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Effects of Job Burnout on Employees Satisfaction in Selected Health Service Sector in Southwestern Nigeria

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Abstract

This paper examined the effects of job burnout on job satisfaction among selected health service employees in Southwestern Nigeria. The issue of job burnout has been researched, with limited attention to the health service employees in Southwestern Nigeria. The state of health of the people is vital to the survival of any economy as well as the development of any Nation. Data were obtained from the administration of questionnaires to 400 employees who were Doctors, Nurses, Pharmacists & Administrators with permanent employees' status. Multiple regression was used to analyze the data. Major causes of burnout discovered include emotional exhaustion, depersonalisation while personal achievement increases employee job satisfaction. Results of the study showed that insufficient motivation, low organisational support and high job demand could lead to job burnout. The study revealed an inverse relationship between job burnout and employee satisfaction which makes them to perform below expectations. The study concluded that since job burnout inhibits performance and manifests significantly in their service delivery, employers should put policies in place to mitigate it.

Keywords

Job Burnout, Emotional Exhaustion, Depersonalisation, Personal Accomplishment, Employees Satisfaction

1. Introduction

Effective performance of employees is critical to the growth and development of any nation. The state of wellness and soundness in body determines the extent to which individuals can meaningfully contribute to nation building [1] Ubochi, Ehwarieme, Anarado and Oyibocha (2019). The human desire to be in the right

and good health conditions is important to individuals and society at large. It is often seen as crucial, because the economy of the nation depends on the well being of her citizenry as well as its employees. Employees need to be mentally stable and physically fit to function well and impact the socio-economic life of a nation. This condition is required both in the tangible and intangible sectors of the economy.

For the growth and development of any Nation, effective performance of its employee is critical especially that of the health service employees, because they deal directly with life. The employees are expected to be physically and mentally fit before they can perform effectively. Their effective performance is revealed by finding a self-fulfilment in their work environment, organisational support, motivation and several features of the job that can stimulate employee satisfaction.

Health sector constitutes an important sector of the economy which requires tactical management of their human resources. The management of human resources is determinants of the attainment of organisational goal; in most cases, the numerical strength of health service employee is grossly inadequate to meet up with client's expectations, job demand and accessibility [2], Tsai, Jones, Klee and Deegan (2020), where insufficient motivation, low organisation support and high job demand often leads to job burnout.

Job burnout is identified as reaction to emotional exhaustion, depersonalisation, reduction in personal accomplishment that arises from the workplace [3] Elham (2019); [4] Bazmi *et al.* (2019). Review of literature also revealed that in practice, problems faced by employees within the workplace are stress, depression, apprehension, lack of support and lack of job description among others which are identified to be sensitive components that influences employee's satisfaction [5] Luna-Arocas and Camps (2008). Also, most of the empirical studies conducted were centred on either burnout, work stress, intention to quit and work family separately [6] Karabay, Tezergil, and Kose (2014); [7] Maslach *et al.* (1981).

However, the limitations associated with health service employees in Southwestern Nigeria in term of job burnout have not been adequately established empirically. The question that will be addressed consequently upon review of literature is to: examine the effects of job burnout on employee's satisfaction among selected health service employees in Southwestern Nigeria.

2. Literature Review

Job burnout was classified into a three-dimension that comprises emotional exhaustion, depersonalization and reduced personal accomplishment, which are associated with the sense of being used up as a result of enduring exposure to work pressure thereby leading to the workers spacing themselves from client, becoming cynical and disconnected while also having a mindset of ineffectiveness within the place of work despite the level of committed effort. It is that syndrome that is affecting the exhausted employee, the overworked who initially

were once engaged and motivated [7] Maslash and Jackson, (1981).

Therefore, how an employee can sufficiently reduce its burnout and increases employee satisfaction may largely depend on the attention of its management to the issue of burnout, which can largely mitigate these effects [8] Wright and Bonett, 1997; [9] Meyer, Stanly, Herscovitch and Topolnytsky 2002; [10] Franke and Park, 2006. These effects can be reduced with attendant increase in employee satisfaction by making timely managerial decisions, sufficient motivation, organisational support and low job demand [11] Riggle, Edmondson & Hansen, 2009; [12] Koster, Grip and Fouarge, 2011.

Studies have argued the implications of job burnout among employee's [13] Wafaa 2019; [14] Sugumaran, Ahdullah, and Manaf 2016; [6] Karabay, Tezergil, and Kose 2014; [15] Lizano, 2015. Also, empirical findings on job burnout and its level on employees have been explored by researchers [2] Tsai, Jones, Klee & Deegan, 2020; [16] Al-Adwan and Al-Khayat, 2017; [17] Swartz and Potgieter, 2017. Many of these studies focused on job burnout in different sectors while isolating health service employee in southwest, Nigeria. Also, another set of empirical investigation focused on existence and factors that drive job burnout [18] Adebayo, Segun-Adeniran, Fagbohun, and Osayande 2018. The focus of job burnout tends toward non service industry, perhaps, is due to the fact that their effects are easily quantifiable and that the impacts are more noticeable on their profitability.

However, there have been limited evidence concerning the extent to which job burnout affects job satisfaction among selected health service employee in southwestern, Nigeria. Thus, what has not been considered in previous studies is the cumulative effects of job burnout on employee satisfaction among selected health service employees in the southwestern region given their sensitivity to livelihood, it is important to ascertain the effects.

Based on this foregoing, the study extended the frontier of knowledge by exploring empirically, i. the effects of job burnout on employee satisfaction among selected health service employee in southwestern, Nigeria.

Hypothesis of the Study

Ho: job burnout does not influence employee's satisfaction.

H_1: job burnout has influence on employee's satisfaction.

3. Research Methodology

The study area is Osun state, Southwestern Nigeria. The surrounding of the state is North by Kwara state; south by Ogun state; east by Ekiti and Ondo states; and west by Oyo state. Osun state has 30 Local Government Areas and has the coverage of approximately 14,875 sq. km. on longitude 4˚E and 5˚E and latitude 5˚N and 8˚N with estimated population of 4,137,627 million people spread across six main zones Osogbo, Ede, Iwo, Ikirun, Ilesha and Ile-Ife [19] NPC, 2006.

The study employed a multi-stage sampling procedure. The first stage was a purposive selection of (Ife - Ilesa - Eleyele). At the second stage, selection was based on the health service sector that has highest number of experts, three (3) Local Government Areas (LGAs) were selected that have hospital managed by the federal government which were: Obafemi Awolowo University Teaching Hospital (OAUTHC), OAUTHC Westly Guild, OAUTHC Urban Comprehensive Hospital Unit. The third stage involved stratification of the hospitals in each local government into four groups of Doctors, Nurses, Pharmacists and Administrators. The final stage was a snowball sampling of 35 respondents from each group of (Doctors, Nurses, Pharmacists and Administrators) in the three LGAs. A total number of four hundred and twenty (420) health service employees were therefore interviewed. However, only four hundred (400) samples were found analysable due to incomplete responses.

A well-structured questionnaires and personal interview were conducted, primary data were collected from the respondents. Socioeconomic characteristics such as gender, age, marital status, service years, level of education, job burnout and employee job satisfaction were elicited. Descriptive statistics, factorization and OLS regression model were then used for analysis. Descriptive statistics including frequency counts, weighted mean score, standard deviation and percentage were used to describe the socio-economic characteristics and profile perception of health service employees about job burnout. The data were analysed with SPSS package version 21 and Stata package version13.

Statistical Model Specification

The OLS regression is specified explicitly as:

$$\mathrm{EST} = \beta_0 + \beta_{1i}\mathrm{EEH} + \beta_{2i}\mathrm{PEA} + \beta_{3i}\mathrm{DPE} + e_i \cdots \quad (1)$$

where:

EST Employee satisfaction (Likert scale)

EEH Emotional Exhaustion (Likert scale)

PEA Personal Achievement (Likert scale)

DPE Depersonalization (Likert scale)

e_i disturbance terms

β_0, is the constant, β_{1i} β_{2i} β_{3i} are parameters of factor score and items used to capture Emotional Exhaustion (number) and Personal Achievement and Depersonalization respectively.

4. Results and Discussion

4.1. Demographic Characteristics of Respondents

The result in Table 1 shows the personal characteristics of employees in the Nigerian Health sector. Gender distribution reveals that 42% were male and 52% were female. The implication is that Nigerian health sector is not gender bias. The study thus covers both the male and female gender opinion of job burnout

impact on the works' satisfaction. Age distribution shows that about 41% of the respondents aged between 20 - 39 years while 57% fell between 40 - 59 years old. These respondents obtained first degree in B.Sc. (29.7%); HND (19.5%) and Post graduate (34.5%). Most of the respondents (30.5%) spent between 1 - 5 years in service, some other spent 6 - 10 years of experience (34.3%) while 19.5% and 9.2% respectively spent between 11 - 15 years and 16 - 20 years in service. The distribution of respondents by specialty shows that respondents specialized in disciple that are directly and indirectly linked with job burnout. These were Medical Doctor (21%), Pharmacists (17%), Nurses (18%), and Administrators (43%).

Table 1. Demographic characteristics of respondents.

Variable	Frequency	Percentage (%)
Gender		
Male	189	47.3
Female	211	52.7
Age (years)		
20 - 39	165	41.2
40 - 59	229	57.3
60 years and above	6	1.5
Academic Qualification		
HND	78	19.5
B.Sc.	119	29.7
Post Graduate	138	34.5
Others	65	16.3
Years of Service		
1 - 5	122	30.5
6 - 10	137	34.3
11 - 15	78	19.5
16 - 20	37	9.2
21 - 30	26	6.5
Specialty		
Doctor	86	21.5
Pharmacist	68	17.0
Nurses	72	18.0
Administrator	174	43.5
Total	400	100.0

Field survey, 2020.

4.2. Examining the Dimensions of Job Burnout

Table 2 presented distributions of respondents on items constituting job burnout dimensions. The instrument was tested for internal reliability and degree of concordance. Cronbach's alpha which is supported by a relative theory of

Table 2. Table showing distribution of respondents' opinions on Dimensions of Job burnout.

S/N	Dimension:	SA	A	N	D	SD	WMS	Std. Dev.	t-value
A	***Emotional Exhaustion***	Cronbach alpha = 0.671 and Kendall's W coefficient = 0.110*							
1	I am emotionally disturbed by this work (A1)	67 (16.7)	64 (16.0)	49 (12.2)	108 (27.0)	112 (28.0)	2.67 [da]	1.454	−4.609*
2	I feel scared occasionally when I get up in the morning and have to face another day on my job (A2)	46 (11.5)	74 (18.5)	42 (10.5)	115 (28.8)	123 (30.8)	2.51 [da]	1.389	−7.019*
3	I feel used up at the end of the workday (A3)	75 (18.8)	109 (27.2)	71 (17.8)	77 (19.2)	68 (17.0)	3.12 [IN]	1.373	1.675
4	Working with people directly put too much pressure on me (A4)	56 (14.0)	45 (11.2)	46 (11.5)	95 (23.8)	158 (39.5)	2.37 [da]	1.446	−8.781*
5	I find it easy to create a relaxed atmosphere and condition with my patients (A5)	91 (22.8)	146 (36.5)	59 (14.7)	46 (11.5)	58 (14.5)	3.42 [a]	1.342	6.183*
6	I personally feel energetic in my job (A6)	89 (22.2)	137 (34.2)	41 (10.2)	76 (19.0)	57 (14.2)	3.31 [a]	1.378	4.535*
B	***Personal Accomplishment***	Cronbach alpha = 0.699 and Kendall's W coefficient = 0.142*							
1	Working with people everyday trains me (B1)	49 (12.2)	71 (17.7)	66 (16.5)	101 (25.2)	113 (28.2)	2.61[a]	1.378	−5.733*
2	I have positive feeling that my work with people is influencing others' life (B2)	158 (39.5)	138 (34.5)	28 (7.0)	41 (10.2)	35 (8.7)	3.86 [a]	1.283	13.366*
3	I feel I am working too hard on my job (B3)	78 (19.5)	123 (30.7)	51 (12.7)	100 (25.0)	48 (12.0)	3.21 [a]	1.334	3.112*
4	I feel I treat some recipients as if they were impersonal object (B4)	75 (18.7)	47 (11.7)	54 (13.5)	92 (23.0)	132 (33.0)	2.60 [da]	1.505	−5.282*
5	I do not really care what happens to some patients (B5)	76 (19.0)	58 (14.5)	21 (5.2)	53 (13.2)	192 (48.0)	2.43 [da]	1.625	−6.983*
6	I have become more callous towards people since I took my job (B6)	69 (17.2)	60 (15.0)	32 (8.0)	66 (16.5)	173 43.25	2.47 [da]	1.567	−6.829*
7	I calmly deal with emotional problems in my work (B7)	126 (31.5)	161 (40.2)	32 (8.0)	40 (10.0)	41 (10.2)	3.73 [a]	1.283	11.336*
C	***Depersonalization***	Cronbach alpha = 0.366 and Kendall's W coefficient = 0.050*							
1	I feel burned out from my job (C1)	92 (23.0)	97 (24.2)	57 (14.2)	80 (20.0)	74 (18.5)	3.13[a]	1.446	1.833*
2	I can easily understand how my patient feel about their health (C2)	109 (27.2)	150 (37.5)	64 (16.0)	56 (14.0)	21 (5.2)	3.68 [a]	1.167	11.564*
3	I feel patients blame me for some of their problems (C3)	69 (17.2)	77 (19.2)	83 (20.7)	67 (16.7)	104 (26.0)	2.85 [da]	1.440	−2.084*
4	I deal very efficiently with the problems of my patients (C4)	104 (26.0)	164 (41.0)	53 (13.2)	60 (15.0)	19 (4.7)	3.69 [a]	1.151	11.906*

N:B- W.M.S. = weighted mean score; agreed ≤ 3.00 ≥ disadgreed. Average WMS = 3.00; SA = Strongly agreed; A = Agreed; N = Neutral; D = disagree; SD = strongly disagreed. Source: Field survey, 2020.

generalization where they are used in evaluating reliability [20] Mohsen and Reg (2011) and Kendall's W tests result were emotional exhaustion (0.671; 0.110), personal accomplishment (0.699, 0.142) and depersonalization (0.636, 0.050). In general term, the instrument used was internally consistent, however, not more than 11%, 14.2% and 5% of the respondents had uniform opinions about the element of each dimension. This may be due to divergence of disciplines across the health sector.

Table 2 shows that job burnout has three dimensions. Five (5) out of six (6) items used to capture emotional exhaustion variable (A1-A6) were statistically significant (t-value ≥ 1.96) showing both the mean score and standard deviation. For "am emotionally disturbed by this work (2.67 ± 1.45); I feel scared occasionally when I get up in the morning and have to face another day on my job (2.51 ± 1.34); Working with people directly put too much pressure on me (2.37 ± 1.45); I find it easy to create a relaxed atmosphere and condition with my patients (3.42 ± 1.34); I personally feel energetic in my job (3.31 ± 1.38)". The mean values for the first three (3) items had below 3.0 average score, and disagreed cumulatively whereas, the mean values for last two (2) items had above 3.0 average score, and agreed cumulatively.

For personal accomplishment, seven (7) items B1-B7 used were significant at (T ≥ 1.69). In terms of mean and standard deviation scores, respondents agreed that "I have positive feeling that my work with people is influencing others' life (3.86 ± 1.28)"; "I feel I am working too hard on my job (3.21 ± 1.33)"; "I calmly deal with emotional problems in my work (3.73 ± 1.28)" whereas respondents cumulatively disagreed that "Working with people everyday trains me (2.61 ± 1.38)"; "I feel I treat some recipients as if they were impersonal 'object' (2.60 ± 1.50)"; "I do not really care what happens to some patients (2.43 ± 1.62)", and "I have become more callous towards people since I took my job (2.47 ± 1.57)".

Depersonalization was also capture using a 4-item C1-C4 construct. Three (3) of these four (4) items were collectively agreed among respondents and had the following mean and standard deviation scores. For "I feel burned out from my job (3.13 ± 1.45)"; "I can easily understand how my patient feel about their health (3.68 ± 1.17)"; and "I deal very efficiently with the problems of my patients (3.69 ± 1.15)" whereas, "I feel patients blame me for some of their problems (2.85 ± 1.44)" was disagreed generally.

4.3. Element of Employee Satisfaction in the Nigerian Health Sector

Table 3 presented distributions of respondents on items constituting employee satisfaction. Seven (7) of the ten (10) items used were statistically significant (T ≥ 1.96) and the average scores all conformed to agreement in opinions (WMS > 3.00). The mean and standard deviation were: I give full attention to patients to show care and concern (3.96 ± 1.16); My performance is enhanced by the resources made available for my daily work demands (3.68 ± 1.15); The number of

patient I needed to attend to daily are too many for me to cope with given time constraint (3.28 ± 1.22); My response time to patients' issues is prompt anytime there is a case before me (3.54 ± 1.23); The number of patients I need to attend to daily are too many for me to cope with given the material resources needed for my task (3.29 ± 1.13); My interest to engage in private practice is not doubtful because of poor working conditions (3.18 ± 1.28); My complaints regarding job demands, heavy workloads and work demands are increasing (3.23 ± 1.27).

The instrument was tested for internal reliability and degree of concordance. Cronbach's alpha and Kendall's W tests result were 0.775 and 0.068. In general terms, the instrument used was internally consistent, and about 6.8% of the respondents agreed with respect to choice of opinion responses to the ten (10) items.

Table 3. Table showing employee satisfaction.

S/N	Employee satisfaction	SA	A	N	D	SD	Cronbach alpha = 0.775 Kendall's W coefficient = 0.068*		
		F (%)	F (%)	F (%)	F (%)	F (%)	WMS	Std. Dev.	t-value
1	I give full attention to patients to show care and concern	155 (38.7)	148 (37.0)	51 (12.7)	17 (4.2)	29 (7.2)	3.96[a]	1.157	16.549*
2	My performance is enhanced by the resources made available for my daily work demands	98 (24.5)	170 (42.5)	65 (16.2)	40 (10.0)	27 (6.7)	3.68 [a]	1.147	11.856*
3	The number of patients I needed to attend to daily are too many for me to cope with given time constraint	79 (19.7)	104 (26.0)	96 (24.0)	93 (23.2)	28 7.00	3.28 [a]	1.219	4.634*
4	I always have challenges accomplishing my job demands because of stress	58 (14.5)	102 (25.5)	58 (14.5)	147 (36.8)	35 (8.7)	3.00 [da]	1.248	0.040[NS]
5	My response time to patients' issues is prompt anytime there is a case before me	104 (26.0)	125 (31.2)	87 (21.7)	51 (12.7)	33 (8.2)	3.54 [a]	1.234	8.754*
6	My disposition towards work anytime I plan to go to work not gratifying because of my work environment	72 (18.0)	98 (24.5)	76 (19.0)	113 (28.2)	41 (10.2)	3.12 [a]	1.284	1.831[NS]
7	The number of patients I need to attend to daily are too many for me to cope with given the material resources needed for my task	53 (13.2)	152 (38.0)	73 (18.2)	103 (25.8)	19 (4.7)	3.29 [a]	1.129	5.181*
8	My interest to engage in private practice is undoubted because of poor working conditions	77 (19.2)	91 (22.7)	102 (25.5)	85 (21.2)	45 (11.2)	3.18 [a]	1.278	2.739*
9	My complaints regarding job demands, heavy workloads and work demands are increasing	74 (18.5)	119 (29.7)	68 (17.0)	101 (25.2)	38 (9.50)	3.23 [a]	1.274	3.532*
10	My organization is experiencing high employee turnover	54 (13.5)	88 (22.0)	91 (22.7)	91 (22.7)	76 (19.0)	2.88 [da]	1.318	−1.783[NS]

N:B- W.M.S. = weighted mean score; agreed ≤ 3.00 ≥ disadgreed. Average WMS = 3.00; SA = Strongly agreed; A = Agreed; N = Neutral; D = disagree; SD = strongly disagreed. Source: Field survey, 2020.

4.4. Factorization of Dimension of Job Burnout

The inter-items correlation matrix in Table 4 showed that items A1-A5; B1, B2, B4, B5, B6 and C2, C4 had weak correlation with one or more other variables representing emotional exhaustion, personal accomplishment and depersonalization and as such a multiple regression analysis can be carried out to answer the H_{01}. However, item A5, A6; B3, C1, C3 are either mildly or strongly correlated with other items. This implies that item A5, A6, B3, C1, and C3 are independent of other items of emotional exhaustion, personal accomplishment and depersonalization. Items with correlated components of the three dimensions of job burnout were thereby subjected to principal component analysis to eliminate subtle nuances of collinearity. Congruently, I find it easy to create a relaxed atmosphere and condition with my patients; I personally feel energetic in my job; I feel I am working too hard on my job; I feel burned out from my job; and I feel patients blame me for some of their problems were considered as independent predictors in regression model and thus excluded from factor analysis.

Table 4. Showing Inter-items correlation coefficients for the three dimensions of job burnout. (a) Emotional exhaustion; (b) Personal accomplishment; (c) Depersonalization.

(a)

	A1	A2	A3	A4	A5*
A2	0.702				
A3	0.411	0.590			
A4	0.616	0.651	0.433		
A5*	0.172	0.144	0.168	0.220	
A6*	−0.197	−0.200	−0.181	0.028	0.171

(b)

	B1	B2*	B3*	B4	B5	B6
B2*	0.021					
B3*	0.324	0.246				
B4	0.508	−0.120	0.341			
B5	0.474	−0.196	0.269	0.752		
B6	0.531	−0.186	0.188	0.624	0.810	
B7	−0.044	0.401	0.260	−0.047	−0.118	−0.146

(c)

	C1*	C2	C3*
C2	0.032		
C3*	0.285	−0.117	
C4	0.082	0.539	−0.009

* implies an item has low correlation with other items.

As a result, four (4), five (5), and two (2) items in Table 4 representing emotional exhaustion, personal accomplishment and depersonalization respectively were subjected to principle component analysis. Table 5 shows that The Kaiser-Meyer-Olkin Measure of Sampling Adequacy were 0.773, 0.719, 0.500 indicating that 77.3%, 71.9% and 50.0% of variance in emotional exhaustion, personal accomplishment and depersonalization variables respectively might be caused by underlying factors. Similarly, significant at $P < 0.01$, Bartlett's test of sphericity tests for emotional exhaustion (697.393); personal accomplishment (942.966); and depersonalization (136.612) indicated that the variables of job burnout dimensions were related and therefore suitable for structure detection. The average variance extracted (AVE) does not go below the recommended Eigen value of 0.50 (Hair *et al.*, 1998). This is the amount of variations in the four (4), four (4) and two (2) items for the three job burnout dimensions respectively depicting convergent validity of the study structure.

4.5. Effects of Job Burnout on Employee Satisfaction among Selected Health Service Employee in Southwestern Nigeria

Ho: job burnout does not influence employee's satisfaction.

H_1: job burnout has influence on employee's satisfaction.

Factor analysis extracted one (1), two (2), and one (1) major principal components each to explain nearly 68%, 78% and 77% of the variability in the original four (4), four (4) and two (2) variables of emotional exhaustion, personal accomplishment and depersonalization. These components were strongly correlated with the following principal components: For emotional exhaustion, component 1 representing factor1 was associated with 4 items - A1 (0.838), A2 (0.903), A3 (0.719) and A4 (0.825). For personal accomplishment: component 1 representing factor 2 was associated with four (4) items - B1 (0.735), B4 (0.858), B5 (0.899), B6 (0.872) and component 2 representing factor 3 was associated with two (2) items - B2 (0.837), B7 (0.826). Similarly, for depersonalization component 1 representing factor 4 was associated with two (2) items - C2 (0.877) and C4 (0.877). These were then compressed into four (4) predictors: Occasional fear of working (factor score 1); positive feeling of influencing others' life at work (factor score 2); carefree attitude at work toward patients (factor score 3); and over-concerns for patient's health (factor score 4). The four estimated factor scores were used in lieu of the predictors' values in regression analysis.

Regression analysis tested the effects of job burnout on employee satisfaction. There were 3 indicators: demographic factors to control for individual and professional biases; the four (4) factor estimates from factor analysis and independents predictors to account for the job burnout dimensions, these were regressed against employee satisfaction. The outputs were given in Table 6.

In the regression results, R-square score depicted that the three (3) dimensions of job burnout respectively included in the model, that is, emotional exhaustion, personal accomplishment, depersonalization and demographic va-

riables accounted for about 23%, 37%, 44% and 45% of variations in employee satisfaction respectively in the health sector of Nigeria. A Durbin-Watson statistic of 2.189 was obtained, which indicated that the model predictors are non-collinear. The significant F-tests (58.870, 46.476, 30.075, 24.242, $P < 0.01$) for the three dimensions of job burnout revealed that model is fit for this analysis and H_{01} cannot be rejected. Thus, it is affirmed that job burnout significantly affects employee satisfaction in the health sector of Nigeria.

Table 5. KMO and Bartlett's Test of sphericity.

		Emotional Exhaustion	Personal Accomplishment	Depersonalization
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.773	0.719	0.500
Bartlett's Test of Sphericity	Approx. Chi-Square	1016.229	942.966	136.612
	Df	15	10	1
	Sig.	0.000	0.000	0.000

Df = degree of freedom; Source: Author's analysis, 2020.

Table 6. OLS Regression showing impact of job burnout on employee satisfaction.

Employee satisfaction	Standardized Coefficients		Durbin-Watson = 2.189			
	Beta	Std. Error	R^2	F-value	T-value	Sig.
Emotional Exhaustion			0.229	58.870		0.000
Ease of creating a relaxed atmosphere with patients	0.050	0.023			1.176	0.240
Occasional fear among employee due to work	−0.165*	0.041			−2.808	0.005
Personal Accomplishment			0.371	46.476		0.000
I feel I am working too hard on my job	0.058	0.025			1.251	0.212
Positive feeling of influencing others' life at work	0.210*	0.038			3.879	0.000
Carefree attitude at work toward patients	0.251*	0.031			5.787	0.000
Depersonalization			0.438	34.075		0.000
I feel burned out from my job	−0.158*	0.025			−3.113	0.002
I feel patients blame me for some of their problems	−0.186*	0.023			−3.993	0.000
over-concerns for patient's health	−0.151*	0.032			−3.390	0.001
Demographic characteristics			0.449	24.242		0.000
Gender	−0.076***	0.058			−1.869	0.062
Age	−0.028	0.070			−0.538	0.591
Academic Qualification	0.053	0.035			1.073	0.284
Year of Service	−0.042	0.031			−0.796	0.427
Specialty	0.003	0.030			0.068	0.946
(Constant)	2.805	0.213			13.150	0.000

Source: author's analysis, 2020.

Examining each and every job burnout dimensions and demographic features of respondents in Table 6, only coefficient of gender ($\beta = 0.076$, $P < 0.1$) out of all the control variables, had a significant influence on employee satisfaction but negative. This implies that 1.0% increase in the number of men in the health sector will likely lead to 7.6% decline in employee satisfaction. Going by this, employee gender also plays a role in job satisfaction.

Lending credence to marginal relationship among job burnout variables, only elements of personal achievement had significantly positive correlation with employee satisfaction. These were "positive feeling of influencing others' life at work ($\beta = 0.210$, $P < 0.01$); and carefree attitude at work toward patients ($\beta = -0.251$, $P < 0.01$). On the other hand, elements of emotional exhaustion and depersonalization - occasional fear among employee due to work ($\beta = -0.165$, $P < 0.01$); I feel burned out from my job ($\beta = -0.158$, $P < 0.01$); I feel patients blame me for some of their problems ($\beta = -0.186$, $P < 0.01$); and over-concerns for patient's health ($\beta = -0.151$, $P < 0.01$)" respectively had significant inverse relationship with employee satisfaction.

In all, if the rate at which employees feel positive of their influence on others' life at work and as well, employee show carefree attitude toward patients rise by 1.0% each, the likelihood that employee satisfaction will improve are 21.0% and 25.1% respectively. On the other hand, if there is 1.0% increase in the occasional fear due to work experienced by employees; employee feeling of job burnout; employees feel being blamed by patients for some of their problems; and employee have over-concerns for patient's health, corresponding, there would be about 16.5%, 15.8%, 18.6%, and 15.1% likely declines in employee satisfaction in the Nigerian health sector.

5. Conclusion and Recommendation

The study has examined the effects of job burnout on employees' satisfaction in the health service sector of Southwestern, Nigeria and concluded that element of personal achievement has a significant positive correlation with employee satisfaction which is in agreement with the work of [2] Tsai *et al.* (2020). This implies that employees should be given liberty to express his/her care altitude towards their patient, thereby giving employee a positive feeling of influencing other peoples' life. Also, element of emotional exhaustion and depersonalisation had significant inverse relationship with employee satisfaction [13] Wafaa (2019); [17] Swartz & Potgieter (2017) by implication employer can give sufficient motivation, increase organisational support and streamline the job demand in order to reduce the level of burnout among employees' in health service sector and a continuous policy should be taken to mitigate against the elements of job burnout.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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