed at reducing deviations from a specific goal-state: "it is the deviations from the goal-state itself that direct the behavior of the system, rather than some predetermined internal mechanism that aims blindly" (Buckley, 1967: 53). This perspective explains how systems adjust or adapt their actions to cope with disturbances from goal achievement. The theory related to stress has followed (often implicitly) a cybernetic framework (Basowitz et

at., 1958; Cofer and Appley, 1964; McGrath, 1976). The systematic application of cybernetic concepts has been relatively uneven among the disciplines of stress. Hence, individual behaviour is directed toward maintaining a steady state both within the person and with respect to his/her environment. The concept of stress is related to this drive toward homeostasis. Each of the numerous variables in person has a specific range of stability. When a variable is within this range, it is in steady state and the person has no need for corrective action.

A stress is any force displacing a variable beyond its range of stability. This produces a strain within the organism. Strains may or may not be capable of being reduced, depending upon their intensity and the resources of the individual.

2.16 Coping Techniques

Several coping techniques have been recommended to counter burnout. Archus & Kagan (1995), Bernstein & Borkovec (1993) and McGee, Feegab, Williams & Anderson (1997) recommended play; Jolley's (2004), suggested application of relaxation skills (Hazlett-Stevens 2005), less worrying (Jacobson 1998) under scheduling adult-led activities Pennebaker (2000), time-creation for children's play and reading to them (Hart & Teeter;1999), recreational activities and expression of love Feldhann (2004) and Pennebaker (2000). These, according to them, will necessitate peculiar work-schedule for the professional woman who needs to keep her job and home simultaneously.

We all need quality rest to thrive. It is not just a convenience that we try to squeeze into our schedules or an indulgence for those who are not willing to work hard. Regular times of quiet and stillness are of physiological necessity. Many members of the animal kingdom, as well as plants species, will hibernate or lie dormant in order to survive. Why should human beings refuse to acknowledge the natural rhythms of life?

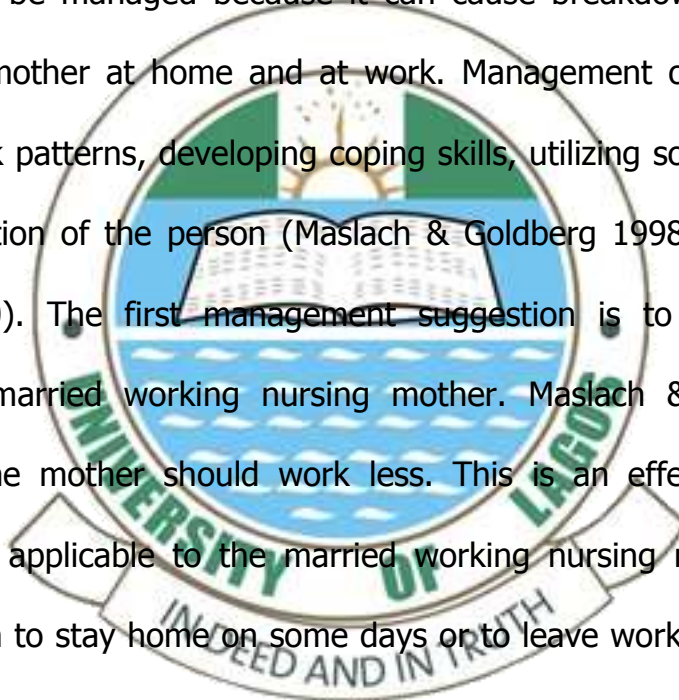
According to Wheeler (2007), burnout is a threat. Once you have evaluated the seriousness of the threat, the next step is to evaluate your capability to handle it. This involves deciding how much control, if any, you have over the situation and your feeling about it. If you have to work for different shifts in all different establishments, you could make more earnings but most likely shorten your life. The choice is yours.

Do you get angry and slam things in your office? Do you sit down and cry? Are you contemplating suicide because you feel like you are never going to be able to manage all your responsibilities? These unhelpful habits we cultivate to reduce burnout are actually misguided coping strategies, and will only lead to more problems. Those unhelpful coping responses include watching too much television, drinking alcohol, eating comfort foods and indulgence in sex.

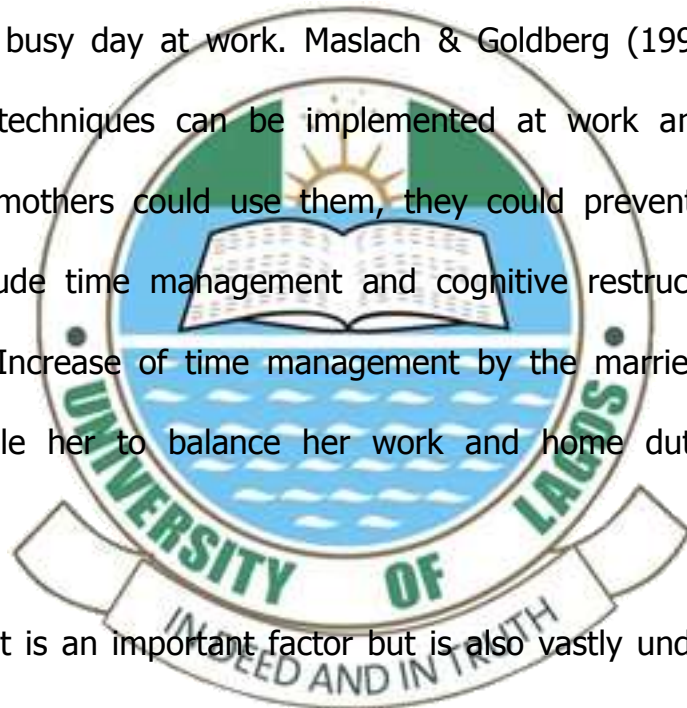
Coping is a two-stage process of appraisal that involves making judgments about what is happening and what you are going to do about it (Folkman, 1986). The first step is primary appraisal, in which you decide whether something is a threat to you

or your interests. The secondary appraisal concerns whether there is anything you can do to change the situation to minimize bad outcomes and increase the possibility of positive outcomes. Based on primary and secondary appraisals, you make decisions (whether consciously or unconsciously) about how you are going to respond to the stressor. This entire process is influenced by your personality, experience, beliefs, and other fundamental qualities that make you an individual.

Burnout needs to be managed because it can cause breakdown for the married working nursing mother at home and at work. Management of burnout includes changing the work patterns, developing coping skills, utilizing social resources, and increasing motivation of the person (Maslach & Goldberg 1998, ten Brummelhuis and others, 2010). The first management suggestion is to change the work patterns of the married working nursing mother. Maslach & Goldberg (1998) suggested that the mother should work less. This is an effective management process, which is applicable to the married working nursing mother. This could enable the woman to stay home on some days or to leave work earlier so that she could attend to her family. It would reduce the burnout in the married working nursing mother because she would be able re-dedicate herself to her work. The other option of changing work patterns is for the mother to change her job. Sometimes people initially love a job but as they struggle to keep up with the job demands, they realize that they are not happy with the occupation they have chosen.



The second management process suggested is to allow the married working nursing mother to develop coping skills and relaxed lifestyles (Maslach & Goldberg 1998). Coping skills are intended to reduce the impact of work stressors on the married working nursing mother (Maslach & Goldberg 1998). This could be developed individually by the person or with the help of a professional such as a therapist. Relaxation techniques such as massages from one's partner or watching television with the family might also help the married working nursing mother to unwind from her busy day at work. Maslach & Goldberg (1998) suggested that some relaxation techniques can be implemented at work and that if married working nursing mothers could use them, they could prevent burnout as well. Coping skills include time management and cognitive restructuring (Maslach & Goldberg 1998). Increase of time management by the married working nursing mother will enable her to balance her work and home duties without being overwhelmed.



Time management is an important factor but is also vastly underestimated in the burnout experiences. Cognitive restructuring is a form of management method that could be done via self-help books and other therapy application. The third management process, utilization of social resources, is similar to the social support correlate of burnout. Married working nursing mothers needs social interaction to escape the pressures of the workplace so as to prevent burnout.

The final management technique that could be used is motivation (Ten Brummelhuis and others, 2010). There are various motivational resources available in media, online and in programmes or talks. This could also come from the people that surround the married working nursing mother such as religious leaders, spouses, friends, parents. Motivation could enforce the cognitive restructuring that was recommended by Maslach & Goldberg (1998). Motivation could reduce the burden of job demands and loss of resources (ten Brummelhuis and others, 2010).

As a result, it is generally advisable for managers and bosses to organize motivational talks for their employees and have more relaxing events such as weekend retreats. The married working nursing mother needs to be constantly motivated by the people that surround her so that she will be able to function properly both at work and at the home.

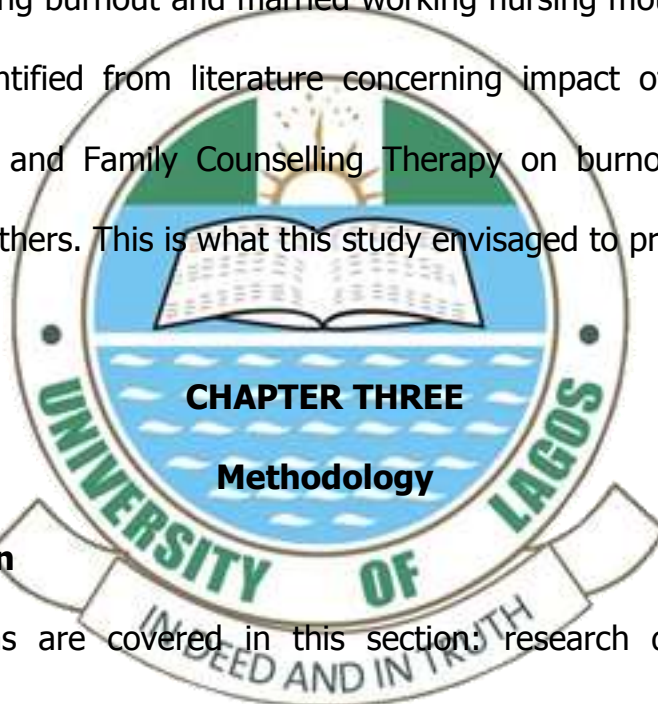
2.17 Summary of Reviewed Literature.

All the literature reviewed so far by the researcher show that combining work with child-rearing and marital (spousal) responsibilities is not easy. There is also enough evidence to show that the nursing mother does not want to fail in any of the three angles (job, marriage and child-rearing) in spite of her personal inadequacies and idiosyncrasies.

The researcher therefore developed a hunch to refocus the married working nursing mother to a system of desensitizing herself systematically to all the stresses

of the workplace, childrearing and the home front in such a way that her so-called “activating events” would henceforth be trivialized; while her recognition of the uniqueness of all the members of the family as well as their worth would be orchestrated.

From available literature, much work has been done on stress as well as on burnout among workers. Not much literature exists to the knowledge of this researcher concerning burnout and married working nursing mothers. Similarly, not much has been identified from literature concerning impact of Rational Emotive Behaviour Therapy and Family Counselling Therapy on burnout among married working nursing mothers. This is what this study envisaged to provide.



CHAPTER THREE

Methodology

3.0 Introduction

The following areas are covered in this section: research design, population, sample and sampling procedure, instrumentation, validation of instruments, treatment procedures and method of data analysis.

3.1 Research Design

Two research designs were employed in this study. The first phase of the study involved a descriptive survey designed to obtain baseline data on the prevalence and correlates of burnout among married working nursing mothers in Ibadan. The

second phase of the study utilized a quasi-experimental pre-test, post-test control group design, illustrated in figure I.

- **R O₁ X₁ O₂**
- **R O₃ X₂ O₄**
- **R O₅ C O₆**

Figure I: graphical illustration of the Quasi Experimental Pre-test - post-test control group design.

O₁ and **O₂** - represent the pre-test and the post-test scores of experimental group 1 (that is. REBT group)

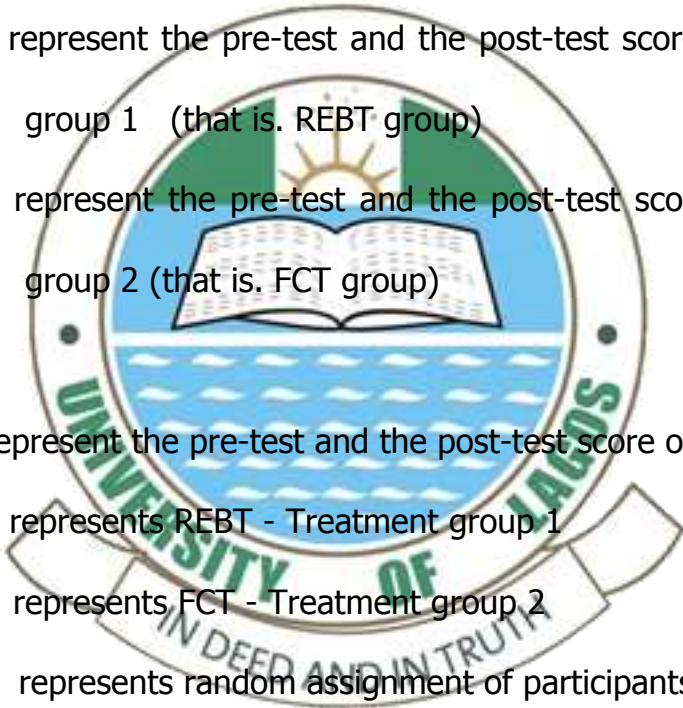
O₃ and **O₄** - represent the pre-test and the post-test score of experimental group 2 (that is. FCT group)

O₅ and **O₆** - represent the pre-test and the post-test score of the control group

X₁ = represents REBT - Treatment group 1

X₂ = represents FCT - Treatment group 2

R = represents random assignment of participants to the groups.

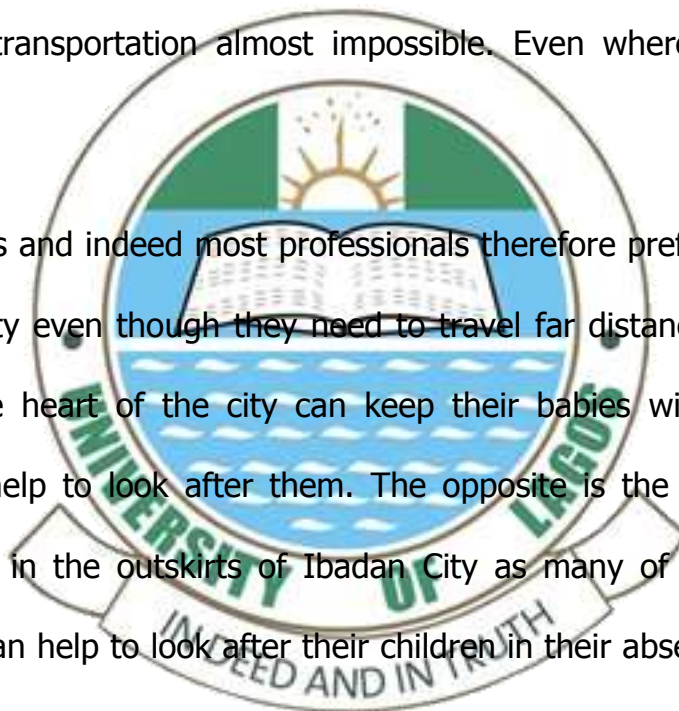


3.2 Area of the Study

The study area was Ibadan City in Oyo State of Nigeria. Ibadan City in South-West Nigeria is the capital of Oyo State and it is located at about 110km North-East of Lagos. It is a major transit point between the Coast and the area linking the North. Ibadan is on a rail road linking Lagos with Kano and it is well connected with other

towns and cities like Ijebu-Ode, Ile Ife, Oyo and Oshogbo. It has an estimated population of 3.5m (2007 Census). Ibadan was chosen as the study area because it is not only the largest city in West Africa but also a major Nigerian city that was for a long time allowed to grow without a master plan. Labinjo (1991) described Ibadan as an epitome of painlessness. Abumere (1994) described the city as one whose buildings are too close to one another and many buildings do not face the road or streets; rather, many of them are built behind one another thereby making accessibility and transportation almost impossible. Even where there are roads, they are narrow.

Many civil servants and indeed most professionals therefore prefer to reside on the outskirts of the city even though they need to travel far distances to work. Those who reside in the heart of the city can keep their babies with old grannies or neighbours who help to look after them. The opposite is the case with the civil servants who live in the outskirts of Ibadan City as many of them do not have neighbours who can help to look after their children in their absence, so they move daily with their children. Besides, many workers run away from the refuse-polluted, noisy metropolis and its overcrowded markets, to the more modern buildings in well planned areas that are noise-free. These invariably are precursors to burnout among married working nursing mothers.



3.3 Population of the Study

The target population for this study comprised married working nursing mothers in Ibadan. This included the married working nursing mothers in various organizations like banking, insurance and other financial institutions, teaching, engineering, technology, civil service, medicine and allied professions

3.4 Sample and Sampling Technique

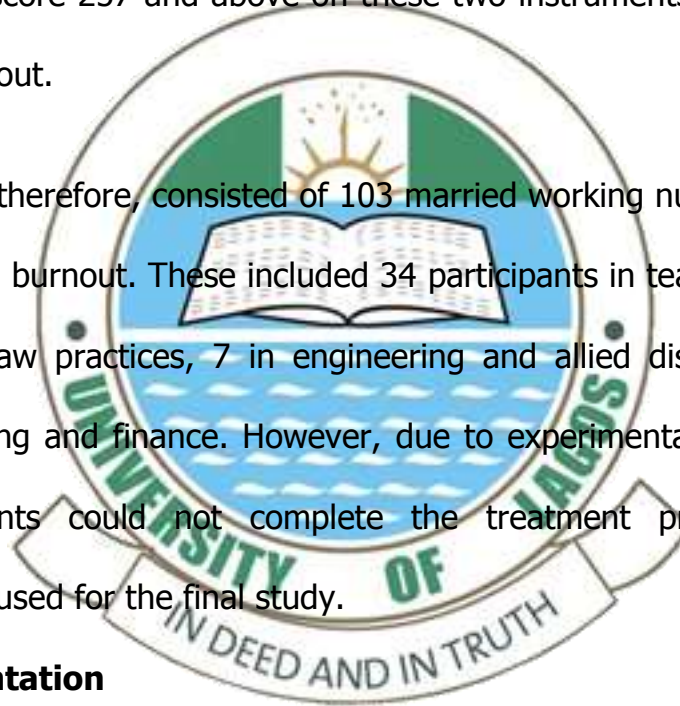
Multi-stage sampling procedure was used in selecting participants for the study. The initial sample of 600 married working nursing mothers was selected through a purposive sampling technique. To qualify for selection at this stage, the participant had to be a professional woman, married for at least two years and nursing at least one child aged 12 years or below. These participants were contacted through their professional associations like the Nigerian Union of teachers (NUT), Chartered Institute of Bankers of Nigeria (CIBN), Nigeria Institute of Estate Surveyors and Valuers, Nigerian Society of Engineers, Nigeria Institute of Architects, Nigeria Bar Association (NBA), Nigerian Union of Journalists (NUJ), Nigeria Medical Association (NMA) in Agbowo, Dugbe and Agodi.

The 600 participants, comprising of 200 married nursing mothers in secondary schools teaching, which comprised 200 secondary school teachers, 200 in Health practices, 50 in Law practices, 50 in Engineering, Technology and allied disciplines and 100 in Accounting, Banking and Finance, were selected from their various professions using a table of random numbers. Places of employment included

public institutions and the organized private sector. More participants were selected from the teaching and health sectors at the initial stage of the study because married working nursing mothers in the two sectors far outnumbered those in the other sectors.

To qualify for participation in the second phase of the study, a participant must have scored a minimum of 200 and 57 on the CBI and MSI respectively. Participants who score 257 and above on these two instruments were identified as experiencing burnout.

The final sample, therefore, consisted of 103 married working nursing mothers who were experiencing burnout. These included 34 participants in teaching, 28 in health practices, 11 in law practices, 7 in engineering and allied disciplines and 23 in accounting, banking and finance. However, due to experimental mortality (six out of 103 participants could not complete the treatment processes) only 97 participants were used for the final study.



3.5 Instrumentation

The following six major instruments were used to obtain data for the study:

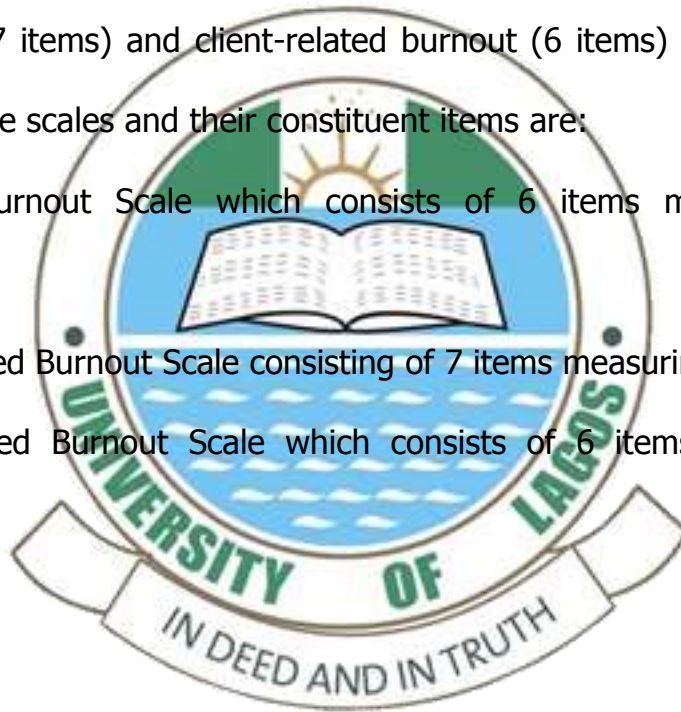
- Copenhagen Burnout Inventory (CBI)
- Marital Stress Inventory (MSI)
- Primary Communication Inventory (PCI)
- Eysenck Personality Questionnaire (EPQ senior)
- Parental Authority Questionnaire (PAQ)

- Personal Data Questionnaire (PDQ)

3.5.1. Copenhagen Burnout Inventory (CBI)

The Copenhagen Burnout Inventory was developed by Kristensen, Borritz, Villadsen and Kristensen (2005) as a reaction against the structural weaknesses of the widely known Maslach Burnout Inventory (MBI). The instrument consists of 19 items categorized into three scales for measuring personal burnout (6 items), work related burnout (7 items) and client-related burnout (6 items) for use in different domains. The three scales and their constituent items are:

- i. Personal Burnout Scale which consists of 6 items measuring personal stressors
- ii. Work-Related Burnout Scale consisting of 7 items measuring work stressors
- iii. Client-Related Burnout Scale which consists of 6 items measuring client stressors



The response categories are on a 5-point Likert scale scored as

a. Always	100
Often	75
Sometimes	50
Seldom	25
Never/Almost Never	0

b. To a very high degree	100
To a high degree	75
Somewhat	50
To a low degree	25
To a very low degree	0

The total score on each scale is the average of all the scores on the items. If less than 3 questions in scale I, 4 questions in scale II and 3 questions in scale III were not answered, the respondent was classified as a non-respondent.

On the basis of Puma study on Burnout - Motivation and Job Satisfaction - the authors analysed the validity and reliability of the CBI and found that all the three scales have very high internal consistency and validity and that the non-response rates were low. The three scales also differentiated well between occupational groups. The patterns with regard to correlations with other measures of fatigue and psychological well-being were also found. Yeh, Cheng, Chen, Hu and Kristensen (2007) provided extensive psychometric properties of the Chinese version of CBI. The CBI scales also predicted future sickness, sleep problems, use of pain killers and intention to quit. The CBI is used in a number of countries and translations into eight languages are available.

(See Appendix A). See below a sample of the items.

Instructions: The following are a list of issues and experiences which people encounter. Please indicate to what extent you have experienced each feeling in the past one year by ticking (✓) on one of the options in front of each statement. How often do you feel tired? --- Always Often, Sometimes, Seldom, Never.

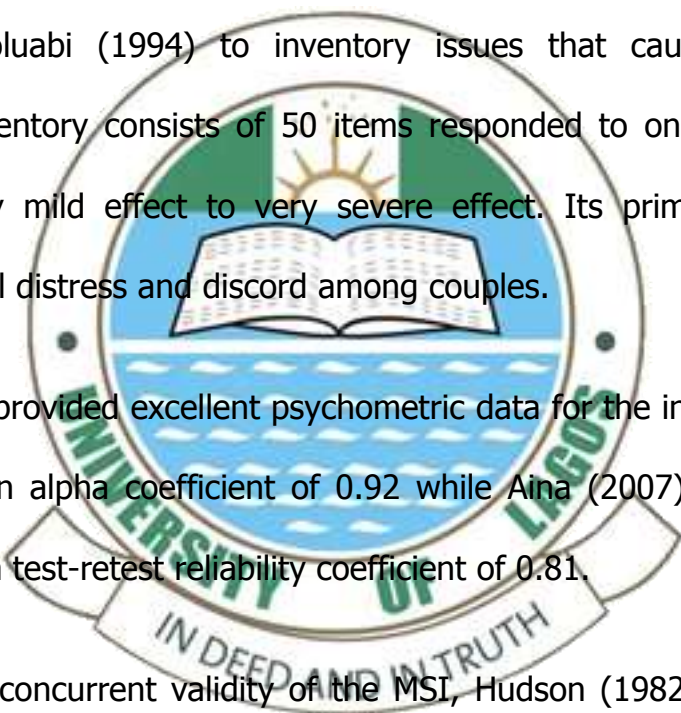
3.5.2 Marital Stress Inventory (MSI)

The Marital Stress Inventory (MSI) was originally developed by Hudson (1982) and modified by Omoluabi (1994) to inventory issues that cause disaffection in marriage. The inventory consists of 50 items responded to on a five-point scale ranging from very mild effect to very severe effect. Its primary use is in the diagnosis of clinical distress and discord among couples.

The authors have provided excellent psychometric data for the inventory. Omoluabi (1994) reported an alpha coefficient of 0.92 while Aina (2007), utilizing a Lagos sample, obtained a test-retest reliability coefficient of 0.81.

To determine the concurrent validity of the MSI, Hudson (1982) and Aina (2007) correlated the MSI with the Marital Satisfaction Index and obtained coefficients of 0.53 and 0.66 respectively. (See *Appendix B*). A sample of the items below.

INSTRUCTIONS: The following is a list of issues, problems and experiences which couples encounter in marriage. The issues are potential sources of misunderstanding, conflict, quarrel, fighting and possible separation in marriage. Please indicate how each issue has disturbed the peace of your marriage and your



peace of mind in the past one year by shading ONLY ONE of the numbers 1, 2, 3, 4, 5, in front of each issue. The numbers stand for:

- 1 – Slight Effect
- 2 – Mild Effect
- 3 – Moderate Effect
- 4 – Severe Effect
- 5 – Very Severe Effect

Insufficient money for housekeeping 1 2 3 4 5.

3.5.3 Primary Communication Inventory (PCI)

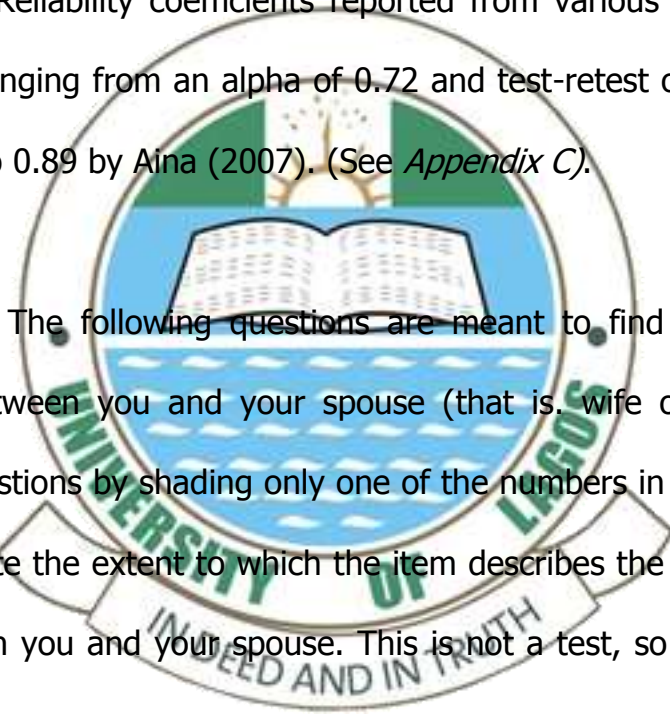
The Primary Communication Inventory (PCI) is an 18-item scale developed by Locke, Sabaght and Thomas (1967) to assess the soundness of communication between married couples. According to the authors, its purpose is to measure the pattern of both verbal and non-verbal communication between a husband and wife.

The PCI has been widely used all over the world and several adaptations of it exist. Omoluabi (1994), in an extensive validation study, had adapted the PCI for use in Nigeria to assess the quality of spousal communication. The PCI has five response categories consisting of Never, Seldom, Occasionally, Frequently and Very Frequently which are scored **1, 2, 3, 4, and 5** respectively.

A respondent's score is the sum of the scores on all the items. Higher scores are indicative of effective communication and interaction between spouses while a low score indicates spousal discord, distress or poor and ineffective communication. Locke and others, (1967), have provided the psychometric properties of the original

scale for the American samples while Omoluabi (1994), provided the data for Nigerian samples.

The norms reported for American samples were 81.60 for husbands and 81.10 for wives and for the Nigerian sample the norms were 93.41 and 76.80 for husbands and wives respectively. By correlating the PCI with the Marital Stress Inventory, Omoluabi (1994) obtained a concurrent validity of 0.69 while Aina (2007) reported an index of 0.64. Reliability coefficients reported from various studies of the PCI were quite high, ranging from an alpha of 0.72 and test-retest of 0.84 reported by Omoluabi (1994) to 0.89 by Aina (2007). (See *Appendix C*).

The logo of the University of Lagos is circular, featuring a central emblem with a book and a tree. The text 'UNIVERSITY OF LAGOS' is written around the perimeter, and a banner at the bottom contains the motto 'IN DEED AND IN TRUTH'.

INSTRUCTIONS: The following questions are meant to find out the pattern of communication between you and your spouse (that is, wife or husband). Please respond to the questions by shading only one of the numbers in front of each of the questions to indicate the extent to which the item describes the communication and interaction between you and your spouse. This is not a test, so there is no right or wrong answers.

The numbers stand for:

- 1 – Never
- 2 – Seldom
- 3 – Occasionally

4 – Frequently

5 – Very Frequently

A sample of the items is shown below.

How often do you and your spouse talk about unpleasant things that happen during the day? 1 2 3 4 5

3.5.4 Eysenck Personality Questionnaire Senior (EPQ Adult):

A 45-item instrument, the Eysenck Personality Questionnaire, was developed by Eysenck and Eysenck (1975) to measure four aspects of personality coded PENL.

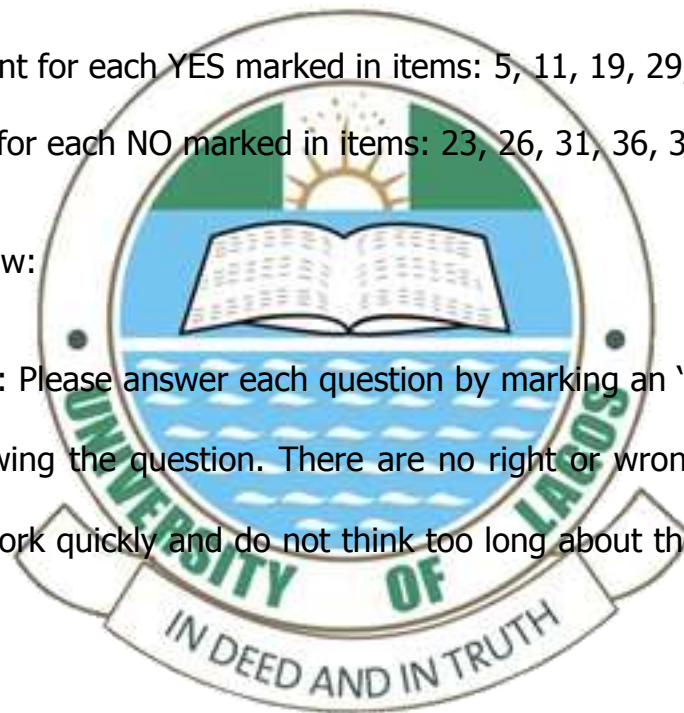
- **P** – Psychoticism, the extent of an individual's tough-mindedness (it has 5 negative and 8 positive items).
- **E** – Extraversion – Introversion, the extent of an individual's social interaction with other people (it consists of 2 negative and 9 positive items).
- **N** – Neuroticism, the extent of an individual's emotionality (it has 0 negative and 10 positive items).
- **L** – Lie, a measure of the extent to which a client has responded truthfully to the other EPQ items (it consists of 6 negative and 5 positive items).

Scoring: For each of the 45 items, a score of 1 point is given for the expected response. The following are the expected responses in the items for each of the scales.

1. **P** (a) 1 point for each YES marked in items 13, 16, 22, 25, 34, 39, 42, 44.
 (b) 1 point for each NO marked in items 4, 10, 27, 32, 45.
2. **E** (a) 1 point for each YES marked in items 1, 3, 6, 9, 14, 18, 20, 24, 30.
 (b) 1 point for each NO marked in items 12, 21.
3. **N** (a) 1 point for each YES marked in items 2, 7, 8, 15, 17, 28, 33, 35, 37, 41.
 (b) 1 point for each NO marked in items: None of them
4. **L** (a) 1 point for each YES marked in items: 5, 11, 19, 29, 40.
 (b) 1 point for each NO marked in items: 23, 26, 31, 36, 38, 43.

See a sample below:

INSTRUCTIONS: Please answer each question by marking an 'X' beside the "YES" or the "NO" following the question. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the question.



Does your mood often go up and down? Yes No

Psychometric properties: Eysenck & Eysenck (1975) and Eysenck, Adelaja and Eysenck (1978) provided the norms, reliability and validity coefficients of the various EPQ scales for English and Nigerian samples respectively. The alpha coefficients range from 0.40 to 0.84 while the test re-test coefficients lie between 0.51 and 0.90. Divergent validity between EPQ and Standard Progressive Matrices are in the expected direction, low and not significant at $p = 0.05$.

Interpretation: Scores higher than the norms in the scales P and N scales are indicative of the typical personality characteristics while in the case of scale E, a score higher than the norm indicates extraversion. A score lower than the norm indicates introversion. According to the authors, scoring scale L may not be necessary if the instrument is used in research with large samples. (*See Appendix D*).

3.5.5 Parental Authority Questionnaire

The parental acceptance questionnaire is a 30-item Likert-type questionnaire developed by Buri (1991) to measure standard strategies that parents use in their child rearing. The instrument has three subscales each made up of 10 items designed to measure parental authority or disciplinary practices from the point of view of the child (of any age).

The 3 subscales and their constituent items are:-

- Permissive: Items 1, 6, 10, 13, 14, 17, 19, 21, 24, 28.
- Authoritarian: Items 2, 3, 7, 9, 12, 16, 18, 25, 26, 29.
- Authoritative: Items 4, 5, 8, 11, 15, 20, 22, 23, 27, 30.

Each item is responded to on a 5-point scale ranging from 'strongly agree' to 'strongly disagree'. All items are scored in a positive direction. Higher scores indicate a greater level of the specific parenting style. PAQ is scored easily by summing the individual items to comprise the subscale. Scores on each subscale

range from 10 to 50. The subscale with the highest score constitutes the parental orientation of the respondent's parents.

Two-week test-retest reliability studies by the author with a sample of 61 college undergraduates yielded correlations ranging from 0.77 to 0.92.

Alphas for the subscales based on 185 responses range between 0.75 and 0.87.

Various studies such as Varela, Vernberg, Sanchez-Sosa, Riveros, Mitchell, & Meshunkashey (2004) have examined the factor structure, internal consistency, test re-test reliability, and convergent validity of PAQ in large, ethnically and socio-economically diverse samples. The factor structure of PAQ was modest but generally within acceptable range. (*See Appendix E*). A sample of the items is indicated below.

INSTRUCTIONS: For each of the following statements, circle the number on the 5-point scale (1 – strongly disagree, 5 – strongly agree) that best describes how the statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so do not spend a lot of time on anyone item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 – Strongly Disagree

2 – Disagree

3 – Neither agree nor disagree

4 – Agree

5 – Strongly agree

While I was growing up, my mother felt that children should 1 2 3 4 5
have their way as often as parents do

3.5.6 Personal Data Questionnaire. (PDQ)

This is a 13-item researcher-designed instrument that was used to garner data on married working nursing mothers' age, length of marriage, number of children, age of children, gender of children, work schedule, educational qualifications, place of employment and status at work. This was administered at the pre-test phase. The content and face validity of this instrument was determined by the expert opinion of the researcher's supervisors (*See Appendix F*).

3.6 Validation of Instruments

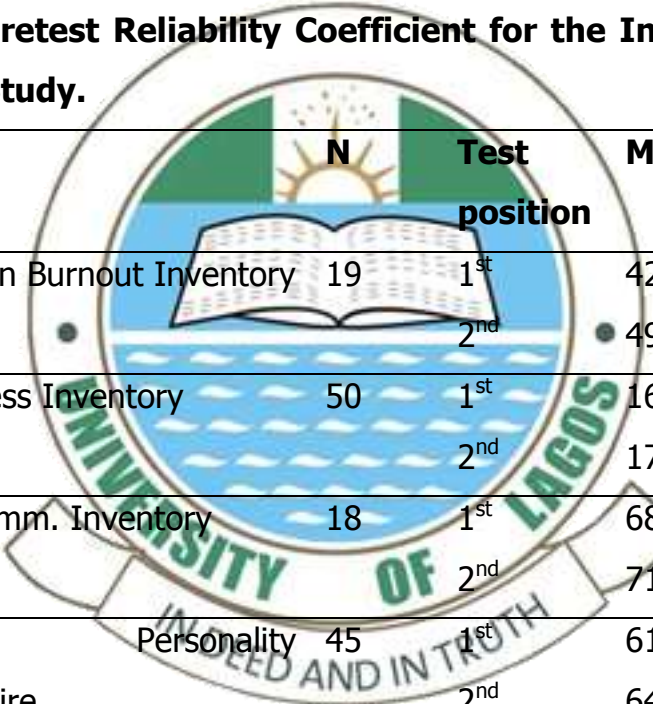
The instruments were given to some experts in measurement and evaluation and Guidance and Counselling in the Department of Educational Foundations, University of Lagos to review the items; after which they were given to the researcher's supervisors to scrutinize for clarity, bias and other deficiencies. The supervisors also evaluated whether the items fit into the sections and sub-sections where they have been placed and it was accepted for the purpose of the study.

A pilot study was carried out by the researcher before the main study to make a tryout of the instruments and to determine their psychometric properties. Thirty (30) participants took part in the pilot study.

The participants for the pilot study were drawn from Challenge and Toll-gate area of Ibadan using D-Rovers Hotel in Ibadan as the meeting point. The conditions here were similar, as much as possible, to the three locations in the final study

Researcher’s supervisors had several discussions with the researcher on both content and construct validity. The test-retest reliability coefficients for all the five instruments were computed and are presented in the Table 4.

Table 4:- Test-retest Reliability Coefficient for the Instruments Used for the Study.



S/N	Variable	N	Test position	Mean	SD	rtt
1	Copenhagen Burnout Inventory	19	1 st	42.16	6.88	0.71
			2 nd	49.37	9.16	
2	Marital Stress Inventory	50	1 st	168.64	11.36	0.68
			2 nd	171.42	13.44	
3	Primary Comm. Inventory	18	1 st	68.73	9.37	0.74
			2 nd	71.88	11.62	
4	Eysenck Personality Questionnaire	45	1 st	61.17	5.76	0.67
			2 nd	64.83	9.05	
5	Parental Authority Questionnaire	30	1 st	92.77	8.19	0.69
			2 nd	94.26	7.58	

The data in table above shows that the test-retest reliability coefficient for the five instruments ranges from 0.67 to 0.74. These reliability coefficients are within the range of those established by the instruments’ developers; hence they were deemed appropriate for this study.

3.7 Method of Data Collection

With Letter of Introduction obtained from the Head of Department, Educational Foundations, University of Lagos, the researcher visited the three locations of the experiment, viz: Agbowo, Dugbe and Agodi. Each of these three locations was assigned to a treatment or control group.

The administrative offices of the professional associations in the three areas were requested to furnish the researcher with their membership lists from which the initial sample was selected subject to the constraints specified in the sampling procedures. The research instruments were personally administered to the respondents by the researcher with the aid of the research assistants recruited for the purpose.

3.8 Recruitment of Research Assistants

Six research assistants were employed and trained by the researcher for effective data collection. They were drawn from the professional associations and schools involved in the study and were given two training sessions which enabled them to assist participants where necessary. Their duty was to ensure effective collection of data and a high return rate of the questionnaire.

3.9 Training Sessions

In all, there were six training sessions for each of the two treatment groups in this study. Group 1 received REBT; Group 2 was exposed to Family Counselling while Group 3 (the control group) was a treatment expectancy control group that was

exposed to REBT which worked better than FCT after the treatments. The participants for the REBT group had their training sessions at Agbowo, Ibadan. The second group participants received FCT training sessions in Eleyele-Dugbe, Ibadan while the control group was met at Agodi, Ibadan.

3.9.1 Pre-treatment Assessment

All the research instruments were administered to all the 600 participants in the initial sample to assess the prevalence of burnout in the married working nursing mothers and to obtain baseline data on demographic characteristics, parenting styles, communication patterns, marital discord and the personality traits of participants. This enabled the researcher to identify the participants that qualified for participation in the main experiment.

3.9.2 Treatment Procedures

Treatment One: Rational Emotive Behaviour Therapy

This treatment presupposes that man can be both rational and irrational. According to Ellis (1962), what disturbs man is not the event but his judgement of the event. For effectiveness, practitioners emphasized present events and how man reacts to them rather than concentrating on past events. Human beings have choices; they can control their attitudes, feelings, actions and reactions and as well arrange their lives according to their dictates. In other words, man has control over how he views events or reacts to them no matter the level of difficulty.

This treatment was designed to explore the extent to which the 30 married working nursing mothers' rational/straight thinking and irrational/crooked thinking enhanced or impeded their chances of effective mothering and burnout, as a result of their corporate interpersonal relationship at work. It was also designed to put in place an effective means of assisting already burned out married working nursing mothers to be rid of their illogical thoughts and emotional problems through teaching and brainstorming. Each treatment session lasted for one hour.

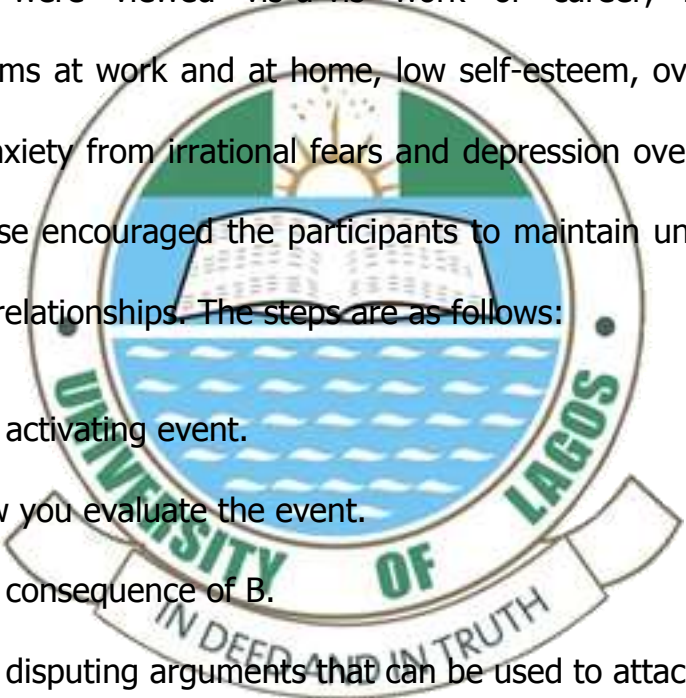
First Session: The researcher started by familiarising the participants with the rationale and the procedure of the treatment. Goals were set and the atmosphere was conducive for mutual trust as confidentiality and rapport were achieved during this stage. The participants were also assured of the outcome of a favourable communiqué which will improve their situation.

Second Session: The researcher engaged the participants in detailed discussions to find out those activating events that they usually experienced as nursing mothers, married women as well as professional employees. The researcher asked some prepared questions to elicit from the participants how they 'reacted' to such activating events adjudged as irrational and illogical at home and at work. All participants were allowed to contribute.

Third Session: The researcher introduced factors such as personality characteristics, status at work, workplace bullying, child rearing, length of marriage and professional peculiarities as precursors of burnout of married working nursing

mothers as areas that needed to be stressed during counselling. The researcher outlined Ellis' twelve (12) irrational statements which he coined in his bid to view human nature and to let the participants see the rationale behind their reactions to children, co-workers and spouses.

Fourth Session: The researcher introduced and elaborated on the ABCDE steps of REBT to underscore the fact that each participant has the potential to think rationally. These were viewed vis-a-vis work or career, related problems, relationship problems at work and at home, low self-esteem, overreacting to daily inconveniences, anxiety from irrational fears and depression over not getting what one wants. All these encouraged the participants to maintain unalloyed and hitch-free interpersonal relationships. The steps are as follows:

- 
- A is the activating event.
- B is how you evaluate the event.
- C is the consequence of B.
- D is the disputing arguments that can be used to attack irrational goals
- E is acting out the rational belief.

Fifth Session: A brainstorming session was held on common irrational beliefs of both parents and children. For instance,

a. Children feel that:

- i. --- it is awful if others/parents do not like me.
- ii. --- the world should be fair, bad people (including parents)

should be punished, etc

b. Parents feel that:

- i. --- if my child has a problem then I must feel terrible.
- ii. --- I cannot stand people criticizing my parenting.
- iii. --- I must be a perfect parent and many more.

Sixth Session: The researcher gave ample opportunities to the participants to verbalize their thoughts about the changes they observed in their psychological state, especially their attitude towards their simultaneous involvement in mothering, spousal relationship and professional career.

Seventh Session: The researcher administered the post-test to ascertain the effectiveness of the REBT.

Treatment Two: Family Counselling Therapy

This therapy underscores the sense of belonging of family members to the family without destroying the uniqueness of the members outside the family. To Bowen (1990), each family has a clear boundary within its subsystems of spousal subsystem, sibling subsystem and parent-child subsystem. Each subsystem has its own subject-matter that is private and unique. For instance, the spouse may have issues that have nothing to do with the parent-child subsystem like their sex life, interpersonal conflicts and finance. Problems arise in the family if a member becomes overly enmeshed or disengaged in subject-matters in other subsystems across its own boundaries. The overall goal of this therapy on 32 married working

nursing mothers is to improve the family structure to empower the dysfunctional family to move toward functional ways and to conduct family business and family communications.

First Session: The researcher established rapport with the participants and assured them of confidentiality over private family discussions that would be engaged in within the group. The goal of the session was to differentiate between the three family subsystems.

Second Session: Discussion began with the re-assessment of the previous session, and then proceeded to clear-cut roles of each subsystem, what each member could do to be termed disengaged or enmeshed and how to keep the family going.

Third Session: After a brief review of the last session, the researcher enlightened the participants about the rigid boundaries and the diffuse boundaries in terms of interactions. For instance, rigid boundaries allow too little interaction resulting in disengagement while diffuse boundaries allow too much involvement in other subsystems. This involved all participants as all were involved in describing the activities involved in parent-child subsystem and the spouse subsystems. This discussion was made to dovetail into the burned out married working nursing mothers' multiple roles in the office and at home.

Fourth Session: The last session was briefly reviewed and the researcher provided a piece of paper for each participant to list her strengths and weaknesses

which were then discussed. In addition to the above, the researcher told the participants to recall and enact their painful past experiences as a result of the infringement of the subsystem in the family. The papers were kept in the custody of the researcher.

Fifth Session: The researcher introduced this session with a review of the last session, then she went ahead to introduce 'communication' as the heart of behavioural family therapy, as propounded by Gottman (1994). Participants were given ample opportunity to express their individual experiences about communication breakdown and how they were being resolved.

Sixth Session: Having identified communication as the core of behavioural family therapy, the participants brainstormed on how communication could be maximized in an open and honest manner to resolve crucial problems. Examples were recorded when the wife desired a helping hand from the husband in household chores. This is to prevent a bottling up of emotions in the home.

Seventh Session: The researcher administered the post-test to ascertain the effectiveness of the family counselling therapy.

The Control Group

The control group which consists of 35 married working nursing mothers was a treatment expectancy group that was later exposed to rational emotive behavior therapy (REBT).

3.10 Method of Data Analysis

Hypothesis 1 which says that: There is significant difference in the effects of Rational Emotive Behavioural Therapy (REBT) and Family Counselling Therapy (FCT) on burnout among married working nursing mothers was analyzed using one-way analysis of covariance (ANCOVA) while multiple regression was used to analyze hypotheses 2 and 3.(which stated that The educational qualification and work experience, work environment and work status of married working nursing mothers significantly predicted their level of burnout. And that the age at and length of marriage, family size and gender of children of married working nursing mothers significantly predicted their burnout).

Hypotheses 4, 5, and 6 (which stated that: The personality traits of the married working nursing mothers had no significant effect on their burnout, Married working nursing mothers with varying parenting styles did not differ significantly in their self-reported burnout and the quality and adequacy of spousal communication among married working nursing mothers significantly impacted on their level of burnout) were tested using two-way analysis of covariance (ANCOVA) respectively.

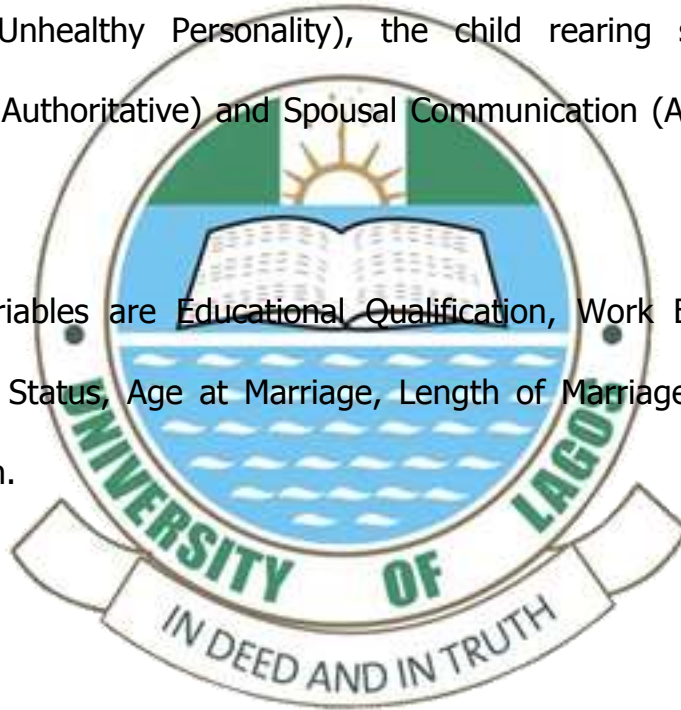
In all hypotheses, descriptive data summary tables were presented. All tests of significance were performed at 0.05 alpha level and when the f-ratio was statistically significant, post-hoc analyses were done using either Fisher`s protected t-test.

3.11 Variables in the Study

In this study the Dependent or Criterion Variable consists of Post-test burnout scores of married working nursing mothers while the Covariate is the Pre-test Burnout scores of married working nursing mothers.

The Independent Variables consist of Experimental Conditions (Family Counselling, Rational Emotive Behavioural Therapy and Control), the Personality Types (Healthy Personality and Unhealthy Personality), the child rearing styles (Permissive, Authoritarian and Authoritative) and Spousal Communication (Adequate, Moderate and Poor).

The Predictor Variables are Educational Qualification, Work Environment, Work Experience, Work Status, Age at Marriage, Length of Marriage, Family Size, and Gender of Children.



CHAPTER FOUR

Results of Data Analysis

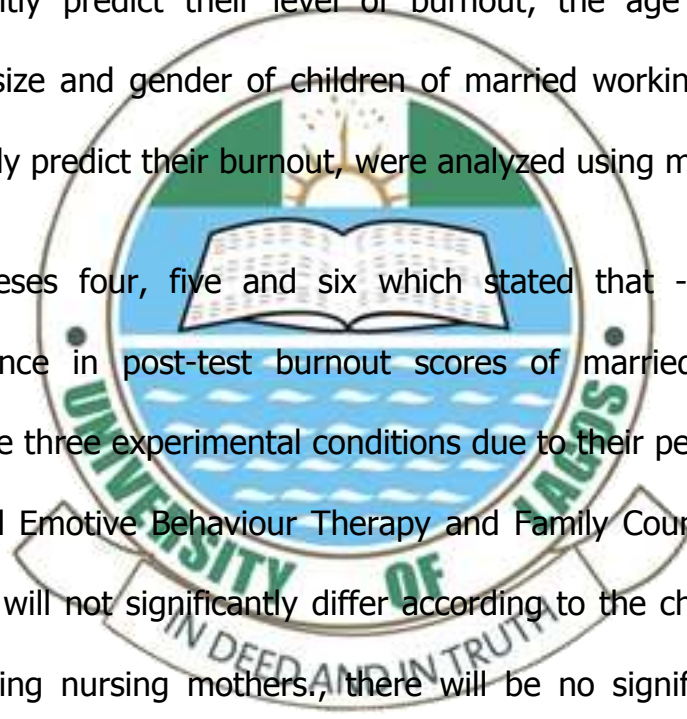
4.0 Introduction

Data collected from the study were analyzed using descriptive and inferential statistics appropriate for each hypothesis.

Hypothesis one which stated that there will be no significant difference in the effect of Rational Emotive Behavioural Therapy (REBT) and Family Counselling Therapy (FCT) on burnout among married working nursing mothers, was tested using One-way Analysis of Covariance.

Hypotheses two and three which stated that - the educational qualification, work environment, work experience and work status of married working nursing mothers will not significantly predict their level of burnout, the age at and length of marriage, family size and gender of children of married working nursing mothers will not significantly predict their burnout, were analyzed using multiple regression.

However, hypotheses four, five and six which stated that - there will be no significant difference in post-test burnout scores of married working nursing mothers across the three experimental conditions due to their personality type., the effects of Rational Emotive Behaviour Therapy and Family Counselling therapy on post-test burnout will not significantly differ according to the child rearing style of the married working nursing mothers, there will be no significant difference in post-test burnout among married working nursing mothers due to the quality of their spousal communication, were analyzed using Two-way Analysis of Covariance. All hypotheses were tested at 0.05 level of significance.



4.1 Test of Hypotheses

Hypothesis One: There is no significant difference in post-treatment burnout of married working nursing mothers due to experimental conditions. The hypothesis was tested using Analysis of Covariance (ANCOVA). The result of the analysis is presented in Tables 10, 11 and 12.

Table 5: Descriptive data on the effect of experimental condition on burnout among married working nursing mothers.

Group	N	Pre-test		Post-test		Mean Diff.
		Mean	SD	Mean	SD	
REBT	30	62.16	7.45	48.93	13.64	13.23
FCT	32	63.28	11.07	52.59	10.42	10.78
Control	35	61.99	10.76	58.86	13.04	3.13

- REBT: Rational Emotive Behaviour Therapy
- FCT: Family Counselling Therapy
- Control: Control Group

Table 5 shows that the highest mean difference between pre - and post-test was 13.23, recorded by participants exposed to REBT, followed by those exposed to FCT with a mean difference of 10.78; while the control group had the least mean difference of 3.13. To determine whether significant differences in burnout existed between the groups, analysis of covariance was done. The result of the analysis is presented in Table 6.

Table 6:-Analysis of Covariance on differences in burnout due to experimental condition

Source	SS	Df	MS	F _{Cal}
Main effect	498.61	3	166.21	3.48*
Covariate (Pretest Burnout)	120.32	1	120.32	2.52
Experimental Condition	324.77	2	162.38	3.40*
Within Groups	441.68	93	47.76	
Total	5385.38	96		

*P <0.05

*Significant at 0.05; df = 2 and 93; F_{Critical} = 3.06

Table 6 shows that an F_{Calculated} value of 3.40 resulted as the difference in burnout due to the experimental condition. This F_{Calculated} value of 3.40 is significant, since it is greater than the critical F-value of 3.06 given 2 and 93 degrees of freedom at 0.05 level of significance. The null hypothesis was rejected.

Based on significant F-value obtained, further analysis of data was done using Fisher's protected t-test wherein a pairwise comparison of Group Means was done to determine which group differed from the others-most on burnout and the trend of the difference. The result of the analysis is presented in Table 7.

Table 7: Fisher's protected t-test on difference in burnout due to experimental condition.

Group	REBT	FCT	Control
	n=30	n=32	n=35
REBT	48.93 ^a	-2.08*	-5.78*
FCT	-3.66	52.59	-3.71*
Control	-9.93	-6.27	58.86

- a = Group means are in the diagonal; differences in group means are below the diagonal while protected t-test values are above the diagonal.
- *Significant at 0.05

Table 7 shows that married working nursing mothers exposed to REBT significantly manifested lower burnout than those exposed to FCT ($t_{cal} = -2.08$, $df = 60$; $t_{critical} = 2.00$, $P < 0.05$). Similarly, participants exposed to REBT significantly reported lower burnout than those in the control group ($t_{cal} = -5.78$; $df = 63$, critical $t = 2.00$; $p < 0.05$). Again, participants exposed to FCT significantly reported lower burnout trait than the control group ($t_{cal} = -3.71$; $df = 65$; $t_{critical} = 2.00$; $p < 0.05$). Hypothesis one was therefore rejected.

From the results presented in Tables 5, 6 and 7 it was evident that REBT was most efficacious in reducing burnout among married working nursing mothers and FCT, was more effective than the waiting list, no treatment control group.

Hypothesis Two: The educational qualification and work situation of married working nursing mothers will not predict their burnout. The hypothesis was tested

using multiple regression analysis and the result of the analysis is presented in Tables 8, 9 and 10.

Table 8: Inter-correlation matrix among the predictor variables and the dependent factor (N=600)

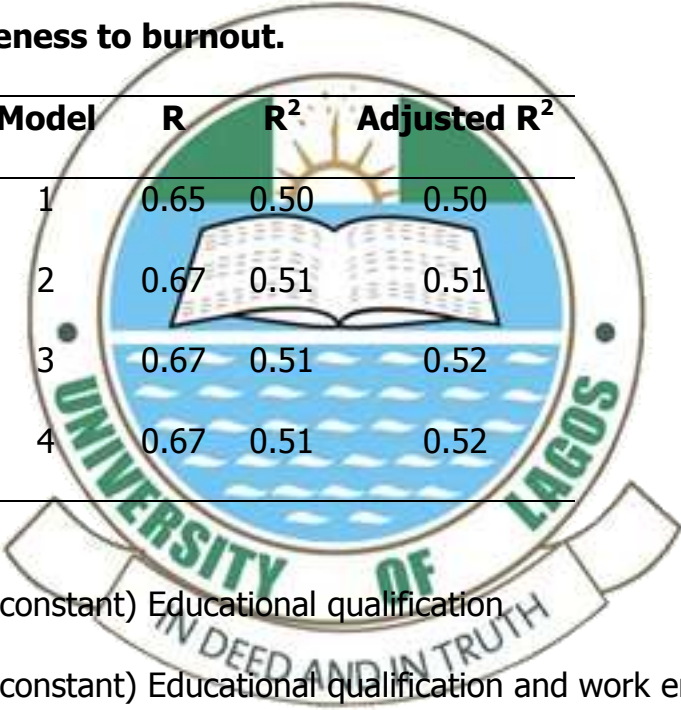
Variable	Burnout	Educ. Qualification	Work Environment	Work Experience	Work Status
Burnout	1.0				
Educ. Qualification	-0.43*	1.0			
Work Environment	-0.65*	0.32*	1.0		
Work Experience	-0.57*	0.19	0.33*	1.0	
Work Status	-0.61*	-0.15	0.28*	0.18	1.0

Table 8 shows the inter-correlation matrix among the predictor variables and the dependent factor. From Table 8 it could be observed that the correlations between burnout (dependent variable) and each of the independent factors were -0.43 for educational qualification, -0.65 for work environment, -0.57 for work experience and -0.61 for work status. All these correlations were statistically significant at the 0.05 level of significance. The findings also show that the correlation between burnout and each of the independent measures, namely: educational qualification, work environment, work experience and work status were negative.

Further analysis of data was done using stepwise multiple regression analysis in order to determine the joint and independent contribution of the predictor variables to the explained variance in the criterion variable. The result of the analysis is presented in Tables 9 and 10.

Table 9: Model summary of the influence of educational qualification, work environment, work experience and work status on proneness to burnout.

Model	R	R ²	Adjusted R ²
1	0.65	0.50	0.50
2	0.67	0.51	0.51
3	0.67	0.51	0.52
4	0.67	0.51	0.52



- Predictors: (constant) Educational qualification
- Predictors: (constant) Educational qualification and work environment.
- Predictors: (constant) Educational qualification, work environment and work experience.
- Predictors: (constant) Educational qualification, work environment, work experience and work status.

Table 9 shows that at step 1 when educational qualification was entered, the proportion of variance in burnout accounted for 50% and at step 2 with educational qualification and work environment entered as predictors, the proportion of variance in burnout increased to 51%. Also at step 3 when educational qualification, work environment and work experience were entered as predictors, the proportion of burnout slightly increased to 52%. At step 4, with all the four predictor variables entered, the proportion of variance in burnout remained the same at 52%. Further analysis of data using analysis of variance (ANOVA) statistic resulted in Table 10 below.

Table 10: Analysis of Variance of influence of educational qualification and work situation of married working nursing mothers on their burnout.

	Model	Sum of squares	Df	Mean square	F-Cal
1	Regression	799.66	1	799.66	11.65*
	Residual	41046.72	598	68.64	
	Total	41846.38	599		
2	Regression	3411.52	2	1705.76	26.50*
	Residual	38434.86	597	66.38	
	Total	41846.38	599		
3	Regression	2641.50	3	880.50	13.39*
	Residual	39204.88	596	65.18	
	Total	41846.38	599		
4	Regression	3157.48	4	789.87	12.15*
	Residual	38686.90	595	65.02	
	Total	41846.38	599		

*P<0.05

1. Predictors (constant): Educational qualification
2. Predictors (constant): Educational qualification and work environment.
3. Predictors (constant): Educational qualification, work environment and work experience.
4. Predictors: (constant) Educational qualification, work environment, work experience and status.

Dependent variable: Burnout.

Table 10 shows that all the F-values computed at each of the steps were significant at 0.05 level. At the first step, the F- value obtained was 11.65 which is significant as it is higher than the critical F- value of 3.84, given 1 and 598 degrees of freedom at 0.05 level of significance. Similarly, at the second step the F-value was also significant ($F_{cal} = 26.50$; $df = 2$ and 597 ; $F_{Critical} = 3.05$; $P < 0.05$). Again step 3 was also significant ($F_{Calculated} = 13.39$; $df = 3$ and 596 ; $F_{Crit} = 2.86$; $p < 0.05$). Step 4 was significant ($F_{cal} = 12.15$; $df = 4$ and 595 ; $F_{Critical} = 2.37$; $p < 0.05$). Hypothesis two was therefore rejected. It was concluded that the educational qualification, work environment, work experience and work status of married working nursing mothers jointly contributed about 52% of the variance in burnout among the married working nursing mothers.

Hypothesis Three: The age and length of marriage, family size and gender of children of married working nursing mothers will not predict their burnout. The hypothesis was tested using multiple regression analysis statistic and the result of the analysis is presented in Tables 11, 12 and 13.

Table 11: Inter-correlation matrix among the predictor variables and the dependent factor (n=600).

Variables	Burnout	Age at Marriage	Length of Marriage	Family Size	Gender of Children
Burnout	1.00				
Age at Marriage	-0.31*	1.0			
Length of Marriage	-0.42*	0.19	1.0		
Family Size	-0.56*	0.22*	-0.38*	1.00	
Gender of Children	-0.12	0.38*	0.15	-0.21*	1.00

Table 11 above shows the inter-correlation matrix among the predictor variables and the dependent factor. It could be observed from table 11 that the correlation between reported burnout (dependent variable) and each of the independent factors was $r = -0.31$ for age at marriage, $r = -0.42$ for length of marriage, $r = -0.56$ for family size, and $r = -0.12$ for gender of children. All these correlations were negative and statistically significant at 0.05 level of significance except gender of children. This means that married working nursing mothers, who married early, had few years of marriage and a small family size should be expected to be high on burnout. Stepwise multiple regression analysis was employed to the determine joint

and independent contribution of the predictor variables to the explained variance in the criterion variable. The results are shown in Tables 12 and 13.

Table 12: Model summary of the influence of age at and length of marriage, family size and gender of children on burnout.

Model	R	R ²	Adjusted R ²	R ² Charge
1.	0.68	0.52	0.52	0.52
2.	0.67	0.54	0.54	0.02
3.	0.67	0.54	0.54	0.00
4.	0.67	0.55	0.55	0.05

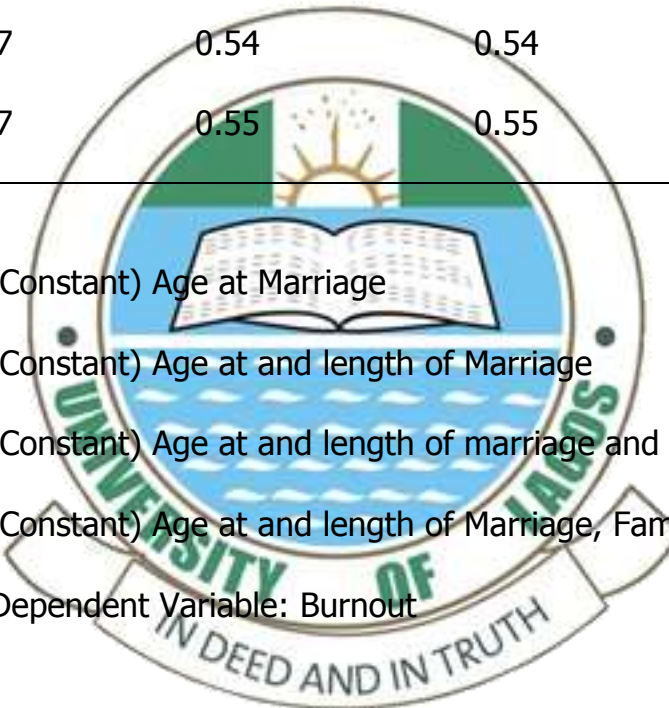
- 
1. Predictors: (Constant) Age at Marriage
 2. Predictors: (Constant) Age at and length of Marriage
 3. Predictors: (Constant) Age at and length of marriage and Family Size
 4. Predictors: (Constant) Age at and length of Marriage, Family Size and Gender of Children
Dependent Variable: Burnout

Table 12 shows that at step 1 when age at marriage was entered the proportion of variance in burnout accounted for was 52% and at step 2 with age at marriage and length of marriage entered as predictors the proportion of variance increased to 54%. At step 3 with age at and length of marriage as well as family size entered as predictors, the proportion of variance in burnout remained constant at 54% but slightly increased to 55% at step 4 when age at marriage, length of marriage, family size and gender of children were entered as predictor variables.

Further analysis of data using Analysis of Variance (ANOVA) was done and the result of the analysis is presented in Table 13.

Table 13: Analysis of variance on age at and length of marriage, family size and gender of children on burnout.

	Model	Sum of squares	Df	Mean square	F-Cal
1	Regression	2153.93	1	2153.93	32.45*
	Residual	39692.45	598	66.38	
	Total	41846.38	599		
2	Regression	3130.93	2	1565.47	24.14*
	Residual	38715.45	597	64.85	
	Total	41846.38	599		
3	Regression	3636.82	3	1212.27	18.91*
	Residual	38209.56	596	64.11	
	Total	41846.38	599		
4	Regression	3656.29	4		
	Residual	38190.09	595		14.29*
	Total	41846.38	599		

*P<0.05

1. Predictors (constant): Age at Marriage
2. Predictors (constant): Age at Marriage and length of Marriage
3. Predictors (Constant): Age at and length of Marriage, family Size
4. Predictors (constant) Age at and length of marriage, family size and gender of children. Dependent variable, self-reported burnout.

Table 13 shows that all the F-Values computed at each of the steps were statistically significant at 0.05 alpha level. At step I, the F-value obtained was 32.45 which is significant, given 1 and 598 degrees of freedom as compared to F_{Critical} of 3.84 at 0.05 level of significance. At Step 2, an $F_{\text{calculated}}$ of 24.14 was obtained; this is greater than the F_{critical} of 3.05 given 2 and 597 degrees of freedom at 0.05 alpha level. Whereas at step 3 the F_{value} obtained was 18.91 as against the F-critical value of 2.86 given 3 and 596 degrees of freedom at 0.05 level of significance. At the last step with all the four predictors entered, the $F_{\text{calculated}}$ value was 14.29 which is greater than the F_{critical} value of 2.37 given 4 and 595 degrees of freedom at 0.05 level of significance.

From the evidence presented in Tables 11, 12 and 13, the following conclusions were made in respect of hypothesis three:

- The age at and length of marriage, family size and gender of children jointly accounted for about 55% of the proportion of variance in burnout.
- The greatest and most significant predictor of burnout was age at marriage.

Hypothesis Four: There will be no significant difference in post-test burnout among married working nursing mothers across the three experimental conditions due to their personality traits. The hypothesis was tested using the Analysis of Covariance statistic and the result of the analysis is presented in Tables 14, 15 and 16.

Table 14: Descriptive data of the effects of personality and experimental conditions on burnout among married working nursing mothers.

Exp.	Personality	N	Pretest		Post test		Mean
			Mean	SD	Mean	SD	Diff.
REBT	Healthy	11	61.43	13.08	49.37	11.09	12.06
	Unhealthy	19	63.24	11.28	48.03	9.25	15.21
FCT	Healthy	15	63.84	8.63	51.41	8.64	12.23
	Unhealthy	17	64.17	10.21	52.96	10.43	11.21
Contro	Healthy	14	62.11	7.45	57.71	9.46	4.40
	Unhealthy	21	61.82	9.62	59.36	6.81	2.46

Table 14 shows that the highest mean difference of 15.21 was recorded by participants who received REBT and had unhealthy personality followed by those with healthy personality who were exposed to Family Counselling Therapy with a mean difference of 12.23 while 12.06 was recorded by participants in REBT with healthy personality. The least mean difference of 2.46 was recorded by participants in the control group who had unhealthy personality, followed by those in the control group with healthy personality with a mean difference of 4.40. To determine whether significant differences in burnout exist due to experimental conditions and personality trait, Analysis of Covariance statistic was done. The result of the analysis is presented in Table 15.

Table 15: Analysis of Covariance of the effect of experimental Conditions and personality on burnout.

Source	SS	Df	MS	F
Corrected model	808.16	4	204.50	4.15*
Covariate (Pretest Burnout)	174.26	1	174.26	3.54
Experimental Condition	337.88	2	168.94	3.43*
Personality	76.84	1	76.84	1.56
Interaction (Experimental Cond. & Personality)	54.33	1	54.33	1.10
Within Group	4531.92	92	49.26	
Total	5983.39	97		

$P < 0.05$, $df = 2$ and 92 ; Critical $F = 3.09$

Table 15 shows that an $F_{\text{Calculated}}$ of 3.43 resulted as the effect of experimental conditions on burnout among married working nursing mothers. This $F_{\text{Calculated}}$ of 3.43 is significant since it is greater than the F_{Critical} of 3.09 given 2 and 92 degrees of freedom at 0.05 level of significance.

Table 15 also showed that $F_{\text{Calculated}}$ of 1.56 resulted as the influence of personality on burnout among married working nursing mothers. This $F_{\text{Calculated}}$ of 1.56 is not significant since it is less than the critical F-value of 3.94 given 1 and 92 degrees of freedom at 0.05 level of significance.

Furthermore, Table 15 also showed that the interaction effect of the experimental conditions and personality on burnout among married working nursing mothers resulted in $F_{\text{Calculated}}$ value of 1.10. This $F_{\text{Calculated}}$ value of 1.10 is not significant since it is less than the critical F-value of 3.94 given 1 and 92 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis was accepted.

Hypothesis Five: The effect of the family counselling and REBT on post-test burnout will not significantly differ according to the child rearing style of the married working nursing mothers. The hypothesis was tested using Analysis of Covariance statistic and the result of the analysis is presented in Tables 16, 17 and 18.

Table 16: Descriptive data of the effect of experimental conditions and child rearing practice on burnout among participants.

Experimental Condition.	Child Rearing style	N	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Mean Diff
REBT	Permissive	12	62.25	7.88	48.11	9.07	14.14
	Authoritarian	10	62.19	11.06	48.97	9.14	13.22
	Authoritative	8	61.82	10.25	47.45	7.83	14.37
FCT	Permissive	10	62.87	11.44	51.81	13.27	10.98
	Authoritarian	14	63.42	13.24	52.18	13.85	10.74
	Authoritative	8	62.96	9.87	50.48	11.64	12.48
Control	Permissive	14	62.57	13.02	58.77	10.07	3.80
	Authoritarian	12	61.94	10.37	59.25	12.16	2.69
	Authoritative	9	62.77	8.57	57.09	8.96	5.68

Table 16 shows that participants exposed to REBT who had authoritative childrearing style had the highest mean difference of 14.37, followed by REBT participants who had permissive rearing style with a mean difference of 14.14 and REBT participants with authoritarian child-rearing style with mean difference of 13.22. On the other hand, participants in the control group with authoritarian childrearing style had the least mean difference of 2.69, followed by those in the control group with permissive childrearing style (MD = 3.80) while those in the control group with authoritative childrearing practice had a mean difference of 5.68.

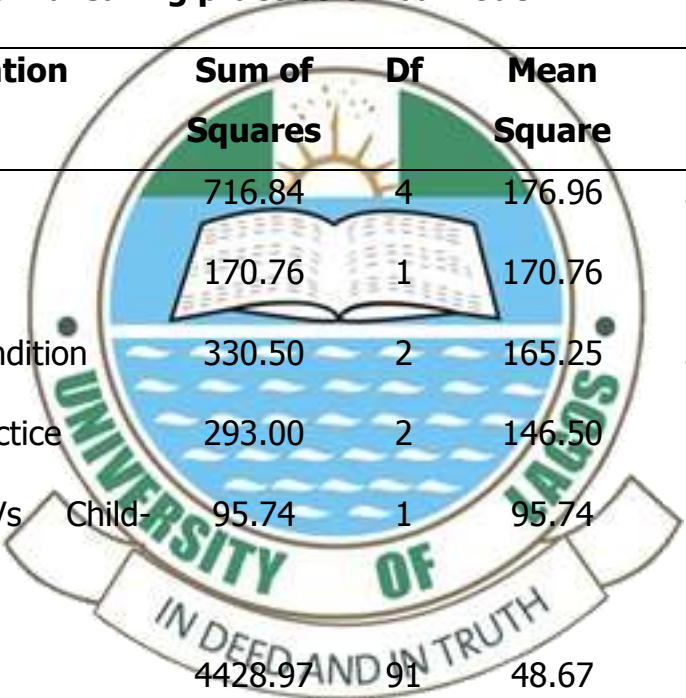
Table 16 also shows that as regards the Family Counselling Therapy group, married working nursing mothers with authoritative child-rearing style recorded the greatest reduction in their post-test burnout (MD = 12.48), followed by those with a permissive style (MD = 10.98). Their authoritarian counterparts in the same FCT group ranked third with a pre-test, post-test mean difference of 10.74.

A critical observation of Table 16 also revealed that although participants exposed to REBT generally experienced the greatest reduction in post-test burnout than their counterparts in the FCT and Control groups, the trend with respect to childrearing style was very similar across the three groups. That is, in each experimental group, married working nursing mothers with authoritative parenting style, recorded the greatest reduction in post-test burnout than those with the

permissive style who also recorded greater burnout reduction than their control group counterparts.

To determine whether a significant difference in burnout due to experimental condition and childrearing practice exists, Analysis of Covariance statistic was employed. The result of the analysis is presented in Table 17.

Table 17: Analysis of Covariance on influence of experimental condition and childrearing practice on burnout.



Source of Variation	Sum of Squares	Df	Mean Square	F
Main Effect	716.84	4	176.96	3.64*
Covariate	170.76	1	170.76	3.50
Experimental Condition	330.50	2	165.25	3.40*
Child-rearing practice	293.00	2	146.50	3.01
Exp. Cond. Vs Child-rearing	95.74	1	95.74	1.97
Within group	4428.97	91	48.67	
Total	6027.81	96		

Significant at 0.05; df = 2 and 91; critical F = 3.09; df = 1 and 91; critical F = 3.94

Table 17 shows that the effect of experimental condition on burnout among married working nursing mothers was significant since the $F_{\text{Calculated}}$ of 3.40 is

greater than the F_{Critical} of 3.09, given 2 and 91 degrees of freedom at 0.05 level of significance.

Table 17 shows that of all the five F-ratios computed, two were statistically significant at the 0.05 alpha level. The effect of childrearing style on post-treatment burnout with an $F_{\text{calculated}}$ of 3.01 was not statistically significant as it was less than the F_{critical} value of 3.09 given 2 and 91 degrees of freedom at the 0.05 alpha level.

The interaction effect of experimental condition and childrearing style on self-reported burnout with an $F_{\text{calculated}}$ of 1.97 was also not statistically significant as it was less than F_{Critical} value of 3.94 given 1 and 91 degrees of freedom at the 0.05 alpha level. From the results presented in Tables 16 and 17, hypothesis five was accepted. It was therefore concluded that childrearing style and its interaction with the experimental condition did not have significant effects on post-treatment self-reported burnout of married working nursing mothers.

Hypothesis Six: There is no significant difference in post-test burnout of married working nursing mothers in the three experimental groups due to the quality of their spousal communication. The hypothesis was tested using Analysis of Covariance statistic. The result of the analysis is presented in Tables 18, 19 and 20.

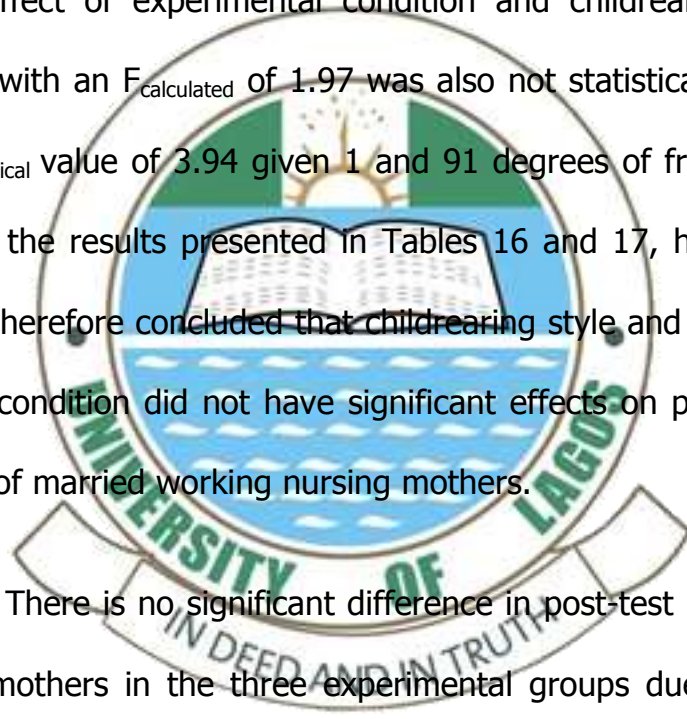


Table 18: Descriptive data of the influence of experimental condition and spousal communication on burnout among married working nursing mothers.

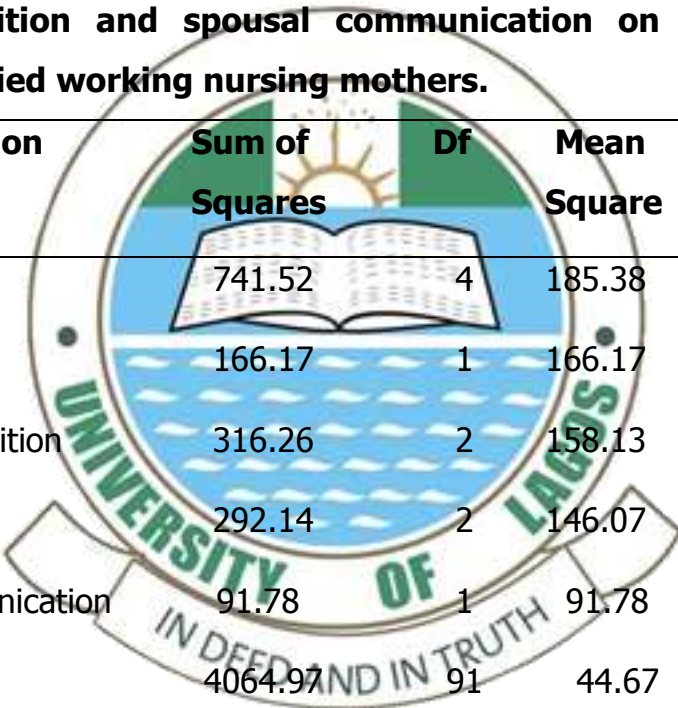
Exptal Group	Comm. Level	N	Pretest		Posttest		Mean Diff
			Mean	SD	Mean	SD	
REBT	Adequate	11	61.32	9.88	47.15	10.42	14.17
	Moderate	9	63.45	10.14	48.77	11.36	14.68
	Poor	10	63.17	11.62	48.36	9.14	14.81
FCT	Adequate	8	62.49	8.69	50.17	8.66	12.32
	Moderate	13	63.59	10.77	52.88	10.42	10.71
	Poor	11	64.03	13.62	52.71	9.66	11.32
Control	Adequate	10	62.77	9.61	57.24	10.33	5.53
	Moderate	12	61.82	7.93	59.16	13.32	2.66
	Poor	13	62.45	10.17	58.91	9.37	3.54

Table 18 shows that in each of the three experimental groups, married working nursing mothers, who reported adequate and qualitative spousal communication, experienced the lowest burnout scores (Mean = 47.15, Sd = 10.42 for REBT; Mean = 50.17, Sd = 8.66 for FCT; Mean = 57.27, Sd = 10.33 for control) as against their counterparts who reported moderately adequate communication with their spouses who recorded respective mean scores of 48.77, 52.88 and 59.16. The mean values for married working nursing mothers who reported poor spousal communication ranged from 48.36 for those in the REBT group to 52.71 for the FCT group and 58.91 for the control group participants. Overall, married working nursing mothers with adequate and qualitative spousal communication reported the lowest burnout scores (Mean = 50.76, Sd = 14.96), followed by those with moderately adequate

spousal communication (Mean = 54.01, Sd = 10.57), who were neck to neck with those who reported poor spousal communication (Mean= 54.80, Sd = 9.88).

To determine whether significant differences in burnout exist due to experimental condition and spousal communication, Analysis of Covariance statistic was used and the result of the analysis is presented in Table 19.

Table 19: Analysis of Covariance of the influence of experimental condition and spousal communication on burnout among married working nursing mothers.



Source of Variation	Sum of Squares	Df	Mean Square	F-ratio
Main Effect	741.52	4	185.38	4.15*
Covariate	166.17	1	166.17	3.72
Experimental Condition	316.26	2	158.13	3.54*
Communication	292.14	2	146.07	3.27*
Exp.Cond./Communication	91.78	1	91.78	2.06
Within group	4064.97	91	44.67	
Total	6005.19	96		

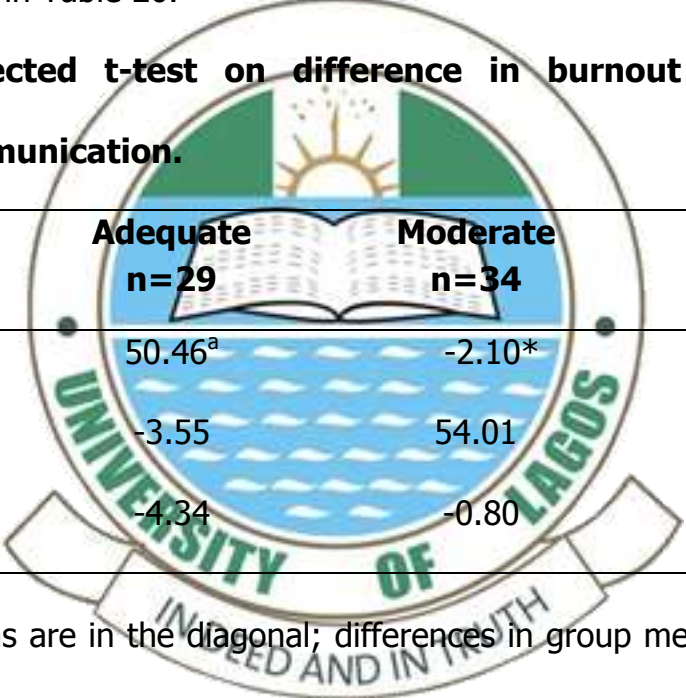
Significant at 0.05, df = 2 and 91; critical F = 3.09

Table 19 shows that an $F_{\text{Calculated}}$ of 3.54 resulted as the influence of experimental condition on burnout among married working nursing mothers. This $F_{\text{Calculated}}$ is significant since it is greater than the critical F-value of 3.09 given 2 and 91 degrees of freedom at 0.05 level of significance. From Table 19, it could also be

observed that an $F_{\text{Calculated}}$ of 3.27 resulted as the influence of spousal communication on burnout among married working nursing mothers. This $F_{\text{Calculated}}$ of 3.27 is significant since it is greater than the F_{Critical} of 3.09 given 2 and 91 degrees of freedom at 0.05 level of significance.

Further analysis of data using Fisher's protected t-test was done to determine which group differs from the other on burnout and the trend of the difference. The result is presented in Table 20.

Table 20: Protected t-test on difference in burnout due to spousal communication.



Communication	Adequate n=29	Moderate n=34	Poor n=34
Adequate	50.46 ^a	-2.10*	-2.57*
Moderate	-3.55	54.01	-0.39
Poor	-4.34	-0.80	54.80

a = Group means are in the diagonal; differences in group means are below the diagonal while protected t-test values are above the diagonal.

Table 20 shows that participants who have adequate communication with their spouses significantly reported less burnout than either those with moderate spousal communication ($t_{\text{Cal}} = 2.10$, $df = 61$; $t_{\text{critical}} = 2.00$; $P < 0.05$) or those in the control group ($t_{\text{Calculated}} = 2.57$; $df = 61$; $t_{\text{critical}} = 2.00$; $P < 0.05$). On the other hand, no significant difference in burnout was found in the comparison between married

working nursing mothers who had moderate spousal communication and those with poor spousal communication ($t_{\text{Calculated}} = 0.39$; $df = 66$; $t_{\text{critical}} = 2.00$; $P > 0.05$).

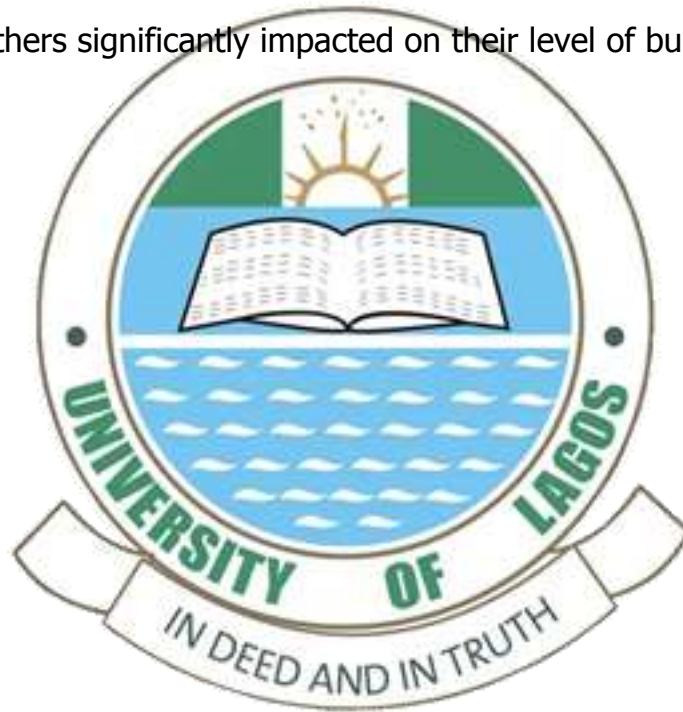
4.2 Summary of Findings

The following are major findings of this study.

1. Rational Emotive Behaviour Therapy (REBT) was found to be more effective in reducing self-reported burnout among married working nursing mothers than Family Counselling Therapy (FCT).
2. The proportion of variance in burnout jointly accounted for by educational qualification, work environment, experience and work status was 52%. Of these four predictor variables, the educational qualification of the married working nursing mothers made the greatest independent contribution to the explained variance in burnout, accounting for about 50%. The predictor variables of educational qualification, work environment, work experience and work status correlated negatively but significantly with the criterion variable - burnout among married working nursing mothers.
3. The age at marriage, length of marriage, family size and gender of children correlated negatively with self reported burnout among married working nursing mothers and all were statistically significant except gender of children. The age at marriage, length of marriage, family size and gender of children jointly contributed about 55% to the explained variance in burnout

among married working nursing mothers. The single most significant contribution of 52% was made by age at marriage.

4. The personality traits of the married working nursing mothers had no significant effect on their self-reported burnout.
5. Married working nursing mothers with varying parenting styles did not differ significantly in their self-reported burnout.
6. The quality and adequacy of spousal communication among married working nursing mothers significantly impacted on their level of burnout.



CHAPTER FIVE

Discussion of Findings, Summary and Conclusion, Implications for Counselling, Recommendations, Contributions to Knowledge and Suggestions for Further Research

5.0 Introduction

This study investigated the impact of two counselling strategies on burnout among married working nursing mothers in Ibadan, Nigeria. A descriptive survey design was used to obtain baseline data on the prevalence and correlates of burnout among married working nursing mother in Ibadan, while a quasi-experiment pre-test and post-test control group design was adopted at the second stage of the study to investigate the impact of two counselling strategies on self reported burnout of the participants. Ninety-seven married working nursing mothers participated in the study.

The major objective of the study was to establish the effectiveness of Rational Emotive Behaviour Therapy and Family Counselling Therapy on burnout among married working nursing mothers. This chapter therefore discusses the findings, summary, conclusion and implications for counseling. Recommendations, contributions to knowledge and suggestion for further research conclude the chapter.

5.1 Discussion of Findings

This section presents a discussion of findings in the study. A critical appraisal of the findings was undertaken with a view to situating the findings within the existing body of knowledge, taking into cognizance the unique methodological nuances of the study. The discussion is organized according to major themes to which the findings relate.

Relative effectiveness of the Rational Emotive Behaviour Therapy and Family Counselling Therapy in Reduce Self-reported Burnout among Married Working Nursing Mothers.

The study showed that Rational Emotive Behaviour Therapy (REBT) was more effective in reducing self-reported burnout among married working nursing mothers than Family Counselling Therapy (FCT). Also, the control group participants did not show significant change in pre - and post-assessments. These findings are consistent with the literature with respect to teacher burnout (Ubangha, 1997) and other psychopathological states (Meichenbuan, 1972) that participants who are placed on waiting list control groups do not change or deteriorate. That the control group participants did not experience any significant change between pre- and post-treatment burnout was also indicative of the non effect of nonspecific therapeutic factors accruing from the environment and that spontaneous remission did not take place (Ubangha, 1997:23).

The finding that Rational Emotive Behaviour Therapy was effective in reduce burnout among married working nursing mothers is also interesting as it holds a promise for the future treatment of various forms of burnout among varied populations of professionals in Nigeria. This finding also lends credence to the postulation regarding Rational Emotive Behavior Therapy in terms of the relation between cognition, feelings and overt behavior and the development of psychopathology.

The relationship between burnout and educational qualification, work environment, work experience and work status of married working nursing mothers.

The result of this study suggests that all the four predictor variables of educational qualification, work environment, experience and work status correlated negatively with the criterion variable of burnout and that these four variables jointly accounted for about 52% of the explained variance in burnout among married working nursing mothers. This finding suggests that about 48% of the variance in burnout among married working nursing mothers is unexplained. The search for other factors that may be implicated in the burnout chain therefore needs to continue. However, the negative correlation between burnout and each of educational qualification, work environment, experience and work status needs further comment and clarification. The negative correlations indicate that married working nursing mothers with lower levels of education, poor work environment, low work

status and little work experience were more likely to experience burnout than their counterparts with higher educational qualification, better work environment, higher work status and more years of work experience.

These findings are not surprising and are in the expected direction since a high level of education, work status and experience implies greater access to various socio-economic indicators, such as good child and maternal healthcare, higher income, greater involvement in family decision making and good recreation which have been reported to have a buffering effect on stress and burnout. Pines and Aronson (1989) asserted that the professional woman is saddled with lots of work in the office with little or no consideration for her status as a married working nursing mother, while Weinberg, Edwards, and Garove, (1983) have called attention to the bureaucratic set-up with its excessive paper work and red-tapism as the issue behind the organizational aspect of burnout. The findings of this study are therefore in consonance with the burgeoning literature on organizational stress and individual strain (French and Kaplan, 1972), job stress and burnout (Paine, 1984) and career burnout (Pines and Aronson, 1989).

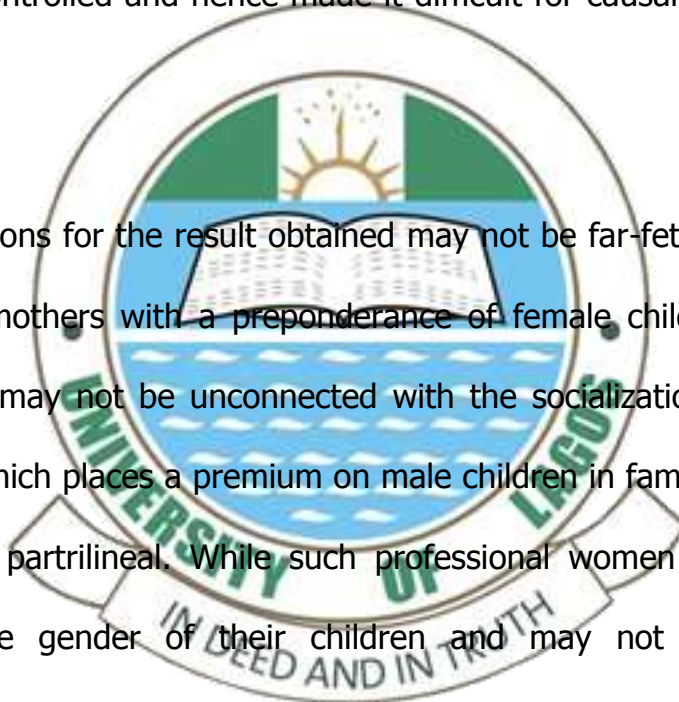
Relationship between burnout and age at marriage, length of marriage, family size and gender of children.

The findings of this study showed that about 55% of the variance in burnout among married working nursing mothers was jointly accounted for by their age at marriage, the length of marriage, family size and gender of their children. Each of

these variables correlated negatively with self-reported burnout of married working nursing mothers. This implies that married working nursing mothers who married early, had few years of marital relationship with fewer children and whose children were mostly female were more likely to report burnout.

These results must be interpreted with caution as the zero-order inter-correlations between these variables are high and there seems to be underlying third factors which were not controlled and hence made it difficult for causal relationships to be established.

However, the reasons for the result obtained may not be far-fetched. That married working nursing mothers with a preponderance of female children reported high levels of burnout may not be unconnected with the socialization process in most African cultures which places a premium on male children in family succession, with inheritance being patrilineal. While such professional women may ordinarily be ambivalent to the gender of their children and may not have any gender preference, parents, in-laws and significant others often exert a great deal of pressure on such women and thereby create an atmosphere of insecurity in their homes. That married working nursing mothers who married early and had few years of marriage reported higher levels of burnout is not unexpected and is in line with the extant and current research which seems to suggest that such women are more likely to be confronted with the challenge of child rearing (Walsh, 1995) at a young age and the cultural contradictions in motherhood (Bianchi, 2000). Being



young, changing and developing individuals, their interests, values, attitudes, likes and dislikes often tumble, leading to 'stress and storm' which if not promptly checked, may be a precursor to burnout.

It would have been expected that married working nursing mothers with fewer children would report lower levels of burnout, but the finding of this study was on the contrary. A plausible reason may be that this relationship has been confounded by some extraneous and intervening variables not investigated or controlled in the study and that the presence of many children in the home may have a mitigating effect on the stress and burden of motherhood as older siblings may nurture their younger ones.

The influence of the personality of married working nursing mothers on their self-reported burnout.

This study found no significant impact of the personality of married working nursing mothers on their self-reported burnout. The married working nursing women who reported healthy personality traits did not differ significantly from those with unhealthy traits in their self-reported burnout. It would have been expected that personality being the constellation of an individual's enduring characteristics would influence one's pre-disposition to any given phenomenon.

In line with this thinking, various studies have investigated the link between some personality characteristics and various psychopathological states, maladaptive

behaviours, mental health, psychological distress, physical and emotional stress and associated conditions.

In one of such studies, Nagy (1982) demonstrated the relationship of Type A and Type B personality to burnout of teachers. Almost four decades ago, Friedman and Rosenman (1994) established the link between Type A behaviour and coronary heart diseases. While the findings of the study indicate no significant difference in burnout between married working nursing mothers with healthy personality and those with unhealthy personality is difficult to explain. However, the findings may be an artefact of the categorization of personality into two dimensions - healthy and unhealthy - which informed the analyses performed.

It is probable that if the original scale dimensions of EPQ were used, a different result might have been obtained. The implications of this for the design of future experiments should therefore not be lost. Stapp and Pines (1996) have argued that the attributes that employers of labour look for when employing women include being feminine, better adjusted, less aggressive, active but more sensitive, warm and kind. Paradoxically, these attributes, they lament, make the professional woman more vulnerable to the danger of burnout.

The effect of parenting styles on the self-reported burnout of married working nursing mothers.

The findings of this study indicated that married working nursing mothers with varying parenting styles did not significantly differ in their self-reported burnout.

Evidence from the data shows that married working nursing mothers did not differ significantly in their burnout irrespective of the parenting style - authoritative, permissive or authoritarian - they adopted. This result is rather surprising as it would have been expected that since some parenting styles are more involving and demanding than others, they would task the married working nursing mothers more and therefore precipitate the onset of burnout. However, explanation for this finding may be found in the observation by Rodgers (1999) and Hofferth (2000) that married working nursing mothers hardly spend up to three hours a week with their children to directly engage them in reading, playing, bathing, cooking and dressing.

The influence of spousal communication on burnout among married working nursing mothers

The result of our investigation shows that the adequacy and quality of spousal communication significantly influences burnout among married working nursing mothers. Overall, it was found that married working nursing mothers who reported adequate and high quality marital communication recorded the lowest burnout scores. This result is in line with the literature (Aina, 2007) which suggests that the utilization of effective communication skills among spouses brings about marital adjustment of Christian couples. The benefit of such marital adjustment is therefore likely to impact positively on the couples as each acts for the other and serves as a buffer against the vagaries of the marital storm.

According to Aina (2007), a professional woman is motivated when both at home and at work, her spouse and subordinates use complimentary language to appreciate her multiple roles as a career woman and home maker.

5.2 Summary and Conclusion

The study was on the impact of two counselling strategies on burnout of married working nursing mothers in Ibadan, Nigeria. The study was aimed at determining the effectiveness of Rational Emotive Behaviour Therapy (REBT) and Family Counselling Therapy on burnout of married working nursing mothers.

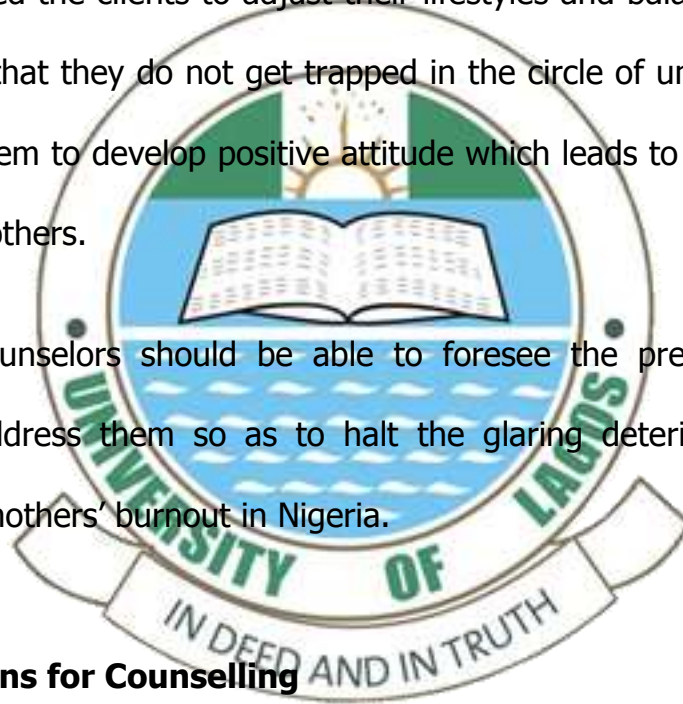
An initial sample of 600 married working mothers was selected using the purposive sampling technique from whom a baseline data was taken. These participants were contacted through their Professional Associations. After the baseline assessment for the purpose of identifying those experiencing burnout, a total of 103 married working nursing mothers, who were experiencing burnout, constituted the final sample for the study. Six instruments were used for the study. The research hypotheses were statistically tested using the one-way analysis of covariance (ANCOVA), multiple regression and the two-way analysis of covariance (ANCOVA). Post hoc analysis was performed using Fisher's protected t-test procedure where applicable.

The two strategies are effective in preventing, treating and managing burnout in the married working nursing mothers but the Rational Emotive Behaviour Therapy

(REBT) was found to be more effective than the Family Counselling Therapy in this study. The study revealed that married working nursing mothers with lower level of education, poor working environment; low work status and little work experience were more likely to experience burnout than their counterparts with higher educational qualification, better working environment, higher work status and more years of experience.

This therapy helped the clients to adjust their lifestyles and balance their work and personal lives so that they do not get trapped in the circle of unhealthy living. The therapy helped them to develop positive attitude which leads to positive action and interactions with others.

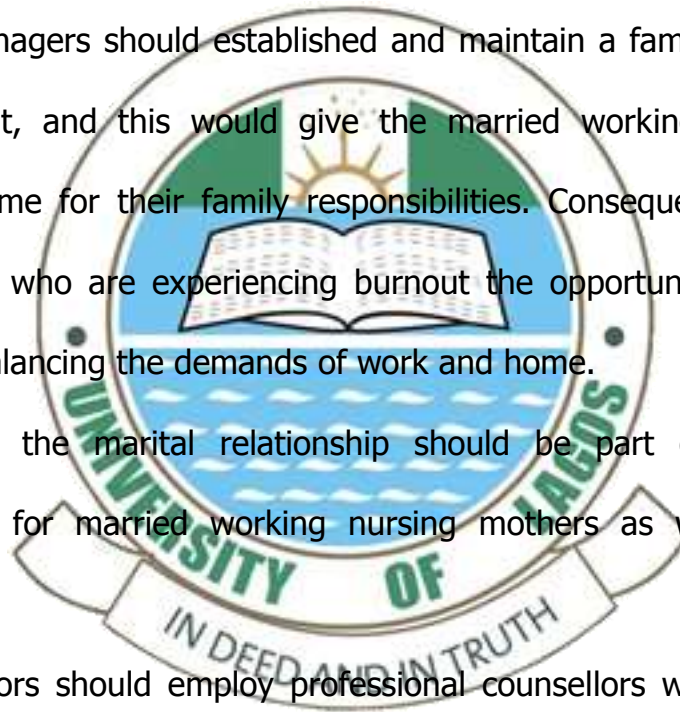
In conclusion, counselors should be able to foresee the predictors of burnout syndrome and address them so as to halt the glaring deterioration of married working nursing mothers' burnout in Nigeria.



5.3 Implications for Counselling

- Rational Emotive Behaviour Therapy (REBT) can be used as a counselling strategy, to help married working nursing mothers to reduce burnout both at home and at the work place.
- Married working nursing mothers need to be educated and counselled on the concept of burnout so that they are aware of its prevalence, causes, coping strategies and prevention.

- Training programs on techniques of coping with burnout syndrome which include relaxation exercises and imagery should be organized for staff members. This would give the married working nursing mother the opportunity of learning various ways to cope with problems occurring during service delivery. If employees learn effectively how to manage and fulfil their duties in the workplace, they are less likely to experience elevated levels of burnout at home.
- Service managers should established and maintain a family-supportive work environment, and this would give the married working nursing mothers sufficient time for their family responsibilities. Consequently, this will give employees, who are experiencing burnout the opportunities to reduce the effect by balancing the demands of work and home.
- Stability of the marital relationship should be part of the content of counselling for married working nursing mothers as well as couples in general.
- Administrators should employ professional counsellors who are mentors to provide professional assistance to married working nursing mothers who may be facing heightened burnout at home and at work, to proffer coping strategies that will reduce burnout experienced by the staff.
- To ensure household safety and security, counsellors must lay special emphasis on quality spousal communication.

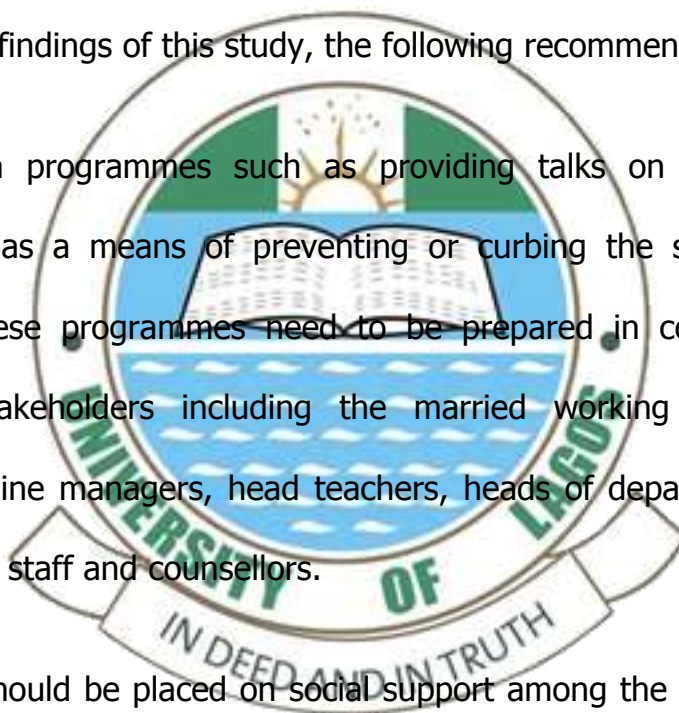


- Managers should also give priority to candidates with high positive affectivity during the selection and hiring process since such employees would be able to handle the detrimental effects of work-family conflict on disengagement better. These employees would also serve as role models to their co-workers for coping with work-family conflict and disengagement effectively

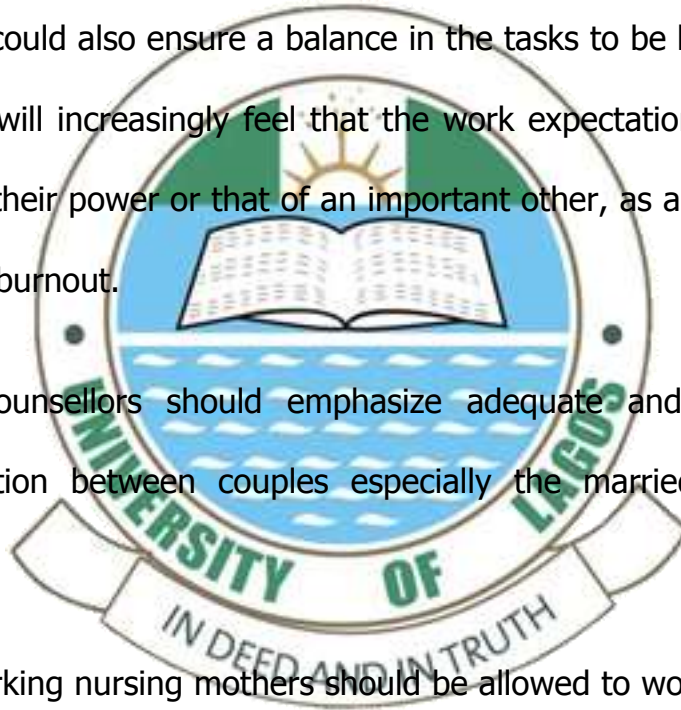
5.4 Recommendations

In the light of the findings of this study, the following recommendations are made.

- Intervention programmes such as providing talks on burnout reduction techniques as a means of preventing or curbing the syndrome must be sought. These programmes need to be prepared in conjunction with all relevant stakeholders including the married working nursing mothers, managers, line managers, head teachers, heads of departments, the junior staff, senior staff and counsellors.
- Emphasis should be placed on social support among the staff at the various work places. Coaching and mentoring programmes for newly married couples might be advisable given the negative correlation found between burnout and each of educational qualification, work environment, experience and work status as predictor variables.



- It is also recommended that the Rational Emotive Behaviour Therapy (REBT) be applied for work place counselling aimed at preventing or reducing burnout among married working nursing mothers and varied populations of professionals in Nigeria.
- It is recommended that employers equip employees with the necessary knowledge, skills, material, instruments and other resources.
- Employers could also ensure a balance in the tasks to be handled so that the employees will increasingly feel that the work expectations are manageable and within their power or that of an important other, as a means of reducing work place burnout.
- Marriage counsellors should emphasize adequate and effective spousal communication between couples especially the married working nursing mothers.
- Married working nursing mothers should be allowed to work and close earlier than the normal closing time for the first three months after maternity leave.



5.5 Contributions to Knowledge

1. The study has identified some predictor variables of the burnout syndrome that may serve as proxies for underlying third variables in the burnout chain among married working nursing mothers. Addressing these identified issues

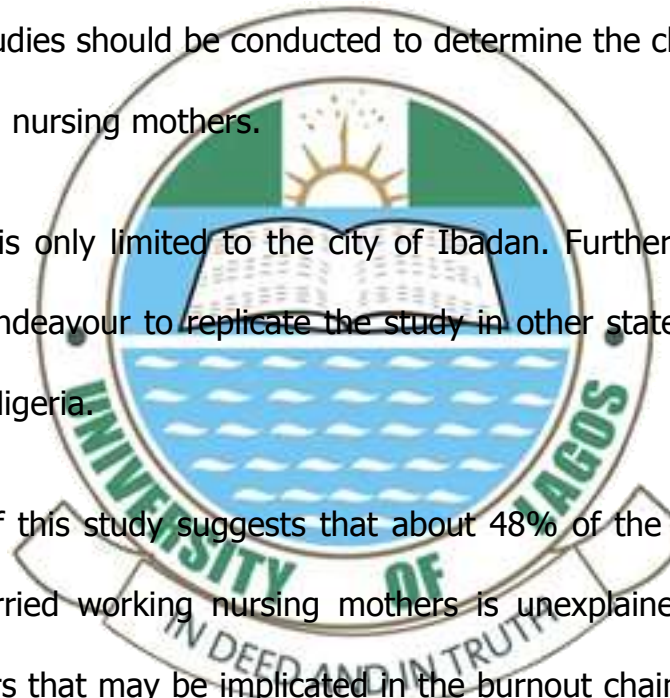
should halt the glaring deterioration in the quality of life of the married working nursing mothers in Nigeria.

2. The study has shown the efficacy of Rational Emotive Behaviour Therapy as a potent and psychologically grounded intervention strategy to assist married working nursing mothers to manage burnout.
3. The study has revealed fresh insights into the hazy ideas about couple burnout syndrome and increased the knowledge base of the ecological basis of burnout in the field of counselling.
4. The study has validated the Copenhagen Burnout Inventory for use in Nigeria, thereby confronting the hydra-headed monster of paucity of standardized affective measures for use by counselling psychologists in the diagnosis of psychopathology and mental health issues in Nigeria.

5.6 Suggestions for Further Studies

- The finding that burnout can be found within as well as outside human service professions may stimulate further burnout research in a wide range of occupations. It would be interesting, for example, to focus on the prevalence of burnout in various occupations/professions and under several job conditions.
- Further research on differences between occupational groups regarding absolute burnout scores may help to identify occupations that are most at risk for burnout.

- The Rational Emotive Behaviour Therapy (REBT) may also be applied for work place interventions, aimed at preventing or reducing burnout to find out whether the therapy could be generalized.
- A study to examine further, the relationship of personality traits to burnout be conducted, using the original dimensions contained in the EPQ.
- Similarly studies should be conducted to determine the child rearing styles of the working nursing mothers.
- This study is only limited to the city of Ibadan. Further researchers should therefore endeavour to replicate the study in other state capitals and urban centers in Nigeria.
- A finding of this study suggests that about 48% of the variance in burnout among married working nursing mothers is unexplained. The search for other factors that may be implicated in the burnout chain therefore needs to be continued.



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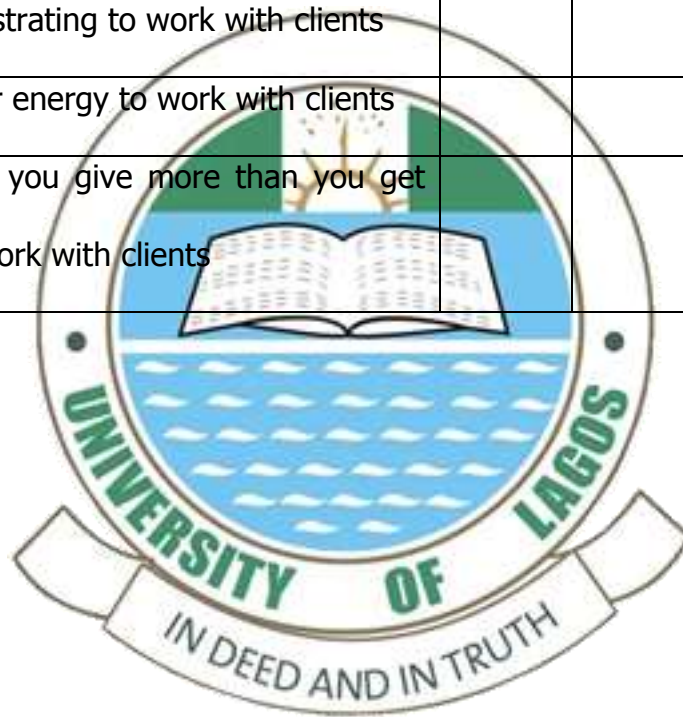
Appendices

Appendix A: Copenhagen Burnout Inventory (CBI)

Instructions: The following are a list of issues and experiences which people encounter. Please indicate to what extent you have experienced each feeling in the past one year by checking (x) one of the options in front of each statement

		Always	Often	Sometimes	Seldom	Never/Almost Never
1.	How often do you feel tired					
2.	How often are you physically exhausted					
3.	How often do you think "I can't take it anymore"					
4.	How often are you emotionally exhausted					
5.	How often do you feel worn out					
6.	How often do you feel weak and susceptible to illness					
7.	Do you feel worn out at the end of each working day					
8.	Are you exhausted in the morning at the thought of another day at work					
9.	Do you feel that every working hour is tiring					
10.	Do you have enough energy for family and friends during leisure time					
11.	Are you tired of working with clients					
12.	Do you sometimes wonder how long you will be able to continue working with clients					

		To A very High degree	To a high Degree	Somewhat	To a low	To a very low Degree
13.	Is your work emotionally exhausting					
14.	Do you feel burnout because of your work					
15.	Does your work frustrate you					
16.	Do you find it hard to work with clients					
17.	Do you find it frustrating to work with clients					
18.	Does it drain your energy to work with clients					
19.	Do you feel that you give more than you get back when you work with clients					



Appendix B: Marriage Stress Inventory (MSI)

DEVELOPED BY P.F. OMOLUABI (1994)

Name.....

Sex.....

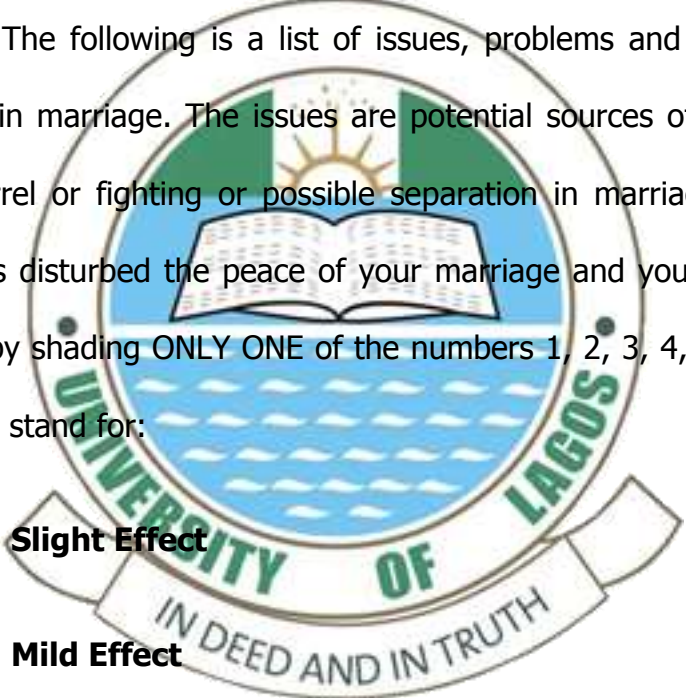
Age.....

Duration of Marriage.....

Date.....

Marital Status (Circle One) Married/Divorced/Separated/Widowed/Single

INSTRUCTIONS: The following is a list of issues, problems and experiences which couples encounter in marriage. The issues are potential sources of misunderstanding or conflict, or quarrel or fighting or possible separation in marriage. Please indicate how each issue has disturbed the peace of your marriage and your peace of mind in the past one year by shading **ONLY ONE** of the numbers 1, 2, 3, 4, 5, in front of each issue. The numbers stand for:

- 
- The logo of the University of Lagos is circular, featuring a sun rising over an open book, with a banner below that reads "IN DEED AND IN TRUTH". The words "UNIVERSITY OF LAGOS" are written around the perimeter of the circle.
- 1** – **Slight Effect**
 - 2** – **Mild Effect**
 - 3** – **Moderate Effect**
 - 4** – **Severe Effect**
 - 5** – **Very Severe Effect**

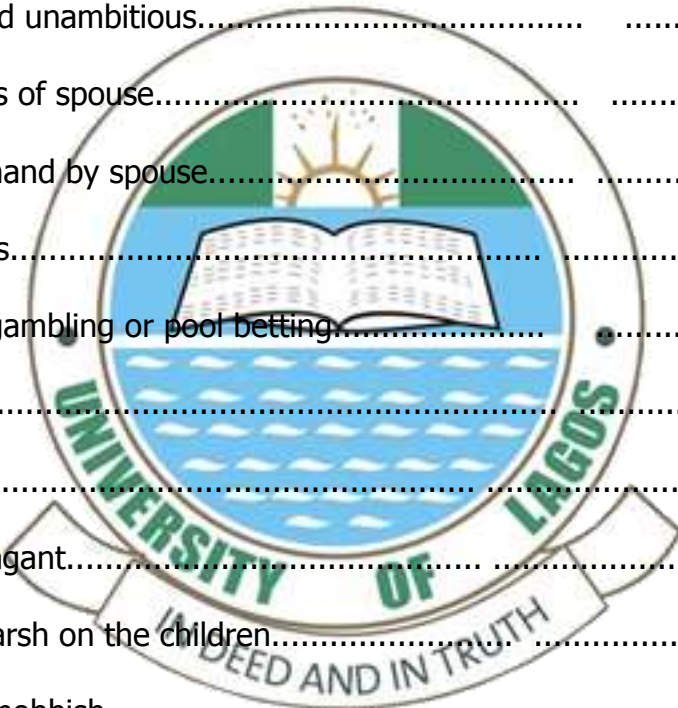
1) Insufficient Money for housekeeping..... 1 2 3 4 5

2) Spouse not disclosing his/her true income..... 1 2 3 4 5

- | | | |
|---|-------|-----------|
| 3) Insufficient attention from spouse..... | ..... | 1 2 3 4 5 |
| 4) Spouse having a different religion..... | ..... | 1 2 3 4 5 |
| 5) Couple not understanding each other's behaviour..... | ..... | 1 2 3 4 5 |
| 6) Interferences from in-laws..... | ..... | 1 2 3 4 5 |
| 7) Spouse belonging to a different ethnic group..... | ..... | 1 2 3 4 5 |
| 8) Unsatisfactory sexual relationship with spouse..... | ..... | 1 2 3 4 5 |
| 9) Spouse not being able to have children..... | ..... | 1 2 3 4 5 |
| 10)Spouse being from a poorer family..... | ..... | 1 2 3 4 5 |
| 11)Spouse not attracting you anymore..... | ..... | 1 2 3 4 5 |
| 12)Boring relationship with spouse..... | ..... | 1 2 3 4 5 |
| 13)Couple not spending enough time together..... | ..... | 1 2 3 4 5 |
| 14)Spouse having children outside the matrimonial home..... | ..... | 1 2 3 4 5 |
| 15)Spouse too hot tempered..... | ..... | 1 2 3 4 5 |
| 16)Frequent nagging by spouse..... | ..... | 1 2 3 4 5 |
| 17)Spouse being too talkative or boastful..... | ..... | 1 2 3 4 5 |
| 18)Spouse consuming too much alcohol..... | ..... | 1 2 3 4 5 |
| 19)Spouse spending a lot of time out of the home..... | ..... | 1 2 3 4 5 |
| 20)Spouse being too domineering..... | ..... | 1 2 3 4 5 |
| 21)Spouse thinking only of him/herself all the time..... | ..... | 1 2 3 4 5 |
| 22)Lack of support from spouse on things you are involved in..... | ..... | 1 2 3 4 5 |
| 23)Spouse unwilling to take part in household chores..... | ..... | 1 2 3 4 5 |
| 24)Spouse's low standard in doing things..... | ..... | 1 2 3 4 5 |
| 25)Spouse being too suspicious..... | ..... | 1 2 3 4 5 |



- 26)Insufficient education of the spouse..... 1 2 3 4 5
- 27)Spouse not being able to take care of the household effectively. 1 2 3 4 5
- 28)Spouse having sexually transmitted disease..... 1 2 3 4 5
- 29)Spouse spending too much money on his/her relatives..... 1 2 3 4 5
- 30)Spouse likes going to parties too much..... 1 2 3 4 5
- 31)Many relatives living with spouse..... 1 2 3 4 5
- 32)Spouse spending long hours at work..... 1 2 3 4 5
- 33)Spouse being lazy and unambitious..... 1 2 3 4 5
- 34)The unhygienic habits of spouse..... 1 2 3 4 5
- 35)Excessive sexual demand by spouse..... 1 2 3 4 5
- 36)Spouse abusing drugs..... 1 2 3 4 5
- 37)Spouse engaging in gambling or pool betting..... 1 2 3 4 5
- 38)Flirting by spouse..... 1 2 3 4 5
- 39)Spouse always sickly..... 1 2 3 4 5
- 40)Spouse being extravagant..... 1 2 3 4 5
- 41)Spouse always too harsh on the children..... 1 2 3 4 5
- 42)Spouse tends to be snobbish..... 1 2 3 4 5
- 43)Spouse easily resorts to fighting..... 1 2 3 4 5
- 44)Spouse too thrifty/stingy..... 1 2 3 4 5
- 45)Spouse over pampering the children..... 1 2 3 4 5
- 46)Spouse not sufficiently romantic..... 1 2 3 4 5
- 47)Spouse engaging in making charms (Juju)..... 1 2 3 4 5
- 48)Spouse not caring enough for the children..... 1 2 3 4 5



- 49) No bright future with spouse..... 1 2 3 4 5
- 50) Age differences between couples..... 1 2 3 4 5

Appendix C: Primary Communication Inventory (PCI)

DEVELOPED BY H.J. LOOCKE, F. SABAGHT & M.M. THOMES (1967)

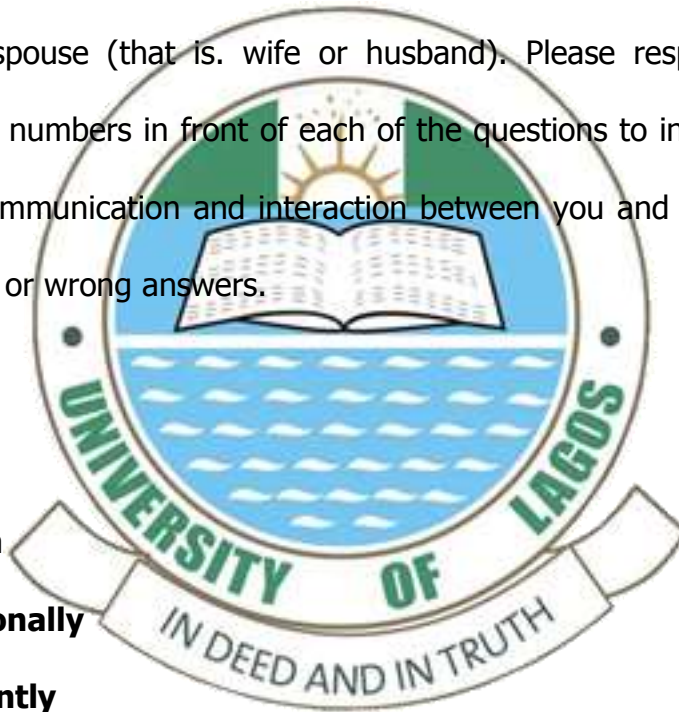
Name..... Sex.....

Age..... Date.....

INSTRUCTIONS: The following questions are meant to find out the pattern of communication between you and your spouse (that is, wife or husband). Please respond to the questions by SHADING only one of the numbers in front of each of the questions to indicate the extent to which the item describes the communication and interaction between you and your spouse. This is not a test, so there are no right or wrong answers.

The numbers stand for:

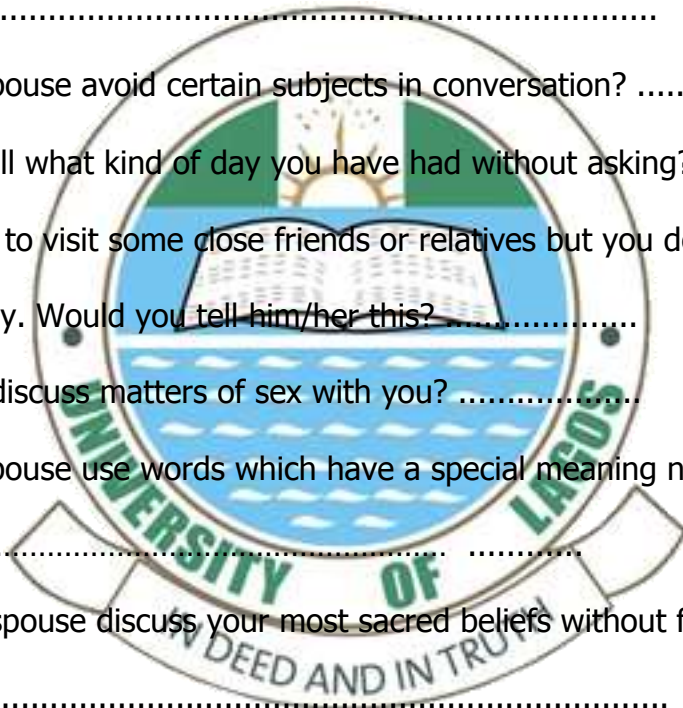
- 1 – Never**
- 2 – Seldom**
- 3 – Occasionally**
- 4 – Frequently**
- 5 – Very Frequently**



Please respond

1. How often do you and your spouse talk over pleasant things that happen during the day?..... 1 2 3 4 5
2. How often do you and your spouse talk over unpleasant things that happen during the day?..... 1 2 3 4 5
3. Do you and your spouse talk over things that you disagree about talk or have

- difficulties over? 1 2 3 4 5
4. Do you and your spouse talk over things in which you are both interested?1 2 3 4 5
5. Does your spouse adjust what he/she says and how he/she says it to the way you seem to feel at the moment? 1 2 3 4 5
6. When you start to ask a question does your spouse know what it is before you ask it? 1 2 3 4 5
7. Do you know the feelings of your spouse from his/her facial and bodily gestures? 1 2 3 4 5
8. Do you and your spouse avoid certain subjects in conversation? 1 2 3 4 5
9. Can your spouse tell what kind of day you have had without asking? 1 2 3 4 5
10. Your spouse wants to visit some close friends or relatives but you don't particularly enjoy their company. Would you tell him/her this? 1 2 3 4 5
11. Does your spouse discuss matters of sex with you? 1 2 3 4 5
12. Do you and your spouse use words which have a special meaning not understood by outsiders? 1 2 3 4 5
13. Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?..... 1 2 3 4 5
14. Do you avoid telling your spouse things that put you in a bad light? ... 1 2 3 4 5
15. How often can you tell as much from the tone of voice of your spouse as from what he/she actually says? 1 2 3 4 5
16. How often do you and your spouse talk with each other about personal problems? 1 2 3 4 5
17. Would you rather talk about intimate matters with your spouse than with some other person? 1 2 3 4 5
18. During marriage, have you and your spouse, in general, talked about most things over



together?

1 2 3 4 5

Appendix D: Eysenck Personality Questionnaire (EPQ)

Name.....

Sex.....

Occupation _____

Age.....

Date.....

INSTRUCTIONS: Please answer each question by marking an X beside the "YES" or the "NO" following the question. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the question.

PLEASE REMEMBER TO ANSWER EACH QUESTION

IN EVERY QUESTION, MARK JUST ONE BOX

1.	Do you have many different hobbies?	YES	NO
2.	Does your mood often go up and down?	YES	NO
3.	Are you a talkative person?	YES	NO
4.	Would being in debt worry?	YES	NO
5.	If you say you will do something, do you always keep your promise no matter how inconvenient It might be?	YES	NO
6.	Do you ever feel just 'miserable' for no reason?.....	YES	NO
7.	Were you ever greedy by helping yourself to more than your share of nothing?	YES	NO
8.	Are you an irritable person?	YES	NO
9.	Do you enjoy meeting new people?	YES	NO

10.	Do you believe insurance plans are a good idea?	YES	NO
11.	Are all your habits good and desirable ones?	YES	NO
12.	Do you tend to keep in the background on social occasions?	YES	NO
13.	Would you take drugs which may have strange or dangerous effects?	YES	NO
14.	Do you like going out a lot?	YES	NO
15.	Are you often troubled about feelings of guilt?	YES	NO
16.	Do you have enemies who want to harm you?	YES	NO
17.	Would you call yourself a nervous person?	YES	NO
18.	Do you have many friends?	YES	NO
19.	As a child did you do as you were told immediately and without grumbling?	YES	NO
20.	Do you usually take the initiative in making new friends?	YES	NO
21.	Are you mostly quiet when you are with other people?	YES	NO
22.	Do you think marriage is old-fashioned and should be done away with?	YES	NO
23.	Do you sometimes boast a little?	YES	NO
24.	Can you easily get some life into a rather dull one?	YES	NO
25.	Do most things taste the same to you?	YES	NO
26.	As a child did you ever talk back to your parents?	YES	NO
27.	Does it worry you if you know there are mistakes in your	YES	NO

	work?		
28.	Do you suffer from sleeplessness?	YES	NO
29.	Do you always wash before a meal?	YES	NO
30.	Do you always have a "ready answer" when people talk to you?	YES	NO
31.	Have you ever cheated at a game?	YES	NO
32.	Is (or was) your mother a good woman?	YES	NO
33.	Do you often feel life is very dull?	YES	NO
34.	Are there several people who keep trying to avoid you?	YES	NO
35.	Have you ever wished that you were dead?	YES	NO
36.	Would you dodge paying taxes if you were sure you could never be found out?	YES	NO
37.	Do you worry too long after an embarrassing experience?	YES	NO
38.	Have you ever insisted on having your own way?	YES	NO
39.	When you catch a train do you often arrive at the last minute?	YES	NO
40.	Do you always practice what you preach?	YES	NO
41.	Are you easily hurt when people find fault with you or the work you do?	YES	NO
42.	Would you like other people to be afraid of you?	YES	NO
43.	Do you sometimes put off until tomorrow what you ought to do today?	YES	NO
44.	Do people tell you a lot of lies?	YES	NO

45.	Would you feel very sorry for an animal caught in a trap?	YES	NO
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Appendix E: Parental Authority Questionnaire

Name.....

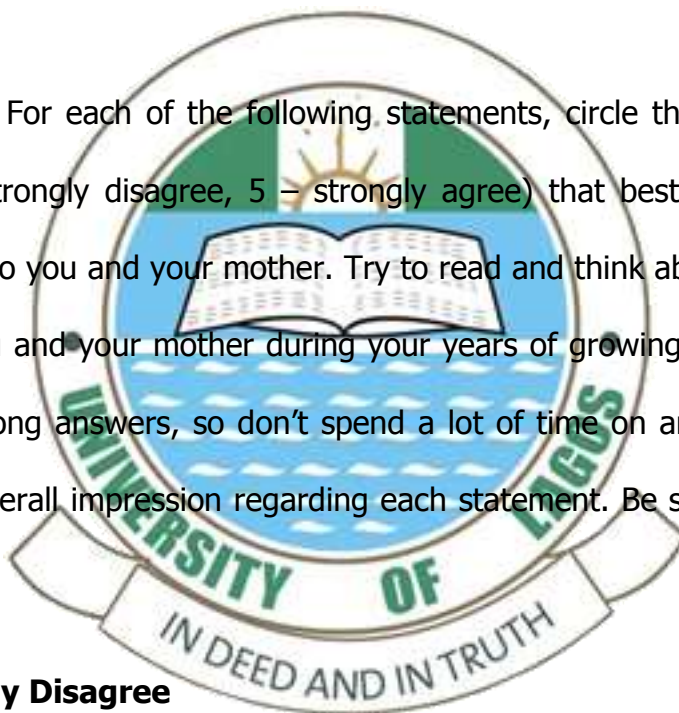
Sex.....

Occupation_____

Age.....

Date.....

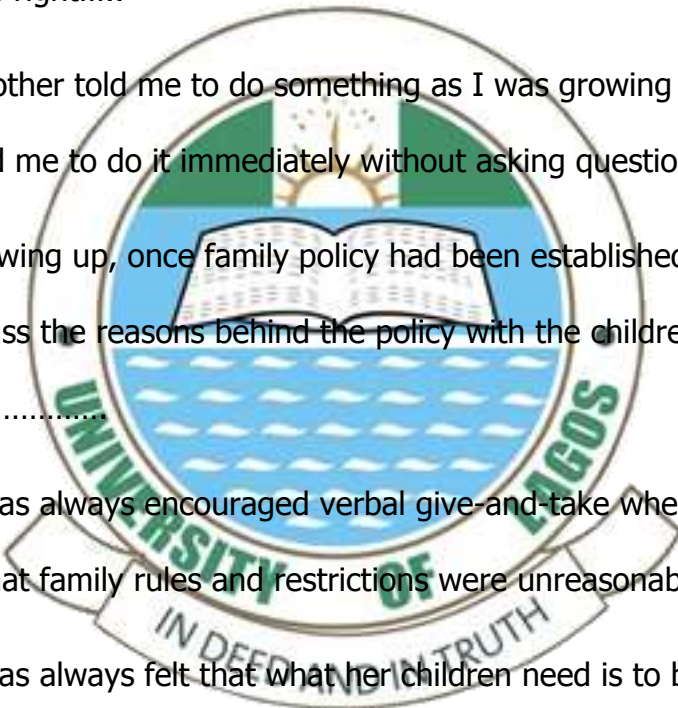
INSTRUCTIONS: For each of the following statements, circle the number of the 5-point scale (1 – strongly disagree, 5 – strongly agree) that best described how the statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on anyone item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.



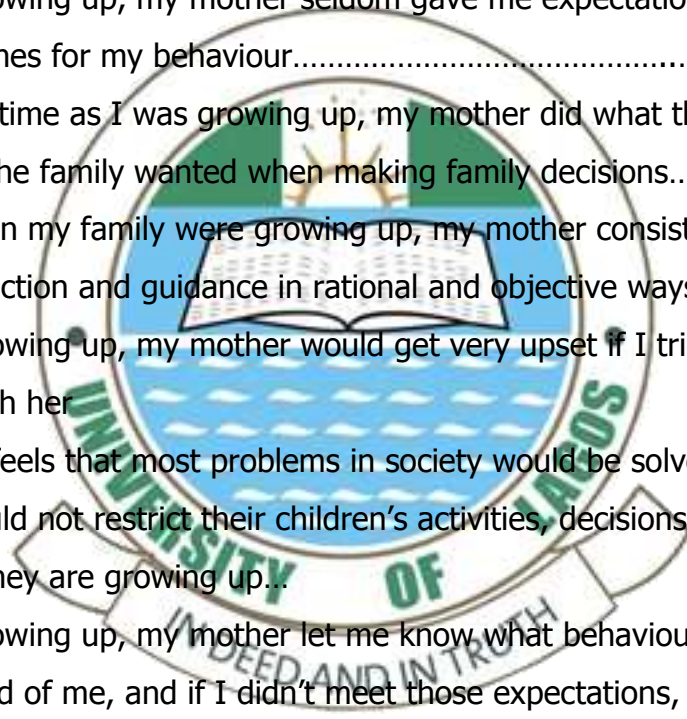
- 1 – Strongly Disagree**
- 2 – Disagree**
- 3 – Neither agree nor disagree**
- 4 – Agree**
- 5 – Strongly agree**

PLEASE REMEMBER TO ANSWER EACH QUESTION

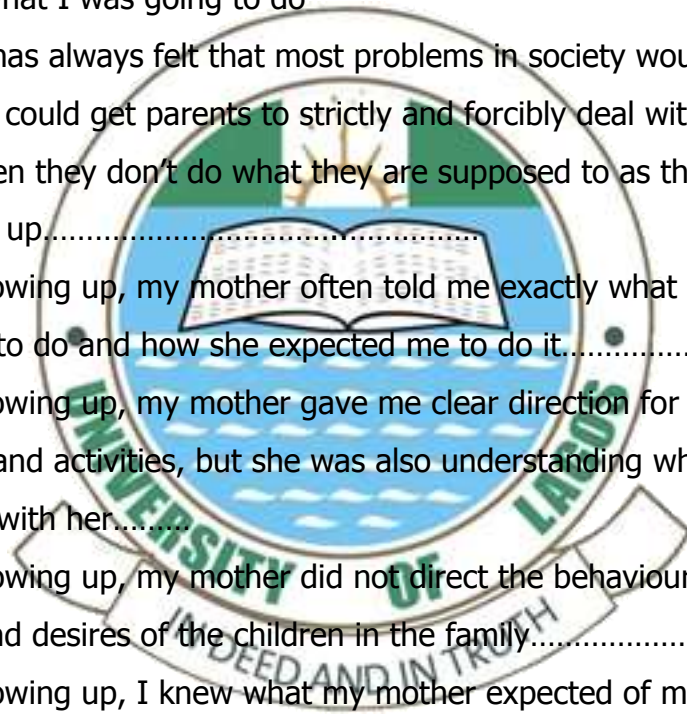
1. While I was growing up, my mother felt that in a well-run home the children should have their way in the family as often as the parents do.... .. 1 2 3 4 5
2. Even if her children did not agree with her, my mother felt that it was for our own good if we were forced to conform to what she thought was right..... 1 2 3 4 5
3. When my mother told me to do something as I was growing up, she expected me to do it immediately without asking questions 1 2 3 4 5
4. As I was growing up, once family policy had been established my mother discuss the reasons behind the policy with the children in the family..... 1 2 3 4 5
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable... 1 2 3 4 5
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do even if this does not agree with what their parents might want..... 1 2 3 4 5
7. As I was growing up, my mother did not allow me to question any decision she had made..... 1 2 3 4 5
8. As I was growing up, my mother directed the activities and decisions of the children in the family through reasoning and disciplines... 1 2 3 4 5
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are



- supposed to..... 1 2 3 4 5
10. As I was growing up, my mother did not feel that I needed to obey rules and regulations of behaviour simply because someone in authority has established them... 1 2 3 4 5
11. As I was growing up, I knew what my mother expected of me in my family but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable..... 1 2 3 4 5
12. My mother felt that wise parents should teach their children early just who is the boss in the family..... 1 2 3 4 5
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behaviour..... 1 2 3 4 5
14. Most of the time as I was growing up, my mother did what the children in the family wanted when making family decisions..... 1 2 3 4 5
15. As children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways..... 1 2 3 4 5
16. As I was growing up, my mother would get very upset if I tried to disagree with her 1 2 3 4 5
17. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions and desires as they are growing up... 1 2 3 4 5
18. As I was growing up, my mother let me know what behaviour she expected of me, and if I didn't meet those expectations, she punished me..... 1 2 3 4 5
19. As I was growing up, my mother allowed me to decide most things for myself without a lot of direction from her..... 1 2 3 4 5
20. As I was growing up, my mother took the children's opinions into consideration when making family decisions but she would not decide for something simply because the children wanted it..... 1 2 3 4 5
21. My mother did not view herself as responsible for directing and guiding my behaviour as I was growing up..... 1 2 3 4 5
22. My mother had clear standards of behaviour for the children in



- our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family 1 2 3 4 5
23. My mother gave me direction for my behaviour and activities as I was growing up and she expected me to follow her direction but she was always willing to listen to my concerns and to discuss that direction with me..... 12 3 4 5
24. As I was growing up, my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do 1 2 3 4 5
25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up..... 1 2 3 4 5
26. As I was growing up, my mother often told me exactly what she wanted me to do and how she expected me to do it..... 1 2 3 4 5
27. As I was growing up, my mother gave me clear direction for my behaviours and activities, but she was also understanding when I disagreed with her..... 1 2 3 4 5
28. As I was growing up, my mother did not direct the behaviours, activities, and desires of the children in the family..... 1 2 3 4 5
29. As I was growing up, I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority..... 1 2 3 4 5
30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and admit it if she had made a mistake... 1 2 3 4 5



Appendix F: Personal Data Questionnaire (PDQ)

PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE

QUESTIONS

SCORING CATEGORY

1 2 3 4

Name.....

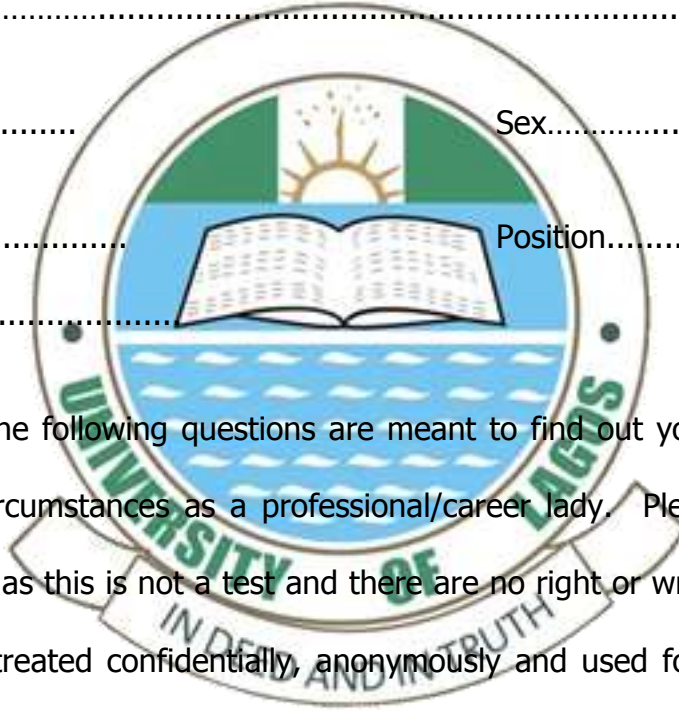
Age.....

Sex.....

Occupation.....

Position.....

Date.....



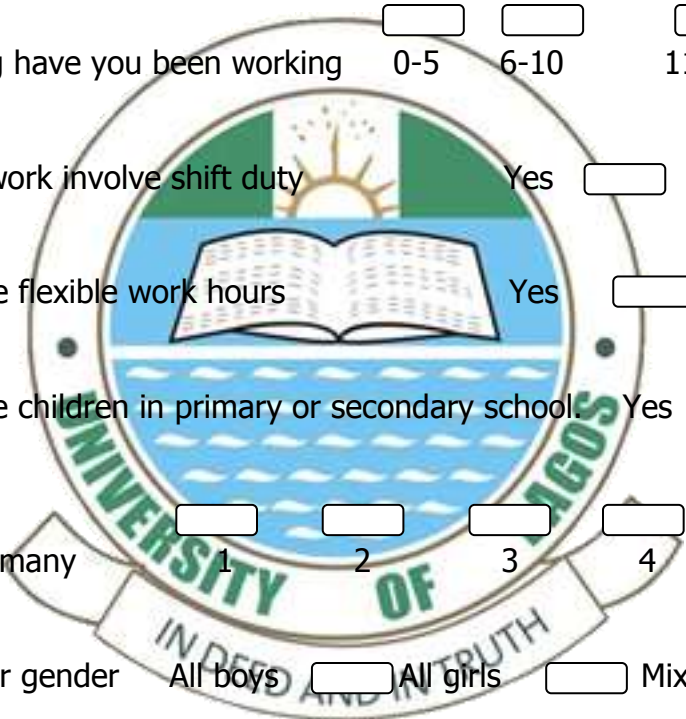
Instructions: - The following questions are meant to find out your personal, home, work and social circumstances as a professional/career lady. Please respond to the questions honestly as this is not a test and there are no right or wrong answers. Your responses will be treated confidentially, anonymously and used for research purpose only.

Thank you.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. At what age did you get married?	<20,	21-25	26-30	> 30

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. For how long have been married?	<5	6-10	11-15	>15

3. As at the time you married, have you completed your university or professional training
Yes No
4. What is your highest educational Qualification 1st Degree Post Graduate
5. Where do you work?
 Self employed Organised Private Sector Public/Civil Service Others (specify)
6. For how long have you been working 0-5 6-10 11-15. >16
7. Does your work involve shift duty Yes No
8. Do you have flexible work hours Yes No
9. Do you have children in primary or secondary school. Yes No
10. If yes, how many 1 2 3 4 above 4
11. What is their gender All boys All girls Mixed gender
12. Do you do school runs Yes No
13. What is your position/designation at work
 Top Management Middle Management Administrative



APPENDIX -J



THIS IS A PICTURE OF A TYPICAL

✓ Married Working Nursing Mother

•She has to meet up with her daily assignment as:

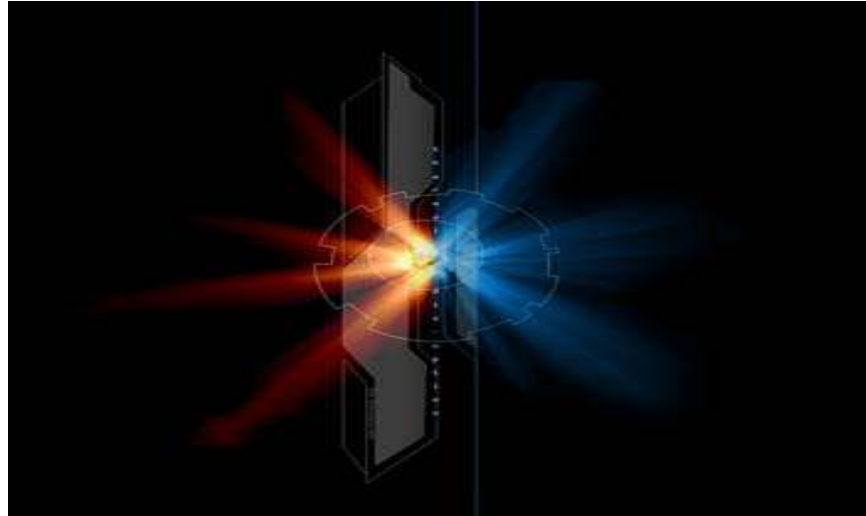
•A mother & A working-staff

- She has to cater for her children, as you can see above
- She attends to her baby,
- She is on phone with her husband
- She is at the same time looking at her pending/un-finished task at work
- While Junior is at the background requesting for his mum attention

•This is a typical daily's life of a typical MWNM



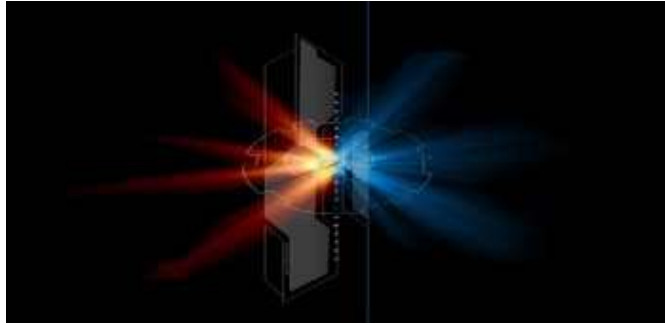
Burnout Logo



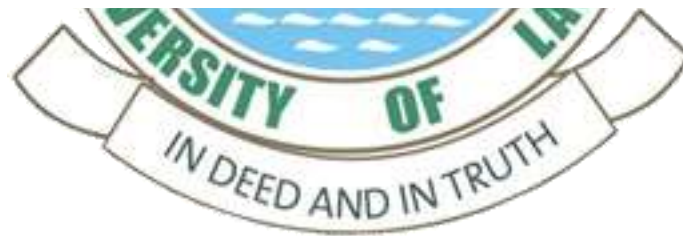
APPENDIX - G



APPENDIX - H



- This is the international **BURNOUT** logo
 - **When human demands becomes insurmountable**
 - **Friction & reversed reaction do developed**
- This is a simple law of nature
 - **“Action & Reaction must be equal and opposite”**
- **When there is un-sur-pressed stress**
 - **There is a BURNOUT!!!!!!**



LETTER OF RECOMMENDATION FROM THE DEPARTMENT TO THE FIELD

Appendix - K

**DEPARTMENT OF EDUCATIONAL FOUNDATIONS
(WITH EDUCATIONAL PSYCHOLOGY)
FACULTY OF EDUCATION
UNIVERSITY OF LAGOS, NIGERIA**

Head of Department
Prof. (Mrs.) Ayoka Mopelola Olusakin,
M.Ed; Ph.D (Ibadan) FCASSON



Tel: 2341-1- 4932660-1
Ext. 1969, 2260

16th December, 2010.


TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

This is to confirm that **AKANDE, ELIZABETH** with Matriculation No.990305005 is a Ph. D student of Guidance and Counselling. She is conducting a research on her project " **Impact of Two Counselling Strategies on prevalence of Turn-out Among Professional Married Nursing Mother In Oyo State**".

It shall be greatly appreciated if you could give her the necessary assistance based on the information above.

Thank you.


**HEAD
DEPT. OF EDUCATIONAL FOUNDATION
UNIVERSITY OF LAGOS**
Prof. (Mrs.) A.M. Olusakin