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**Influence of Socio-Demographic Factors on the Occupational Well-Being of Teachers and Nurses in the Tamale Metropolis**



## Influence of Socio-Demographic Factors on the Occupational Well-Being of Teachers and Nurses in the Tamale Metropolis

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### Abstract

**Purpose:** This research assessed the occupational well-being indicators of burnout, work engagement (WE) and career commitment (CC) among nurses and Senior High School (SHS) teachers in the Tamale Metropolis in Ghana and the effect of socio-demographic factors such as occupational type, gender and religious orientation or identity (being Christian, Muslim or Others) on the occupational well-being indicators.

**Methodology:** Three hundred and twenty-two (322) SHS teachers and nurses, selected through stratified random sampling, were administered questionnaires assessing burnout (exhaustion, cynicism and professional inefficacy), WE and CC.

**Findings:** Senior high school teachers and nurses generally reported high levels of burnout component (Exhaustion and cynicism), WE and CC. Score on the professional in-efficacy component of burnout was low which is consistent with the high scores on work engagement and career commitment. There were significant differences in levels of burnout (Exhaustion, Cynicism, professional inefficacy) among SHS teachers and nurses with nurses reporting higher. There was no significant difference in WE and CC among nurses and teachers. Females reported higher cynicism and professional inefficacy than males. There was also no significant difference in the levels of WE, CC and burnout among nurses and teachers with regards to religion.

**Unique contribution to theory, practice and policy:** The findings of the study brought to light the fact that burnout among nurses and SHS teachers in the Tamale metropolis is real and thus recommends that intervention efforts in terms of improving the working conditions of teachers and nurses aimed at reducing burnout and enhancing occupational well-being should be taken seriously by the Ministry of Health and the Ghana Education Service respectively with more focus on the nursing profession. The findings of the study also suggest that more intervention attention should be directed towards female teachers and nurses as they are more vulnerable.

**Keywords:** *Socio-Demographic Variables, Burnout, Nurses, Teachers, Tamale Metropolis, Ghana*

## 1. Introduction

This research assessed the occupational well-being (OWB) of nurses and Senior High school (SHS) teachers in the Tamale Metropolis and the differential effect of demographic variables such as gender and religious orientation on their well-being. It examined whether a significant difference exist in the experience of various well-being indicators such as burnout, work engagement(WE) and career commitment(CC) among the two-human service ('people work') occupations of teaching and nursing in which the goal is to provide service and aid to people. As a result of this, these two professions are characterised by emotional and interpersonal stressors (Maslach, Schaufeli & Leiter, 2001) and are therefore very stressful (e.g., Siegrist, 1996). As noted by Maslach et al., 2001), the kind of stress these human service occupations encounter is different (mainly emotional and Interpersonal) from those experience by other occupational areas such as manufacturing and construction jobs whose stressors are more likely to be physical and psychological related stressors (Schnall et al., 2000). Even though both teaching and nursing are human service occupations that have been identified to be very stressful (Siegrist,1996), they are very different professions and therefore most likely to have differential experience of stress, burnout and other well-being indicators.

Assessing the OWB of these two human service professions and socio-demographic factors associated with it is crucial as it will help us undertake intervention strategies aimed at enhancing the well-being of the employees. In addition, OWB indicators such as burnout, WE, and CC has been shown to be associated with important organizational outcomes such as turnover intentions, job satisfaction and organizational commitment (e.g., Alarcon, 2011). It is therefore important to assess the levels of these well-being indicators and whether employees of these human service occupations (nursing and teaching) experience differential levels of them. In addition, even though limited, demographic factors such as gender, work experience and age has been found to be associated with well-being indicators such as burnout (Abasimi et al., 2025, Opoku et al. 2022). It is therefore critical that research investigate experience of occupational well-being indicators with regards to demographic factors. It is on the basis of this that the current research is undertaken.

### 1.1 Statement of the Problem

A review of earlier studies reveals that less research attention has been paid to assessing the levels of certain OWB indicators such as burnout, WE and CC as well as the socio-demographic factors associated with them, particularly among nurses and SHS teachers, two human service occupations ("people's work") that research (e.g., Siegrist, 1996), has found to be very stressful. Specifically, less attention has been paid to the influence of profession or occupational type, religious orientation and gender on the employee well-being indicators of burnout, WE and CC among nurses and teachers, despite initial evidence indicating that factors such as religiosity and spirituality influence well-being indicators such as burnout (Kovacs & Kezdy, 2008). The present study thus focuses on assessing the level of burnout (exhaustion, Cynicism, professional

inefficacy), WE and CC and the influence of profession or occupation (nursing and teaching), religious orientation or identity and gender on nurses and teachers in the Tamale Metropolis. Nurses and teachers are among the crucial human resource of every country especially developing ones like Ghana as they contribute to their health and man power needs. However, past research (e.g., Siegrist, 1996) has identified nursing and teaching as two human services occupations that are highly stressful. This could potentially lead to teacher and nurse attrition. From experience as a teacher who has served at various schools such as the primary, Junior High, Senior High and presently teaches and work with nurses and teachers at the university as well as involved in their training, the researcher can attest to the fact that the psychosocial work environment of these professions influences their occupational well-being. However, little has been documented on the levels of certain critical OWB such as burnout, WE and CC as well as the differential experience of the occupational well-being indicators of burnout, CC, and WE among these two human service professions as well as the influence of gender and religious orientation on these well-being indicators. Knowledge of this is important as it will help stakeholders put up appropriate intervention measures aimed at enhancing their OWB and by extension retaining these critical professionals. This research thus specifically examines the effect of some socio-demographic variables such as gender, occupational group and religious orientation on the outcome variables of burnout, WE and CC.

## 2. Literature Review

### 2.1 Burnout

Burnout is a critical issue in the psychological literature (Doohan, 1982) and has been found to correlate with a number of important organizational constructs such as turnover intentions, job satisfaction and organizational commitment (Alarcon, 2011). Burnout has been variously defined and researchers have suggested theoretical compositions of burnout and the prevalence of many scales indicates these varying views on the construct (Maslach & Goldberg et al., 2001, as cited in Alarcon, 2011). According to Colman (2003) burnout is an acute stress reaction that is characterized by exhaustion, resulting from overwork, with anxiety, fatigue, insomnia, depression, and impairment in work performance. It has also been described as a prolonged physical or emotional strength or motivation and lack of interest in the work usually as a result of prolonged stress or frustration (Maslach et al., 2001).

Several scales measuring burnout exist. However, the most prevalent scale is the Maslach Burnout Inventory (MBI; Maslach et al., 2001). The MBI comprises three subscales, exhaustion, cynicism, and professional inefficacy or reduced personal accomplishment. Exhaustion consists of a feeling of not being able to give any more emotionally to the job because people have nothing more to give (Maslach & Goldberg, 1999; Maslach et al., 2001). It is considered the core component of burnout and consists of feeling of being overextended and depleted of one's emotional and physical resources (Halbesleben & Demerouti, 2005). Depersonalization, which was later renamed as cynicism, represents an employee's effort to distance himself from the job and clients by ignoring

the job and client's unique and engaging qualities. Reduced personal accomplishment (professional inefficacy) is a decrease in one's perceived professional efficacy (Maslach & Leiter, 1997).

In the present research, the conceptualization of Maslach et al. (2001) of burnout is adopted and assessed using the three subscales of the Maslach Burnout Inventory General Survey (MBI-GS) consisting of exhaustion, cynicism, and professional inefficacy.

## 2.2 Work Engagement

Work engagement has been defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2004). Vigor is characterized by high levels of energy and mental resilience during working, and persistence even in the midst of difficulties. Dedication refers to being intensely involved in one's work and exhibiting a sense of enthusiasm, inspiration, pride, and challenge. Absorption is characterized by being fully concentrated and happily engrossed in one's work without noticing the passage of time. The present study adopts the view that work engagement is a distinct construct that may be negatively related to burnout (Schaufeli & Bakker, 2004). It thus examines work engagement as a unique construct and measures it in terms of overall engagement (Schaufeli et al., 2006).

## 2.3 Career Commitment

Career commitment (CC) is an important construct in the psychological literature and has been found to relate to constructs such as locus of control, length of service, job satisfaction and remuneration (Jones et al., 2006). Career commitment has been defined as "one's attitude towards one's profession or vocation" (Blau, 1985, p. 278). Carson and Bedeian (1994) also defined it as "one's motivation to work in a chosen vocation" (Carson & Bedeian, 1994, p. 240). Goulet and Singh (2002) conceptualised CC as "the extent to which someone identifies with and values his or her profession" (p. 75). Career commitment is mostly used interchangeably with professional commitment by researchers to mean the same thing (Jones et al., 2006).

## 2.4 Levels of burnout, work engagement and career commitment

A number of studies in western countries have assessed the levels of burnout, work engagement and career commitment among various samples of employees. The studies of Schaufeli and Bakker (2004), Goulet and Singh (2002), and Maslach et al. (1986, 2010) are examples in this regard. However, limited research on these OWB indicators exist in the African and Ghanaian context. This research is therefore one of the first to bridge that gap by not only assessing the levels of these indicators but also examining some socio-demographic factors associated with them among nurses and SHS teachers. For work engagement Schaufeli and Bakker (2006) reported means ranging from 38.52 (SD = 12.51) to 39.33 (SD = 11.88) for the subscales of vigor, dedication and absorption. For career commitment, Goulet and Singh (2002) reported a mean score of 25.44, SD = 6.08 among their sample which indicate average career commitment. Sonnentag and Fritz (2007) reported mean of 12.05 (SD = 2.85) for exhaustion among nurse while Maslach et al., (1986, 2010)

reported mean scores of 14.90, (SD = 6.9), 9 (SD = 6.2), and 13.5, (SD = 5.94) for exhaustion, cynicism and professional inefficacy respectively among nurses.

## 2.5 Demographic characteristics and occupational well-being

In addition to the fact that OWB indicators such as burnout varies among various occupational groups (Schaufeli, Leiter & Kalimo, 1995, as cited in Maslach et al., 1996, Salari et al., 2020, as cited in Tataala et al., 2025), indicating that occupational type or profession influence the OWB of employees, evidence show that some socio- demographic factors influence OWB indicators such as burnout, CC and work engagement. As noted by earlier researchers, burnout is influenced by factors such as personal characteristics and gender (Adekola, 2013; Olanrewaju & Chineye, 2013) and occupational type (Adebayo & Ezeanyu, 2010, Kirk-Brown & Wallace, 2004). However, the findings on the relationship between these factors are limited and mostly inconsistent. For instance, some researchers report gender differences in the experience of burnout while others do not. For example, the study of Olanrewaju and Chineye (2013) revealed gender difference in the experience of burnout among male and female workers in Ekiti State University Teaching Hospital. The findings revealed female health workers including pharmacist, health assistant, doctors and nurses were more vulnerable to burnout than their male counterparts. The findings of another study conducted by Bayani et al. (2013) on the influence of demographic characteristics such as age, gender and years of teaching however was inconsistent to that of Olanrewugu and Chiniye (2013) and that of Balkovic et al (2013). Bayani et al. (2013) found that male teachers in a secondary school from Shahrood, Iran reported greater burnout (i.e. emotional exhaustion and depersonalisation) than their female counterparts. Male and female teachers however did not show any difference in reduced personal accomplishment (professional inefficacy). Antoniou et al. (2013) found that female primary and secondary school teachers experience more stress and lower personal accomplishment than men.

Contrary to the study of Olanrewaju and Chineye (2013), Bakovic et al. (2012) found no gender difference in burnout, that is depersonalisation and emotional exhaustion elements of burnout, among male and female final year medical students at the School of Medicine in Belgrade. A total of 755 out of 982 fifth- and sixth-year students participated in the study during the years 2010 and 2011. The findings of bakovic et al. (2012) is somewhat consistent with Abasimi et al. (2025) who found no significant gender difference in burnout among nurses and midwives in the Yendi Municipality in Northern Ghana.

Although religiosity and spirituality have also been found to significantly negatively relate to burnout (Kovacs & Kezdy, 2008), the relationship between religious orientation or religious identity and OWB indicators such as burnout has not been the focus of research, a gap that the present study addresses. Limited research (Ghumman et al., 2013, as cited in Héliot et al., 2020) revealed that religious identity can affect employee well-being and other individual work outcomes. Despite this, the intersection of religion and the workplace is not widely researched (Lynn et al., 2010). The question of whether religious orientation or identity (e.g., being Muslim,

Christian, Buddhist) could influence the occupational well-being of employees is largely unexplored, hence the need for the present study. The inconsistencies reported in the influence of factors such as gender on well-being indicators such as burnout suggest that more studies are needed to understand better the influence of gender and other socio-demographic characteristics. It is in the light of this that the present study examined the influence of occupational group or type, gender and religious orientation on burnout, work engagement and career commitment.

## 2.6 Hypotheses of the study

Based on the literature reviewed, the following hypotheses are stated and tested.

- (1) A significant difference will exist in the levels of burnout components (exhaustion, cynicism and professional inefficacy) among nurses and teachers.
- (2) A significant difference will exist in the levels of work engagement and career commitment among nurses and teachers
- (3) There will be a significant difference in the reported levels of occupational well-being (OWB) indicators of burnout (exhaustion, cynicism and professional inefficacy), work engagement and career commitment among male and female participants.
- (4) There will be a significant difference in the levels of OWB indicators among the religious orientations of Christianity, Islam and other religions.

## 3. Methodology

### 3.1 Research Design

This research employed a descriptive cross-sectional survey design to examine differences in occupational well-being indicators based on socio-demographic factors of the sample.

### 3.2 Participants

Based on Krejcie and Morgan (1970) guidelines, the present study made use of a total of 322 nurses and teachers as sufficient sample for the study since the total accessible population of nurses and teachers was 1,442 (i.e., 1,229 for nurses and 213 for teachers). Teachers were systematically selected from a random selection of 3 out of 6 public schools while nurses were systematically selected from the 3 main public hospitals in the Metropolis. The breakdown of the number of nurses in the various hospitals as at the time of data collection is as follows: Hospital 1 = 800, Hospital 2 = 196, Hospital 3 = 233. With the exception of community health nurses and Health Assistant Training School (HATS) all categories of qualified registered nurses were eligible for selection. Similarly, the breakdown of the teachers in the selected senior high schools is as follows: SHS1 = 74, SHS 2 = 84 and SHS 3 = 55.

Majority of the respondents (59.9%) were in the age group of 26-35 years followed by that of 36-45 (19.6) and the least number was in the age range of 56-65 (1.2%). Majority of respondents (both teachers and nurses) were males (54.3%) while 45.7% were females. This was quite

surprising as these two professions in the Ghanaian context had been previously perceived to be female dominated

Regarding Educational level, majority of the respondents (48.8%) were Diploma/Certificate holders closely followed by First Degree holders (46.9%). Only 4.3% of respondents had masters.

### **3.3 Instruments/Measures**

#### **3.3.1 Burnout**

Burnout was assessed using the 16-item Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli et al, 1996), a 7-point Likert type Scale ranging from 0= never to 6 = daily. This scale has 16 items with sub-scales measuring exhaustion, EX, (5 items), Cynicism, CY, (5 items), and Professional (in) efficacy, PE, (6 items). In this research, the various components of burnout were measured with the entire professional efficacy (PE) items (which are positively worded) being reversed scored. This implied that high scores on the Exhaustion, Cynicism and Professional efficacy scales is indicative of burnout. Sample items include "I feel emotionally drained from my work" (Exhaustion), "I have become less enthusiastic about my work" (Cynicism) and "I can effectively solve the problems that arise in my work" (Professional Efficacy, reversed scored to become inefficacy).

Scores on the scales range from 0-30, 0-30 and 0-36 for Exhaustion, Cynicism and Professional inefficacy respectively. Past studies indicate that Cronbach alpha reliabilities for the sub-scales are good. For example, Schaufeli, Salanova, Gonzalez-Roma and Bakker (2001) reported Cronbach alpha coefficients of .66, .64 and .74 for EX, CY, and PE respectively for sample 1 (N =314) and .85, .78 and .73 respectively for sample 2 (N = 619). In this research, Cronbach alpha is .80, .60 and .72 for EX, CY, and PE respectively which is generally acceptable (Nunnally & Bernstein, 1994).

#### **3.3.2 Work Engagement**

Work engagement was assessed using the nine-item Utrecht Work engagement scale (UWES-short version) by Schaufeli, Bakker and Salanova (2006), a 7-point Likert type scale with response categories ranging from 0 = "Never" to 6 = "Always". Its 3 subscales (vigor, dedication and self-absorption), contain 3 items each. The original UWES (Schaufeli & Bakker, 2004) contains 17 items assessing the same dimensions. However, in the research, overall work engagement was measured with the nine-item scale as recommended by Schaufeli, Bakker and Marisa (2006). Sample items include "At my job, I feel strong and vigorous"(vigour), "I am enthusiastic about my job" (dedication) and "I am immersed in my work" (absorption). The short version scale has good psychometric properties including Cronbach alpha reliability coefficients ranging from .85 to .92 across all ten countries studied (Schaufeli et al., 2006). In the current research, the Cronbach alpha reliability is .85. Possible scores on the overall scale used in this study range from 0 to 54 with higher scores indicating higher work engagement.

### 3.3.3 Career Commitment

Career commitment was assessed with the Career commitment scale (Blau, 1985, 1988) which measures the level of commitment to one's occupation or career. The scale is an 8 item, five-point scale with response categories ranging from 1 = strongly disagree, 5 = strongly agree. Negatively worded items (items 1, 3, 5) are reversed scored such that higher scores indicate higher career commitment. Possible scores on the scale range from a minimum of 8 to a maximum of 48. Research has confirmed the scale's reliability of 0.83 and 0.84 in two samples as reported by Blau, (1988). For instance, Goulet and Singh (2002) reported a Cronbach alpha of .82 for a sample of 375. In the present study, Cronbach alpha reliability of the scale is 0.70 which is acceptable.

### 3.4 Data Collection Procedure

Questionnaire was administered to selected participants with the aid of trained research assistants after approval for the study was granted by the authorities of the selected hospitals and schools. Senior "nurse in charges" (heads of the various units) with vast experience served as research assistants in the hospitals whiles in the selected schools, the assistant head masters played that role and helped in the administration and retrieval of questionnaires. Though respondents were given between a day and one week to complete and return survey items, majority of them returned completed items after a month after a series of reminders.

### 3.5 Ethical Considerations

Ethical approval for this research was granted by the Institutional Review Board (IRB) of Noguchi Memorial Institute for Medical research of the University of Ghana. Additionally, Also, approval was obtained from the Chief Executive Officer (CEO) and Medical Directors of the selected hospitals as well as headmasters of the selected senior high schools (SHSs) before the administration of the questionnaires. Participation in the study was made voluntary and was assured.

## 4. Results

The current research assessed the levels of the OWB indicators of burnout, WE and CC among as well as the socio-demographic factors associated with them among nurses and SHS teachers in the Tamale Metropolis. Levels of the well-being indicators were assessed using the descriptive statistics (means and standard deviations). This was followed by testing the hypotheses of the study using inferential statistics.

### 4.1 Descriptive statistics

The research questionnaire consisted of burnout components of exhaustion, cynicism and professional inefficacy, work engagement and career commitment. These variables were measured on continuous scales within various intervals.

The reported levels of the OWB in this study are generally higher than the levels reported in previous studies especially in western countries with the exception of professional inefficacy

which was lower in the current sample. This indicates that nurses and SHS teachers in the Tamale metropolis generally experience higher burnout but also highly engaged in their jobs and committed to their careers. The reported levels of the OWB indicators are as presented in Table 1.

As shown in Table 1, the mean scores for the 9-item work engagement was similar to what was reported by Schaufeli and Bakker (2006) but higher than levels reported by Schaufeli & Bakker (2004). Schaufeli and Bakker (2006) reported means ranging from 38.52 (SD = 12.51) to 39.33 (SD = 11.88) for the subscales of vigor, dedication and absorption. Therefore, the present mean of 39.24 (SD = 8.55) for overall work engagement is consistent with these means. However, Schaufeli & Bakker (2004) reported lower mean of 36.45 (SD = 10.71)

For career commitment, the mean of 27.92 (SD = 5.84) is slightly higher than the mean reported by Goulet and Singh (2002) (Mean = 25.44, SD = 6.08) and suggest relatively high career commitment among the current sample.

The mean scores of the burnout components of exhaustion (16.77, SD = 7.04) and cynicism (13.93 SD = 6.27), was relatively high in the present research. The means reported by Maslach et al. (1986, 2010) (mean = 14.90, SD = 6.90) (for nurses) for exhaustion and cynicism (mean = 9, SD= 6.2) are far lower. Sonnentag and Fritz (2007) also reported (mean = 12.05, SD = 2.85) for exhaustion among nurses.

**Table 1 Summary of Descriptive Statistics, Reliability Analysis, Skewness and Kurtosis of the Variables in the Study (N = 322)**

Variable	Mean	SD	Skewness	Kurtosis	Cronbach $\alpha$
1. WE	39.24	8.55	-.606	-.079	.85
2. CC	27.90	5.84	-.076	-.426	.70
3. Exhaustion	16.77	7.04	-.379	-.514	.80
4. Cynicism	13.93	6.27	.230	-.642	.60
5. P. inefficacy	7.00	5.92	1.078	.765	.72

*Note: WE-Work engagement, CC- Career commitment, P. Professional*

The high score for exhaustion in particular suggests that nurses and teachers in Ghana are highly exhausted at their jobs when compared to other employees especially in western countries where most past research has been undertaken. The relatively low score in professional inefficacy among nurses and teachers in the current study give credence to the high engagement and commitment of the sample. The high means of exhaustion, cynicism and professional inefficacy in that order seem to confirm the assertion by previous research that exhaustion and cynicism are the core components of burnout (Halbesleben & Demerouti, 2005). This finding is also somewhat similar

to the finding by previous studies that nurses score high on exhaustion. This is because the current sample mainly consists of nurses. Maslach et al. (1986) revealed that nurses reported the highest mean for exhaustion among 6 occupations compared in Canada. These occupations included the military, clerical workers, Technologist, management and psychiatric workers.

#### 4.2 Hypotheses Testing

Four hypotheses based on the objectives of the study has been tested

The main objective of the research was to find out whether significant differences exist in the occupational wellbeing indicators with regards to the socio- demographic variables of the study (i.e. occupational group, gender and religion). Hypotheses 1 and 2 was based on this objective as follows.

(1) A significant difference exists in the levels of burnout components (exhaustion, cynicism and professional inefficacy) among nurses and teachers.

(2) A significant difference exists in the levels of work engagement and career commitment among nurses and teachers.

To test the above hypotheses, the Independent Sample *t*- test was used. The results are as presented in Table 3.

**Table 3 Summary of Independent Sample t-test and Effect Size Results for Nurses and Teachers on the Wellbeing Indicators**

	Nurses(N=216)		Teachers (N= 106)		<i>df</i>	<i>T</i>	Sig	$\eta^2$
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
WE	39.44	8.30	38.82	9.06	320	.610	.542	.00
CC	28.28	5.51	27.13	6.42	182.913	1.58	.117	.00
BOE	17.85	6.81	14.58	7.03	320	4.013	.000	.05
BOP	7.63	6.10	5.74	5.36	320	2.72	.007	.02
BOC	14.63	6.30	12.50	5.99	320	2.90	.004	.03

Note: *WE* = *Work engagement*, *CC* = *Career commitment*, *BOE* = *Burnout (Exhaustion)*, *BOP* = *Burnout (Professional inefficacy)*, *BOC* = *Burnout (cynicism)*

As shown in Table 3, findings revealed that there was a statistically significant difference in the three components of burnout among nurses and teachers thus supporting hypothesis 1. Regarding

exhaustion, the means for Nurses ( $M = 17.85$ ,  $SD = 6.81$ ) and teachers ( $M = 14.58$ ,  $SD = 7.03$ ); [ $t(320) = 4.013$ ,  $P < .001$ (two tailed)] show that nurses experienced significantly higher exhaustion than teachers.

With regards to professional inefficacy, the means for nurses ( $M = 7.63$ ,  $SD = 6.10$ ) and teachers ( $M = 5.74$ ,  $SD = 5.36$ ); [ $t(320) = 2.72$ ,  $P < .01$ (two tailed)] revealed that nurses again reported significantly higher professional inefficacy compared to teachers. Similarly, with regards to cynicism, the means for nurses ( $M = 14.63$ ,  $SD = 6.30$ ) and teachers ( $M = 12.50$ ,  $SD = 5.99$ ); [ $t(320) = 2.90$ ,  $P < .01$ (two tailed)] indicates that here again, nurses reported significantly higher cynicism compared to teachers. However, the eta squared values of .05, .02 and .03 for BOE, BOP and BOC respectively show that the magnitude in the differences between nurses and teachers is minimal.

With regards to work engagement and career commitment, findings indicate no significant difference in them among nurses and teachers thus failing to support hypothesis 2. For work engagement, the means for nurses ( $M = 39.44$ ,  $SD = 8.30$ ) and teachers ( $M = 38.82$ ,  $SD = 9.06$ ); [ $t(320) = .610$ ,  $p = .542$  (two tailed)] indicates no significant difference among the two groups. Similarly, with regards to career commitment, the means for nurses ( $M = 28.28$ ,  $SD = 5.51$ ) and teachers ( $M = 27.13$ ,  $SD = 6.42$ ); [ $t(182.92) = 1.58$ ,  $P = .117$  (two tailed)] indicates that there were no significant difference in the reported levels of career commitment.

#### **4.2.1 Gender and Occupational Well-being Indicators**

**Hypothesis 3** stated that there would be a significant difference in the reported levels of occupational well-being indicators-burnout components (exhaustion, cynicism and professional inefficacy), work engagement and career commitment among male and female respondents.

To test this hypothesis, the Independent Sample  $t$ - Test was used. The results are as shown in Table 4.

As presented in Table 4, significant differences exist in the levels of Cynicism for males ( $M = 13.30$ ,  $SD = 6.04$  and females ( $M = 14.67$ ,  $SD = 6.48$ ; [ $t(320) = -1.96$ ,  $P < .05$  (two tailed)] with males reporting lower cynicism than females.

Significant difference also exists in the levels of professional inefficacy for males ( $M = 6.38$ ,  $SD = 5.50$ ) and females ( $M = 7.75$ ,  $SD = 6.33$ ); [ $t(291.60) = -2.046$ ,  $P = .042$  (two tailed)].

**Table 4 Summary of Independent Sample t-test Results for Males and Females**

	Male(N=175)		Female (N= 147)		<i>df</i>	<i>T</i>	<i>Sig</i>	$\eta^2$
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
WE	38.94	8.99	39.60	8.01	320	-.684	.495	.00
CC	27.35	5.95	28.56	5.65	320	-1.858	.064	.00
BOE	16.21	7.36	17.44	6.62	320	-1.565	.119	.00
BOP	6.38	5.50	7.75	6.33	291	-2.046	.042	.01
BOC	13.30	6.04	14.67	6.48	320	-.1.961	.050	.01

Note: *WE* = Work engagement, *CC* = Career commitment, *BOE* = Burnout (Exhaustion), *BOP* = Burnout (Professional inefficacy), *BOC* = Burnout (cynicism)

This finding reveal that female respondents reported slightly higher professional inefficacy than their male counterparts. Although in both cases females reported higher means, the magnitude in the differences in both cases was small ( $\eta^2 = .01$ ). From the results, hypothesis 3 has not been fully supported.

#### 4.2.2 Religious identity and occupational well-being indicators

The fourth and final hypothesis stated that there would be a significant difference in the levels of burnout components (exhaustion, cynicism, professional inefficacy), work engagement and career commitment with regards to the religious orientation or identity of the respondents. The religious orientations include Christianity, Islam and other religions. The two main religions in Ghana are Christianity and Islam with the others being negligible. As a result, the others were merged in one group and labeled “others” when analyzing the data.

To test hypothesis 4, the One – way ANOVA was used to compare the differences in the mean levels of these variables among the various religious groups. A summary of the results is shown in Table 5.

As presented in Table 5, the findings revealed no statistically significant difference in the levels of work engagement, career commitment and the burnout components among respondents with regards to religion. Thus, it is clear that religious orientation or identity has no effect on the OWB variables examined. Hypothesis 4 has therefore not been supported.

**Table 5 Summary of One-Way ANOVA Results for Different Religious Groups**

Variable	Christians		Muslims		Others		<i>F</i>	<i>df</i>	<i>Sig.</i>
	(N=166)	N= 136)							
WE	39.58	8.70	38.71	8.41	44.67	2.89	1.019	319	.362
CC	27.79	5.67	28.03	6.08	28.33	5.86	.074	319	.929
BOE	17.43	6.88	16.02	7.12	14.33	11.55	1.780	319	.170
BOP	6.65	5.88	7.52	5.99	3.00	1.73	1.549	319	.214
BOC	13.79	6.36	14.22	6.14	8.00	6.56	1.537	319	.217

Note: *WE* = Work engagement, *CC* = Career commitment, *BOE* = Burnout (Exhaustion), *BOP* = Burnout (Professional inefficacy), *BOC* = Burnout (cynicism)

## 5. Discussion

The current research assessed the levels of the occupational wellbeing (OWB) indicators of burnout, work engagement and career commitment among a sample of nurses and Senior High School (SHS) teachers - two human service (“people’s work”) occupations, in the Tamale Metropolis using a cross-sectional design. The study also examined the influence of Socio-demographic factors (occupational group, gender, religious orientation or identity) on the occupational well-being indicators. Based on the objectives of the study, a number of hypotheses were formulated and tested. These hypotheses tested whether significant difference exist in the reported levels of burnout (Exhaustion, Cynicism, Inefficacy), work engagement and career commitment among nurses and senior high school (SHS) teachers. Other hypotheses tested differences in the reported level of these well-being indicators with regards to gender and religious orientation.

The findings revealed that nurses and SHS teachers in the Tamale Metropolis generally reported relatively high levels of burnout (exhaustion, cynicism and professional inefficacy), work engagement and career commitment in relation to what has been reported in western countries (e.g., Schaufeli & Bakker, 2004). Even though Schaufeli and Bakker’s (2004) studies in western countries reported high burnout among nurses, the levels were generally lower compared to what

is found among nurses and teachers in the current sample. The fact that burnout among the current sample was generally high is consistent with previous studies which found it generally high among nurses (Schaufeli, Leiter & Kalimo, 1995, Salari et al., 2020, as cited in Tatala et al., 2025) and SHS teachers (Antoniou et al., 2013). The fact that the sample reported high level of engagement and career commitment is worthy of note in the sense that despite the high level of burnout, a negative well-being indicator, nurses and SHS teachers managed to be highly engaged in their work as well as committed to their careers or professions. This reveals a demonstration of resilience on the part of the nurses and teacher in the mist of stressful circumstances and challenges.

With regards to the hypothesis on the possible differences in the reported levels of burnout, the findings revealed significant differences in the levels of exhaustion, cynicism and professional inefficacy among nurses. This is consistent with past research (Schaufeli, Leiter & Kalimo, 1995, as cited in Maslach et al., 1996; Salari et al., 2020, as cited in Tatala et al., 2025) which found that nurses experience higher burnout compared to other professions. In their study of burnout among various occupational groups (Military, Clerical, Technologists, Nurses and Psychiatric workers), Schaufeli, Leiter and Kalimo (1995), (cited in Maslach et al., 1996) found that nurses had consistently significantly higher mean scores on components of burnout (Exhaustion, cynicism, professional (in)efficacy) than the other occupational groups. This is also consistent with the findings of past research that nursing is one of the most stressful human service occupations (Siegrist, 1996) and the most stressful among healthcare professionals (Salari et al., 2020). The finding is consistent with that of Siegrist (1996) since burnout and more so the two components of burnout (exhaustion and cynicism) is said to be a unique type of stress syndrome (Maslach et al., 2001). Limited research has been done on burnout among SHS teacher generally and in Ghana. As a result, the present study is one of the first to examine burnout among SHS teachers in Ghana and more so to compare their burnout (and other OWB indicators) with nursing (because both are human service occupations proposed to be highly stressful). Past studies on teachers in Ghana focused on stress rather than burnout. Thus, the findings of the current study provide baseline data for future studies.

It is not very surprising that nurses reported higher burnout than SHS teachers in the present research. Compared to nurses, it could be argued that although the work of the SHS teachers is equally very stressful and characterised by burnout (Antoniou et al., 2013) as is the case in most helping or human service professions, teachers are not exposed to the kind of stressors inherent in nursing. For instance, nurses are exposed to the emotional demands of caring for sick people most of who become friends overtime and sometimes seeing some of them die while they look on helplessly constitute greater levels of emotional stress. This could even expose some nurses to

post-traumatic stress experiences thus affecting their psychological and occupational well-being. This feeling can be likened to 'compassion fatigue' a condition which characterises the emotional exhaustion nurses experience, which may coexist with feelings of frustration and tension (Cordes & Dougherty, 1993). Though teachers are also in a human service occupation, dealing with students (and parents/guardians) on regular basis, the emotional demands they are exposed to are different and may be considered not so emotionally demanding compared to that in nurses. However, a critical examination of the magnitude of differences (squared) in burnout between teachers and nurses indicates that the differences are almost negligible implying that SHS teachers are equally exposed to similarly high levels of burnout.

Another potential contributory factor that may explain why the nurses reported relatively higher burnout may be attributed to shift work and especially night shift work which has become an integral part of the nurse's work and there is empirical evidence indicating the negative health effects of shift-work including disruption to the biological rhythm, sleep disorders, diminished job performance, job satisfaction, social isolation, and coronary heart disease (Admi et al., 2007). Compared to nurses, teachers are not required to do night shift work although they may do most of their work at night.

The findings on the hypotheses testing differences in work engagement and career commitment revealed a non-significant difference in them among the nurses and teachers. Nurses and Teachers reported similar levels of career commitment and work engagement. This suggest that occupational group has no effect on work engagement or career commitment. It may be argued that in many careers (professions), engagement in the work and commitment are determined by other factors within the profession rather than the profession itself.

Concerning the hypothesis which sought to determine whether a significant difference exist in the reported levels of the occupational well-being indicators (WE, CC, the three components of burnout), among male and female respondents, the finding reveal no significant differences in them among male and female respondents, with the exception of cynicism and professional inefficacy which were significantly different among them with female respondents reporting higher cynicism and professional inefficacy. Thus, hypothesis 3 of the study was not fully supported. Although past findings on the influence of gender on burnout has been mixed, the finding of the present study is partly consistent with that of Olanrewaju and Chineye (2013) revealing that female health workers (pharmacists, health assistants, nurses, doctors) were more vulnerable to burnout than their male counterparts at Ekiti State University Teaching Hospital in Nigeria. The finding of the present study however is inconsistent with that of Bayani et al. (2013) who found that male teachers in a

secondary school from Shahrood, Iran reported significantly greater burnout (emotional exhaustion and cynicism) than female teachers. The findings of Backovic et al. (2012) also found no gender differences in burnout (emotional exhaustion and cynicism) among final year medical students at the school of medicine in Belgrade. These inconsistencies might sometimes be due to either contextual differences or the use of different measures among different samples.

With regards to the final hypothesis (hypothesis 4) which sought to determine whether significant differences exist in the levels of the OWB indicators (WE, CC, burnout) with regards to religious orientation or identity, the findings are that there was no statistically significant difference in them among the respondents with regards to religious identity. In other words, religious orientation or identity (i.e., whether an individual is Christian, Muslim etc.) had no significant influence on the OWB indicators. This supports the literature that spirituality, which is nondenominational and non-prejudiced, embodying all faiths, races, gender, sexual orientations and abilities or disabilities (Bell et al., 2012) is a more relevant concept in relation to work attitudes and behaviour compared to religion. This study is among one of the first to examine the effect of religious orientation or identity on the occupational wellbeing indicators examined in this study, thus laying and foundation for future studies to examine the variable in the Ghanaian context.

### **5.1 Implications of the findings**

The findings of this research imply that despite high levels of burnout among nurses and teachers, they demonstrated resilience by being highly engaged in their jobs and committed to their careers and that is good for their organisations. The high reported burnout implies that interventions by the Ministry of Health (MOH) and the Ghana Education Service (GES) should be targeted at improving the working conditions of nurses and SHS teachers so as to reduce their vulnerability to stress and burnout. The study also suggest that more intervention attention should be directed towards female teachers and nurses as they are more vulnerable.

### **5.2 Conclusions and Recommendations**

The findings of this research indicate that burnout is real among nurses and SHS teachers in the Tamale Metropolis in Ghana and should therefore be given more managerial and research focus. Nurses report more burnout than Senior High school teachers and research focus should be directed at identifying the specific factors inherent in each of these human service professions that contribute to the burnout inherent in them with more attention on the nursing profession. Based on the findings of the study, it is recommended that the Ministry of Health (MOH), the Ghana Education Service (GES) and policy makers should work at improving the work environment of nurses and teachers by providing more resources and improving on the remuneration package for

nurses and teachers so as to ameliorate the burnout as well as motivate them and make them see the work demands as challenges to surmount. With regards to recommendations for future studies, it is recommended that in order to compensate for the weakness of cross-sectional designs as used in the current study, future studies could consider using longitudinal designs as that will ensure the stability or otherwise of results overtime. In addition, future studies should consider examining other socio-demographic factors such as rank and work experience in relation to burnout and other OWB indicators among nurses and teachers as past research has found these variables to be associated with organizational outcomes such as organizational commitment.

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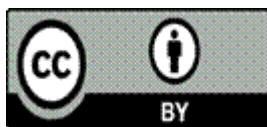
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