

# Predictors of Mental Health and Job Burnout of Secondary School Teachers in Owerri Education Zone I, Imo State Nigeria

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doi:10.56397/RAE.2024.04.01

## Abstract

**Aim of the Study:** The study examined the predictor of mental health and job burnout of secondary school teachers in Owerri Education Zone I, Imo State Nigeria. **Design/Methodology:** 312 teachers from six government-owned secondary schools, participated in this cross-sectional survey study. Along with information on demographics, health-related behaviours, and resilience, the survey tools included the anxiety, stress and depression scale and burnout inventory for educators survey via hierarchical multiple regression analyses and descriptive statistics. **Findings:** Descriptive statistics were used in the study, and the findings indicated that 10.0% of teachers experienced severe anxiety, 7.3% had severe or extremely severe stress, and 4.3% had severe depression. According to the findings of the study on teacher burnout using hierarchical multiple regression analyses, emotional exhaustion was significantly predicted by age, marital status, family economic status, frequency of exercise, drinking, and resilience; depersonalisation was significantly predicted by drinking, and personal accomplishment was significantly predicted by resilience. The results of the hierarchical multiple regression analyses for the mental health of teachers also showed that age, family economic status, resilience, and exercise frequency were significant predictors of depression; gender, marital status, resilience, and sleep were significant predictors of stress; and marital status, family economic status, exercise frequency, smoking, and resilience were significant predictors of anxiety. **Practical Implications:** In order to help teachers better grasp the benefits of exercise and sleep for their mental health, schools should collaborate with nearby mental health centres to offer programmes that may be attended in person or virtually in enhancing mental well-being and lowering teacher burnout. **Originality/value:** This study is the first in Imo State, Nigeria to offer a thorough Teacher Wellness Programme in addition to offering a thorough analysis of teachers' mental health and burnout. This study offers personal and professional development tools that public health professionals and school administrators can use to improve mental health and reduce teacher burnout.

**Keywords:** depression, anxiety, stress, resilience, depersonalization, emotional exhaustion, personal accomplishment

## 1. Introduction

Because teaching involves some occupational risk factors, teaching has an effect on educators' health. Teachers and educators are required to manage these health-related effects and obstacles since society depends on them to work at a high level of productivity. These stresses include, but are not limited to, an excessive workload, role uncertainty, a dearth of social support at work, and challenges with classroom management (Alarcon, 2011). Because of these factors, teaching is linked to high rates of burnout and occupational stress (Garrick et al., 2014). Maslach and Jackson, as cited in Sergio and Natalio (2017), state that there are three symptoms that indicate burnout: (1) Emotional Exhaustion (EE), which is defined as the sensation of being overextended both physically

and emotionally; (2) Depersonalization (DP), which is characterized as a detached demeanor toward students; and (3) a lack of self-assurance and a sense of personal accomplishment (PAC). Burnout has been linked in the teaching profession to decreased job satisfaction, intention to quit, and higher absenteeism (Skaalvik & Skaalvik, 2009).

Egwurugwu, Ohamaeme, Ugwuezumba, Dike, and Eberendu (2018) reference Salovey and Mayer as saying that burnout is linked to emotional intelligence since it impacts teachers, particularly those in technical institutions. The concept of emotional intelligence (EI) encompasses various aspects, including our capacity to recognize, track, manage, and use emotions. To increase and grow emotional intelligence, one must possess the following skills: cognition, perception, emotion expression, emotional facilitation, understanding emotion, management, and regulation of emotion (Mayer, Caruso & Salovey, 1999). Currently, it is evident that most conceptualizations of this construct focus on one or more of the following fundamental elements: (a) the capacity for emotion awareness and expression; (b) the capacity for perceiving others' emotions; (c) the capacity for emotion regulation and management; (d) the capacity for adaptable and realistic situational response; and (e) the capacity for positive affect generation in order to be sufficiently self-motivated to achieve personal goals (Bar-On, Tranel, Denburg, & Bechara, 2003).

When educators decide to continue even if they are exhausted, the quality of instruction declines (MooreJohnson, 2006). The majority of teachers have high expectations when they first start their careers and are ill-prepared for the stressful situations that arise along with a dearth of assistance and an excessive workload. Teachers who are burned out begin to doubt their capacity to change things. They might downplay their contribution, give up on their beliefs, behave distantly or icily toward others, and consider their work to be tedious (Friedman, 2000). Emotional intelligence; sometimes referred to as social competence or social emotional abilities, may be able to reduce stress before it leads to burnout. As per King's citation in Thornqvist (2011), the stress that educators face on a daily basis has increased due to recent educational reforms and societal shifts. The majority of modern educators have not been instructed in stress and anxiety relief approaches. There hasn't been much written regarding the relationship between emotional intelligence (EI) and teacher burnout, despite the fact that burnout in teachers has been studied in the past and emotional intelligence has been studied in and of itself among other populations.

Due to the long-term effects of strain from repeated exposure to stressful situations, there is general consensus that burnout syndrome is a poor work-related consequence (Vipene & Okirigwe, 2021). Additionally, burnout is defined as experiencing emotional exhaustion, which is marked by psychological and physical exhaustion in three distinct social contexts: one's personal life, one's place of employment, and one's interaction with clients (Travers, 2017). Further confirmation was provided by Leder, Bakker, and Maslach (2014), who found that female teachers are more susceptible to burnout than male teachers and that years of experience positively correlate with burnout risk (greater risk of burnout among less experienced teachers). Instructors that possess higher emotional competences are better able to manage the emotional strain and load and understand their responses to stressors (Pishghadam & Sahebjam, 2012).

## **2. Teachers' Mental Health**

Globally, a multitude of professional stressors, such as an overwhelming workload, long hours, large class sizes, inadequate preparation, inappropriate working conditions, role conflict, and a lack of resources, have a substantial impact on teachers' mental health. The psychological well-being of educators worldwide is impacted by these pressures (Gray, Wilcox & Nordstokke, 2017; Soria-Saucedo, Lopez-Ridaura, Lajous, M. & Wirtz, 2018). Because they have to prepare lectures and grade papers, educators frequently work extra hours. Low job satisfaction among teachers has been proven to be a predictor of major depressive disorder. High levels of stress and low job satisfaction are linked to occupational stressors like work overload and low compensation (Besse, Howard, Gonzalez & Howard, 2015).

According to a Brazilian study on primary school teachers, those who put in greater hours also had worse mental health, including depression, anxiety, and sleep issues (Vipene & Okirigwe, 2021). The conditions and atmosphere at work affect teachers' psychological health as well as their capacity to carry out their jobs effectively. Low levels of attention, concentration, and memory were caused by sleep disorders and poor sleep, which were linked to depression and reduced cognition (Bhattacharjee, 2015). These factors also resulted in subpar personal and professional accomplishments. Due to their inability to foster a positive learning environment in the classroom, teachers with depressive illnesses have contributed to a culture in which pupils lack motivation and are unable to pick up new abilities (Ouellette, Frazier, Shernoff, Cappella, Mehta & Martinez-Lora, 2018).

Teachers under stress had greater rates of stress-related absences from work, early retirement, and increased turnover in the field (Soyama, 2014). The well-being of teachers was found to be positively correlated with that of students and negatively correlated with psychological distress in a study involving eighth-grade students and

their corresponding eighth-grade teachers (Harding, Morris, Gunnell, Ford, Hollingworth, Tilling, Evans, Bell, Grey, Brockman, Campbell, Araya, Murphy & Kidger, 2019). Moreover, research has shown that favorable student-teacher connections are linked to both increased student welfare and decreased psychological discomfort (Harding et al, 2019).

### 3. Burnout Among Teachers

The profession of teaching has the capacity to cause a wide range of inter-personal challenges because of its social setting. Teacher burnout and mental health problems may be caused by poor interactions with parents, students, and coworkers (Bernotaite & Malinauskiene, 2017). Role ambiguity and conflict also contribute to emotional tiredness and burnout. Teachers have a dual responsibility to act as their students' parents, nurses, and social workers. They frequently feel that they are not doing enough to fulfill these duties, which increases psychiatric symptoms, burnout, and emotional tiredness (Ekornes, 2017). According to Bianchi, Schonfeld, and Laurent (2014), there is a strong correlation between the frequency of depression and teacher burnout. Anxiety, depression, stress, physical exhaustion, and cognitive weariness are strongly positively correlated with emotional depletion and depersonalization. Furthermore, research has indicated a negative association between emotional weariness, depersonalization, and sadness and personal accomplishment self-esteem and self-efficacy (Bayani & Bagheri, 2020; Capone & Petrillo, 2020). The elevated levels of exhaustion that affect people's mental health as well as instructors' capacity to carry out their professional responsibilities successfully could account for the high levels of inefficacy (Vladut & Kallay, 2011).

The study's particular aim was to investigate the factors that predict secondary school teachers' mental health and job burnout in Owerri Education Zone I, Imo State, Nigeria, and specifically to:

- 1) Determine if participants' demographics (gender, age, family economic status & marital status), health behavior (sleep hours/day, drinking, exercise frequency & smoking) and resilience are predictors of teacher burnout (depersonalization, personal accomplishment & emotional exhaustion);
- 2) Ascertain if teachers' demographics (gender, age, family economic status & marital status), health behavior (sleep hours/day, drinking, exercise frequency & smoking) and resilience are factors of teacher mental health (depression, anxiety & stress).

### 4. Review of Literature

Maddock (2023) investigated the connections among social workers' mental health, burnout, and stress. Using bivariate and multiple regression models, the cross-sectional study sought to determine the rates and correlates of stress, burnout, anxiety, depression, and mental well-being among 121 social workers. The survey found that a substantial portion of social workers experienced moderate to severe issues related to their mental health, anxiety, and depression. The study indicated that among social workers, perceived stress was frequently associated with mental health problems such as anxiety, depression, and mental health issues. Personal success was revealed to be a potential protective factor against depression and for positive mental well-being, but emotional tiredness was shown to be a potential risk factor for anxiety. The study offered encouraging early evidence that social workers with anxiety, depression, and mental health problems would probably see improvements in their mental health and productivity at work if they received assistance in lowering stress and emotional tiredness levels and raising feelings of personal achievement.

In order to gain a deeper understanding of the factors influencing the mental health and burnout of secondary, kindergarten, and primary school teachers in Thailand, Ratanasiripong et al. (2022) developed a thorough intervention strategy. A survey study with a cross-sectional design was carried out with 267 Thai public school teachers. The survey contained information on relationships, resilience, health habits, money, professional employment, and demographics in addition to the Maslach burnout checklist for educators and the depression, anxiety, and stress scale. The results of the study showed that resilience, gender and sleep were significant predictors of stress and anxiety; resilience, quality of relationships, and family economic status were significant predictors of depression; and resilience, classroom size, and resilience were significantly correlated with family economic status and resilience. Once again, the results demonstrated that drinking and association quality were substantial predictors of depersonalisation, that emotional tiredness was significantly predicted by age and connection quality, and that personal accomplishment was significantly predicted by resilience and the quantity of teaching hours. In order to enhance mental health and lessen teacher burnout, the study suggested professional and personal development strategies for school administrators and public health specialists to implement.

Ajibade, Ajao, Amoo, and Adediran (2020) evaluated how a sample of Owode-Ede, a rural community in Osun State, Nigeria, felt about the perceived consequences of the economic crisis on their mental health and coping mechanisms. A multistage sampling strategy was employed to pick 359 respondents from the study setting. Data were gathered using a validated structured questionnaire that was self-administered. The research questions

guided the division of the questionnaire into distinct sections. The majority of respondents (93.3%) attributed the economic meltdown to government corruption, whereas the majority (78.3%) understood it to mean a shortage or non-availability of resources. Common mental health repercussions of the meltdown on them included occasional drug usage (40.1%), feeling depressed and losing interest in routine tasks (29.2%). The key coping strategies used by these rural dwellers included borrowing from friends and family (46.5%), learning new skills (42.6%), cutting back on daily meals (41.2%), and running small companies (37.3%). The respondents had a good degree of understanding on the idea of mental health. The majority of them also showed a solid grasp of the economic crisis, which they attributed to government corruption.

### 5. Materials and Methods/Research Methodology

Six government-owned secondary schools in Owerri Education Zone I, Imo State, Nigeria, were included in this cross-sectional study. A paper-based questionnaire was given to every teacher at every school. This study did not involve school administrators. The anonymous survey took about sixteen minutes to complete by teachers who consented to volunteer for this study. In addition to questions about participant demographics (gender, age, family economic status & marital status) and health behaviours (sleep hours/day, drinking, exercise frequency & smoking), three instruments on resilience, burnout, and mental health were included in each survey.

The population of this study consists of two thousand, five hundred and six (2506) school teachers according to records and statistics, ministry of Education, Owerri. The  $n$  (size of sample) was obtained using TaroYamane formula as demonstrated below:

$$n = \frac{N}{1 + N \times e^2}$$

Where:  $N \rightarrow$  Size of the Population (2506)

$e$  = Allowable errors (0.05)

$$\text{There: } n = \frac{2506}{1 + 2506(0.05)^2}$$

$$n = \frac{2506}{1 + 2506(0.0025)} = \frac{2506}{1 + 6.265} = \frac{2506}{7.265} = 344.9415$$

Approximately,  $n = 345$  (to the nearest whole number).

Teachers' mental health, specifically their levels of anxiety, depression and stress was evaluated using the anxiety, depression and stress scale — Owerri Education Zone I Version (DASS) (Ratanasiripong et al., 2022). There were 21 items on this scale, with 7 items each subscale. More symptoms were indicated by higher ratings. For depression, anxiety, and stress, the study's Cronbach's alpha values were 0.87, 0.82, and 0.79, respectively. The Owerri Education Zone I Version (BIES) of the Burnout Inventory for Educators Survey (Maslach as quoted by Ratanasiripong et al., 2022) was used to measure the personal accomplishment, depersonalization and emotional exhaustion levels of teachers. Participants on this scale scored 22 things on a range of 0 (never) to 6 (every day). Nine measures measuring emotional tiredness assessed sensations of emotional overstretching and exhaustion. Depersonalisation (5 items) assessed impersonal responses and a lack of feelings. Eight questions measuring personal accomplishment gauged perceptions of competence and success. The Cronbach's alpha values in this study were 0.82, 0.88 and 0.91 for personal accomplishment, depersonalization and emotional exhaustion respectively. Teachers' resilience was assessed using the Owerri Education Zone I Version (RC) of the Resilience Scale (Connor-Davidson as mentioned by Ratanasiripong et al., 2022). A greater degree of resilience was indicated by a higher score.

### 6. Results & Discussion

Table 1. Demographic Characteristics and Health Behaviour of the Participants of the Study ( $n = 312$ )

| Variables               | Frequency | Percent | Valid Percent |
|-------------------------|-----------|---------|---------------|
| <b>Gender</b>           |           |         |               |
| Male                    | 143       | 45.83   | 45.83         |
| Female                  | 169       | 54.17   | 54.17         |
| <b>Age Group (Year)</b> |           |         |               |

|  |                  |              |       |
|--|------------------|--------------|-------|
| 25-35                                    | 98               | 31.41        | 31.41 |
| 36-45                                    | 116              | 37.18        | 37.18 |
| 46-55                                    | 74               | 23.72        | 23.72 |
| Above 55 years                           | 24               | 7.69         | 7.69  |
| <b>Marital Status</b>                    |                  |              |       |
| Married                                  | 178              | 57.05        | 57.05 |
| Not married (Single, divorced & widowed) | 134              | 42.95        | 42.95 |
| <b>Family Economic Status</b>            |                  |              |       |
| Poor                                     | 78               | 25.00        | 25.00 |
| Average                                  | 202              | 64.74        | 64.74 |
| Good                                     | 32               | 10.26        | 10.26 |
| <b>Exercise</b>                          |                  |              |       |
| No exercise                              | 32               | 10.26        | 10.26 |
| Seldom (less than 1 per week)            | 108              | 34.62        | 34.62 |
| Occasional (1 – 2 per week)              | 96               | 30.77        | 30.77 |
| Regular ( $\geq 3$ per week)             | 76               | 24.36        | 24.36 |
| <b>Drinking</b>                          |                  |              |       |
| No                                       | 288              | 92.31        | 92.31 |
| Yes                                      | 24               | 7.69         | 7.69  |
| <b>Smoking</b>                           |                  |              |       |
| No                                       | 304              | 97.44        | 97.44 |
| Yes                                      | 8                | 2.56         | 2.56  |
| <b>Sleep hours/day</b>                   |                  |              |       |
|  | <i>Mean (SD)</i> | <i>Range</i> |       |
|  | 7.3 (1.3)        | 4 – 10       |       |

A total of 312 teachers answered the survey, as shown in Table 1. A greater portion of participants (68.59%) were within the ages of 25 and 45, indicating that most teachers were young; only 7.69 percent of teachers were older than 55. Female teachers made up 54.17% of the participants, which is more than half. 57.05% of the participants, or over half, were married. The majority of interviewees (64.74%) said their family's financial situation was ordinary. The participants slept for seven hours a day on average. Of the participants, just 24.36% frequently worked out. The majority of teachers (92.31%) did not drink alcohol, and the majority (97.44%) did not smoke.

Table 2. Teachers' Mental Health Severity (n = 312)

| <b>Factors</b> |                |        | % for Normal | % for Mild | % for Moderate | % for Severe | % for Extremely Severe |
|----------------|----------------|--------|--------------|------------|----------------|--------------|------------------------|
|                | $\bar{x}$ (SD) | Range  |              |            |                |              |                        |
| Depression     | 7.6 (6.5)      | 0 – 36 | 70.5         | 15.7       | 9.5            | 1.6          | 2.7                    |
| Anxiety        | 8.3 (6.8)      | 0 – 40 | 56.6         | 12.8       | 20.6           | 4.8          | 5.2                    |
| Stress         | 13.5 (7.9)     | 0 – 40 | 66.8         | 15.4       | 10.5           | 5.7          | 1.6                    |

The majority of teachers exhibited normal levels of stress, anxiety, and depression; DASS suggested cut-off scores were used to define severity levels based on Table 2 results. It is significant to highlight that 4.3% of teachers had extremely severe or severe depression, 7.3% had extremely severe or severe stress, and 10.0% of people had severe anxiety.

## 7. Burnout Predictors

The factors that predicted burnout were identified using hierarchical multiple regression analysis, as shown in Table 3. Age, marital status, family economic standing, frequency of exercise, drinking, and resilience were all significant predictors of emotional exhaustion for teacher burnout, with their values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.226, 0.216, 0.002), (0.246, 0.226, 0.001) and (0.343, 0.323, 0.000) respectively; drinking significantly predicted depersonalization with its values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.049, 0.037, 0.154), (0.105, 0.081, 0.012) and (0.124, 0.098, 0.010) respectively; resilience significantly predicted personal accomplishment with its values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.038, 0.025, 0.113), (0.043, 0.018, 0.175) and (0.132, 0.106, 0.014) respectively.

Table 3. An investigation using Hierarchical Linear Regression Analysis of Burnout Predictors (n = 312)

| Factors                       | Emotional Exhaustion |                 |                 | Depersonalization |                 |                 | Personal Accomplishment |                 |                 |
|-------------------------------|----------------------|-----------------|-----------------|-------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|
|                               | ST1 ( $\beta$ )      | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) | ST1 ( $\beta$ )   | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) | ST1 ( $\beta$ )         | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) |
| Gender                        | 0.039                | -0.023          | 0.032           | -0.054            | 0.065           | -0.058          | 0.086                   | 0.105           | 0.130           |
| Age                           | 0.321***             | 0.352***        | 0.332***        | -0.054            | 0.058           | 0.065           | -0.086                  | 0.050           | 0.113           |
| Marital Status                | -0.245**             | -0.354**        | -0.253**        | 0.008             | -0.015          | -0.006          | 0.037                   | 0.078           | 0.085           |
| Family Economic Status        | -0.242**             | -0.263**        | -0.251**        | 0.108             | -0.112          | -0.054          | 0.028                   | 0.089           | 0.078           |
| Exercise Frequency            |                      | -0.368*         | -0.394*         |                   | -0.019          | -0.055          |                         | -0.115          | -0.116          |
| Sleep hours/day               |                      | -0.067          | -0.095          |                   | -0.118          | -0.052          |                         | 0.034           | 0.114           |
| Drinking                      |                      | 0.253**         | 0.325**         |                   | 0.309**         | 0.428**         |                         | 0.132           | 0.022           |
| Smoking                       |                      | 0.017           | 0.015           |                   | -0.101          | -0.051          |                         | 0.031           | 0.016           |
| Resilience                    |                      |                 | -               |                   |                 | -0.018          |                         |                 | 0.302***        |
|                               |                      |                 | 0.314***        |                   |                 |                 |                         |                 |                 |
| <b>R<sup>2</sup></b>          | 0.226                | 0.246           | 0.343           | 0.049             | 0.105           | 0.124           | 0.038                   | 0.043           | 0.132           |
| <b>Adjusted R<sup>2</sup></b> | 0.216                | 0.226           | 0.323           | 0.037             | 0.081           | 0.098           | 0.025                   | 0.018           | 0.106           |
| <b>p-value</b>                | 0.002                | 0.001           | 0.000           | 0.154             | 0.012           | 0.010           | 0.113                   | 0.175           | 0.014           |

Note: [\*\*\*p < 0.001, \*\*p < 0.01, \*p < 0.05]

## 8. Mental Health Predictors

The factors of mental health were identified using hierarchical multiple regression analysis, as shown in Table 4. The findings for teacher mental health showed that smoking, exercise frequency, marital status, family economic status, and resilience were significant predictors of depression with their values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.201, 0.191, 0.011), (0.228, 0.208, 0.010) and (0.321, 0.301, 0.000) respectively; age, family economic status and resilience significantly predicted anxiety with their values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.229, 0.219, 0.001), (0.275, 0.256, 0.001) and (0.304, 0.283, 0.000) respectively; gender, marital status, family economic status, sleep and resilience significantly predicted stress with their values of  $R^2$ , Adjusted  $R^2$  and p-value in stages 1 to 3 as (0.268, 0.258, 0.000), (0.314, 0.296, 0.000) and (0.361, 0.342, 0.000) respectively.

Table 4. An investigation using Hierarchical Linear Regression Analysis of Mental Health Predictors (n = 312)

| Variables | Depression      |                 |                 | Anxiety         |                 |                 | Stress          |                 |                 |
|-----------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|           | ST1 ( $\beta$ ) | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) | ST1 ( $\beta$ ) | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) | ST1 ( $\beta$ ) | ST2 ( $\beta$ ) | ST3 ( $\beta$ ) |
| Gender    | 0.021           | 0.015           | 0.012           | 0.051           | 0.054           | 0.068           | 0.186**         | 0.155**         | 0.192**         |
| Age       | 0.025           | 0.053           | 0.034           | 0.152*          | 0.150*          | 0.166*          | 0.081           | 0.052           | 0.012           |

|                               |         |         |          |        |        |          |         |         |          |
|-------------------------------|---------|---------|----------|--------|--------|----------|---------|---------|----------|
| Marital Status                | -0.173* | -0.158* | -0.173*  | -0.002 | -0.012 | -0.014   | -0.164* | -0.174* | -0.183*  |
| Family Economic Status        | -       | -       | -0.351** | -      | -      | -0.301** | -       | -       | -0.328** |
| Exercise Frequency            |         | -0.212* | -0.204*  |        | -0.019 | -0.055   |         | -0.031  | -0.082   |
| Sleep hours/day               |         | -0.062  | -0.091   |        | -0.012 | -0.061   |         | -       | -0.214** |
| Drinking                      |         | 0.003   | 0.005    |        | 0.009  | 0.008    |         | 0.002   | 0.008    |
| Smoking                       |         | 0.216** | 0.212**  |        | -0.001 | -0.041   |         | 0.021   | 0.036    |
| Resilience                    |         |         | -        |        |        | -        |         |         | -        |
|                               |         |         | 0.355*** |        |        | 0.319*** |         |         | 0.348*** |
| <b>R<sup>2</sup></b>          | 0.201   | 0.228   | 0.321    | 0.229  | 0.275  | 0.304    | 0.268   | 0.314   | 0.361    |
| <b>Adjusted R<sup>2</sup></b> | 0.191   | 0.208   | 0.301    | 0.219  | 0.256  | 0.283    | 0.258   | 0.296   | 0.342    |
| <b>p-value</b>                | 0.011   | 0.010   | 0.000    | 0.001  | 0.001  | 0.000    | 0.000   | 0.000   | 0.000    |

Note: [\*\*\*p < 0.001, \*\*p < 0.01, \*p < 0.05]

## 9. Discussion

The study looked into the variables that affected the mental health and burnout of secondary school teachers in Imo State, Nigeria's Owerri education zone I. Like instructors in other Nigerian states and other nations, many educators in Imo State faced mental health issues. In particular, 10.0% of respondents reported having severe anxiety, 7.3% reported having severe or extremely severe stress, and 4.3% reported having severe or extremely severe sadness. Recommendations for improving teachers' mental health included boosting resilience, getting more exercise, and getting better sleep. The key component identified by the studies to reduce burnout is increasing resilience. The results of this study are consistent with those of Ratanasiripong et al. (2022), who found that 3.2% of Thai instructors had depression of high degrees.

Using hierarchical multiple regression analyses, the study's findings showed that emotional exhaustion was significantly predicted by drinking, exercising frequently, marital status, family economic status, teacher burnout, and resilience; depersonalisation was significantly predicted by drinking, and personal accomplishment was significantly predicted by resilience. The results of this study are in conflict with those of Ozoemena, Agbaje, Ogundu, Ononuju, Umoke, Iweama, Kato, Isabu, & Obute (2021), who found that depersonalisation was significantly correlated with age, as well as that depersonalisation was significantly and inversely correlated with academic qualification and marital status; additionally, sex and marital status were significantly correlated with lower levels of personal accomplishment, accounting for 10.2% of the variance in personal accomplishment.

Using hierarchical multiple regression analyses, the study's findings showed that resilience, exercise frequency, marital status, family economic status, and teacher mental health were all significant predictors of depression; anxiety was significantly predicted by age, family economic status, and resilience; stress was significantly predicted by gender, marital status, family economic status, sleep, and resilience. This is consistent with the research conducted by Ratanasiripong et al. (2022), which found that relationship quality, family economic status, and resilience were significant predictors of depression; that classroom size, classroom resilience, and anxiety were significantly predicted by family economic status; and that stress was significantly predicted by family economic status, gender, sleep, and resilience.

## 10. Conclusions

Being a teacher is a difficult and demanding job. Results show that a large number of teachers have symptoms of exhaustion and mental health issues. Enhancing resilience and improving sleep are two important aspects that have been demonstrated to promote mental health and prevent burnout among teachers. Consequently, it is recommended to take proactive steps to avoid stress and to employ problem-focused techniques, especially for new and female teachers. Thus, in order to prepare teachers for the workforce training; programs should focus on helping them strengthen their interpersonal and stress management abilities.

## 11. Limitations and Future Research

The population in this study could not be increased because only secondary school teachers in Owerri education zone I was used. Larger population size could have improved the results of the study by incorporating nursery and primary school teachers in Imo State and beyond.

Further studies should be carried out using some other factors on burnout and mental health to find out predictors of teacher burnout and mental health and also to employ other statistical techniques such multivariate multiple linear regression analysis and canonical regression analysis.

**Source of Funding:** None

**Conflict of Interest:** None

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