Original Article

Workplace Burnout and Psychological Health of Military Personnel in a Nigerian Barrack

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Abstract

Background: Burnout is an adverse response to job stressor with antecedents, correlates, and consequences. Well-managed burnout brings about stable mental health and increased productivity. **Aim:** This study examined the prevalence of burnout and psychological health among Nigerian military personnel in Abakpa Cantonment Enugu; and the effect of demographic variables on their mental health. **Materials and Methods:** The study was a cross-sectional analytical study carried out between July and August 2020 using a multistage sampling method. The data collection instrument was a self-administered questionnaire with three different sections – demography, abbreviated Maslach Burnout Inventory, and the general health questionnaire-12 (GHQ-12). Analytical tools were frequency distribution tables and regression analysis. **Results:** A total of 261 military personnel were studied: 80.5% were males, while 19.5% were females. The age range was 18–57 years with a mean age of 38 years ± 10 and more than half of the participants are between 28 and 42 years. Most respondents had at least secondary level of education and 63.2% had worked for <20 years. Burnout and psychological distress were both of mild degree with prevalence at 55.2% and 65.1%, respectively. Severe psychological distress was observed in males (1.9%), single (1.9%), noncommissioned (1.7%), and personnel working 10–14 h/day (4.2%). Higher status/rank is associated with less degree of burnout across subscales. Years of service were positively predictive of burnout, while age had a negative effect on burnout. Increasing levels of education predicted a reverse effect on average burnout. **Conclusion:** The burnout level in the assessed personnel was mild. This is associated with a corresponding mild psychological distress implying these personnel burnout is very well handled. Periodic and regular screening for psychological health is, therefore, advised. It will enable any deviation to be detected on time, for prompt management. This is also to ensure that only psychologically fit army officers carry out their duties.

Keywords: Burnout, Nigerian military, prevalence, psychological distress

Introduction

Burnout is an imbalance between perceptions of external demands and internal resources.[1] Freudenberger defined burnout as a state of fatigue or frustration brought about by devotion to a cause or a way of life, or relationship that failed to produce the expected reward.[2] However, a commonly used definition is that by Maslach that conceptualised burnout as a syndrome of three constructs: emotional exhaustion, depersonalisation, and personal achievement.[2-4] Emotional exhaustion refers to feelings of being overwhelmed by one's job demands.[5] Depersonalisation (also called cynicism) refers to the development of negative feelings and attitudes toward one's clients, which can lead to "blaming the victim." Finally, a reduced sense of accomplishment refers to negative reports of one's occupational efforts and associated outcomes.[5,6]

The burnout syndrome is a common health problem in those who work at the "man-man" system.[7-9] and is acknowledged in the 11th revision of the International Classification of Diseases as a factor influencing the health status of workers.[10] Of the three burnout dimensions, emotional exhaustion is the closest to the orthodox stress variables and therefore more predictive of stress-related health outcomes than the others.[3] It is the central quality of burnout and the most obvious manifestation of this syndrome.[9] Although a necessary criterion for burnout, it alone is not sufficient. If

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exhaustion were to be the only issue, burnout would mean nothing more than just chronic fatigue.[3] Burnout develops, not because exposure to workplace stressors has suddenly increased, but rather because an individual's ability to cope with chronic occupational stressors has eroded over time.[11] Each individual's cognitive appraisal, i.e., their opinions and interpretations, gives meaning to events and determines whether events are regarded as threatening or positive.[4,12]

Reports of burnout feelings dated back in the Old Testament and Shakespeare's writings.[13] Maslach and Leiter reported it was initially identified within North America.[3] Sobel narrated it among soldiers in 1947 but failed to publish his work and referred to it then as "the old sergeant syndrome."[11] This is because, in many respects, old sergeant syndrome is similar to the phenomenon of burnout. However, the term has since evolved in the civilian literature.[11] Firth *et al*. described it as a recent term,[14] and with other researchers attributed the first published work on burnout to Freudenberger in 1974[4,5,13] which he carried out among some human service workers in health care agencies,[5] workers in community settings as well as institutional settings.[14] Since Freudenberger's description of burnout, numerous accounts have appeared describing a similar syndrome among individuals in a variety of occupations, including nurses, physicians, emergency medical technicians, mental health workers, social service workers, police officers, teachers, and employees of a commercial manufacturing firm.[11] Recently, Maslach, a social psychologist, in 1981[5] and 1996 examined burnout.[13]

The presence of burnout in the military jeopardises attainment of the military mission by stifling initiative and impairing performance. It also poses a threat to military performance in noncombat as well as combat situations and jeopardises the attainment of the peacetime mission of preparing military personnel for combat. It is comparable to chronic combat stress reaction in that it is a state of dissociation/shutting down that occurs as a result of chronic exposure to stressors.[11] However, the burnout in the military has been controversial. Some scholars believe it is huge considering the significant expansion in their duties in recent years, with the addition of multiple new responsibilities and tasks such as assisting natural disaster victims; delivering humanitarian aid; peacekeeping; nation-building, the regulation and movement of people and goods in and out of a country.[15] In Nigeria, the terrorist activities of the Boko Haram sect and other militant groups have been challenging, contributing to the growing incidence of stress, and distress on the Nigerian Army in particular,[16] and the Nigerian police system.[17]

However, contradicting reports show that the burnout level in the military is the same as in many other workplace environments: workload stressors (workplace, job demands, conditions), time and relationship stressors (control, supervision, long working hours, shift work), and role-related stressors, etc., are comparable to the military environment.[12,15] In addition, given the estimate that 10%–40% of civilian working populations report suffering from serious job stress possibly suggests this is likely an issue in all work environments[18] including the military. Furthermore, a study done on the civilian population has shown that mental health-care utilisation and overall mental health status in military personnel is similar to that of the civilian including the fact that only 19% of military personnel with significant mental health problems seek treatment.[18]

Most of the research on burnout syndrome has been conducted in developed countries.[19,20] Among the developed countries, burnout is most common in the UK, USA, and Spain in that order with the UK being the highest.[21] A Deloitte study on workplace health in the US suggests that more than three-fourth of millennials have experienced burnout in their current job.[21] Ballenger-Browning *et al*., in the research conducted with the Maslach Burnout Inventory (MBI), the military mental health providers that comprised both civilian and active-duty personnel displayed a high level of burnout across the subscales.[22] Adler *et al*. studying US military medical personnel deployed to Afghanistan using the Human Services Survey version of the abbreviated MBI (aMBI) noted overall 33.3% scored high on at least one of the two subscales.[23] This is quite close to the prevalence of a study in Pakistan using the same aMBI that revealed 33.8% of doctors experiencing burnout[24] but differs from that done in Singapore which showed that 62.1% of anesthesiology resident doctors had burnout.[25] In Tunisia, the prevalence of burnout was 80% among military consultants in psychiatry.[26] This is similar to the 80% prevalence of burnout obtained among Kenya Law Enforcement Officers.[27]

In Nigeria, there is little or no work on military burnout prevalence. However, published article on burnout prevalence is available for other human service providers. Burnout prevalence across the two subscales in South–Western Nigeria nurses though high (EE = 39.1%, DP = 29.2%)[28] were lower when compared to findings from other studies that also used MBI. For instance, Medical laboratory scientists were extremely burned out across scales (EE = 65%, DP = 64%), followed by nurses (EE = 52%, DP = 54%).[19] Doctors were third in position in the study and had burnout levels closer to what was obtained from health-care workers in south-eastern Nigeria (EE = 40%, DP = 38%).[19] When Okwaraji and Aguwa surveyed some nurses using MBI, high level of burnout was also recorded (EE = 42.9%, DP = 47.6%) as well.[29] On the contrary, using the Freudenberger Burnout Scale Aguwa *et al*. documented low levels of burnout among health workers and bankers in a local government area of southeast Nigeria with majority of 75.5% without burnout, while 1.5% experienced burnout.[30]

The manifestations of burnout can be serious and pervasive for consumers and professionals with debilitating effects both on these professionals and the recipients of their services.[3,5] Burnout can lead to a deterioration in the quality[5,11] and

quantity of the product[11] or services provided by the helping professional[5] or organisation, with low motivation and morale, decrease in performance, high turnover, sick leave, accidents, low job satisfaction, poor internal communication, intention to leave the job, and conflicts prevalent within such organisation.[3]

There is a deterioration of mental health for the advancing phase of burnout. In the South Eastern United State police burnout was associated with an accelerating deficiency in human attitudes and behaviour.[31] Similar findings were recorded in other regions. Dutch police officers exhibited violent behaviour when burnt out, especially more among male folks.[32] Furthermore, in Israel, there was a positive correlation between stress, burnout, and psychological symptom among the police officers that were examined. Burnout was found to be more highly related than stress level to physical and psychological symptoms, willingness to stay on the police force, job satisfaction, atmosphere in the unit and the police force, performance level, and job importance.[33]

Since there are limited data on the prevalence of burnout and psychological health among the Nigerian military, the main aim of this study was to provide this information and suggest recommendations to reduce it.

Materials and Methods

Study area

Eighty-two Division Nigerian Army Abakpa cantonment and headquarter is located in Enugu, about 2.8 km (10 min) to Abakpa Nike Enugu, hence the name Abakpa cantonment and was established in 1975. Abakpa is a large town located in the neighbourhood of Enugu city, and a commercial small settlement near highway 343 with a few large commercial markets and great farmer's shop.

Study design

It was a community-based cross-sectional analytical study that was carried out between July and August 2020 among 82 division Nigerian Army personnel residing in Abakpa cantonment Enugu metropolis.

Sampling method

The barrack has an estimated number of 2000 personnel and is one of the many cantonments under 82 division command, and oversees the security of southeast and South-south states such as Rivers, Enugu, Cross-River, Imo, etc. The minimum sample size required for the present study was calculated as 244 based on the prevalence study obtained from Pflanz and Ogle.[18] Multistage sampling method was used. In the first stage, participants were stratified based on their sex into 210 males and 51 females. In the second stage, participants were stratified based on their units. Proportionate sample size was then allocated to each unit. Finally, in each unit, the simple random method by balloting was used to select each respondent. The confidence level was 95% ($P \leq 0.05$).

Inclusion/exclusion criteria

The participants included in the study were active-duty soldiers and officers who did not partake in war in the past 1 month. Military personnel of less than one year in service were excluded.

Ethical approval

Approval for this study was obtained from the University of Nigeria Teaching Hospital Research Ethics Committee. Approval was given by the General Officer Commanding 82 division, and verbal informed consent was obtained from the respondents. The questionnaire was pretested in another military battalion in Enugu.

Study instrument

The survey was done using a self-administered questionnaire subdivided into three parts: demography, burnout prevalence, and psychological distress. The demographic part consisted of the age, marital status, rank, years of service, level of education, etc., and was self-developed. The second part assessed the degree of burnout and contains the aMBI which is a validated tool used by many other researchers.[34] The aMBI is closely related to and can easily substitute the MBI-Human Service Survey (HSS).[25] It has 3 facets – emotional exhaustion, depersonalisation, and personal accomplishment like the 22-item MBI but unlike it, has a total of 9 items, i.e., 3 per subsection.[34]

The third part consists of the General Health Questionnaire short version (GHQ-12) for the evaluation of mental health.[35,36] Likert scale responses for the burnout ranged from zero to 6 representing never, a few times a year, once a month or less, a few times a month, once a week, a few times a week, every day, respectively. General health questionnaire responses were less than usual (scored as zero), usually, more than usual, and much more than usual (scored as three). The total score on the scale is the average of the scores on the items. The higher the score the more the severity except the personal achievement facet of burnout where the reverse rule applied, i.e., the higher the accomplishment the lesser the burnout.

Data analysis

IBM SPSS Statistics 25.0 software was used. Frequency tables were used for demographic variables, the prevalence of burnout, and the relationship between sociodemographic variables and burnout. Regression analysis was performed to determine the predictors of burnout and psychological health.

Results

Demographic variables

A total of 261 personnel participated in the survey. Out of these, 210 (80.5%) were males and 51 (19.5%) were females. The age range was 18–57 years with a mean age of 38 years ± 10. Most of them belonged to the 28–32 years age group (58, 22.2%). Personnel at both extremes of age groups were the least in number: 18–22 years (10, 3.8%) and (19, 7.4%) for 53–57 years. Most were married (205,

78.5%), and completed tertiary education (138, 52.9%). The proportion of the commissioned (28, 10.7%) was less than the noncommissioned (233, 89.3%). Participants, 55 (21.1%), have worked for 5–9 years, 44 (16.9%) for 15–19 years, while 26 (10%) have been in service for less than five years. Distribution by working hours [Table 1] revealed the equal number of respondents who worked 5–9 h (99, 37.9%) and 20–24 h (99, 37.9%).

The prevalence of burnout is 55.2% and of mild degree [Table 2]. Similarly, psychological distress is 65.1% and also mild degree [Table 3]. The sociodemographic relationship with psychological health was mainly mild, though, not statistically significant. More males than females (1.9% and 0%, respectively), single than married (1.9% and 1.5%, respectively) and noncommissioned than commission (1.7% and 0%, respectively) were severely psychologically distressed. Working 10 – 14 hour per day caused more mental distress than other working periods; 4.2% and 1% respectively [Table 4]. Regression analysis shows marital status, years of service and working hours are predictors of burnout and psychological health. On the other hand age, gender and level of education as not [Table 5].

Study limitations

This research was carried out only on Nigerian military personnel of 82 Division in Abakpa cantonment in Enugu metropolis. Hence, findings cannot be generalised for all military cantonments in Nigeria.

The study used only questionnaire based. This makes it limited in information. A mixed research method involving both qualitative and quantitative approaches would have provided more information. However, the tools used were validated and have been severally used by other authors to obtain stress, and burnout.

Discussion

A mild degree of burnout was demonstrated by the Nigerian army personnel in Abakpa cantonment in two subscales with prevalence slightly more than half [Table 2]. Only 5% had severe burnout. This mild degree of burnout agrees with the findings of Aguwa *et al*. in a study among bankers and health workers which showed mild or no burnout in the majority of respondents. This is even though in that study different burnout scale-Freudenberger scale was used.[30] This may imply that these military staff have high absorbing power that their work stress is not enough to cause significant burnout. It may also mean that they have learned to manage the stress over time which prevented burnout, considering burnout occurs when stress remains chronically unmanaged.[19] Other studies done in different parts of Nigeria all reported high levels of burnout across the dimensions contrary to this research findings. One of such studies is that by Lasebikan and Oyetunde who noted a high level of burnout in two subsets of emotional exhaustion and depersonalisation among nurses in a general hospital in South-Western Nigeria that participated in the study.[28] Ibikunle *et al*., also in South-Western Nigeria, studied different groups of health workers which included doctors, nurses, physiotherapists, radiographers, and medical laboratory scientists. In their study, all participants had high grades of burnout, but some staff had more burnout than the

Table 1: Distribution based on demographic variables

Variable	Frequency (*n*=261), *n* (%)
Age range (years)	
18-27	36 (13.8)
28-37	98 (37.6)
38-47	75 (28.7)
48-57	52 (19.9)
Sex distribution	
Male	210 (80.5)
Female	51 (19.5)
Marital status	
Single	52 (19.9)
Married	205 (78.5)
Separated	2 (0.8)
Divorced	2 (0.8)
Level of formal education completed	
None	1 (0.4)
Primary	3 (1.1)
Secondary	119 (45.6)
Tertiary	138 (52.9)
Status	
Commissioned	28 (10.7)
Noncommissioned	233 (89.3)
Years of service in the military barracks	
1-4	26 (10.0)
5-9	55 (21.1)
10-14	40 (15.3)
15-19	44 (16.9)
20-24	33 (12.6)
25-29	27 (10.3)
30-34	36 (13.8)
Working hours	
5-9	99 (37.9)
10-14	47 (18.0)
15-19	16 (6.1)
20-24	99 (37.9)

Table 2: Prevalence of burnout among military men of Abakpa cantonment, Enugu

Burnout	PA, *n* (%)	DP, *n* (%)	EE, *n* (%)	Overall burnout (EE + DP), *n* (%)
No/mild burnout	89 (34.1)	184 (70.5)	109 (41.8)	144 (55.2)
Moderate burnout	121 (46.4)	60 (23.0)	109 (41.8)	104 (39.8)
Severe burnout	51 (19.5)	17 (6.5)	43 (16.4)	13 (5.0)

PA: Personal accomplishment, DP: Depersonalisation, EE: Emotional exhaustion

others with the doctors demonstrating the highest level of burnout and the medical laboratory scientists with the least burnout.[19] In South-Eastern Nigeria studying another set of nurses, Okwaraji and Aguwa identified high levels of burnout across the three facets among the participants.[29] Ballenger-Browning *et al*., found a high level of burnout across the subscales, using participants that comprised civilian and military personnel.[22] These studies, though were carried out with a complete MBI which comprises 22 items, as against 9 items assessed in this study, the researchers opine that the differences could be due to other factors other than the tools because aMBI and the MBI-HSS are strongly correlated and one can substitute one for the other.[37]

Comparing the prevalence of burnout obtained in the present study with other previous studies that also used aMBI, burnout prevalence of 33.8% and 62% were recorded in Pakistan[24] and 62% in Singapore,[25] respectively. These findings are dissimilar to the findings of the present study. Furthermore, contrary to Adler *et al*. finding where 33.3% of U. S. military medical personnel scored high on at least one of the subscales,[23] only 16.4% showed similar results in this study. The result, on the other hand, is explainable considering the wide variety of prevalence across publications even with the same assessment tool.

Table 3: General psychological health

General mental assessment	Frequency (%)
No/mild general mental disorder (0-12)	170 (65.1)
Moderate mental disorder (13-25)	87 (33.3)
Severe mental disorder (>25)	4 (1.6)

General psychological health of most army personnel was normal; suggesting that they were in control of their feelings and emotions [Table 3]. This may be due to the low degree of burnout observed in the present study and further corroborates the observation that burnout is associated with physical and psychological symptoms[33] and mental health deterioration occurs when the severity/degree of burnout increases.[31] Regardless of the differences in the working hours assigned to them, their general mental health remained normal/mild for the majority of respondents. More females than males displayed stable psychological states which may indicate that females coped better than males [Table 4] probably because women are known to be more open with their emotions than men. Their openness could be a way of venting their stress. The marital status showed no significant difference in burnout prevalence. Among the noncommissioned (soldiers), are both the more stable and severely mentally distressed. This may be because commissioned personnel (officers) are advantaged mentally with none severely distressed psychologically among them probably because they have better social amenities when compared to noncommissioned personnel.

The age, gender, and level of education were not predictive of burnout and psychological distress whereas the marital status, years of service, and working hours were positive predictors. In Poland, burnout, especially the exhaustion subscale was found to be predictive of depression and neuroticism while anxiety was not related to either exhaustion or depersonalisation.[38] Findings from uniformed and civilian United State Air Force remote warriors support that burnout is associated with the thought of suicide and also emotional exhaustion has the strongest association.[6] Among US personnel, depression was observed at least two-fold higher in women than men.[39]

Table 4: Sociodemographic variables and general psychological health

Sociodemographic variable	General psychological health, frequency (%)			Total, frequency (%)
	Mild (0-12)	Moderate (13-25)	Severe (>25)	
Gender				
Male	131 (62.4)	75 (35.7)	4 (1.9)	210 (100.0)
Female	39 (76.5)	12 (23.5)	0 (0.0)	51 (100.0)
Likelihood-ratio χ^2; *P*		4.929; 0.085		
Marital status				
Single	34 (66.7)	16 (31.4)	1 (1.9)	51 (100.0)
Married	135 (65.5)	68 (33.0)	3 (1.5)	206 (100.0)
Separated/divorced	1 (25.0)	3 (75.0)	0 (0.0)	4 (100.0)
Likelihood-ratio χ^2; *P*		3.291; 0.541		
Work status/rank				
Commissioned	16 (57.1)	12 (42.9)	0 (0.0)	28 (100.0)
Noncommissioned	154 (66.1)	75 (32.2)	4 (1.7)	233 (100.0)
Likelihood-ratio χ^2; *P*		1.642; 0.440		
Working hours				
5-9	66 (66.7)	32 (32.3)	1 (1.0)	99 (100.0)
10-14	35 (74.5)	10 (21.3)	2 (4.2)	47 (100.0)
15-19	12 (75.0)	4 (25.0)	0 (0.0)	16 (100.0)
20-24	57 (57.6)	41 (41.4)	1 (1.0)	99 (100.0)
Likelihood-ratio χ^2; *P*		8.735; 0.189		

Table 5: Linear regression of independent variables and dependent variables (burnout/general psychological health)

Variables	Regression coefficient (*B*)	
	Burnout (DP + EE)	General psychological health
Constant	17.840	15.415
Age	−0.163	−0.214
Gender	−0.081	−0.097
Marital status	0.017	0.149
Years of service	0.014	0.114
Working hours	0.106	0.088
Status (rank)	0.018	−0.065
Level of education	−0.064	−0.039

DP: Depersonalisation, EE: Emotional exhaustion

In Norway, police officers who were burnt out reported more suicidal ideation and married police officers indicated less suicidal ideation than did officers who were single.[40] Serbian army forces, who showed an increase in burnout scores also showed high anxiety indicating a correlation between the two.[41]

Conclusion

The burnout level as well as the psychological distress among the Nigerian military personnel during relative peace time were mild. It then suggests that mild burnout causes mild psychological distress and as such, both may be connected.

Recommendation

Stress management programs should be encouraged this is because mild burnout if ignored could worsen to a higher degree and subsequently lead to severe psychological impairment.

Periodic and regular screening for psychological health is also advised. This will enable any distress to be detected on time, for prompt management. It will give army personnel a sense of belonging and being taken care of by their management and the government. This is also to ensure that only psychologically fit army officers carry out their duties.

Further research involving a larger population, mixed research method and using the complete (22 items) MBI stress scale will provide more detailed and generalisable results.

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Conflicts of interest

There are no conflicts of interest.

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