International Journal of Nursing, Midwife and Health Related Cases
Vol.6, No.2, pp.1-28, December 2020
Published by ***ECRTD- UK***
Print ISSN: 2397-0758, Online ISSN: 2397-0766

LIFE-DISTRESS AND WORK BURNOUT AS PREDICTORS OF ORGANIZATIONAL REACTIONS AND SOCIAL-EMOTIONAL STABILITY OF NURSES IN EASTERN NIGERIA (BIAFRA) (IMPLICATIONS FOR COVID-19 HEALTH-CARE GIVERS/PROVIDERS)

Okechukwu Dominic Nwankwo, PhD
Department Of Psychology,
Chukwuemeka Odumegwu Ojukwu University,
Igbariam Campus, P.M.B. 6059, Awka,
Anambra State, Nigeria.

Obed Kwentoh Moneme
Department Of Psychology,
Chukwuemeka Odumegwu Ojukwu University,
Igbariam Campus, P.M.B. 6059, Awka,
Anambra State, Nigeria

ABSTRACT: *The study examined life-distress and work-burnout as predictors of nurses' organizational reactions and social-emotional stability in Eastern Nigeria (Biafra). A cluster-sampled 230 General Hospitals nurses in Anambra State between 25-48 years and SD 5.33 participated, in which valid/reliable instruments, predictive cross-sectional designs, and multiple regression statistics were adopted. Findings were: Life-distress has relationship with organizational reactions of the nurses. Burnout does not have relationship with nurses' organizational reactions. Life-distress does not have relationship with nurses' emotional stability. Burnout adversely affects nurses' emotional stability. Life-distress will not lead to nurses' organizational reactions. Life-distress will not lead to nurses' emotional stability. Burnout will not lead to nurses' organizational reactions. Low burnout will lead to nurses' emotional stability. Recommendations: While encouraging nurses to develop work competencies for coping with life-distress and burnout, complimentary healthy psycho-organizational enablers should be established in hospitals. This will assist health-care givers cope with pressure of managing* ***COVID-19*** *pandemic.*

KEYWORDS: life-distress, work-burnout, organizational-reactions, social-emotional stability, Biafra, COVID-19, health-care-givers, nurses.

INTRODUCTION

Observations and complaints from patients and their relatives indicate that many healthcare givers (doctors and nurses) in Nigeria are absconding from duties. **COVID-19** pandemic has even made responsibility derelictions more appalling. Nurses are nearer to patients because they (nurses) strategically aid optimal recovery and rehabilitations of patients (Theodoridis, Noghi & Borglin,

2020). Appalling behaviours from nurses relate to organizational reactions and emotional states. Many nurses in Nigeria exhibit industrial strikes, emotional blunting, and nonchalant attitudes to patients' sufferings, all to the detriment of health institutions of the society. As **COVID-19** and its pandemic presents humanity with one of the greatest health and economic crises of the 21st Century (Abramowits, Borelli, Forbes & Hofmann, 2020), the activities/services of nurses have become enormously demanding endeavours and very indispensable in the health system. Yet, in Nigeria, empirical investigations are unavailable on the possible factors influencing nurses' organizational reactions and emotional states. Life-distress and burnout have been arguably suggested as the possible predictors of nurses' organizational reactions and emotional-stability (Jiménez-Herrera, Llauradó-Serra, Acebedo-Urdiales, Bazo-Hernández, Font-Jiménez & Axelsson, 2020). These predictor variables are held tenaciously that it has become very imperative to investigate them empirically in the present study using nurses in Anambra State, Eastern Nigeria (Biafra) as performance focus. Nurses' organizational reactions manifest in such attributes as turnover, abscond, neglecting patients', stealing from the hospital and patients, stealing and selling of children, helping to kill patients, industrial strikes, and other forms of organizational sabotages. Basically, support and understanding from the hospital administrators reduce negative organizational reactions from nurses (Bautista, Lin & Theng, 2020). Emotional-stability are issues associated with nurses being able to maintain calm during emergency, maintaining team work, being able to work competently for long hours, withstanding scary health conditions without breaking down, as well as exhibition of other personality qualities that aid optimal recovery and rehabilitations of patients (Theodoridis, Noghi & Borglin, 2020).

Statement of the Problem

Preliminary investigation in Nigeria revealed a lot of people often describe nurses as being wicked, inhuman, heartless, nonchalant attitudes, and even negligently contributing to the death of some patients. These are unverified serious allegations of great concern on Nigerian nurses as healthcare givers, which require empirical examination as envisaged in the present study. Previous studies have reported that nurses in Nigeria face multiple roles, heavy workloads, lack of administrative support, lack of in-service training, insufficient salary (Adeleye, 2006; Sermsri, 2007), limited promotion, death of patients, and so on. What was not investigated in these previous studies were nurses' life-distress and burnout, and their impacts on the nurses' organizational reactions and emotional stability. This is a gap in literature at the community level, which the present study seeks to bridge, particularly with the prevailing **COVID-19** pandemic that is frightening nurses in Nigeria away from their caring duties. Comparatively, study China had found that nurses are frightened by the **COVID-19** pandemic (Huang, Xu & Liu 2020).

Nursing is a healthcare activity with the goal of promotion of health, prevention of illness, and the care of ill, disabled and dying persons. This healthcare goal is discharged on individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing practitioners are nurses, and they develop a plan of care, working collaboratively with physicians, therapists, patient, patient's family, and other team members that focus on treating illness to improve quality of life. Quality of nurses and the services they render are very crucial in the optimal recovery and rehabilitations of patients (Theodoridis, Noghi & Borglin, 2020).

Life-distress and burnout could culminate into nurses' organizational reaction and emotional-stability challenges (Jiménez-Herrera, Llauradó-Serra, Acebedo-Urdiales, Bazo-Hernández, Font-Jiménez & Axelsson, 2020). Nurses reactions to their work experiences could affect how they perceive their duties, workplace, and the healthcare organization. In a workplace environment where nurses face stressful work exposure, they may have different organizational reactions. Life-related distress and burnout could negatively affect how nurses effectively carryout role expectations. Life-distress is associated with problems in living which impair social and life functioning. (Drapeau, Marchand & Beaulieu-Prévost, 2012). Life-distress and burnout impact on personal accomplishment, functional competence, goal and performance effectiveness, which signifies that life-distress and burnout could predict organizational reactions and emotional stability of nurses in Nigeria.

Emotional stability of nurses is very important in healthcare institution. Nursing is not only physical activity but has a psychological component of healthcare. Emotional stability of nurses helps them to stay calm when exposed to pressure or stress. Emotional stability is recognized as a significant predictor of job performance. Emotionally unstable nurses have the tendency to display ineffective coping mechanisms, could carry a hostile attitude to patients and hospital organization, are self-blaming in nature, and lack the ability to find constructive solution to health challenges. Such nurses are more likely to appraise stressful events as threats rather than an attribute of duty Dall'Ora, Ball, Reinius, & Griffiths, 2020). Emotionally unstable nurses tend to be volatile, face an increased risk of reacting violently and with harmful behaviuors when coping with stress. Emotional aspects of care are associated with emotional labour, which nurses require to maintain smiling and talking in a calming manner even though they may be anxious or worried (Smith, 2012) and make patients feel safe (Smith & Gray, 2001). Emotional stability and its accompanying emotional labour are indispensable when nursing patients nearing the end of life, terminally ill patients, those in pain or experiencing loss.

Purpose of the Study

The purpose of this study is:

1. To find out the predictive role of life-distress on organizational reactions of nurses in Anambra State, Nigeria.
2. To find out the predictive role of burnout on organizational reactions of nurses in Anambra State, Nigeria
3. To investigate the predictive role of life-distress on emotional stability of nurses in Anambra State, Nigeria.
4. To examine the predictive role of burnout on emotional stability of nurses in Anambra Sate, Nigeria.

Significance of the Study

1. The study will highlight the life and occupational challenges/dangers nurses undergo in Nigeria in the course of doing their duties. People take it for granted that nurses must do their jobs despite all odds, without having empathy for the nurses.

2. Furthermore, the study will be instrumental in addressing organizational challenges facing nurses in Nigeria. Often, Nigerian nurses embark on industrial strikes in order to attract attentions to their plight.
3. Again, the study will aid nurses have insight into their emotional state and its management. Emotional stability of nurses is very important in nurses' competent and effective nursing of patients Nigeria.

Operational Definition of Variables

Organizational reactions: This refers to reactions of nurses to existing organizational climate, as measured by Index of Organizational Reactions (IOR) developed by Smith (1976) and validated in Nigeria by Mogaji (1997).

Emotional stability: It means ability to withstand difficult situations, handle adversity, and remain productive and capable throughout stressful period, measured with Emotional Stability Scale (ESS) by Li and Ahlstrom (2015).

Life-distress: This refers to several manifestations of symptoms associated with distress that affect the occupational and social functioning of nurses, measured with Symptom Distress Checklist-90 (SCL-90) developed by Derogatis, Lipman and Covi (1977) and validated in Nigeria by Erinoso (1996).

Burnout: This involves physical and emotional depletion resulting from the conditions of work, measured with Maslach Burnout Inventory (MBI) by Maslach and Jackson (1986).

LITERATURE REVIEW

Theoretical Review

On Life-Distress

Self-discrepancy theory by Higgins (1987): Self-discrepancy theory provides answers to "why is it that when people are emotionally overwhelmed by tragedies or serious setbacks in their live, for instances the death of their child, the loss of their jobs, or the break-up of their marriages, some suffer from depression whereas others suffer from anxiety? Even when the tragic event is the same, people's emotional reactions can be very different. The answer proposed by self-discrepancy theory is that even when people have the same specific goals, such as nurses having to attend to patients with similar ailments like the **COVID-19**, they often vary in how they represent these goals. Some individuals (nurses) represent their goals (or standards), called self-guides in self-discrepancy theory, as hopes or aspirations: ideal self-guides. Other individuals (nurses) represent their self-guides as duties or obligations: ought self-guides. According to self-discrepancy theory, this difference between the "ideals" and "oughts" holds the answer to the mystery of people (nurses) having different emotional reactions to the same negative life events.

On Burnout

Multidimensional Theory by Maslach (1993): The theory advocates three-dimensional burnout concept, which is derived empirically rather than theoretically. The first component is emotional exhaustion, which closely resembles an orthodox stress variable. The second component is depersonalization, which refers to the person's negative perception of stimuli. The third component is reduced personal accomplishment, which includes a person's negative self-evaluation in relation to his or her job performance. Burnout is an individual stress experience that originates from emotionally demanding interpersonal relationships with significant stimuli. Therefore, stress and burnout experiences of nurses are embedded in a complex social context and also involve the nurses' attitudes toward colleagues, patients, patients' relatives, and hospital management.

On Organizational Reactions

Herzberg's two-factor theory (Herzberg, 1966): The two-factor theory is all about the motivator and hygiene factors, which postulates that there are two sets of factors that differ in their effects on people at work. The theory postulates that the motivators are the intrinsic contents of a job that satisfy high-order needs. These are the job factors that increase motivation whose absence does not necessarily result into dissatisfaction. Motivator factors include achievement, recognition, responsibility, advancement, growth, and the work itself. On the other hand, hygiene factors are job factors that create dissatisfaction and emanate from extrinsic job context such as salary, work conditions, supervision, interpersonal relationship, job security, company policy and administration (Wangai, 2012). Hygiene factors are most likely to induce nurses' indifferent attitudes towards patients and the hospital organization. If nurses' hygiene is at an unacceptable level, nursing dissatisfaction will occur (Wangai, 2012), while motivators encourage high nursing satisfaction. By implications, Herzberg's two-factor theory influences or is at the root of nurses' organizational reactions and emotional stability, as well as nurses' perceived life-distress and burnout. Essentially, motivator factors are the reasons why nurses could stay in their duty and attend to **COVID-19** patients, despite the potent infection risks the nurses face.

On Emotional Stability

Self-organization theory by Li and Ahlstrom (2015) and Ashby (1947): . The theory has it that any deterministic dynamic system automatically evolves towards a state of equilibrium Self-organization, also called (in the social sciences) spontaneous order, is a process where some form of overall order arises from local interactions between parts of an initially disordered system. The process can be spontaneous when sufficient energy is available, not needing control by any external agent. It is often triggered by random fluctuations, and amplified by positive feedback. The resulting organization is wholly decentralized, distributed over all the components/subsystems of every system. As such, the organization is typically robust and able to survive or self-repair substantial perturbation. It implies that every subsystem is very capable of adapting to the environment formed by all other subsystems (Ashby, 1947). The nurses' life-distress, burnout, organizational reactions, and emotional stability are associated with coping qualities like psychological resilience, recovery time and adaptation flexible to stressful experiences. These coping qualities enhance nurses' reactions to stimuli and emotional stability.

Empirical Review

On Life-Distress

In a study by Munir, Yarker, Haslam, Long, Leka, Griffiths & Cox (2007) to examine specific psychosocial factors associated with psychological and health-related distress amongst employees reporting different chronic illnesses, a sample of 1029 employees was used. The health distribution of the sample was characterized as managing either musculoskeletal pain (n= 324), arthritis and rheumatism (n= 192), asthma (n= 174), depression and anxiety (n= 152), heart disease (n= 96) or diabetes (n= 91). Information on psychological distress, work limitations, illness management, disclosure, absence, presentism, support and demographic factors were obtained through self-administered questionnaires. Findings revealed that low psychological well-being and high health-related distress were associated with an increase in work limitations (β= 0.20, SE=.03; and β= 0.19, SE=.01, respectively), poorer management of illness symptoms at work (β= -0.17, SE=.12; and β= -0.13, SE=.02), high presentism (β= 0.19, SE=.25; and β= 0.14, SE=.05) and low workplace support (β= -0.05, SE=.22; and β= 0.12, SE=.05). Health-related distress was additionally associated with disclosure of illness at work (β= 0.18, SE=.08) and long-term sickness absence (β= 0.10, SE=.06). Kekesi and Agyemang (2014) investigated the moderating effect of work values on the relationship between perceived job insecurity and psychological distress among 202 junior employees of selected public and private organizations in Ghana. Results showed that there is a positive relationship between perceived job insecurity and psychological distress whereas work values moderate this relationship. This implied that employees who value extrinsic aspects of work were highly distressed when job insecurity is also perceived to be high.

On Burnout

A study was conducted by Dall'Ora, Ball, Reinius, and Griffiths (2020) to provide a comprehensive summary of research that examines theorized, relationships between burnout and other variables, causes and consequences of burnout in nursing, and how this relates to theories of burnout. Quantitative primary empirical studies which examined associations between burnout and work-related factors in the nursing workforce were carried out. A total of 91 papers were examined. The majority participants (n= 87) had cross-sectional studies in which 39 studies used all three subscales of the Maslach Burnout Inventory (MBI) Scale to measure burnout. As hypothesized by Maslach, it was identified that high workload, value incongruence, low control over the job, low decision latitude, poor social climate/social support, and low rewards were predictors of burnout. Maslach suggested that turnover, sickness absence, and general health were effects of burnout. Other factors that were classified as predictors of burnout in the nursing literature were low/inadequate nurse staffing levels, ≥12-h shifts, low schedule flexibility, time pressure, high job and psychological demands, low task variety, role conflict, low autonomy, negative nurse-physician relationship, poor supervisor/leader support, poor leadership, negative team relationship, and job insecurity. Among the outcomes of burnout, we found reduced job performance, poor quality of care, poor patient safety, adverse events, patient negative experience, medication errors, infections, patient falls, and intention to leave. In Conclusions, the patterns identified by these studies consistently show that adverse job characteristics – high workload, low staffing levels, long shifts, and low control - are associated with burnout in nursing. The potential consequences for staff and patients are severe. The literature on burnout in nursing partly supports

Maslach's theory, but some areas are insufficiently tested, in particular, the association between burnout and turnover, and relationships were found for some MBI dimensions only.

The aim of the study by Zaki, Elsayed, and Ibrahim (2016) was to explore factors contributing to burnout among Saudi nurses and their effect on patients' satisfaction. A cross-sectional design was used for the study. Interviewing Patient's Satisfaction Questionnaire (IPSQ), adapted from Newcastle Satisfaction with Nursing Scale (NSNS) and Maslach Burnout Inventory (MBI) were used for data collection. The study took place in five selected hospitals at Makkah Al- Mukaramah. Findings revealed, among others, that less than three quarters (71.6 %) of nurses had high levels of burnout.

On Organizational Reactions

Samson-Akpan, Edet, Ojong, and Asuquo, (2015) investigated the level of job/organizational satisfaction and the relationship between determinants and overall job satisfaction. A descriptive survey with a sample of 346 nurses selected through stratified random sampling was used in this study. A self-reported questionnaire labeled "Work Quality Index" was used in collecting data on job/organizational satisfaction. Findings showed that 262 (75.7%) of the nurses were between ages 31-40 years while most (48.5%) had 16-25 years of working experience. The respondents were predominantly female (88.4%). Regarding education, most of the respondents (69.9%) had diploma in Nursing while 28.6% were first degree holders. The mean overall of job satisfaction was 146.7. The results also revealed that majority of the respondents 265 (82.4%) were moderately satisfied with their work. Nurses were least satisfied with their salaries. The level of achievement, advancement, responsibility, recognition, work itself, nursing practice environment, hospital/organizational policy, interpersonal relationship, salary, supervision and working conditions were significantly positively related to the overall job satisfaction. In a study done by Asuquo, Imaledo, Thomp-Onyekwelu, Abara, and Agugua (2016), a descriptive cross-sectional design was adopted to explore the level of job satisfaction and organizational commitment among Nurses who were randomly selected from the twelve departments in the University of Port-Harcourt Teaching Hospital (UPTH). The result of the study revealed that more than half of the nurses were satisfied with their jobs (51%). However, low pay and poor working conditions were the principal causes of dissatisfaction.

On Emotional Stability

Pushpika and Kumudinei (2015) investigated the strategies for maintaining emotional stability employing nurses in private health care industry. Accordingly, this study examined the emotional intelligence (EI) of nurses by differentiating inter-personal and intra-personal dimensions, and explores the measures taken by them to maintain emotional stability. It further investigated the relationship of demographic factors (age, gender and year of experience) of nurses with their emotional stability. The study collected data through both quantitative (survey) and qualitative means (discussion, observation, and interviews) using a sample of 40 nurses selected conveniently from different ranks. The study finds that the level of EI of nurses in case hospital is slightly high, and their inter-personal skills are higher than intra-personal skills. They maintain emotional stability by means of emotion gaps, emotional shifts and sharing. In a study done by Arora and Rangnekar (2015), they empirically investigated the mediating role of psychosocial mentoring

support on emotional stability personality disposition and career resilience relationship. They also focused on estimating the interrelationship between emotional stability, psychosocial mentoring support and career resilience. The findings they obtained revealed substantive direct relations between emotional stability and psychosocial mentoring as well as between emotional stability and career resilience. It also showed that psychosocial mentoring is also seen as a significant predictor of career resilience and that it mediates partially the relationship between emotional stability personality and career resilience.

Hypotheses

1. Life-distress will not significantly predict organizational reactions of nurses in Anambra State, Nigeria.
2. Life-distress will not significantly predict emotional stability of nurses in Anambra State, Nigeria.
3. Burnout will not significantly predict organizational reactions of nurses in Anambra State, Nigeria.
4. Burnout will not significantly predict emotional stability of nurses in Anambra State, Nigeria.

METHOD

Participants

The participants for this study were 230 registered nurses working in General Hospitals situated in the three senatorial zones in Anambra State, Eastern Nigeria (Biafra). The sample size was determined using the Yameni (1967) sampling formula. There were about 536 nurses in Anambra State (Anambra State Ministry of Health, Awka, 2019). Their age ranged from 25-48 years, with a mean age of 33.83 and a standard deviation of 5.33. Using cluster sampling system, participants were from Amaku General Hospital, Awka (representing Anambra-Central) 79 (34.3%); Onitsha General Hospital, Onitsha (representing Anambra North) 118 (51.3%); and Ekwulobia General Hospital, Ekwulobia (representing Anambra-South) 33 (14.3%). Furthermore, 62 (27.0%) came from General Outpatient Unit; 51 (22.2%) came from Gynecology Unit; 50 (21.7%) were from Gerontology Unit; 43 (18.7%) were from Child and Adolescent Unit; and 24 (10.4%) were from Accident and Emergency Unit. All the participants were Christians by religion and Igbo by tribe.

Instruments

Four instruments used in this study include:

Symptom Distress Checklist-90 (SCL-90): It is used to measure life-distress. This scale was developed by Derogatis, Lipman, and Covi (1977). It is a 90-item inventory that is designed to assess 10 primary categories of symptoms (sections A-J representing the following: A - Somatization, B- Obsessive-Compulsive, C- Interpersonal Sensitivity, D- Depression, E- Anxiety, F- Hostility, G- Phobic Anxiety, H- Paranoid Ideation, I- Psychoticism, and J- Neuroticism) associated with distress among psychiatric outpatients and with the experience of anguish arising from the problems of living among people in the general population. It is scored using Likert response pattern of 0 to 4, where 0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, and 4 = Extremely. The sections A-J are scored separately. Add each item shaded to obtain the

score for each client. Derogatis et al., (1977) reported Cronbach's alpha coefficients which ranged from .77 for psychoticism to .90 for depression. The one-week interval test-retest reliability coefficients ranged from .78 for hostility to .90 for phobic anxiety. A pilot test was carried out and .84 was obtained as the Cronbach alpha reliability coefficient. On validity, Erinoso (1996) reported concurrent validity coefficients between Retirement Stress Inventory (Omoluabi, 1996) and SCL-90 Scales which ranged from .26 for Scale F (hostility) to .47 for Scale J (neuroticism). Separate norms have been reported for male and female Nigerian samples in the categories of symptoms A-J and a norm for the general population. The overall norm reported for the general population of Nigerian samples is .97**.**

Maslach Burnout Inventory (MBI): This scale was developed by Maslach and Jackson (1986). It is a 22-item inventory designed to assess burnout syndrome which is a state of physical and emotional depletion resulting from the conditions of work. It has the following as subscales: Emotional exhaustion, dehumanization and reduced personal accomplishment. It is scored using Likert response pattern of 1 to 6, where 1 = A few times a year, 2 = Many times a year, 3 = A few times every month, 4 = Many times every month, 5 = A few times every week, and 6 = Every day. Each subscale has some items that are directly scored and some others that are of reverse scoring. To obtain the participants overall MBI score, the scores obtained on each subscale will be added up. Coker (1999) reported the following reliability coefficients for MBI: Cronbach alpha of .86, Split half of .57, and Odd-Even of .92. A pilot test was carried out and .81 was obtained as the Cronbach alpha reliability coefficient for the overall MBI. On validity, Maslach and Jackson (1986) obtained convergent validity coefficients ranging from 20-56 by correlating MBI scores with the peer rating scores for different samples. By correlating the subscales of MBI with PSC by Omoluabi (1987), Coker (1999) obtained concurrent validity coefficients in the range .01-.36. From adult professionals in the general population, Coker (1999) obtained the adjusted normative scores. The norm for MBI is obtained by adding up the norms of the three subscales and dividing the value/score obtained by 3 (being the number of the subscales).

Index of Organizational Reactions (IOR): This scale was developed by Smith (1976). It is 42-item inventory designed to assess eight different kinds of specific job satisfactions in work organizations. These specifics include supervision, company identification, kind of work, amount of work, co-workers, physical work conditions, financial rewards, and career future. It is scored using Likert response pattern of 1 to 5, where 1 = Strongly disagree, 2 = Moderately disagree, 3 = Not sure, 4 = Moderately agree, and 5 = Strongly agree. Dunham, Smith, and Blackburn (1977) reported the following as the reliability coefficients obtained after time interval of 6 weeks: .69 for supervision, .71 for company identification, .74 for kind of work, .62 for amount of work, .65 for co-workers, .64 for physical work conditions, .72 for financial rewards, and .76 for career future. Similarly, Mogaji (1997) reported the following reliability coefficients after 72 days' time interval for Nigerian samples: 87 for supervision, .89 for company identification, .91 for kind of work, .85 for amount of work, .88 for co-workers, .99 for physical work conditions, .87 for financial rewards, and .85 for career future.

A pilot test was carried out and .81 was obtained as the Cronbach alpha reliability coefficient for the overall organizational reactions. 51 participants selected from another three different general

hospitals (one general hospital was selected from each of the three Senatorial Zone) were employed for the pilot test. They all met the inclusion criteria for the main study. On validity, Dunham et al., (1977) and Mogaji (1997) obtained the concurrent validity coefficients by correlating six scales of IOR with appropriate subscales of job descriptive index by Smith, Kendall, and Hulin (1969). For the remaining two (company identification and physical conditions scales), the correlation was with the subscales of Minnesota Satisfaction Questionnaire by Weiss, Dawis, England and Lofquist (1967). Thus, the following coefficients were obtained by Mogaji (1997): .20 for supervision, .05 for company identification, .16 for kind of work, .03 for co-workers, -.07 for physical work conditions, .09 for financial rewards, and .19 for career future. The norm of this instrument is to be obtained by adding up the norms of its eight subscales and dividing the number obtained by 8 (being the number of the subscales).

Emotional Stability Scale (ESS): This scale was developed by Li and Ahlstrom (2015). It is a 10-item instrument designed to assess emotional stability of individuals. This instrument has two dimensions of emotional threshold and emotional recovery. It is scored using Likert response pattern of 1 to 5, where 1 = Strongly disagree, 2 = Moderately disagree, 3 = Unsure, 4 = Moderately agree, and 5 = Strongly agree. While items for emotional threshold are of reverse scoring, that of emotional recovery are of direct scoring. Items for emotional threshold include items 7-10 and items 1-6 are for emotional recovery. Li and Ahlstrom (2015) reported Cronbach alpha reliability coefficients of .76 and .83 for emotional threshold and emotional recovery, respectively. Okpala, Joe-Akunne, Okoli, Ofojebe and Nweke (2019) obtained Cronbach alpha reliability coefficients of .88 and .85 for emotional threshold and emotional recovery, respectively, and .89 for overall emotional stability, for Nigerian sample.

A pilot test was carried out and .79 was obtained as the Cronbach alpha reliability coefficient for overall emotional stability. On validity, Li and Ahlstrom (2015) obtained convergent validity coefficients of .66 between ESS and Emotional Intelligence. By correlating ESS with four traits of Big Five of extraversion, openness, agreeableness, and conscientiousness, Li and Ahlstrom (2015) obtained convergent validity coefficients of .36, .39, .36, and .40, respectively. They found a discriminant validity coefficient of -.55 between neuroticism personality trait of Big Five and ESS. Okpala et al. (2015) reported concurrent validity coefficients between ESS and four traits of Big Five of extraversion, openness, agreeableness, and conscientiousness which ranged from .35 to 39 and a divergent validity of -.48 between ESS and Emotional Instability sub-scale of Adult Personality Assessment (A-PAQ).

Procedure

Permissions were sought and obtained to administer the instruments in the hospitals concerned. Thereafter, the researchers pleaded that a nurse be assigned to the researchers to serve as a research assistant in each hospital. The research assistant was however remunerated after the assistance. The duty of the assistant was to help in administering the instruments on the participants. The research assistants were briefly tutored on some very important quality control issues of the study. These three general hospitals were selected because they are very strategic in the health policy of Anambra State, Nigeria. The following were the inclusion criteria for this study: (1) The nurse must be a female (this is a control measure against gender influence); (2) she must be a registered

nurse employed by Anambra State Government; (2) she must be working in one of the selected General Hospitals; (3) she must have worked for not less than 5 years (in order to have enough experience); (4) she must be willing to participate voluntarily in the study. The research assistant collected the instruments immediately each participant completely attended to all the items of the instruments. The data collected were analyzed using version 23 of Statistical Package for Social Sciences (SPSS).

Design/Statistics

The study had predictive cross-sectional designs. The predictive design was used because the study evaluated the predictive role of life-distress and burnout on organizational reactions and emotional stability of the participants. Similarly, cross-sectional design was used because the participants were sampled across various clusters of interest in their natural places of endeavours. Multivariate regression analysis was used to analyze the data collected. The choice of this statistic was that two predictive variables were tested on two criterion variables.

RESULT

The collected data were analyzed using the version 23 of the Statistical Package of Social Sciences (SPSS).

TABLE 1:

		ORGANIZATIONAL REACTION	EMOTIONAL STABILITY	LIFE DISTRESS	BURNOUT
N	**Valid**	230	230	230	230
	Missing	0	0	0	0
Mean		93.4957	38.3609	98.2391	61.2696
Std. Deviation		17.52372	5.65571	19.81154	19.19917
Skewness		-.259	-.288	-.033	.020
Kurtosis		-.925	-.559	.672	-1.116

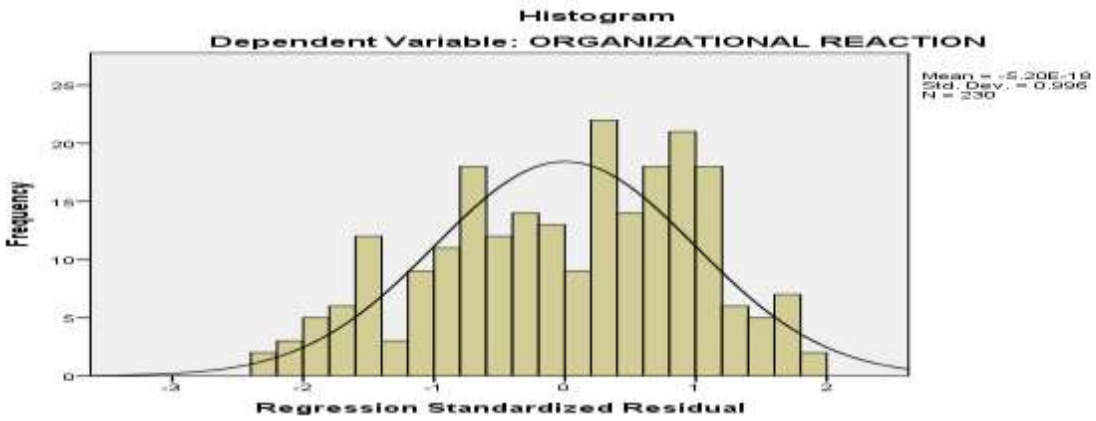
Descriptive Statistics for Life-Distress and Burnout as Predictors of Organizational Reactions and Emotional Stability

Source: Analysis of the researchers' primary data

The table 1 above showed the general descriptive statistics of the participants for organizational reactions, emotional stability, life distress and burnout of nurses in Anambra State, Nigeria. The means (93.4957, 38.3609, 98.2391, and 61.2696) for the organizational reactions, emotional stability, life distress, and burnout variables respectively varied so much. Again, the high variations in the standard deviations showed the participants' high degree of differences in their manifestations of organizational reactions (17.52372) and emotional stability (5.65571). However, the participants' standard deviation for life distress (19.81154) and burnout (19.19917) were relatively same, indicating their similar impacts on the nurses. The skewness of organizational reactions (-.259), emotional stability (-.288), and life distress (-.033) were all negative, save for the burnout (.020) which was too low as well, indicating these variables negative experiences of

the nurses. The kurtoses of organizational reactions (-.925), emotional stability (-.559), and burnout (-1.116) were all negative, save for the life distress (.672), again indicating these variables negative experiences on the nurses.

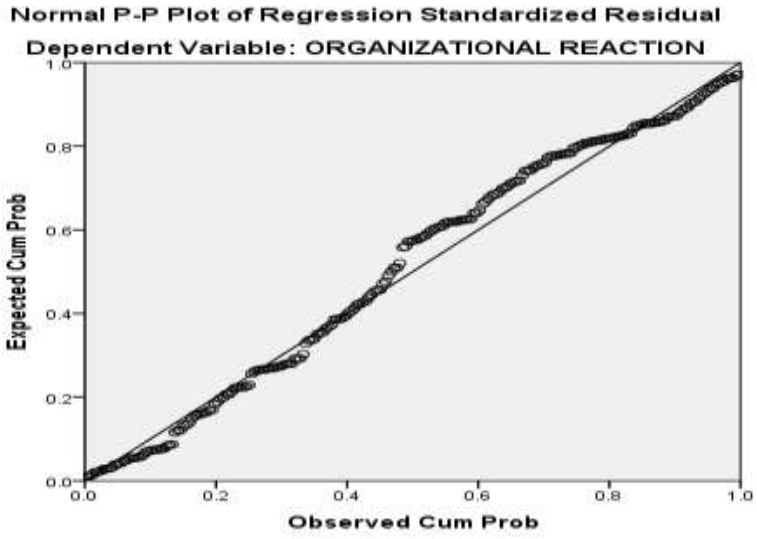
FIGURE 1:



Histogram for Organizational Reactions of Nurses in Anambra State, Eastern Nigeria (Biafra)
Source: Analysis of the researchers' primary data

The histogram above shows the nurses' performance on organizational reactions with the mean (-5.20E-18) and standard deviation (0.996). The nurses' experiences of organizational reactions were substantially symmetrical within the normal curve, with the strength of the standardized residual being slightly more on negative side. There were also twilight zones/the outliers. Both the negative standard residual and the twilight zones/the outliers indicated that the participants had slight extreme experiences of the tested variables, which possibly could not be adverse.

FIGURE 2:



Regression Standardized Residual Plot for Organizational Reactions of Nurses in Anambra State, Eastern Nigeria (Biafra).
Source: Analysis of the researchers' primary data

The standardized residual plot above showed the nurses' performance on organizational reactions. The independent variable (IVs)/observed probability had a good prediction of the dependent variable (DVs)/expected probability. The scattergram was linear along the line of plot. However, it had had a deviation at the middle, only to maintain the linear progression after the middle. This showed a good correlation and predictions of the IVs on the DVs.

TABLE 2:

		1	2	3
Pearson Correlation	**1. ORGANIZATIONAL REACTION**	1.000		
	2. LIFE DISTRESS	.119*****	1.000	
	3. BURNOUT	.051	-.035	1.000

Note: * significant @ p<.05> .036 for r = .119, N = 230; Reject Ho @ p≥ .05
Correlations for Organizational Reactions, Life Distress and Burnout of Nurses in Anambra State, Eastern Nigeria (Biafra).
Source: Source: Analysis of the researchers' primary data

The table 2 above showed the correlations for organizational reactions, life distress and burnout of nurses in Anambra State, Nigeria. The results significantly correlated for life distress and organizational reactions (p< .05, r = .119, N = 230). However, no significant correlation was found for burnout and organizational reactions (p<.05, r = .051, N 230).

TABLE 3:

Organizational Reactions		
Predictors	***Step1β***	***Step2β***
Step1 - Life Distress	.119	.121
Step2 - Burnout		.055
ΔF	3.271	.703
R^2	.014	.017
ΔR^2	.014	.003
Df	1; 228	1;227
Durbin Watson	1.565	

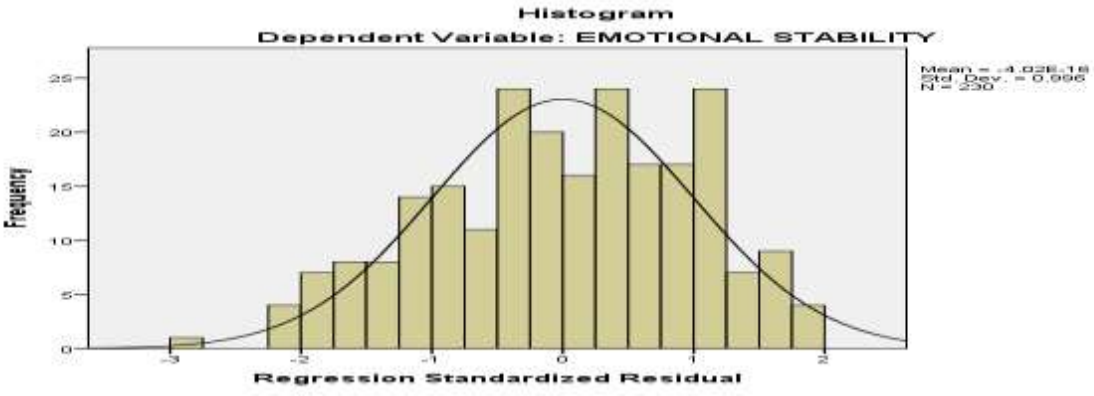
Note: p<.05, N = 230; Non is significant

Regression for Life Distress and Burnout as Predictors of Organizational Reactions of Nurses in Anambra State, Eastern Nigeria (Biafra).
Source: Analysis of the researchers' primary data

Table 3 above showed the result of hierarchical multiple regression analyses for life distress and burnout as predictors of organizational reactions of nurses in Anambra State, Nigeria. The overall model of the regression analyses was not significant for life distress *(R^2 =.014, ΔR^2 =.014, F (1, 228) = 3.271, p<.05),* and burnout (R^2 =.071, ΔR^2 =.003, F (1, 227) = .703, p<.05). Durbin Watson of 0<1.565<4 showed positive errors autocorrelation. The overall fit of the model showed

the final 17% accounting for the variations in sample. Life-distress, which accounted for 14% variance, did not significantly predict organizational reactions of nurses in Anambra State, Nigeria ($\beta = .119; p<.05, N = 230$). When burnout was added, it accounted for additional 17% variation without being a significant predictor of organizational reactions of nurses in Anambra State, Nigeria ($\beta = .121; p<.05, N = 230$).

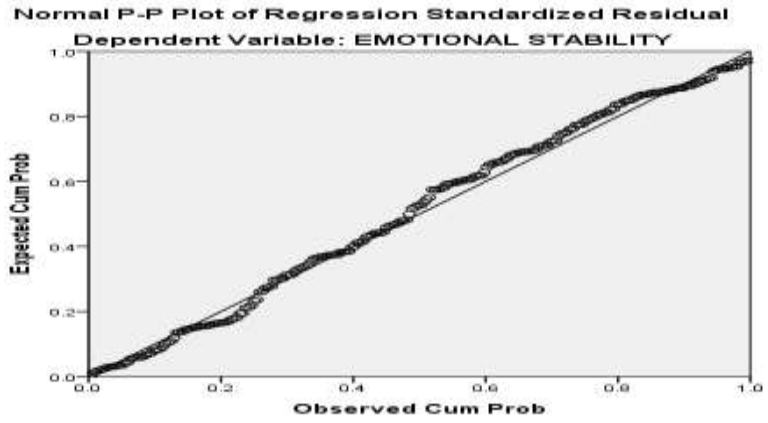
FIGURE 3:



Histogram for Emotional Stability of Nurses in Anambra State, Eastern Nigeria (Biafra).
Source: Analysis of the researchers' primary data

The histogram above showed the nurses' performance on emotional stability with the mean (-4.02E-16) and standard deviation (0.996). The nurses' experiences on emotional stability were substantially symmetrical within the normal curve. There were also few twilight zones/the outliers. The nature of the performance leaves nothing to be worried about, indicating that the emotional stability is healthy enough.

FIGURE 4:



Plot of Regression Standard Residual for Emotional Stability of Nurses in Anambra State, Eastern Nigeria (Biafra).
Source: Analysis of the researchers' primary data

The standardized residual plot above showed the nurses' performance on emotional stability. The independent variables (IVs)/observed probability had a fair prediction of the dependent variables (DVs)/expected probability. The scattergram was very well linear along the line of plot, except with very few tangential departures. This seemed to predict consistency of emotional stability of the nurses. This showed the IVs' good correlations and predictions of the DVs.

TABLE 4:

		1	**2**	**3**
Pearson Correlation	**EMOTIONAL STABILITY**	1.000		
	LIFE DISTRESS	.041	1.000	
	BURNOUT	-.065	-.035	1.000

Note: p<.05, N = 230; Non is significant

Correlations for Life Distress and Burnout as Predictors of Emotional Stability of Nurses in Anambra State, Eastern Nigeria (Biafra)
Source: Analysis of the researchers' primary data

The table 4 above showed the correlations for life distress and burnout as predictors of nurses' emotional stability in Anambra State, Nigeria. The results did not significantly correlate for life distress and emotional stability (p< .05, r = .041, N = 230). Again, there was negative non-significant correlation for burnout and emotional stability (p<.05, r = -.065, N 230).

TABLE 5:

Emotional Stability		
Predictors	***Step1β***	***Step2β***
Step1 - Life Distress	.041	.039
Step2 - Burnout		-063
ΔF	.383	.918
R^2	.002	.006
ΔR^2	.002	.004
Df	1; 228	1;227
Durbin Watson	1.419	

Note: p<.05, N = 230; Non is significant

Regression for Life Distress and Burnout as Predictors of Emotional Stability of Nurses in Anambra State, Eastern Nigeria (Biafra)
Source: Analysis of the researchers' primary data

Table 5 above showed the result of hierarchical multiple regression analyses for life distress and burnout as predictors of emotional stability of nurses in Anambra State, Nigeria. The overall model of the regression analyses was not significant for life distress *(R^2 =.002, ΔR^2 =.002, F (1, 228) =*

.383, p<.05), and burnout (R^2 *=.006,* ΔR^2 *=.004, F (1, 227) = .918, p<.05*). Durbin Watson of 0<1.419<4 showed positive errors autocorrelation. The overall fit of the model showed the final 6% accounting for the variations in sample. Life distress, which accounted for 2% variance, did not significantly predict emotional stability of nurses in Anambra State, Nigeria (*β = .041; p<.05, N = 230*). When burnout was added, it accounted for additional 6% variation while negative non-significant predictor of emotional stability of nurses in Anambra State, Nigeria (*β = -.063; p<.05, N = 230*).

SUMMARY OF FINDINGS/RESULTS

Correlations

1. Life-distress significantly have relationship with organizational reactions of nurses in Anambra State, Eastern Nigeria (Biafra).
2. Nurses' burnout does not have significant relationship with their organizational reactions.
3. Nurses' life-distress does not have significant relationship with their emotional stability.
4. Nurses' burnout adversely affects their emotional stability.

Predictions (for the tested hypotheses at p< .05)

5. Life-distress of nurses will not significantly lead to organizational reactions.
6. Life-distress of nurses will not significantly lead to emotional stability.
7. Burnout from nurses will not significantly lead to organizational reactions.
8. For the nurses, low burnout will lead to emotional stability.

DISCUSSION

The findings of the study are: Life-distress significantly have relationship with organizational reactions of nurses in Anambra State, Eastern Nigeria (Biafra). Nurses' burnout does not have significant relationship with their organizational reactions. Nurses' life-distress does not have significant relationship with their emotional stability. Nurses' burnout adversely affects their emotional stability. Life-distress of nurses will not significantly lead to organizational reactions. Life-distress of nurses will not significantly lead to emotional stability. Burnout from nurses will not significantly lead to organizational reactions. For the nurses, low burnout will lead to emotional stability. Incidentally, Fessell and Goleman (2020) noted that nurses' burnout was on a high side, and the **COVID-19** exacerbated it. The nurses' emotional intelligence and organizational cooperation are inevitably crucial in taking care of frontline healthcare givers (Fessell & Golema, 2020). The findings of the study give credence to the earlier observation by Fernandez, Lord, Halcomb, Moxham, Middleton, Alananzeh, and Ellwood (2020) that nurses private or personal experiences should not be inhibitors to the nurses' nursing responsibilities. Nonetheless, Yin and Zeng (2020) correctly noted that for nurses to give their very best, especially during this **COVID-19** pandemic, the humanistic needs of nurses should be addressed. This contradicts Huang, Xu and Liu (2020) that health situation like **COVID-19** is frightening to nurses and could predispose them nervous breakdown.

Implications of the Study and its Findings

1. Nurses have the potency to develop self-management, self-monitoring, and self-motivation necessary for coping with occupational adversity and danger.
2. Nurses derive intrinsic satisfaction from their services, irrespective of their life-distress and burnout from their jobs.
3. Ordinarily, occupational danger, for instance **COVID-19**, does not deter nurses from engaging in nursing services. This is very interesting.
4. Health-care givers/providers can partake very effectively in containing (handling) the **COVID-19** pandemic if they are provided with the requisite performance and occupational enablers.

CONCLUSION

The study examined life-distress and burnout as predictors of organizational reactions and emotional stability among nurses in Anambra State, Eastern Nigeria (Biafra). The study found that: Life-distress significantly have relationship with organizational reactions of nurses in Anambra State, Eastern Nigeria (Biafra). Nurses' burnout does not have significant relationship with their organizational reactions. Nurses' life-distress does not have significant relationship with their emotional stability. Nurses' burnout adversely affects their emotional stability. Life-distress of nurses will not significantly lead to organizational reactions. Life-distress of nurses will not significantly lead to emotional stability. Burnout from nurses will not significantly lead to organizational reactions. For the nurses, low burnout will lead to emotional stability.

Limitations of the Study

1. The study used only three General Hospitals in Anambra State, Eastern Nigeria (Biafra), excluding other nurses.
2. Finally, participants of this study were predominantly Igbo by tribe. Hence, their cultural background could impact on the study's findings.

Recommendations

From the findings of the study, the following recommendations are proffered:

1. Nurses in Anambra State, Eastern Nigeria (Biafra) should develop their work competencies for coping with life-distress and burnout.
2. Psychological intervention enablers, through organizational psychologists, can be instituted in the General Hospitals for handling life-distress and burnout of nurses in order to increase their optimal performance.
3. Requisite performance and occupational enablers should be provided for the health-care givers/providers.

Suggestions for Further Studies

1. Future studies need to be robust enough to encompass nurses from private hospitals, as well as male nurses. This will aid generalization of findings.
2. There is need to replicate this study in other cultural backgrounds to see if the same findings might be obtained. This will increase the generalizability of the findings.

REFERENCES

Abramowits, J., Borelli, J.L., Forbes, E., & Hofmann, S.G. (2020). *Clinical psychological science's call to action in the time of COVID-19*. Retrieved 8th July, 2020. file:///C:/Users/OKECHU~1.NWA/AppData/Local/Temp/ClinicalCalltoActionCOVID.pdf , https://www.researchgate.net/publication/341364949_Clinical_Psychological_Science%27s_Call_To_Action_in_the_Time_of_COVID-19 ; DOI: 10.31234/osf.io/desg9

Adeleye, S. A. (2006). Nursing personnel shortage and its effect on health care delivery. *West African Journal of Nursing, 17*, 174-177.

Anambra State Ministry of Health, Awka (2019). Number of nurses working in Anambra State, Nigeria, Ministry of Health, Awka.

Ashby, W. R. (1947). Principles of the self-organizing dynamic system. *The Journal of General Psychology*, *37*(2), 125-128. doi:10.1080/00221309.1947.9918144.

Asuquo, E. O., Imaledo, J. A., Thomp-Onyekwelu, C., Abara, N. L., Agugua, C. C. (2016). Job satisfaction among nurses in the university of Port-Harcourt teaching hospital, Port-Harcourt, Nigeria. *International Journal of Current Research in Medical Sciences*, *2*(7), 59 -69.

Bautista, J.R., Lin, T. T. C., & Theng, Y.L. (2020). Influence of organizational issues on nurse administrators' support to staff nurses' use of smartphones for work purposes in the Philippines: focus group study. *JMIR Nursing, 3*(1), January-December. https://nursing.jmir.org/2020/1/e17040 ; DOI: 10.2196/17040

Bonabeau, E., Dorigo, M., & Theraulaz, G. (1999). *Swarm intelligence: From natural to artificial systems* (pp.9-11). OUP USA. ISBN 978-0-19-513159-8.

Coker, A. O. (1999). *Assessment of burnout syndrome in doctors and nurses.* Unpublished M.Sc. Research Project, Department of Psychology, University of Lagos.

Dall'Ora, C., Ball, J., Reinius, M. & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health, 18*(41), 1-17. https://doi.org/10.1186/s12960-020-00469-9

Derogatis, L. R., Lipman, R. S., & Covi, L. (1977). *SCL-90R: administration, scoring and procedures manual.* Baltimore: John Hopkins University School of Medicine, Clinical Psychometrics Research Unit.

Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. In L. Labate (ed). *Mental illnesses-understanding, prediction and control* (pp.105-34). Rijeka, Croatia: InTech Publications.

Dunham, R. B., Smith, F. J., & Blackburn, R. S. (1977). Validation of the index of organizational reactions with JDI, the MSQ and Faces scales. *Academy of Management Journal*, *20*, 420-432.

Erinoso, O. A. (1996). *The sources of stress among Nigerian retirees*. Unpublished B.Sc. Thesis, Department of Psychology, University of Lagos.

Fernandez, R., Lord, H., Halcomb, E., Moxham, L, Middleton, R, Alananzeh, I., & Ellwood, L. (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies, May 8*, 103637. doi:https://doi.org/10.1016/j.ijnurstu.2020.103637

Fessell, D.P. & Goleman, D. (2020). How health care workers can take care of themselves. EMOTIONAL Intelligence, 20 May. Retrieved 14th July, 2020. https://hbr.org/2020/05/how-health-care-workers-can-take-care-of-themselves

Herzberg, B. (1966). Job satisfaction of academic librarians. An examination of the relationship between satisfaction, faculty status, and participation. *College and Research Libraries, 56*(4), 341-350.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*, 319-340.

Higgins, E. T., Roney, C. J. R., Crowe, E., & Hymes, C. (1994). Ideal versus ought predilections for approach and avoidance distinct self-regulatory systems. *Journal of Personality and Social Psychology*, *66* (2), 276-286. doi:10.1037/0022-3514.66.2.276

Huang, L., Xu, F. & Liu, H. (2020). Emotional responses and coping strategies of nurses and nursing college students during COVID-19 outbreak. medRxiv. doi: https://doi.org/10.1101/2020.03.05.20031898 , https://www.medrxiv.org/content/10.1101/2020.03.05.20031898v1

Jiménez-Herrera, M.F., Llauradó-Serra, M., Acebedo-Urdiales, S., Bazo-Hernández, L., Font-Jiménez, I., & Axelsson, C. (2020). Emotions and feelings in critical and emergency caring situations: a qualitative study. *BMC Nursing, 19*(60), 1-10. https://doi.org/10.1186/s12912-020-00438-6

Kekesi, E. K., & Agyemang, C. B. (2014). Perceived job insecurity and psychological distress: The moderating role of work values. *International Journal of Management, Economics and Social Sciences*, *3*(1), 18-35.

Li, Y., & Ahlstrom, D. (2015). Emotional stability: A new construct and its implications for individual behavior in organizations. *Asia Pacific Journal of Management, 33*, 1-28. DOI 10.1007/s10490-015-9423-2.

Maslach, C. (1993). *Burnout: A multidimensional perspective.* In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Series in applied psychology: Social issues and questions. Professional burnout: Recent developments in theory and research* (p. 19–32). Taylor & Francis.

Maslach, C., & Jackson, S. (1986). *The Maslach Burnout Inventory Manual (2nd ed.).* Palo Alto: Consulting Psychologists Press.

Mogaji, A. A. (1997). *Effects of organizational climate on employees' commitment, involvement and motivation in some Nigerian manufacturing industries*. Unpublished Ph.D. Thesis, University of Lagos.

Munir, F., Yarker, D., Haslam, C., Long, H., Leka, S., Griffiths, A., & Cox, S. (2007). Work factors related to psychological and health related distress among employees with chronic illnesses. *Journal of Occupational Rehabilitation*, 17, 259-277.

Okpala, M. O., Joe-Akunne, C. O., Okoli, P. C., Ofojebe, C. P., & Nweke, K. O. (2019). *Workplace incivility among employees: The role of emotional stability and ethical-moral standard*. Paper presented at 2019 Conference of Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University, Awka, with the theme "Psychology of Social Dynamics and Popularity," on 16th and 17th of May, 2019.

Omoluabi, P. F. (1987). *Psychophysiological patterns of anxiety in the development of psychopathology*. Unpublished Ph.D. Thesis, Department of Psychology, University of Lagos

Pushpika, S. M., & Kumudinei, D. (2015). Strategies for maintaining emotional stability: The case of nurses in private health care industry. *Management Science Letters, 5,* 1097-1110.

Samson-Akpan, P. E., Edet, B., Ojong, I. N., & Asuquo, E. F. (2015). Job satisfaction among nurses in public hospitals in Calabar, Cross River State Nigeria. *American Journal of Nursing Science*, *4*(4), 231-237. doi: 10.11648/j.ajns.20150404.22

Sermsri, S. (2007). *Socio-cultural perspective in health*. (2nd Ed.) Nakhon Pathom: AIHD – Mahidol University.

Smith P. (2012). *The emotional labour of nursing revisited: can nurses still care* (2nd ed.). Basingstoke: Palgrave Macmillan.

Smith, F. J. (1976). Index of organizational reactions (IOR). *JSAS Catalog of Selected Documents in Psychology*, *6*(1), 54, 1265.

Smith, F. J. (1976). Index of organizational reactions (IOR). *JSAS Catalog of Selected Documents in Psychology*, *6*(1), 54, 1265.

Smith, P. & Gray, B. (2001). Emotional labour of nursing revisited: Caring and learning. *Nurse Education in Practice, 1*, 42-49.

Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement.* Chicago: Rand-McNally.

Wangai, M. M. (2012). *Factors affecting job satisfaction among secondary school teachers of Mwatate district, Kenya*. An unpublished senior management course project paper, GTI, EMBU, Kenya.

Weiss, D. J., Dawis, R. V., England, G. W., & Lofquist, L. H. (1967). *Manual for the Minnesota Satisfaction Questionnaire.* Minnesota: IRC, University of Minnesota.

Yin, X., & Zeng, L. (2020). A study on the psychological needs of nurses caring for patients with coronavirus disease 2019 from the perspective of the existence, relatedness, and growth theory. *International Journal of Nursing Sciences*, *7*(2), 157-160. DOI: 10.1016/j.ijnss.2020.04.002.

APPENDIX

Dear Ma,

Please respond to the following statements as they apply to you. They are only for research purposes. Your responses will never be used against you, as your identity is unknown. Thank You.

CONSENT FORM/AGREEMENT

I am above 18 years of age. I have read and understood that the information contained herein is for research purpose. I therefore voluntarily chose to participate and respond to these questionnaires. Tick in any of the boxes below.

Agree ☐ **Disagree** ☐

SECTION A

Instruction: Please fill in the section A as they apply to you.

1. **Age……..**
2. **Religion……..**
3. **Ethnicity……..**
4. **Which Unit do you work on……**
5. **Senatorial Zone……**

DEVELOPED BY DEROGATIS, LIPMAN AND COVI (1973).

BURNOUT

Please read each statement carefully and indicate the FREQUENCY of your feeling by SHADING only of the numbers in front of the statements. This is not a test, so there are no rights or wrong answers.

The numbers stands for:

1. = A few times a year
2. = Many times a year
3. = A few times every month
4. = Many times every month
5. = A few times every week
6. = Everyday

Please respond honestly to all the items

1. I feel emotionally drained from my work ……... …….
2. I feel used up at the end of the day's work ……..
3. I feel fatigued when I get up in the morning to face another day on the job……..
4. I can easily understand how my clients/students/patients/workers feel about things……
5. I feel treat some clients/students/patients/workers as if they were impersonal object……..
6. Working with people all day is really a strain for me……..
7. I deal very effectively with the problems of my clients/students/patients/workers……..
8. I feel burned out from my work……
9. I feel I am positive influencing other people's lives through my work……..
10. I have become more callous towards people since I took up this work…….
11. I worry that this job is hardening me emotionally……..
12. I feel very energetic …….. …….....
13. I feel very frustrated……
14. I feel I am working too hard on my job……..
15. I do not really care what happens to some clients/students/patients/workers…… …..
16. Working directly with people puts to much stress on me……
17. I can easily create a relaxed atmosphere with my clients/students/patients/workers……..
18. I feel gladdened after working closely with my clients/students/patients/workers…….

DISTRESS CHECKLIST

Sn	HOW MUCH WERE YOU BOTHERED BY?	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
	SOMATIZATION					
1.	Soreness of your muscles.					
2.	Numbness or tingling in parts of your body.					
3.	Heavy feelings in your arms or legs.					
4.	Weakness in parts of your body.					
5.	Pain in heart or chest.					
6.	Hot or cold spells.					
7.	Pains in lower back.					
8.	Trouble in getting your breath.					
9.	Faintness or dizziness.					
10.	A lump in your throat.					
11.	Headaches.					
12.	Nausea or unset stomach.					
	OBSESSIVE- COMPULSIVE					
14.	Your mind going blank.					
15.	Trouble remembering things					
16.	Difficulty making decisions					
17.	Trouble concentrating					
18.	Worried about sloppiness or carelessness					
19.	Feeling blocked in getting things done					
20.	Having to repeat the same actions i.e. counting, washing					
21.	Unwanted thoughts, etc. that won't leave your mind					
	INTERPERSONAL SENSITIVITY					
22.	Feeling critical of others					
23.	Feeling shy or uneasy with the opposite sex					
24.	Your feelings being easily hurt					
25.	Feeling others don't understand you or are unsympathetic					
26.	Feeling people are unfriendly or dislike you.					
27.	Feeling inferior to other.					
28.	Feeling uneasy when people are watching or talking about you.					
29.	Feeling self-conscious with others.					

30.	Feeling uncomfortable when eating or drinking in public.					
	DEPRESSION					
31.	Loss of sexual interest or pleasure.					
32.	Feeling low in energy or slowed down.					
33.	Thoughts of ending your life.					
34.	Crying easily.					
35.	Feeling of being trapped or caught.					
36.	Blaming yourself for things.					
37.	Feeling lonely.					
38.	Feeling blue.					
39.	Worrying too much about things.					
40.	Feeling no interest in things.					
41.	Feeling everything about the future.					
42.	Feeling everything is an effort.					
44.	Feeling of worthlessness.					
	ANXIETY					
45.	Nervousness or shakiness inside					
46.	Trembling.					
47.	Suddenly scared for no reason.					
48.	Feeling fearful.					
49.	Heart pounding or racing.					
50.	Feeling tense or keyed up.					
51.	Spells of terror and panic.					
52.	Feeling so restless you can't sit at all.					
53.	Feeling that familiar things are strange or unreal.					
54.	Feeling pushed to get things done.					
	HOSTILITY					
55.	Feeling easily annoyed or irritated.					
56.	Temper outbursts that you cannot control.					
57.	Having urges to beat, injure or harm someone.					
58.	Having urges to break or smash something.					
59.	Getting into frequent arguments.					
60.	Shouting or throwing things.					
	PHOBIC ANXIETY					

61.	Feeling afraid in open spaces or on the streets.					
62.	Feeling afraid to go out of your house alone.					
63.	Feeling afraid to travel on buses, sub-ways or trains.					
64.	Feeling uneasy in crowds, such as at a movie.					
65.	Feeling nervous when you are left alone.					
66.	Feeling afraid you will faint in public.					
67.	Having to avoid certain things, etc. cause they frighten you.					
	PARANOID IDEATION					
68.	Feeling others are to blame for most of your troubles.					
69.	Feeling that most people cannot be trusted.					
70.	Feeling that you are watched or talked about by others.					
71.	Having ideas or beliefs that others do not share.					
72.	Others not giving you proper credit for your achievements.					
73.	Feeling that people will me advantage of you if you let them.					
74.	The idea that someone else can control your thoughts.					
75.	Hearing voices that other people do not hear.					
76.	Other people being aware of your private thoughts.					
77.	Having thoughts that are not your own.					
78.	Feeling lonely even when you are with people.					
79.	Having thoughts of sex that bother you a lot.					
80.	The idea that you should be punished for your sins.					
81.	The idea that something serious is wrong with your body.					
82.	Never feeling close to another person.					
83.	The idea that something is wrong with your mind.					
	NEUROTICISM					
84.	Poor appetite.					
85.	Overeating.					
86.	Trouble falling asleep.					
87.	Awakening in the early morning.					
88.	Sleep that is restless or disturbed.					
89.	Thoughts of death or dying.					

19. I have accomplished many worthwhile things in this job……	90.	Feelings of guilt.					

20. I feel like I am the end of my rope……
21. In my work I deal with emotional problems calmly…….
22. I feel clients/students/patients/workers blame me for some of their problem……..

DEVELOPED BY MASLACH AND JACKSON (1986

INDEX OF ORGANIZATIONAL REACTIONS

SHADE the appropriate number to the right of the statement to indicate how your work performance is affected.

The number stands for:

1. = Strongly disagree
2. = Moderately disagree
3. = Not sure
4. = Moderately agree
5. = Strongly agree

(i) SUPERVISION

1. I would be better off working under different supervision ……
2. I am extremely satisfied with the supervision I receive …….
3. Those who supervised me do not influence my overall attitude toward my job……
4. The effort of those who supervise me add to the success of my organization……
5. The people who supervise me have many more good traits than bad ones…….
6. The supervision I receive is the kind that greatly discourages me from giving extra effort……..

(ii) COMPANY IDENTIFICATION

7. There is something about working for this organization that greatly encourages me to do my best…… …….
8. From my experience, I feel this organization probably treats its employees poorly……
9. This organization does not influence my overall attitude toward my job……
10. This organization, as a company to work for, couldn't be much better……..

11. I think this organization, as a company, considers employee welfare much less important than sales and profits……..

(iii) KIND OF WORK

12. Work like mine discourages me from doing my best…….
13. When I finish a day's work I often feel I've accomplished something really worthwhile…….
14. The kind of work I do does not influence my overall attitude toward my job……...
15. Many of the things I do on my job I enjoy……
16. Much of the work I do stirs up real enthusiasm on my part……..
17. I don't like the kind of work I do……..

(iv) AMOUNT OF WORK

18. I feel my workload is never too heavy……...
19. The amount of work I am expected to do does not influence the way I do my job……....
20. The amount of work I am expected to do influences my overall attitude my job…….
21. I feel very dissatisfied about the amount or work I am to do……

(v) CO-WORKERS

22. The employee I work with are the best group I could ask for…….....
23. My overall attitude toward my job is very favourable influenced by the people I work with……..
24. The example my fellow employees set greatly discourages me from working hard……
25. The way co-workers handle their jobs does not add to the success of my organization……..
26. In this organization there is very great deal of friction……

(vi) PHYSICAL WORK CONDITIONS

27. I take much pride in the appearance of my work

place…….

28. I feel extremely satisfied about my physical working conditions…….
29. My physical working conditions do not influence my overall attitude toward my job…….
30. The physical working conditions make working here very unpleasant……
31. For the work I do, my physical working conditions are very poor……
32. My physical working conditions help the way I do my job a great deal…….……

(vii) FINANCIAL REWARD

33. For the job I do, I feel the amount of money I make is extremely good……
34. My needs are not satisfied by the pay and benefits I receive……..
35. Considering what it costs to live in this area, my pay is very inadequate…….
36. The way pay is handled around here makes it worthwhile for a person to work especially hard…..
37. The amount of money I now make has a very favourable influence on my overall attitude toward
    My
    job……
    …….

(viii) CAREER FUTURE

38. I am very worried about my future with this organization…….
39. My feelings about my future with this company have a very favourable influence on my overall
    attitude toward my job…….
40. Hard work seems very worthwhile the way my future with the company looks to me now……
41. I feel I'm making a great deal of progress in the company……..
42. I feel very uneasy about how secure I am in my present job……..

DEVELOPED BY SMITH (1976)

EMOTIONAL STABILITY

Please read each statement carefully and **SHADE** the appropriate number to the right of the statement to indicate how your work performance is affected.

1. = Strongly disagree
2. = Moderately disagree
3. = Not sure
4. = Moderately agree
5. = Strongly agree

1. I can recover from unhappiness quickly and not be influenced by it.....
2. I can calm down quickly from anxiety and not be influenced by it.....
3. I can recover from upset quickly and not be influenced by it.....
4. I can recover from panic (or scare/fear) quickly.....
5. I can recover from negative emotions quickly.....
6. I can recover from distress (or worry) quickly.....
7. Often I feel as if I am facing imminent disaster easily.....
8. Frequently, I get panicked (or scared/afraid) easily.....
9. I get anxious easily.....
10. Most times, I get upset easily.....

DEVELOPED BY LI AND AHLSTROM (2015)