Erasmus Mundus Master's Programme in Social Work with Children and Youth

ESWOCHY Master Thesis

'The Influence of Perceived Social Support on Burnout Among Social Workers in Nigeria'

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TABLE OF CONTENTS

List of Tables ..... **iv**

List of Figures ..... **iv**

Abstract ..... **v**

Acknowledgement ..... **vi**

Chapter I: Introduction **1**

1.2 Statement of the Problem 2

1.3 Objectives of the Study 3

1.3.1 General Objective 3

1.3.2 Specific Objectives 3

1.4 Research Questions 3

1.5 Significance of the Study 3

1.6 Scope of the Study 4

1.7 Definition of Terms 4

Chapter II: Literature Review **6**

2.1 Defining Burnout 6

2.2 The Concept of Perceived Social Support in Social Work 7

2.3 The Protective Role of Social Support Against Burnout 8

2.4 Social Workers in Nigeria: Specific Vulnerabilities and Challenges 9

2.5 Types of Social Support (Organizational, Family, Peer, Community) 10

2.6 Direct Effects of Social Support on Burnout 10

2.7 Mediating and Moderating Mechanisms 11

2.8 Burnout Among Social Workers in Sub-Saharan Africa and the Nigerian Context 11

2.9 The Role of Gender and Experience in Burnout Among Nigerian Social Workers 12

2.10 Social Support in the Nigerian Cultural and Occupational Context 13

2.11 Gaps in the Existing Literature 14

2.12 Cultural Considerations and Social Support Structures in Nigeria 14

2.13 Historical Development of Social Welfare and Social Work in Nigeria 14

2.14 Collectivism, Kinship, and the Structure of Social Support in Nigeria 15

2.15 Urbanisation, Economic Pressure, and the Erosion of Traditional Support Structures 17
2.16 Implication for this Study 18
Chapter III: Theoretical and Conceptual Framework 19
3.1 The Job Demands-Resources (JD-R) Model 19
3.2 Conservation of Resources (COR) Theory 20
3.3 The Social Support Deterioration Deterrence Model 20
3.4 Application of Theoretical Frameworks to the Nigerian Context 21
3.5 Burnout Assessment Tool 21
3.6 Comparison of Burnout Assessment Tools (Table 1) 23
3.6 Conceptual Framework 24
Chapter IV: Research Methodology 26
4.1 Research Design 26
4.2 Sampling Procedure 26
4.3 Data Collection Methods 27
4.4 Data Analysis Methods 28
4.5 Ethical Issues and Considerations 28
4.6 Researcher Positionality 29
Chapter V: Findings 30
5.1 Demographic Profile of Respondents 30
5.1.1 Gender Distribution 30
5.1.2 Age Characteristics 30
5.1.3 Professional Experience 30
5.1.4 Educational Qualifications 31
5.1.5 Employment Sector Distribution 31
5.1.6 Geopolitical Zone Distribution 31
5.2 Reliability of Measurement Scales… 31
5.3 RQ1: Level of Burnout Among Social Workers 32
5.4 RQ2: Level of Perceived Social Support Among Social Workers 35
5.5 RQ3: Relationship Between Perceived Social Support and Burnout 36
5.6 RQ4: Sources of Social Support Most Associated with Burnout 37

Chapter VI: Discussion 39
6.1 Level of Burnout Among Nigerian Social Workers 41
6.2 Level of Perceived Social Support Among Nigerian Social Workers 41
6.3 Relationship Between Perceived Social Support and Burnout 41
6.4 Sources of Social Support Most Associated with Burnout 42
6.5 Limitations of the study 43
Chapter VII: Recommendations 46
7.1 Recommendations for Social Work Organizations and Employers 46
7.2 Recommendations for Policymakers and Professional Bodies 48
7.3 Recommendations for Individual Social Workers…..... 49
7.3 Recommendations for Future Research 51
Chapter VIII: Conclusion 52
References 54
Annex …….. 63

List of Tables

Table 1: Comparison of Burnout Assessment Tools Used in Social Work Research ..…… 23

Table 2: Reliability Coefficients for BAT and Social Support Scales ……..…. 32

Table 3: BAT Traffic-Light Classification Framework for Burnout Risk …….. 33

Table 4: Descriptive Statistics for BAT Burnout Dimensions ……... 34

Table 5: Descriptive Statistics for Perceived Social Support Scales ……. 35

Table 6: Pearson Correlation Matrix — Social Support Subscales and BAT Dimensions ……..... 37

Table 7: Multiple Linear Regression — Social Support Subscales Predicting Overall Burnout ……..... 38

List of Figures

Figure 1: Conceptual Framework …….....…… 24

ABSTRACT

Burnout is a growing occupational concern among social workers, with significant consequences for professional effectiveness, workforce sustainability, and service delivery to at-risk populations. In Nigeria, severe workforce shortages, inadequate institutional infrastructure, and high practice demands create conditions of elevated occupational risk, yet empirical evidence on burnout and its relationship to social support remains limited. This study examined the influence of perceived social support on burnout among social workers in Nigeria. A quantitative, cross-sectional survey design was used, with data collected from 216 practicing social workers across Nigeria's six geopolitical zones. Burnout was measured using the Burnout Assessment Tool (BAT), and perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) and the Copenhagen Psychosocial Questionnaire (COPSOQ) to measure perceived social support from supervisors and colleagues. Reliability, descriptive statistics, Pearson correlations, and multiple linear regression were used for analysis. The sample showed sub-threshold burnout levels on average, with exhaustion emerging as the most elevated dimension. The relationship between perceived social support and burnout was dimension-specific rather than uniformly protective, with workplace support showing a targeted protective effect on cognitive functioning, while family and friends' support showed small positive associations with exhaustion, consistent with a support-mobilisation effect. These findings show the importance of dimension-sensitive, focused support interventions within social work organisations. Future research needs to prioritise long-term studies, local validation of burnout measures, and the development of stronger institutional support infrastructure for the Nigerian social work profession.

Keywords: BAT, Burnout Assessment Tool, burnout, Nigeria, occupational stress, perceived social support, social workers

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CHAPTER 1
INTRODUCTION

The role of a social worker involves efforts that are aimed at promoting social change, social justice, and the welfare of people and communities (IFSW, 2014). The role of a social worker may include working with at-risk groups of people and communities, children and family members, individuals with disabilities, victims of violence, and individuals living with poverty and displacement. Despite being a highly rewarding profession, social work can be emotionally and mentally demanding, commonly resulting in burnout because of prolonged exposure to clients' trauma and heavy workloads (Lizano, 2021).

Burnout is a relatively new construct that came to prominence in the 1970s. This construct is significant in relation to the study of occupational stress in helping professions, such as social work. Some of the scholars who developed burnout included Herbert J. Freudenberger; he contributed significantly towards the recognition of burnout as a psychological construct (Schaufeli et al., 2017). Burnout is one of the many occupational hazards that people face today. This problem is as a result of excessive stress in the workplace environment that has not been addressed (World Health Organization, 2019). According to recent studies, there are several outcomes that come along with social workers experiencing burnout. Such a state may lead to reduced productivity, low organizational commitment, absenteeism, compassion fatigue, secondary trauma, high turnover, and costs of training for social workers (Maddock, 2024).

Recent studies have found that social support is a preventive factor for burnout in caregiving professions (Ruisoto et al., 2021). Perceived social support refers to "an individual's subjective evaluation of whether and to what extent others can be relied upon to deliver emotional, informational, and practical support" (Gao & Wang, 2026). Rather than the actual support received, perceived support is a belief that help is within reach when needed, which has been shown to be strongly associated with psychological well-being (Tannous-Haddad et al., 2024).

There is a variety of sources of social support that one may have in his or her environment, such as family members, friends, partners, superiors, and colleagues (Acoba, 2024). According to contemporary theories of stress and occupational health, social support improves coping skills and lessens the negative effects of job demands (Junaković & Macuka, 2021). In the context of social work practice, the role of social support at the organizational level, from the supervisors and coworkers, has been found to be effective in reducing emotional exhaustion and increasing work-related resiliency (Garmendia et al., 2023). Family and friends as informal sources of social support help in sustaining emotional and work-related balance (Zhang, 2023).

In the Nigerian context, social workers practice in a complex setting with high social needs, underdeveloped welfare infrastructure, poor funding, and a lack of institutional support for the profession (Oyebamiji, 2025). Social workers in Nigeria have to cope with high caseloads, as well as challenges related to the economy, job ambiguity, and the lack of opportunities for social worker support (Alamu, 2022). Although Nigerian society traditionally values strong family and group support systems, rapid socio-economic changes and work-related pressures may weaken the availability or effectiveness of these support networks (Folorunsho et al., 2025).

1.2 Statement of the Problem

Burnout can be described as an "intrinsic, long-term, and progressive state of mental and physical exhaustion, caused by an imbalance between personal resources and job demands" (Abubakar et al., 2026). It is an issue that affects 20% to 60% of working professionals in these roles, according to empirical evidence (Mijakoski et al., 2023; Reeves & Rafferty, 2024). New studies have found that many workers in the mental health and social service fields experience feelings of emotional exhaustion, detachment, and lowered performance (Ruisoto et al., 2021).

Research is showing that social support, especially within one's organization, can play an important role in the protection against burnout. For example, a recent large-scale survey of 1,035 physicians and nurses in Ecuador found that those who had higher levels of social support had the negative effects of burnout on health significantly reduced (Ruisoto et al., 2021). In another recent study, individuals having low levels of social support, for example, working in the capacity of a health professional, were found to have been five times more prone to burnout than people with high social support levels (Zerihun et al., 2025). In the context of child welfare workers, inadequate recognition and support by the supervisor are identified as key contributors towards turnover and burnout (Vinueza-Solórzano et al., 2023; Reeves & Rafferty, 2024).

Despite the recognition of this problem on a global level, there is still a significant lack of empirical evidence regarding the phenomenon of social worker burnout in the Nigerian context (Abubakar et al., 2026), and to date, there has not been any quantitative study that investigated the relationship between social support from various sources, such as family, friends, partners, and social work colleagues and peers, and levels of social worker burnout. Most burnout research in Nigeria is leaning heavily toward nurses and physicians in hospital settings (Abubakar et al., 2026; Lasebikan & Oyetunde, 2012). Social workers operate in different environments (NGOs, community centers, schools) with different stressors, yet they are rarely the sole focus of Nigerian burnout studies. As a result, there is limited capacity for policymakers as well as social work professionals to provide support to social work professionals in Nigeria. This research intends to address this significant research gap in the field and explore the effect of social support from various sources on social worker burnout in Nigeria.

1.3 Objectives of the Study

1.3.1 General Objective

To examine the influence of perceived social support on burnout among social workers in Nigeria.

1.3.2 Objectives

1. Assess the level of burnout among social workers.
2. Examine the level of perceived social support among social workers.
3. Determine the relationship between perceived social support and burnout among social workers.
4. Identify which sources of perceived social support (family, friends, significant others, supervisors, and colleagues) are most strongly associated with burnout among social workers.

1.4 Research Questions

1. What is the level of burnout among social workers?
2. What is the level of perceived social support among social workers?
3. Is there a relationship between perceived social support and burnout among social workers?
4. Which sources of perceived social support (family, friends, significant others, supervisors, and colleagues) are most associated with burnout among social workers?

1.5 Significance of the Study

This study will be significant to social workers by increasing awareness of burnout and pointing out the importance of perceived social support in preserving mental health and professional effectiveness. For social work organizations and employers, the findings will deliver empirical evidence to inform the development of helpful workplace environments, effective supervision structures, and peer-support mechanisms.

The study will also be valuable to policymakers and professional bodies by providing data to support advocacy for improved working conditions, institutional support, and policies that prioritize the well-being of social workers in Nigeria. Academically, the study will contribute to the limited recent literature on burnout and social support among social workers in low- and middle-income countries and serve as a basis for future research.

1.6 Scope of the Study

This study is focused specifically on professional social workers actively practicing within Nigeria. The two central variables under investigation are burnout and social support, with social support examined across multiple sources, including family members, friends, significant others, supervisors, and coworkers. This broad categorization acknowledges that support systems extend beyond the workplace and play a meaningful role in shaping a social worker's overall well-being.

The data for this study were gathered through self-report measures, meaning that findings reflect participants' personal perceptions and experiences rather than externally verified assessments. Accordingly, it should be noted that no clinical diagnosis of mental health conditions was made at any point in this study, and the findings are best understood within an occupational and psychosocial framework.

1.7 Definition of Terms

For this study, the following are the definitions of the critical concepts of this paper. In line with the Burnout Assessment Tool (BAT) framework used in this research (Schaufeli et al., 2020), burnout is conceptualized as a multidimensional phenomenon comprising six dimensions: four primary symptoms (exhaustion, mental distance, emotional impairment, and cognitive impairment) and two secondary symptoms (psychological distress and psychosomatic complaints). The primary symptoms constitute the core experience of burnout, while the secondary symptoms are seen as effects that usually arise as a result of continued burnout.

- **Burnout:** A work-related state of physical, emotional, and cognitive exhaustion resulting from prolonged exposure to chronic workplace stress that has not been effectively managed. It is recognized as an occupational phenomenon (World Health Organization [WHO], 2019; Schaufeli et al., 2020).
- **Exhaustion:** A severe and persistent loss of physical and mental energy caused by prolonged work-related stress. This is a primary symptom of burnout according to the BAT framework (Schaufeli et al., 2020).
- **Mental Distance:** A psychological detachment from work characterized by reduced enthusiasm, cynicism, or indifference toward professional tasks. This is a primary symptom of burnout according to the BAT framework (Schaufeli et al., 2020).
- **Emotional Impairment:** Difficulties in emotional management at work, including heightened irritability and emotional sensitivity to stressors. This is a primary symptom of burnout according to the BAT framework (Schaufeli et al., 2020).
- **Cognitive Impairment:** A decline in work-related cognitive functioning, such as reduced concentration, memory, and decision-making ability. This is a primary symptom of burnout according to the BAT framework (Schaufeli et al., 2020).

- **Psychological Distress:** A secondary symptom of burnout manifested as intensified anxiety, depressive mood, and general psychological suffering that develops as a consequence of the primary burnout dimensions (Schaufeli et al., 2020).
- **Psychosomatic Complaints:** A secondary symptom of burnout comprising physical health symptoms such as sleep disturbance, headaches, and fatigue that arise as somatic expressions of psychological stress related to burnout (Schaufeli et al., 2020).
- **Perceived Social Support:** An individual's subjective evaluation of the availability and adequacy of emotional, informational, and instrumental support from others (Yeo et al., 2025).
- **Social Workers:** Professionals who have completed the required academic training and certification to promote social change and support at-risk populations (International Federation of Social Workers [IFSW], 2014).

CHAPTER II

LITERATURE REVIEW

The issue of burnout among social workers is a matter of concern. The primary reason for conducting a literature review for a research issue is to understand the findings from previous research. The literature for this research has been critically reviewed, drawing on data from ResearchGate, SAGE Publications, Google Scholar, and other sources, to provide a clearer knowledge of key concepts that will be discussed in relation to burnout and social support for social workers in general and in the Nigerian context.

2.1 Defining Burnout

Burnout has become a global concern in the social work profession, with serious effects for both practitioners and the populations they serve. Burnout is not simply a matter of feeling tired or stressed; rather, it represents a work-related state of exhaustion that develops from prolonged exposure to workplace stressors and is characterized by emotional exhaustion, reduced ability to regulate cognitive and emotional processes, and mental distancing from work (World Health Organization, 2019).

The Burnout Assessment Tool (BAT), which serves as the measurement instrument in the present study, operationalizes burnout as a six-part construct (Schaufeli et al., 2020). According to this system, burnout consists of four primary symptoms and two secondary symptoms. The four primary symptoms are exhaustion (a severe depletion of physical and mental energy), mental distance (psychological detachment and withdrawal from work), emotional impairment (difficulties in regulating emotions at work), and cognitive impairment (decline in concentration, memory, and judgment). These primary symptoms represent the core experience of burnout and are its defining characteristics. The two secondary symptoms, psychological distress and psychosomatic complaints, are not part of the core burnout construct itself but rather reflect consequences or impairments that tend to co-occur with burnout as it progresses. Together, these six dimensions provide a picture of the burnout experience, including both its psychological core and the wider health-related consequences that accompany it. The two secondary symptoms merit attention. Psychological distress encompasses elevated anxiety, depressive affect, and a generalized sense of emotional suffering that develops as the primary burnout symptoms intensify. It is not simply a co-occurring mood state but an outcome of sustained depletion across the core dimensions, a signal that the worker's psychological coping reserves have been overwhelmed. Psychosomatic complaints, by contrast, represent the embodied expression of that same depletion: sleep disturbances, fatigue, headaches, gastrointestinal symptoms, and other somatic manifestations that emerge when chronic psychological stress goes unresolved. For social workers, whose professional role demands emotional presence and cognitive acuity, these secondary impairments are especially consequential: they impair the capacity to recover between working days,

accelerate the progression of primary burnout, and ultimately threaten both professional sustainability and personal health (Schaufeli et al., 2020).

The significance of this issue is particularly acute in the African context. Research on healthcare workers in sub-Saharan Africa has shown that professionals in this region experience high levels of burnout (Dubale et al., 2019). Studies examining the prevalence of burnout among nurses and healthcare workers in sub-Saharan Africa reveal concerning patterns, with emotional exhaustion levels hitting approximately 66% and depersonalization affecting about 60% of workers (Owuor et al., 2020). However, social workers, who commonly operate with even fewer resources and institutional support than healthcare workers, have received relatively less research attention though facing comparable or greater occupational stressors.

Nigeria offers a particularly important case for examining burnout in social workers. The country faces a severe shortage of social work professionals despite having a population exceeding 200 million people (Oyebamiji, 2025). With fewer social workers serving this vast population, the existing workforce is stretched to its limits (Oyebamiji, 2025). This shortage means that Nigerian social workers must contend not only with typical occupational stressors but also with system-wide challenges related to understaffing. limited resources, and insufficient institutional infrastructure. These conditions generate an environment where burnout becomes almost inevitable without adequate protective factors.

2.2 The Concept of Perceived Social Support in Social Work

Perceived social support refers to the individual's subjective assessment that they are cared for, supported, and valued by others in their social network and work environment (Zimet et al., 1988). This perception is significant because it is the individual's interpretation of support availability and quality, rather than the objective amount of support provided, that determines its mental impact. In the context of social work, perceived social support can come from multiple sources: family members, peers and colleagues, supervisors and organizational leadership, and broader community or institutional networks (Zimet et al., 1988).

Conceptual models of occupational health psychology have highlighted the significance of social support as a buffer against workplace stress. The JD-R model, which has been instrumental in comprehending worker well-being, has pointed out social support to be one such critical job resource that can counterbalance the adverse impacts of job demands (Fan et al., 2024). With a sense of being supported by their coworkers, supervisors, and the organization, social workers have a resource at hand to help them tackle the emotional challenges associated with their work. This is especially relevant for social workers, whose work often entails coming face-to-face with people who have undergone traumatic experiences, living in poverty, and suffering from violence and other

challenges. Without having enough support, the sheer emotional toll of their work can soon become unbearable (Wu et al., 2021).

Research on social support among at-risk populations in Nigeria has shown that informal support systems which includes family networks, religious organizations, and community groups play an essential role in psychological wellbeing and coping ability (Oladosu & Chanimbe, 2024). For social workers in Nigeria, these informal networks may provide important psychological sustenance, particularly when formal organizational support is limited. However, the research also reveals that reliance on informal support alone may be insufficient when structural and systemic pressures are overwhelming.

2.3 The Protective Role of Social Support Against Burnout

A wealth of international studies shows that feeling supported by others can greatly help protect against burnout in various professions. The relationship is consistent across studies that higher levels of perceived social support are associated with lower levels of burnout. In studies of social workers in China, for example, both nonformal and formal had a very significant negative correlation with burnout on the job (Fu et al., 2022). The mechanisms by which social support exerts its influence are quite multitudinous. For one thing, social support works directly to reduce the signs of burnout. For another, it acts as an intermediary to job demands and their results.

One important finding is that different types of social support may have different effects on different dimensions of burnout. Organizational support and supervisory support have been shown to be especially effective in lessening personal accomplishment deficits, while peer support may be more effective in reducing emotional exhaustion (Xie et al., 2022). The specific nature of this implies that the strategies used for intervention should target the sources of the stress that social workers experience, based on their particular requirements. For example, when it comes to Nigeria, the organization’s structure is likely going to be different compared to that of wealthier nations.

Research has also shown that social support could act as a mediator between work stress and burnout (Wu et al., 2021). For example, a study conducted among health workers in different countries established that the impact of work stress on burnout is mediated through social support (Cao et al., 2025). This data suggests that in Nigeria, where systemic stressors on social workers are considerable, improving social support could be an effective strategy for reducing burnout even without immediately addressing the underlying sources of stress. While ideally both would be addressed, the reality is that systemic change is often slow and difficult, making social support interventions a realistic approach to improving worker well-being in the short and medium term.

The idea of social support research proposes that support acts as a form of protection for individuals from the negative effects of stress. Studies examining this concept with social workers and healthcare professionals have produced strong evidence. One study of child welfare workers found that organizational support had an indirect association with burnout through its effect on emotional dissonance (Nielsen et al., 2023). In other words, when workers perceive strong organizational support, they encounter fewer levels of the emotional stress that comes from having to hide or manage their true feelings while working. For social workers in Nigeria, many of whom work with traumatized populations, this emotional self-regulation support will be extremely important.

2.4 Social Workers in Nigeria: Specific Vulnerabilities and Challenges

Nigeria is a special context for social work practice. Unlike many higher-income countries where social work has become more professionalized with established educational criteria, regulatory systems, and institutional support, Nigeria's social work sector is still facing some basic structural challenges. The shortage of social workers is the most visible of these problems. With fewer than 150 psychiatric social workers serving a population of over 200 million, the country has an estimated ratio of roughly one social worker per 1.3 million people (Oyebamiji, 2025). This represents a staffing shortage and a systemic crisis that greatly affects the experience of social workers currently in the profession.

The consequences of this shortage extend to the at-risk populations. Women, children, the elderly, people with disabilities, internally displaced persons, individuals with mental health conditions, and incarcerated populations all constitute vulnerable groups that should be served by professional social workers but for whom such services are largely unavailable (Oyebamiji, 2025). Social workers working in this context face the emotional, moral, and psychological burden of knowing that there is a great need but the capacity to handle it exceeds the available services. This reality creates a form of burnout in which social workers in Nigeria must deal not only with their own limitations but also with systemic inadequacies at the community level.

Organizations that work with the vulnerable population in Nigeria suffer from inadequate resources, financial constraints, and support structures. Integration of social workers in various sectors, including healthcare and social welfare, is not yet complete, which leaves social workers having to deal with a sector that does not recognize them as professionals (Oyebamiji, 2025). Furthermore, social workers in Nigeria may encounter challenges that may be different from other countries. These might include attitudes toward mental health and social services, religious and cultural beliefs that shape how social work is perceived, and bureaucratic obstacles to accessing government and institutional resources.

Recent research examining the psychosocial well-being of older adults during the COVID-19 pandemic in Nigeria highlighted the role of social workers but also revealed their limited engagement in public health

responses (Rahman et al., 2025). The pandemic, which created unprecedented demands on social workers, simultaneously illustrated how limited institutional recognition and support for the profession remain. Social workers were often not recognized as frontline personnel and faced significant constraints in providing counseling and awareness services. This experience, while specific to the pandemic context, exemplifies the broader pattern of social workers in Nigeria working under conditions of systemic neglect and limited institutional support.

2.5 Types of Social Support (Organizational, Family, Peer, Community)

Research shows that various types of social support play different roles in shaping the experiences of burnout. Recognizing these different forms creates an effective, multi-faceted approach to address the issue. Organizational support includes supervisor support (emotional and instrumental support from supervisors), organizational commitment to worker well-being (through policies, resources, and recognition), and team cohesion (relationships with colleagues and a collaborative work environment). Peer support includes both informal colleague relationships and more formal peer consultation or mentoring arrangements. Family support includes emotional support from family members, practical assistance with household responsibilities or childcare, and a sense of belonging and value within the family system. Community support includes connections to religious organizations, community associations, professional networks, and other community relationships (KHANQA et al., 2024).

Each form of support has its unique contribution to reducing burnout. Organizational support, particularly supervisor support, is identified as among the most impactful in reducing both emotional exhaustion and work-related burnout (Cao et al., 2025). Peer support is consistently effective in reducing emotional exhaustion and cognitive burden through shared understanding of occupational challenges. Family support helps create good psychological health and a feeling of self-worth beyond the workplace setting. Community support provides meaning, purpose, and connection to broader society (Wang & Dong, 2024).

2.6 Direct Effects of Social Support on Burnout

Direct effects research explains how social has a direct effect on mitigating dimensions of burnout. There is sufficient evidence to show that there are always negative correlations between perceived social support and burnout dimensions (Vila, 2021). Stronger perceived support is associated with lower emotional exhaustion, reduced mental distance from work, and better cognitive and emotional functioning. These effects are often substantial. Studies have shown that perceived social support accounts for meaningful proportions of variance in burnout levels (Lee et al., 2024).

Research with healthcare workers, whose occupational context is similar to social work, has demonstrated these direct effects. A study of infection control nurses during COVID-19 found that social support had significant

negative effects on burnout, with support accounting for meaningful variance in burnout levels even after controlling for stress and other variables (Lee et al., 2024). Research on Chinese nurses found similar patterns, with both organizational and informal social support showing strong protective effects against burnout (Liu et al., 2021).

Importantly, direct effects of social support are found to be reliable across different professional contexts, including teaching, healthcare, police work, and other helping professions (Gui et al., 2025). This consistency across occupations suggests that the protective effects of social support are general rather than context-specific. For Nigerian social workers, evidence from other occupational groups provides confidence that enhancing social support will reduce burnout.

2.7 Mediating and Moderating Mechanisms

Beyond direct effects, social support influences burnout through more complex mediating and moderating pathways. Mediation occurs when social support influences burnout by affecting an intermediate variable. For instance, social support can enhance job satisfaction that then lowers burnout, thereby placing job satisfaction between social support and burnout as a mediator. Studies of nurses have found that job satisfaction and psychological capital mediate pathways between social support and burnout (Xiao et al., 2022).

Social support also operates as a moderator. This means that it regulates the relationship between stress or demands and burnout. When social support is high, the impact of job stress on burnout is reduced compared to when support is low (Queirós et al., 2020). This is particularly important for understanding burnout in high-demand contexts like Nigerian social work. Even if job demands cannot be reduced, adequate social support can reduce the psychological impact of those demands (Liu & Aungsuroch, 2019).

Several mediating variables have been identified in research into how social support reduces burnout. These include psychological capital (one's sense of efficacy, hope, resilience, and optimism) (Amiri et al., 2025); psychological detachment (the ability to mentally disconnect from work during off-work time) (Li et al., 2025); and enhanced coping capacities (Tindle et al., 2022). Social support enhances individuals' psychological resources and coping abilities, which in turn reduce burnout. This suggests that interventions to enhance social support may work partly through building psychological resources.

2.8 Burnout Among Social Workers in Sub-Saharan Africa and the Nigerian Context

Whilst the international literature on burnout in social work is extensive, research originating from sub-Saharan Africa, and Nigeria in particular, remains comparatively sparse. Most foundational studies have been conducted in high-income countries in North America, Western Europe, and Australia, where social work is a

well-established and regulated profession with relatively robust institutional infrastructure (Reeves & Rafferty, 2024). Careful considerations should be given when attempting to extrapolate results obtained from such environments to the context of Nigeria since there are differences in the environmental, economic, and sociocultural dynamics that govern social work practice.

Available evidence from sub-Saharan Africa suggests that helping professionals in the region experience significant occupational stress, although formal burnout prevalence data using validated instruments remain limited. A study by Lasebikan and Oyetunde (2012) found high burnout prevalence among Nigerian nurses, with emotional exhaustion being the most elevated dimension, a finding that prefigures this study's results and points to the cross-professional relevance of burnout in the Nigerian health and social care workforce. More recent work by Alamu (2022) has documented significant occupational stress among social workers in Nigeria, highlighting heavy caseloads, inadequate supervision, poor remuneration, and limited professional development opportunities as primary contributors. These structural conditions align closely with the Job Demands-Resources framework's prediction that high demands combined with low resources produce burnout (Karim et al., 2025).

The professional recognition challenge facing Nigerian social work is particularly significant. Unlike in many Global North countries, where social work is a licensed profession with statutory powers and defined professional standards, the regulatory framework for social work in Nigeria remains underdeveloped, with many practitioners employed under welfare officer or community development roles that carry neither the professional identity nor the institutional protections associated with formal social work (Oyebamiji, 2025). This invisibility within institutional structures means that social workers in Nigeria often lack access to the formal support mechanisms, professional supervision, peer consultation, and employee assistance programs that the international literature identifies as critical protective resources against burnout (Garmendia et al., 2023).

2.9 The Role of Gender and Experience in Burnout Among Nigerian Social Workers

Various demographic variables have been observed to play a role in influencing the likelihood of burnout among different occupational settings. In the social work literature, female practitioners are consistently over-represented, and some studies have found higher rates of emotional exhaustion among women, attributed in part to the emotional labour demands that disproportionately fall on female workers in gendered care roles (Mijakoski et al., 2023). In the Nigerian context, gender dynamics are further complicated by domestic and sociocultural expectations placed on women, including childcare, household management, and extended family obligations, which may reduce the restorative time available outside of work and amplify the emotional demands of the professional role (Folorunsho et al., 2025). Given that the present sample comprised 68.1% female respondents, consistent with the gender composition of the Nigerian social work workforce, the intersection of gender role demands and professional burnout risk deserves consideration in interpreting the findings.

Professional experience has also been found to shape burnout trajectories in complex ways. Early career social workers frequently report higher burnout risk due to the idealism-reality gap, inadequate mentoring, and insufficient coping skills (Reeves & Rafferty, 2024). However, long-tenured practitioners are not immune; sustained exposure to systemic constraints and repeated experiences of professional helplessness can produce a cumulative depletion that manifests in entrenched mental distance and cynicism over time (Schaufeli et al., 2017). In the Nigerian context, where career development pathways are unclear and professional recognition is limited, experienced practitioners may face a particular form of burnout risk rooted not in role novelty but in prolonged professional invisibility and unmet expectations of institutional change.

2.10 Social Support in the Nigerian Cultural and Occupational Context

The role of social support in buffering occupational stress has been examined across a wide range of professional and cultural contexts, and the mechanisms through which support operates appear to be shaped in part by the cultural environment in which it is embedded. Nigerian society is broadly characterized by collectivist cultural norms, in which strong family and community ties are a central feature of social life and a primary resource for individuals coping with adversity (Folorunsho et al., 2025). This cultural backdrop has important implications for how perceived social support is likely to function among Nigerian social workers. Family and community-based support may be a more salient psychological resource, whilst the relative weakness of formal workplace support systems may mean that informal support carries a heavier compensatory burden than in more institutionally developed contexts.

Research examining social support among healthcare and welfare workers in West Africa has found that family support plays a uniquely protective role in sustaining emotional well-being during periods of occupational stress (Abubakar et al., 2026). However, the protective function of family support is not unconditional. The support-mobilization model predicts that individuals who experience higher burnout, particularly exhaustion, actively seek increased support from those closest to them, which means that higher family and friends support scores may in some instances reflect a coping response to existing depletion rather than a preexisting buffer (Tannous-Haddad et al., 2024). This distinction between support as a preventive resource and support as a reactive response has important implications for how the relationship between perceived social support and burnout is interpreted in cross-sectional data.

At the workplace level, supervisory and collegial support in Nigerian social work settings is frequently constrained by the same structural deficits that drive burnout risk in the first place. Where supervision is primarily administrative rather than reflective, and where team structures are informal or poorly resourced, the quality of workplace social support available to practitioners is likely to be both limited and inconsistent (Oyebamiji, 2025). Liu et al. (2021) found that among social and health care workers, the quality of supervisory support, characterized

by emotional attentiveness, professional guidance, and active recognition of worker contributions, was more predictive of burnout outcomes than the mere presence of supervisory contact. This distinction between the quantity and quality of support is particularly relevant in the Nigerian context, where formal supervision systems may exist on paper but operate in ways that do not provide the reflective and emotionally supportive functions associated with burnout protection.

2.11 Gaps in the Existing Literature

Despite growing recognition of burnout as a significant occupational concern in Nigeria, several important gaps remain in the empirical literature. First, very few studies have examined burnout specifically among social workers in Nigeria using validated, multidimensional instruments. Much of the existing research has focused on nurses and physicians, leaving the specific occupational experiences of social workers relatively understudied (Alamu, 2022). Second, the relationship between perceived social support and burnout in the Nigerian social work context has not been empirically examined in a systematic way that differentiates between informal and formal support sources and their specific associations with different burnout dimensions. Third, the majority of available studies are based on convenience samples from a single geopolitical zone, limiting the generalisability of findings to the national context. The present study addresses these gaps by using the BAT, a validated, multidimensional burnout measure alongside a comprehensive social support battery, with a sample drawn from across all six geopolitical zones of Nigeria.

2.12 Cultural Considerations and Social Support Structures in Nigeria

Understanding burnout among Nigerian social workers requires more than the application of Western occupational health frameworks to a non-Western context. It demands an engagement with the specific historical, cultural, and structural conditions that shape the social environment in which Nigerian practitioners live and work. Social support, in particular, cannot be understood as a culturally neutral variable. The way in which support is sought, given, perceived, and experienced is deeply embedded in the values, relationships, and institutions of a given society (Folorunsho et al., 2025). In Nigeria, these are shaped by a rich and complex cultural heritage, a specific colonial and post-colonial history, and a contemporary socioeconomic landscape that is simultaneously straining and sustaining traditional support structures. This section provides the cultural and historical grounding necessary to interpret the findings of this study in their proper context.

2.13 Historical Development of Social Welfare and Social Work in Nigeria

The formal history of social work in Nigeria is inseparable from the country's colonial experience. During the British colonial period, social welfare provision was minimal, fragmented, and largely administered through missionary organizations and colonial administrative structures that prioritized order and economic productivity

over genuine welfare (Oyebamiji, 2025). The first formal government welfare structures emerged in the late 1940s, with the establishment of Social Welfare Departments in Lagos and a handful of other urban centres. These departments focused primarily on juvenile delinquency, begging, and vagrancy reflecting a colonial conception of welfare as social control rather than rights-based support. The indigenous communities that fell outside the reach of these urban structures continued to rely, as they had for centuries, on extended family networks, age-grade associations, community self-help groups, and religious institutions to meet the welfare needs of their members.

Following independence in 1960, successive Nigerian governments made intermittent attempts to develop a more systematic national social welfare infrastructure. The National Policy on Social Welfare Services was introduced in 1989 and represented a significant formal recognition of the state's responsibility to its citizens' welfare. However, implementation remained uneven and severely under-resourced, reflecting the broader challenges of governance, corruption, and competing developmental priorities that have characterized Nigeria's post-independence political economy (Alamu, 2022). The Structural Adjustment Programme of the 1980s, imposed under international financial pressure, led to significant cuts in social spending and further eroded the nascent public welfare infrastructure, shifting the burden of welfare provision back to families, communities, and non-governmental organizations.

The professionalization of social work in Nigeria gained momentum through the establishment of the Chartered Institute of Social Work of Nigeria (C-ISOWN) and the Nigerian Association of Social Workers (NASoW Nigeria), which have sought to regulate training, establish professional standards, and advocate for recognition of social work as a distinct profession within the national policy landscape. Nevertheless, the profession remains formally unrecognized in many states, with social workers frequently employed under generic civil service grades, community development roles, or welfare officer designations that carry neither the professional protections nor the statutory authority associated with qualified social work practice in more developed regulatory environments (Oyebamiji, 2025). This historical legacy of institutional neglect and professional marginalization is a foundational context within which the burnout experiences of contemporary Nigerian social workers must be understood.

2.14 Collectivism, Kinship, and the Structure of Social Support in Nigerian Culture

Nigeria is a culturally diverse nation of over 250 ethnic groups, each with distinct languages, traditions, and social structures. Across this diversity, however, a broadly collectivist orientation to social life is widely observed, in which the welfare of the group takes precedence over individual autonomy, and in which social relationships, particularly within the family and community, are experienced as primary sources of identity, meaning, and support (Folorunsho et al., 2025). This stands in sharp contrast to the individualist cultural

framework dominant in many Western societies, where personal autonomy, self-reliance, and bounded interpersonal relationships are more highly valued. The implications of this distinction for how social support is experienced and how burnout develops are significant.

Among the Yoruba of Southwest Nigeria, the most represented ethnic group in the present study's sample, the concept of Omoluabi captures a deep cultural value system emphasising character, communal responsibility, and mutual care. A person of good character (omoluabi) is one who contributes to the well-being of others, who shows up for community members in times of need, and who maintains harmonious relationships within the family and social network. This cultural norm creates a powerful expectation of mutual support that operates as a form of social infrastructure, distributing welfare functions across the community rather than concentrating them in state institutions (Abubakar et al., 2026). Among the Igbo of Southeast Nigeria, the concept of Igwebuike, meaning "there is strength in community," similarly emphasises collective solidarity and interdependence as core values. In the predominantly Muslim north, Islamic traditions of Zakat (obligatory charitable giving) and communal prayer networks create additional formal and informal support channels that operate alongside state and NGO welfare systems.

The extended family system is perhaps the most structurally significant social support institution in Nigeria. Unlike the nuclear family model predominant in Western welfare states, the Nigerian extended family system typically encompasses parents, siblings, grandparents, aunts, uncles, cousins, and in-laws within a network of mutual obligation that includes financial support, childcare, housing, emotional counsel, and practical assistance in times of difficulty (Folorunsho et al., 2025). For social workers, this system provides a potentially powerful informal buffer against occupational stress, someone to share problems with, to provide practical help that reduces domestic burden, and to affirm identity and belonging outside the pressures of professional life. The high family support scores observed in the present study ($M = 4.95$ on the MSPSS) are consistent with this cultural baseline, reflecting not an exceptional response to burnout but an ambient condition of relational embeddedness that is culturally normal.

Religious institutions represent a second major pillar of informal social support in Nigeria. Nigeria is one of the most intensely religious societies in the world, with both Christianity and Islam playing central roles in everyday social life across different regions (Abubakar et al., 2026). Churches and mosques in Nigeria function not merely as places of worship but as comprehensive social communities offering emotional support, practical assistance, financial aid, counselling, and a sense of belonging that transcends occupational identity. For social workers who may feel professionally isolated, unrecognised, and burdened by their caseloads, the religious community can provide a powerful restorative space that partially compensates for the absence of formal workplace support. This dimension of informal support is not captured by either the MSPSS or the COPSOQ,

representing a limitation of both instruments in the Nigerian context and a direction for future measurement development.

Age-grade associations, town unions, and community self-help groups (such as the Yoruba esusu cooperative savings groups and the Igbo otu cooperative associations) represent a third layer of informal support infrastructure that is deeply embedded in Nigerian social life. These groups provide not only practical and financial assistance but also a sense of collective identity and mutual accountability that sustains individual members through periods of adversity. For social workers, particularly those who maintain strong connections to their home communities, membership in such groups provides an additional support resource that operates outside both the family and the workplace.

2.15 Urbanisation, Economic Pressure, and the Erosion of Traditional Support Structures

Whilst Nigerian cultural traditions provide a rich informal welfare infrastructure, it is important not to romanticise these structures or assume their unconditional protective adequacy in contemporary conditions. Nigeria has experienced rapid and large-scale urbanisation over the past four decades, with millions of people migrating from rural communities to urban centres in search of economic opportunities. Lagos, for instance, has grown from a city of approximately 1.4 million in 1970 to an estimated metropolitan population of over 15 million by 2025, making it one of the fastest-growing megacities in the world (Abubakar et al., 2026). This urbanisation process has fundamentally disrupted the geographic and social proximity that underpins the extended family system and community support networks.

Social workers who have migrated to urban centres for employment, a common pattern given the concentration of formal social work positions in Lagos, Abuja, Port Harcourt, and other major cities, may find themselves physically separated from their extended family networks, participating in religious communities they have only recently joined, and lacking the long-standing community ties that generate the deepest and most reliable forms of informal support. In this context, perceived family support may be high in an aspirational or relational sense, the emotional connection to family remains strong while the practical and immediate availability of that support is constrained by geographic distance. This distinction between perceived and accessible support is particularly relevant for understanding the support-mobilisation dynamics observed in this study (Tannous-Haddad et al., 2024).

Economic pressures compound these challenges. Nigeria's ongoing economic difficulties, including high inflation, currency instability, youth unemployment, and the erosion of public sector salaries in real terms mean that many extended family networks are themselves under financial strain, potentially reducing their capacity to provide the practical forms of support that buffer occupational stress most effectively. A social worker who is the

primary income earner for an extended household of ten or twelve people may experience family relationships as a source of emotional belonging and identity whilst simultaneously experiencing them as an additional economic demand. The net effect on burnout risk is ambiguous and context-dependent, underscoring the importance of examining the quality and nature of social support rather than its mere perceived presence.

2.16 Implications for This Study

The cultural and historical context outlined in this section has direct implications for how the findings of the present study should be interpreted and how future research in this area should be designed. First, the high family support scores observed in the sample (M = 4.95) should be understood as culturally expected rather than surprising they reflect the ambient collectivism of Nigerian social life rather than a specific protective response to occupational burnout. Second, the support-mobilisation effect observed for exhaustion and family support is consistent with a cultural dynamic in which depleted practitioners turn increasingly to family networks that are both emotionally available and practically stretched. Third, the relative weakness of workplace social support in this sample reflects not individual supervisory failure but a systemic institutional gap with deep historical roots in the underdevelopment of Nigeria's social work professional infrastructure.

These considerations suggest that burnout prevention strategies in the Nigerian context cannot rely solely on strengthening informal support networks, nor can they simply transplant workplace support models developed in well-resourced Global North environments. What is needed is a culturally grounded, structurally sensitive approach that builds on the genuine strengths of Nigeria's social support traditions, the collectivist ethic, the religious community infrastructure, the extended family system whilst simultaneously investing in the formal professional support mechanisms that these traditions alone cannot provide (Oyebamiji, 2025). The conceptual framework guiding this study was designed with this dual requirement in mind, and the findings are interpreted throughout in light of the cultural and structural realities described in this section.

CHAPTER III

THEORETICAL AND CONCEPTUAL FRAMEWORK

In this chapter, the theoretical and conceptual framework is provided. This chapter looks into the theories and concepts that will provide the basis of the discussion on how social support affects burnout. The chapter also highlights the conceptual structure of the study and its relevance to the experiences of social workers in the Nigerian context.

3.1 The Job Demands-Resources (JD-R) Model

The Job Demands-Resources (JD-R) model provides a rudimentary framework for understanding how organizational and personal variables influence the emergence of burnout. According to the JD-R model, all jobs are composed of two types: job demands and job resources, where job demands involve those job characteristics requiring physical, psychological, cognitive, or emotional effort, and job resources involve those job characteristics facilitating goal attainment, reduction of demands, and development (Karim et al., 2025). According to the JD-R model, burnout arises due to demands on individuals exceeding their resources in order to cope with these demands.

Social workers, like other professionals, face many and varied demands, and these are the realities of the job they face every day. Social workers are faced with emotional demands, as they are required to deal with the emotional needs of the crises of the people they are supposed to help. Social workers are also faced with cognitive demands, as they are required to make decisions, and are faced with psychological demands, as they are required to deal with the psychological trauma of the stories they hear every day (McFadden et al., 2021). These demands are very urgent in Nigeria, as the poverty levels are systemic, and the institutional and social support systems are lacking, and as such, the outcomes of the individual cases are always below the acceptable standard. Social workers see their clients go back to unsafe environments, children remaining in poverty despite the consistent intervention of the social worker, and the communities remaining the same despite the professional intervention of the social worker.

Job resources, as defined by the JD-R model, include supervisor support, teamwork, autonomy, professional development opportunities, and social support, and these job resources are used in two ways: by helping workers cope with the demands of the job and by providing intrinsic motivational and meaningful sources The model indicates that resources serve two functions: they help workers manage existing demands more effectively, and they provide intrinsic motivation and meaning that sustains engagement even in high-demand environments (Albrecht et al., 2021, Jiang et al., 2025). In the JD-R model, the job resource of social support is identified as the most important job resource (Tian & Isa, 2024).

3.2 Conservation of Resources (COR) Theory

Hobfoll's Conservation of Resource theory provides a different way of looking at people's behaviour. This theory asserts that humans have an innate tendency to search for, acquire, and defend resources, including but not limited to time, energy, relationships, skills, emotional states, and a sense of meaning in life. This theory suggests that stress results from a perception that valued resources are under threat, unavailable, or unreplenishable. As for burnout, this theory defines it as a condition of resource depletion.

In a social work context, a sense of loss can result from a lack of resources. Social workers exhaust their emotional resources as they are constantly present with people's pain. They also exhaust their mental resources as they try to navigate complex systems and make difficult decisions (Lev et al., 2022). Furthermore, they experience a sense of loss as they realize that all their hard work does not yield positive outcomes. When they are constantly depleting their resources, they experience a loss spiral, as described by Gupta et al. (2025), where depleted resources result in a lack of capacity to meet demands, which results in a loss.

In Hobfoll's Conservation of Resource theory, social support is considered a key resource for individuals, which helps to prevent loss and facilitate resource replenishment. When a social worker feels supported by their supervisor, colleagues, families, and communities, they are able to access a resource that helps to compensate for the mental strain they experience as a result of their work, as described by Acoba (2024). Social support, therefore, helps to replenish resources, as described by Britt et al. (2016), as it provides emotional refreshment, reduces cognitive load, and helps to alleviate workload. In a resource-poor Nigeria, social support is considered a key resource available to a social worker.

3.3 The Social Support Deterioration Deterrence Model

The Social Support Deterioration Deterrence (SSDD) model, while less commonly applied to occupational burnout, offers important perspectives into how support systems operate over time and under stress (Prati & Pietrantoni, 2010). The SSDD model proposes that chronic stressors can erode social support networks themselves, creating a vicious cycle where people most in need of support lose access to it (Meulenaere et al., 2021). The model differentiates between the idea that chronic stress can weaken support systems and the belief that strong social connections can withstand stress and remain resilient (Guilaran et al., 2018).

This framework has important implications for understanding social worker burnout trajectories. Social workers who are under a lot of stress may withdraw from social relationships out of exhaustion, have a reduced capacity to reciprocate support exchanges (which strains relationships), or lose social contact due to work overload. The SSDD model suggests that interventions to prevent burnout should increase the availability of support while also protecting and strengthening the social relationships and networks that provide it. Nigerian

social workers may need to improve formal support systems to help keep informal support networks going during difficult times.

3.4 Application of Theoretical Frameworks to the Nigerian Context

Combining these three theoretical frameworks creates a thorough explanation for why perceived social support is extremely important for Nigerian social workers specifically. The JD-R model explains that job resources are particularly important in high-demand environments.

The COR theory demonstrates that social support provides resources for maintaining a balance under stress (Halbesleben et al., 2020). The SSDD model warns that under extreme stress, support systems themselves may erode, making proactive strengthening of support structures essential (Guilaran et al., 2018).

For Nigerian social workers, all three frameworks point to the same conclusion. Enhancing social support is not a luxury or a secondary component of their well-being, and it is fundamental to preventing burnout and sustaining the profession. However, the Nigerian context is different from contexts where these theories were developed. Nigeria's collectivist culture means that informal social support networks may play more prominent roles than in individualist contexts. The resource constraints mean that formal organizational support structures are often absent or inadequate, placing more weight on informal networks.

The systemic challenges mean that some sources of stress cannot be eliminated through individual or organizational interventions, making support systems the primary mechanism for maintaining worker well-being.

A theoretical model adapted for Nigerian social workers would recognize that (1) job demands in social work are high and include client-related stressors and systemic stressors from resource limitations; (2) job resources from formal organizational structures are limited, making informal social support networks crucial; (3) the quality and sustainability of informal support networks require attention, as chronic stress may begin to erode these networks; and (4) effective interventions must address support availability and protect support systems from deterioration under stress.

3.5 Burnout Assessment Tool

For decades, the Maslach Burnout Inventory (MBI) has dominated burnout research and assessment. However, conceptual and methodological criticisms of the MBI have accumulated, prompting researchers to develop more comprehensive and theoretically sound alternatives. The most significant recent development in this regard is the Burnout Assessment Tool (BAT), which represents a shift in how we understand and measure burnout in occupational contexts.

The BAT was developed with a strong theoretical foundation and addresses several limitations of the MBI. Rather than focusing on three dimensions (exhaustion, depersonalization, and lack of personal accomplishment), the BAT conceptualizes burnout as a more complicated phenomenon consisting of core and secondary symptoms (Schaufeli et al., 2020). The symptoms include exhaustion, mental distance (the tendency to psychologically withdraw from work), and impaired emotional and cognitive functioning. These dimensions are complemented by secondary symptoms such as psychological distress and psychosomatic complaints, providing a more comprehensive picture of the burnout experience.

In Nigeria specifically, the MBI has been employed in several studies examining burnout among healthcare professionals, including physicians and nurses (Ikenna et al., 2021; Ozumba & Alabere, 2019). These applications have supported the instrument's utility in the Nigerian context, though systematic validation specifically among Nigerian social workers appears limited in the published literature. One study examining burnout among doctors and nurses at a Nigerian teaching hospital found that 4.7% met criteria for burnout syndrome, with emotional exhaustion affecting 23.8%, depersonalization 14.7%, and reduced personal accomplishment 30% of the sample (Ozumba & Alabere, 2019). The authors noted that work-related characteristics, including monthly earnings, professional grouping, and days off work, significantly influenced burnout dimensions, suggesting that contextual factors substantially shape burnout experiences in Nigerian healthcare settings.

Research comparing the BAT with the MBI and other burnout measures has consistently demonstrated the superiority of the BAT in terms of construct validity and reliability. One study comparing burnout assessment methods in the general French population found that the Copenhagen Burnout Inventory and BAT provided stronger correlations with measures of work exhaustion than the traditional MBI (Romo et al., 2025). Meta-analytical evidence further supports this conclusion, showing that the BAT demonstrates better reliability indices across different populations and settings compared to the MBI (Villacura-Herrera et al., 2025). These findings are important for Nigerian researchers and practitioners, as choosing the appropriate assessment tool directly affects the validity and usefulness of research findings and the accuracy of burnout identification in practice.

The BAT's structure also allows for both comprehensive assessments using the full 23-item version and more practical shorter versions such as the 12-item BAT-12 and the ultra-short 4-item BAT4 (Hadibajramovi et al., 2024). This flexibility makes it suitable for use in resource-constrained settings like Nigeria, where lengthy questionnaires may not be feasible in busy social work practice settings. Furthermore, the BAT has been validated across multiple countries and cultures, demonstrating its cross-cultural applicability (Beer et al., 2020). This growing international evidence base means that findings from Nigerian studies using the BAT can be

meaningfully compared with research from other countries, contributing to a more global understanding of burnout in social work.

3.6 Table 1: Comparison of Burnout Assessment Tools Used in Social Work Research

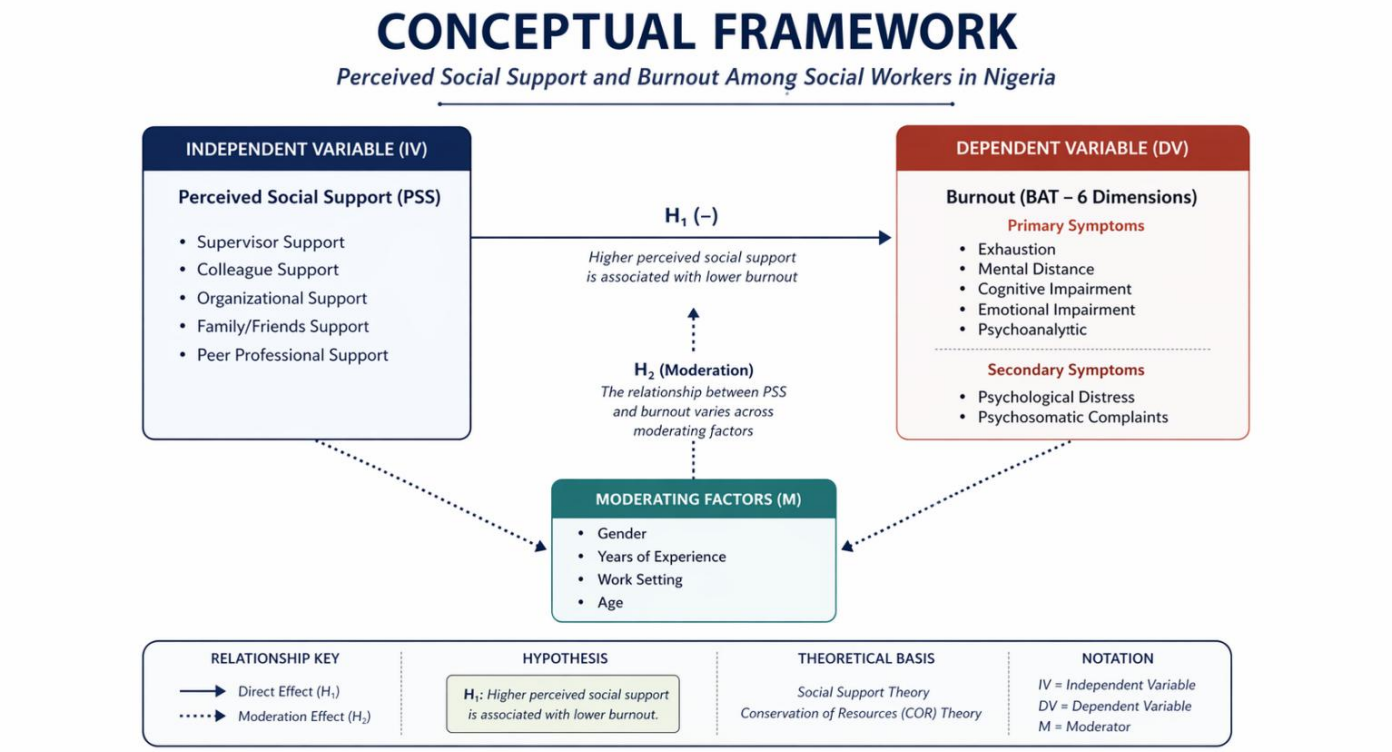
Characteristic	**Maslach Burnout Inventory (MBI)**	**Copenhagen Burnout Inventory (CBI)**	**Burnout Assessment Tool (BAT-23)**
Number of Items	22	19	23
Core Dimensions Measured	Emotional exhaustion, depersonalization, reduced personal accomplishment	Personal, work-related, and client-related burnout	Exhaustion, mental distance, cognitive & emotional impairment
Conceptual Foundation	Three-factor model of burnout	Dimensional severity scale	Multidimensional hierarchical structure
Public Domain	No (licensing required)	Yes	Yes
Validation in African Contexts	Limited recent validation	Strong validation across multiple African countries	Growing validation in African studies
Measurement Invariance	Not well-established	Established across gender and age	Established across gender, age, and countries
Psychometric Quality (Recent Meta-analyses)	Moderate reliability concerns	Good reliability and validity	Superior reliability and validity
Recommended for the Nigerian Context	Less preferred (cost, limitations)	Recommended for healthcare workers	Recommended for social workers and helping professions

Note: Data from studies (2020-2025) suggest using the CBI and BAT for Nigerian social workers because they are free to use, reliable in Africa, and have strong measurement qualities.

3.7 Conceptual Framework

The conceptual framework below illustrates the proposed relationships between perceived social support and burnout as examined in this study, drawing on the theoretical pillars outlined in Chapter III.

Figure 1: Conceptual Framework



This conceptual model is drawn from several research studies (2020-2025) exploring how various types of social support affect burnout. This model shows that social support works through different psychological processes and impacts all aspects of burnout. Figure 1 shows the conceptual framework that guides this research, depicting the hypothesized link between the perceived social support and the level of burnout in social workers. The framework positions perceived social support as the independent variable and burnout as the dependent variable, operationalised through the six-dimensional structure of the Burnout Assessment Tool (BAT) (Schaufeli et al., 2020). The independent variable comprises five measured sources of perceived social support which are family, friends, significant others, supervisors, and colleagues. These are drawn from two domains: informal personal networks (family, friends, and significant others, measured via the MSPSS) and formal workplace networks (supervisors and colleagues, measured via the Copenhagen Psychosocial Questionnaire (COPSOQ) to measure perceived social support from supervisors and colleagues). This distinction reflects the theoretical differentiation between informal and formal support, both of which are expected to influence burnout, though

through different mechanisms and on different dimensions. The dependent variable, burnout, is represented by its full six-dimensional BAT structure. The four primary symptoms (exhaustion, mental distance, emotional impairment, and cognitive impairment) constitute the core of the burnout experience, while the two secondary symptoms, psychological distress and psychosomatic complaints capture the downstream health consequences that co-occur with burnout as it progresses. Psychological distress is the affective and emotional pain arising from burnout, which encompasses feelings such as anxiety, depression, and helplessness. The psychosomatic complaints involve the somatic manifestations of the psychological stress and include insomnia, exhaustion, headaches, and other somatic problems. Such aspects are medically important since they indicate the spillover effect of burnout, as it does not stay in the work context alone. Rather, it spills over to affect the health and quality of life of the individual. The inclusion of such factors in the model guarantees an understanding of burnout in Nigerian social workers. The framework draws on three theoretical pillars. The Job Demands-Resources (JD-R) model (Karim, 2025) positions workplace social support as a job resource that buffers high demands and protects against the primary burnout dimensions, particularly cognitive and emotional impairment. Conservation of Resources (COR) theory (Hobfoll, 1989) frames informal support from family, friends, and significant others as a personal resource that replenishes emotional reserves and moderates the progression from exhaustion toward more severe burnout. The Social Support Deterioration Deterrence (SSDD) model (Prati & Pietrantoni, 2010) cautions that chronic occupational stress can itself erode support networks over time, creating a feedback dynamic in which burnout and social support mutually influence each other. The overall hypothesis is that higher perceived social support across all five sources will be associated with lower scores on burnout dimensions, with workplace support showing stronger relevance to the primary cognitive and emotional dimensions, and informal personal support showing greater relevance to the secondary symptom dimensions. This framework was designed in order to provide guidance on how to measure and interpret results in relation to social work practice in Nigeria.

CHAPTER IV

RESEARCH METHODOLOGY

This study employed a quantitative, cross-sectional research design using convenience sampling of practicing social workers across multiple Nigerian geopolitical zones. Data were collected through an online questionnaire that measured burnout using the Burnout Assessment Tool (BAT) and perceived social support using the Multidimensional Scale of Perceived Social Support (MSPSS), supplemented by The Copenhagen Psychosocial Questionnaire (COPSOQ) to measure perceived social support from supervisors and colleagues. The BAT was selected due to its strong psychometric performance and clinically validated cutoff scores for identifying severe burnout (Shoman et al., 2023). Quantitative research helped in systematically assessing various dimensions of burnout and identifying sources of social support for statistical analysis. As a cross-sectional design, the study captured all variables at a single point in time, offering a snapshot of current conditions and serving as an appropriate framework (Gao & Wang, 2026; Mahato et al., 2025).

4.1 Research Design

A quantitative, cross-sectional survey design was employed. The BAT was selected due to its strong psychometric performance and clinically validated cutoff scores for identifying severe burnout (Shoman et al., 2023). Quantitative research helped in systematically assessing various dimensions of burnout and identifying sources of social support for statistical analysis. As a cross-sectional design, the study captured all variables at a single point in time, offering a snapshot of current conditions and serving as an appropriate framework (Gao & Wang, 2026; Mahato et al., 2025).

4.2 Sampling Procedure

Non-probability purposive convenience sampling was used in this study. The target population was made up of licensed social workers practicing in Nigeria's six geopolitical zones (Northeast, Northwest, North-Central, Southeast, South-South, and Southwest). The sample size was N = 216 social workers. Inclusion criteria required participants to be currently employed as social workers with a minimum of six months of professional practice experience in government agencies, NGOs, non-profits, hospitals, schools, or private practice. Participants were recruited via professional networks, social work associations, and workplace contacts across Nigeria.

Respondents demonstrated substantial demographic diversity. Age ranged from 18 to 55+ years, with educational backgrounds from bachelor's to master's degrees and professional experience ranging from less than one year to over ten years. The sample included 68.1% female (n=147) and 31.9% male (n=69) respondents, representing gender patterns in the Nigerian social work profession. Employment sectors represented included

government agencies (44.0%), NGO/nonprofit (32.9%), hospitals/health facilities (10.2%), schools/child protection (9.3%), private sector (2.8%), and other sectors, ensuring sectoral diversity.

4.3 Data Collection Methods

Data was collected using a structured online questionnaire administered via Google Forms. The questionnaire consisted of three sections, following established best practices for assessing occupational stress.

Section A: Collected demographic data such as age, gender, education, length of professional experience, occupation sector, and geopolitical region.

Section B: Burnout Assessment Section B assessed burnout using the Burnout Assessment Tool (BAT), a validated instrument comprising 33 items measuring four primary symptoms and two secondary symptoms (psychological and psychosomatic impairments). The BAT was selected due to its strong psychometric performance and clinically validated cut-off scores for identifying severe burnout. The instrument has been validated across multiple populations, including Spanish, Croatian, and French-Canadian samples, demonstrating robust construct validity and measurement invariance.

The BAT measures six dimensions: exhaustion (8 items), mental distance (5 items), cognitive impairment (5 items), and emotional impairment (5 items) as primary symptoms, and psychological distress and psychosomatic complaints (10 items combined) as secondary symptoms, including sleep disturbance, anxiety, and physical health symptoms. Respondents answered on a five-point Likert scale from Never (1) to Always (5) to facilitate precise quantification of burnout level.

Section C: Social Support Assessment Section C assessed perceived social support using two complementary scales. The Multidimensional Scale of Perceived Social Support (MSPSS) includes 12 items measuring perceived support from significant others, family, and friends, with responses rated on a seven-point Likert scale from Very Strongly Disagree (1) to Very Strongly Agree (7). This instrument captures general social support dimensions critically for understanding occupational well-being.

Workplace social support was assessed using an eight-item Workplace Support Scale measuring perceived support from supervisors or management and colleagues, including willingness to listen, provision of practical help, and feedback. Responses for this specialized scale ranged from Never (1) to Always (5), enabling workplace-specific support measurement.

Participation occurred through an anonymous online survey with informed consent obtained prior to completion, and timestamps were recorded for all responses to enable temporal analysis.

4.4 Data Analysis Methods

Data analysis included both descriptive and inferential statistics. Descriptive statistics were computed using means and standard deviations where mean and standard deviation were calculated for burnout factors, social support scales, and total score, and frequency distribution was applied for demographics.

Inferential analysis involved Pearson product–moment correlation coefficients to examine associations between burnout and perceived social support. Predictors of burnout in addition to social support were explored through multiple regression analysis controlling for the influence of other supporting factors. Statistical significance was evaluated using an alpha level of $p < .05$.

Existing research on occupational stress among healthcare and social service workers indicates that social support functions as both a mediator and moderator in the stress–burnout relationship, supporting the use of regression analysis to examine the independent effects of different support sources. Chi-square tests of independence for categorical variables, one-way ANOVA for group comparisons, and effect size calculations to assess practical significance were carried out.

4.5 Ethical Issues and Considerations

This study adhered to established ethical guidelines for social research. All participants provided their consent through acknowledgment prior to survey completion. Anonymity and confidentiality were ensured by collecting no identifying information beyond general demographic descriptors, and all data were stored securely with restricted access.

Participation was entirely voluntary, with participants informed of their right to withdraw at any time without penalty. Survey items were carefully selected to minimize distress, consistent with research emphasizing the need for heightened ethical protection when studying occupational stress among social service professionals. Digital data were stored on password-protected, encrypted servers.

The study was guided by principles of beneficence, aiming to generate knowledge that supports burnout prevention and professional well-being, and justice, with sampling procedures designed to ensure representation across geopolitical zones and employment sectors.

Artificial Intelligence tools, specifically ChatGPT (OpenAI) and Claude ai, were used during the writing process to support linguistic revision, grammatical correction, sentence restructuring, and paraphrasing for clarity and readability. The tool was not used to generate research findings, fabricate data, or produce the academic analysis presented in this study. All interpretations, arguments, analyses, and conclusions remain the sole responsibility of the author.

4.6 Researcher Positionality

It is important to acknowledge the perspective from which this study was conducted. As an insider, the Nigerian social work practitioner who led the research shares both the professional and national background of the participants. The benefits of this position include several methodological strengths, including the use of culturally relevant instruments and methods of participant recruitment via networking, and interpretation of findings in a contextual framework that would require a lot of time for an outsider researcher (Alamu, 2022).

On the other hand, the insider position creates several potential dangers. For example, the researcher's knowledge of the Nigerian social work setting could have led to an assumption about what the respondents were expected to say, resulting in biased interpretation of any unanticipated findings. Besides, the researcher's own personal interests on the welfare of social workers in Nigeria (which will drive the research itself) may lead to biased interpretation of any vague results towards advocating for improved well-being among social workers. The above-mentioned risks have been mitigated by using standardized and validated research tools to collect data in order to avoid the researcher's interference, by being transparent in reporting findings that do not achieve statistical significance or seem counterintuitive, and by adhering to the principle of basing conclusions on evidence rather than assumptions In conclusion, rather than being a limitation, the positionality of the researcher can be considered an asset as it is regarded as part of the research environment, which makes the study more valid (Mahato et al., 2025).

CHAPTER V

FINDINGS

This chapter presents the findings of the study, organised around the four research questions. The results are based on data collected from 216 social workers across Nigeria's six geopolitical zones. Prior to the main analyses, the reliability of all measurement scales was assessed using Cronbach's alpha. Descriptive statistics are reported for both burnout and perceived social support. Pearson's product–moment correlations were used to examine the relationships between perceived social support and burnout, and multiple linear regression was used to determine which sources of social support most strongly predicted burnout.

5.1 Demographic Profile of Respondents

The study obtained 216 responses from social workers distributed across Nigeria's geopolitical zones, employment sectors, and experience levels. This section presents a comprehensive demographic profile of the sample.

5.1.1 Gender Distribution

The sample comprised 147 female social workers (68.1%) and 69 male social workers (31.9%), reflecting the female-dominant gender composition of the social work profession in Nigeria. This distribution is consistent with broader patterns of feminisation in the social work and helping professions globally and in the Nigerian context.

5.1.2 Age Characteristics

Age distribution in the sample ranged from 18 to 55 years and above. The largest age group was 45–54 years (32.4%, n=70), followed by 35–44 years (27.3%, n=59), 25–34 years (26.4%, n=57), 55 years and above (10.2%, n=22), and 18–24 years (3.7%, n=8). The predominance of respondents aged 35 and older (69.9%) indicates an experienced, mid-to-late-career workforce, which may have important implications for the experience and expression of burnout compared to younger cohorts.

5.1.3 Professional Experience

Years of professional experience showed substantial variation across the sample. The largest group had 1–5 years of experience (33.8%, n=73), closely followed by those with more than 10 years (32.9%, n=71) and 6–10 years (20.8%, n=45). A smaller proportion had less than one year of experience (12.5%, n=27). This distribution reflects a workforce comprising both newer practitioners and seasoned professionals, providing a useful cross-section of career stages at which burnout dynamics may differ.

5.1.4 Educational Qualifications

Social workers in the sample held diverse educational credentials, with the majority holding master's degrees (52.8%, n=114), followed by bachelor's degrees (36.6%, n=79), doctoral degrees (9.3%, n=20), and diplomas (1.4%, n=3). The high proportion of postgraduate-level qualifications indicates a well-educated workforce, consistent with the growing professionalisation of social work in Nigeria.

5.1.5 Employment Sector Distribution

Government agencies employed the largest share of respondents (44.0%, n=95), followed by NGOs (32.9%, n=71), hospitals and health facilities (10.2%, n=22), schools and child protection services (9.3%, n=20), and private sector organisations (2.8%, n=6). Two respondents (0.9%) did not specify an employment sector. This sectoral diversity ensured that findings captured burnout and support experiences across the range of settings in which Nigerian social workers are employed.

5.1.6 Geopolitical Zone Distribution

Respondents represented all six geopolitical zones of Nigeria. South-West was the most represented zone (39.8%, n=86), followed by South-South (38.4%, n=83), South-East (9.3%, n=20), North-Central (8.3%, n=18), North-East (3.7%, n=8), and North-West (0.5%, n=1). The geographic distribution, though skewed toward southern Nigeria, provides a broad national picture of social worker burnout and perceived social support.

5.2 Reliability of Measurement Scales

Before addressing the research questions, the internal consistency of all scales was assessed. Cronbach's alpha coefficients were calculated for each subscale of both the Burnout Assessment Tool (BAT) and the perceived social support instruments. All scales demonstrated acceptable to excellent reliability (see Table 2).

For the BAT burnout subscales, Cronbach's alpha ranged from $\alpha = .78$ (mental distance) to $\alpha = .90$ (cognitive impairment), indicating good to excellent internal consistency across all six dimensions. Specifically: exhaustion ($\alpha = .81$, 8 items), mental distance ($\alpha = .78$, 5 items), cognitive impairment ($\alpha = .90$, 5 items), emotional impairment ($\alpha = .87$, 5 items), psychological complaints ($\alpha = .82$, 5 items), and psychosomatic complaints ($\alpha = .83$, 5 items). These values exceed the commonly accepted threshold of .70, confirming that all burnout subscales are reliable for use in this sample.

For the social support scales, reliability was similarly strong. Significant other support ($\alpha = .91$, 4 items), family support ($\alpha = .94$, 4 items), friends support ($\alpha = .93$, 4 items), and workplace social support ($\alpha = .91$, 8

items) all demonstrated excellent internal consistency. These results confirm that all instruments performed reliably within this Nigerian sample of social workers.

Table 2: *Reliability Statistics for Burnout and Social Support Scales (N = 216)*

Scale	N Items	Cronbach's α	Interpretation
Burnout Assessment Tool (BAT) — Primary Symptoms			
Exhaustion	8	.811	Good
Mental Distance	5	.782	Acceptable
Cognitive Impairment	5	.898	Excellent
Emotional Impairment	5	.869	Good
Burnout Assessment Tool (BAT) — Secondary Symptoms			
Psychological Complaints	5	.815	Good
Psychosomatic Complaints	5	.829	Good
Perceived Social Support Scales			
Significant Other Support (MSPSS)	4	.906	Excellent
Family Support (MSPSS)	4	.941	Excellent
Friends Support (MSPSS)	4	.930	Excellent
Workplace Social Support	8	.906	Excellent

Note. Cronbach's alpha interpretation: ≥ .90 = Excellent; .80–.89 = Good; .70–.79 = Acceptable (George & Mallery, 2003).

5.3 Research Question 1: What Is the Level of Burnout Among Social Workers?

Descriptive statistics were computed for each of the six BAT dimensions and the overall burnout composite score (see Table 4). All items were rated on a five-point Likert scale (1 = Never, 5 = Always). The overall burnout mean was M = 2.06 (SD = 0.56), with scores ranging from 1.09 to 3.76.

Using the BAT traffic-light cut-off framework (Schaufeli et al., 2020), an overall score below 2.58 corresponds to the green zone (no burnout), a score between 2.59 and 3.01 corresponds to the orange zone (at risk of burnout), and a score of 3.02 or above corresponds to the red zone (burnout most likely). With a mean of M = 2.06, the sample as a whole falls in the green zone, indicating that, on average, Nigerian social workers in this study did not meet the threshold for burnout. However, given that individual scores ranged up to 3.76, a meaningful subset of respondents scored in the at-risk or burnout-likely zones, indicating that while burnout is not widespread at the group level, it is a real concern for a portion of this workforce.

Examining individual dimensions, exhaustion was the most elevated primary symptom (M = 2.56, SD = 0.64), suggesting that Nigerian social workers experience a notable degree of energy depletion despite overall burnout scores remaining below the clinical threshold. Mental distance showed a moderate mean (M = 2.00, SD = 0.83), while emotional impairment (M = 1.76, SD = 0.75) and cognitive impairment (M = 1.63, SD = 0.76) were the lowest-scoring primary dimensions, indicating that difficulties in emotional and cognitive regulation at work were less frequently reported. Among the secondary symptoms, psychological complaints scored moderately (M = 2.13, SD = 0.74), and psychosomatic complaints were slightly lower (M = 2.01, SD = 0.75). Taken together, these results suggest that exhaustion represents the leading edge of burnout risk within this sample, consistent with theoretical models that position exhaustion as the central and earliest-emerging dimension of the burnout syndrome.

Table 3: BAT Traffic-Light Classification Framework for Burnout Risk

Zone	BAT Score Range	Classification	Recommended Response
Green	< 2.58	No burnout. Employees are functioning well within normal occupational stress limits.	No immediate action required. Continue regular workplace well-being monitoring.
Yellow	2.58 – 3.01	Mild burnout symptoms. Early signs of depletion present; risk is emerging.	Initiate supportive conversation; review workload and access to resources.
Orange	3.01 – 3.50	Moderate burnout. Significant depletion across multiple dimensions; functional impairment likely.	Refer to occupational health or supervision; reduce demands; implement recovery support plan.
Red	> 3.50	Severe burnout. High probability of clinically significant burnout; urgent attention required.	Immediate clinical support; consider temporary reduction in

Zone	BAT Score Range	Classification	Recommended Response
			duties or leave; professional referral.

Note. BAT = Burnout Assessment Tool. Score ranges are based on the 23-item BAT short version. Cut-off scores are derived from Schaufeli et al. (2020) and reflect population norms from large-scale validation studies. Scores represent mean item ratings on a 1–5 Likert scale.

Table 4: *Descriptive Statistics for Burnout Dimensions and Overall Burnout Composite (N = 216)*

Dimension	N	Min	Max	M	SD	BAT Classification
Exhaustion (primary)	216	1.13	4.50	2.56	0.64	Below threshold
Mental Distance (primary)	216	1.00	4.60	2.00	0.83	Below threshold
Cognitive Impairment (primary)	216	1.00	4.80	1.63	0.76	Below threshold
Emotional Impairment (primary)	216	1.00	4.60	1.76	0.75	Below threshold
Psychological Complaints (secondary)	216	1.00	4.00	2.13	0.74	Below threshold
Psychosomatic Complaints (secondary)	216	1.00	4.00	2.01	0.75	Below threshold
Overall Burnout Composite	**216**	**1.09**	**3.76**	**2.06**	**0.56**	**Green (no burnout)**

Note. BAT classification based on Schaufeli et al. (2020) cut-off scores: Green ($M < 2.58$) = no burnout; Orange (2.59–3.01) = at-risk; Red (≥ 3.02) = burnout most likely. All items rated 1 (Never) to 5 (Always).

5.4 Research Question 2: What Is the Level of Perceived Social Support Among Social Workers?

Descriptive statistics for perceived social support are presented in Table 5. The MSPSS assesses support from three sources on a seven-point scale (1 = Very Strongly Disagree, 7 = Very Strongly Agree), with scores classified as low (1–2.9), moderate (3–5), or high (5.1–7). Workplace social support was measured on a five-point scale.

The overall MSPSS score was M = 4.77 (SD = 1.49), falling within the moderate range and indicating that social workers, on average, perceived a moderate level of informal social support from significant others, family, and friends. Family support was the highest-rated source (M = 4.95, SD = 1.69), followed by significant other support (M = 4.83, SD = 1.68) and friends support (M = 4.51, SD = 1.60). These results suggest that informal interpersonal networks particularly family and intimate partners — represent the primary perceived sources of social support for Nigerian social workers.

Workplace social support, measured on a separate five-point scale, yielded a mean of M = 3.29 (SD = 0.77). This moderate score reflects that social workers perceived a reasonable, though not high, degree of support from supervisors and colleagues in their workplace settings. The comparatively lower workplace support score relative to informal support sources is a noteworthy finding, suggesting that formal organisational support structures may be less robust or less consistently experienced than support from personal relationships.

Table 5: *Descriptive Statistics for Perceived Social Support Scales*

Scale	N	Min	Max	M	SD	Classification
Significant Other Support	213	1.00	7.00	4.83	1.68	Moderate
Family Support	214	1.00	7.00	4.95	1.69	Moderate
Friends Support	213	1.00	7.00	4.51	1.60	Moderate
MSPSS Total Score	**214**	**1.00**	**7.00**	**4.77**	**1.49**	**Moderate**
Workplace Social Support	215	1.13	5.00	3.29	0.77	Moderate

Note. MSPSS subscales and total scored on a 7-point Likert scale; classification: low (1–2.9), moderate (3–5), high (5.1–7) (Zimet et al., 1988). Workplace Social Support rated on a 5-point scale (1 = Never, 5 = Always); the mean of 3.29 exceeds the scale midpoint (3.0), indicating a moderate level of perceived workplace support.

5.5 Research Question 3: Is There a Relationship Between Perceived Social Support and Burnout Among Social Workers?

Pearson's product–moment correlation analysis was conducted to examine the relationship between perceived social support and overall burnout, as well as between individual support subscales and individual burnout dimensions. Statistical significance was evaluated at $p < .05$.

At the overall level, the correlation between the total MSPSS score and overall burnout composite was not statistically significant ($r = .069$, $p = .158$). This indicates that perceived informal social support, in aggregate, was not significantly associated with overall burnout among this sample of Nigerian social workers.

However, when individual subscales were examined, a more differentiated pattern emerged. Exhaustion was significantly and positively correlated with family support ($r = .147$, $p = .016$), friends support ($r = .159$, $p = .010$), and the overall MSPSS score ($r = .151$, $p = .014$). Although statistically significant, all of these correlations were small in magnitude according to Cohen's (2016) guidelines (small r = .10, medium r = .30, large r = .50), indicating limited practical significance. Notably, the direction of these correlations was positive, meaning that higher perceived support from family and friends was associated with slightly higher, not lower exhaustion scores. This counter-intuitive finding may reflect a mobilisation effect, whereby social workers experiencing higher levels of exhaustion are more actively seeking or drawing on social support from close personal relationships, consistent with conservation of resources theory (Hobfoll, 1989).

Workplace social support showed a significant negative correlation with cognitive impairment ($r = -.121$, $p = .039$), indicating that higher levels of workplace support were associated with lower cognitive impairment. This small but significant effect suggests that perceived support from supervisors and colleagues may have a specific protective role in maintaining cognitive functioning at work. No other significant correlations were observed between workplace support and the remaining burnout dimensions.

All other correlations between support subscales and burnout dimensions were non-significant (all $p > .05$), with effect sizes falling below Cohen's threshold for a small effect. These results indicate that perceived social support, as measured in this study, did not exert a broad or consistent protective effect on burnout in this sample.

Table 6: *Pearson Correlation Coefficients Between Perceived Social Support Sources and Burnout Dimensions (N = 216)*

Burnout Dimension	Sig. Other Support	Family Support	Friends Support	MSPSS Total	Workplace Support
Exhaustion	.099	**.147***	**.159***	**.151***	.011
Mental Distance	-.079	-.028	.036	-.028	.030
Cognitive Impairment	-.103	.013	.037	-.021	**-.121***
Emotional Impairment	-.004	.016	.024	.014	-.105
Psychological Complaints	.063	.100	.087	.095	-.045
Psychosomatic Complaints	.058	.085	.059	.077	-.011
Overall Burnout	.012	.078	.094	.069	-.047

Note. * $p < .05$. Bold values indicate statistical significance. All significant correlations were small in effect size (Cohen, 2016): r = .10 small, .30 medium, .50 large.

5.6 Research Question 4: Which Sources of Perceived Social Support Are Most Associated with Burnout Among Social Workers?

Multiple linear regression analysis was conducted to determine which sources of perceived social support were most strongly associated with burnout, using the overall burnout composite score as the dependent variable and the four social support sources (significant other support, family support, friends support, and workplace social support) as predictors. The model was statistically non-significant ($F(4, 207) = 1.690$, $p = .153$), and the predictors collectively explained only 3.2% of the variance in burnout ($R^2 = .032$, Adjusted $R^2 = .013$).

None of the individual predictors reached statistical significance: significant other support ($\beta = -.072$, $p = .522$), family support ($\beta = .122$, $p = .286$), friends support ($\beta = .130$, $p = .195$), and workplace social support (β

= −.029, p = .695). Collinearity statistics indicated no multicollinearity concerns, with VIF values ranging from 1.14 (workplace social support) to 2.78 (family support), all well below the commonly used threshold of 10.

These results indicate that none of the measured sources of perceived social support whether from significant others, family, friends, or workplace significantly predicted overall burnout when entered together as a set of predictors. This finding, taken alongside the correlation results in Section 5.4, suggests that the relationship between perceived social support and burnout among Nigerian social workers is more complex and nuanced than a straightforward protective association. Possible explanations include the relatively low overall burnout levels observed in the sample (ceiling effects on the lower end of the scale), the potential role of unmeasured mediating and moderating variables such as coping styles, job demands, or organisational factors, and the possibility that the protective function of social support may be context-specific or delayed in its effects. These implications are explored further in the Discussion chapter.

Table 7: *Multiple Linear Regression: Social Support Sources Predicting Overall Burnout (N = 212)*

Predictor	B	SE B	β	p	Significance
(Constant)	2.306	0.212	—	—	p < .001
Significant Other Support	-0.027	0.043	-.072	0.522	ns
Family Support	0.047	0.044	.122	0.286	ns
Friends Support	0.053	0.041	.130	0.195	ns
Workplace Social Support	-0.024	0.061	-.029	0.695	ns

Note. $R^2 = .032$, Adjusted $R^2 = .013$, $F(4, 207) = 1.690$, $p = .153$. Dependent variable: Overall Burnout Composite. ns = non-significant ($p > .05$). All VIF values < 3, indicating no multicollinearity.

CHAPTER VI

DISCUSSION

This chapter interprets the findings of the study in light of the research questions, the theoretical frameworks outlined in Chapter III, and the existing empirical literature. The discussion is organised around the four research questions and considers the implications of the results for the understanding of burnout and social support among social workers in the Nigerian context.

6.1 Level of Burnout Among Nigerian Social Workers

The overall mean burnout score of M = 2.06 (SD = 0.56) places the sample as a whole in the green zone of the BAT classification framework, indicating that, on average, participants did not meet the threshold for clinically significant burnout (Schaufeli et al., 2020). This finding may appear unexpected given the extensive literature documenting high burnout prevalence in social work settings internationally and the severe structural challenges facing the social work profession in Nigeria, including chronic understaffing, limited institutional support, and high caseloads (Oyebamiji, 2025). Several explanations warrant consideration.

First, the convenience sampling method, which relied on online recruitment through professional networks and social work associations, may have introduced a self-selection bias towards more engaged and professionally active social workers who have access to supportive networks. Individuals in more severe burnout states may be less likely to participate in voluntary research. Second, the cross-sectional design captures a single point in time, and burnout trajectories among this workforce may not yet have reached clinical thresholds, particularly given that a substantial proportion of the sample comprised relatively experienced practitioners (>10 years, 32.9%) who may have developed effective coping strategies over time.

Despite the sub-threshold overall mean, the finding that individual scores ranged up to 3.76 — well into the red zone signals that a meaningful minority of respondents were experiencing significant burnout. This heterogeneity in the sample underscores the importance of not treating burnout as a uniform experience across the workforce. The pattern of dimensional scores is also theoretically meaningful: exhaustion was the highest-scoring primary dimension (M = 2.56), consistent with the BAT's conceptualisation of exhaustion as the central and first-emerging core symptom of burnout (Schaufeli et al., 2020). This aligns with the Conservation of Resources (COR) theory perspective that energy depletion precedes other burnout manifestations (Hobfoll, 1989), and with findings from healthcare and social work literature in sub-Saharan Africa showing elevated emotional exhaustion even where full burnout syndrome is not yet present (Owuor et al., 2020).

The dimension for cognitive and emotional impairments had the lowest scores among all the major symptoms, implying that even though there has been exhaustion of energy resources, the other complicated

aspects of burnout regulation which characterize advanced stages of burnout have yet not been achieved. This implies that the participants are in a relatively early to moderate phase of the burnout syndrome, where preventive measures could help forestall further developments towards burnout.

A further explanation that warrants serious consideration is the role of cultural resilience. Nigeria is a collectivist society in which informal support networks including family, religious community, and kinship ties are deeply embedded in daily life and provide continuous psychological sustenance that may buffer against burnout even under conditions of significant structural adversity (Folorunsho et al., 2025). This is consistent with the broader literature on resilience in resource-constrained environments, which suggests that when hardship is normalised and communal solidarity is strong, individuals may develop adaptive coping patterns that reduce vulnerability to occupational burnout over time (Lev et al., 2022). The concept of occupational calling defined by having an important meaning and significance in the work itself, has also been found to be associated with burnout resistance among social workers; and considering the pressing social issue faced on a daily basis by social workers in Nigeria, a feeling of professional mission might provide another buffer against burnout (Hobfoll, 1989). Moreover, when living under challenging circumstances is the norm, individuals may have different standards for assessing stressful experiences, with less perception of discrepancies between expectations and reality that trigger burnout more quickly in more resourced environments. The sub-threshold burnout scores observed in this study may therefore reflect not an absence of stress, but the presence of genuine, culturally embedded protective factors that are sustaining this workforce despite objectively difficult conditions, a hypothesis that is strongly supported by the high family support scores (M = 4.95) observed in this sample.

It is important, however, that resilience in this context is not romanticised or used to justify the structural inaction that the Nigerian social work profession continues to face. The fact that social workers are managing, and in many cases managing well, does not mean they are not under strain, the elevated exhaustion scores (M = 2.56) in this sample indicate clearly that the leading edge of burnout is already present. Resilience is not inexhaustible: Conservation of Resources theory warns that when protective resources are consistently drawn upon without replenishment, they will eventually deplete (Hobfoll, 1989). The Social Support Deterioration Deterrence model further cautions that the same chronic stressors that resilient individuals are currently managing may, over time, begin to erode the very support networks they depend upon (Prati & Pietrantoni, 2010). The question for the Nigerian social work profession is therefore not whether its workers are resilient, the evidence suggests strongly that they are, but whether that resilience is sustainable without meaningful investment in the structural conditions of their practice. These findings suggest it is not the case, and that the current phase of mild, sub-threshold burnout offers a critical window for intervention before the loss spiral fully develops.

6.2 Level of Perceived Social Support Among Nigerian Social Workers

The overall MSPSS mean of M = 4.77 indicates a moderate level of perceived informal social support, with all three MSPSS subscales, significant other- support (M = 4.83), family support (M = 4.95), and friends support (M = 4.51) also falling within the moderate range. These values are consistent with findings from other studies of helping professionals in sub-Saharan Africa, where informal support networks, particularly family and community ties, tend to be relatively accessible even in resource-constrained environments (Oladosu & Chanimbe, 2024).

The prominence of family support as the highest-rated source is consistent with Nigeria's collectivist cultural context, in which family and kinship networks are central sources of psychological sustenance and identity (Folorunsho et al., 2025). This finding affirms the theoretical reasoning of the Social Support Deterioration Deterrence (SSDD) model that informal support networks may serve as a critical buffer for workers in settings where formal organisational support is limited or unreliable (Prati & Pietrantoni, 2010).

Workplace social support, measured on a separate five-point scale, yielded a mean of M = 3.29, placing it in the moderate range on that scale. However, comparisons with informal support are limited by the different measurement scales employed. The moderate level of workplace support may reflect the structural realities of social work practice in Nigeria, where many organisations lack well-developed supervision systems, peer support structures, and recognition mechanisms (Oyebamiji, 2025). From a Job Demands-Resources (JD-R) model perspective, the moderate availability of workplace resources signals a structural vulnerability: when job demands are high as they demonstrably are in the Nigerian context, the absence of robust formal resources may accelerate the path toward burnout (Karim, 2025).

6.3 Relationship Between Perceived Social Support and Burnout

The overall correlation between total MSPSS score and the burnout components was non-significant ($r = .069$, $p = .158$), indicating that, in this sample, aggregate perceived informal social support was not significantly associated with overall burnout. This finding stands in contrast to a substantial body of international literature that has consistently documented negative associations between perceived social support and burnout across helping professions (Vila, 2021; Wu et al., 2021; Fu et al., 2022). However, the result is not without precedent and can be understood within the specific characteristics of this sample and context.

A potentially important explanation can be considered in the restricted range of burnout scores where the mean is M = 2.06 and the majority of the respondents have scored less than the cut-off point of burnout, which means that the variability of burnout among the respondents is not wide enough to detect significant correlations, especially for small effect sizes.

The significant positive correlations between exhaustion and family support ($r = .147$, $p = .016$) and friends support ($r = .159$, $p = .010$) are noteworthy for their counter-intuitive direction. Rather than indicating that social support is harmful, these small positive correlations likely reflect a support-mobilisation process where workers who are experiencing higher levels of exhaustion are more actively seeking and perceiving support from close relationships, consistent with Hobfoll's (1989) COR theory prediction that resource loss motivates resource-seeking behaviour. Similar patterns have been reported in studies of healthcare workers, where social support-seeking increases under conditions of higher stress and exhaustion rather than decreasing (Li et al., 2025). This interpretation is further supported by the fact that only exhaustion, the dimension most directly linked to resource depletion has showed this pattern, while the more advanced burnout dimensions (cognitive and emotional impairment) did not.

The significant negative correlation between workplace social support and cognitive impairment ($r = −.121$, $p = .039$) is theoretically consistent with the JD-R model, which identifies social support from supervisors and colleagues as a job resource that directly reduces the cognitive burden associated with demanding work (Fan et al., 2024). This specific protective effect on cognitive functioning suggests that workplace support may operate most visibly on the cognitive dimension of burnout, potentially by reducing decision fatigue, sharing problem-solving responsibilities, and providing informational resources that lighten the cognitive load of practice. This finding aligns with research on child welfare workers showing that supervisory support reduces the cognitive dissonance and burden associated with complex casework decisions (Nielsen et al., 2023).

6.4 Sources of Social Support Most Associated with Burnout

The multiple regression analysis yielded a non-significant model ($F(4, 207) = 1.690$, $p = .153$, $R^2 = .032$), indicating that none of the social support sources including significant others, family, friends, or workplace significantly predicted overall burnout when examined in combination. While this result may appear to undermine the study's central hypothesis, it is important to contextualise it appropriately.

The very low R^2 value (.032) indicates that social support sources, as measured here, account for only approximately 3% of the variance in burnout. This suggests that other variables not included in this model such as job demands, role conflict, organisational justice, coping strategies, or individual psychological resources may be more powerful direct predictors of burnout in this context. Consistent with COR theory, resource loss through unmanageable job demands may exert a stronger effect on burnout than resource gains through social support, particularly when demands are structurally embedded, as they are in the Nigerian social work context (Gupta et al., 2025). The absence of significant predictors may also reflect the moderate and relatively homogeneous levels of both burnout and social support in this sample, limiting the ability to detect associations.

The directional pattern of regression coefficients is informative. Significant other support (β = −.072) and workplace social support (β = −.029) showed negative beta values, suggesting slight burnout-reducing tendencies, while family support (β = .122) and friends support (β = .130) showed positive values, consistent with the mobilisation effect discussed above. These directional patterns align with the correlational findings and suggest that informal support from close personal relationships may function differently from formal and workplace support in the burnout context.

Taken together, the findings of this study suggest that the relationship between perceived social support and burnout among Nigerian social workers is modest, nuanced, and does not conform to a simple direct-protective model. This is consistent with more sophisticated theoretical accounts that recognise social support's role as one resource among many, whose impact is contingent on the intensity of job demands, the availability of complementary resources, and the cultural and structural context in which work is performed (Hobfoll, 1989; Schaufeli et al., 2020).

6.5 Limitations of the Study

This study makes a meaningful contribution to the literature on burnout among Nigerian social workers, but several limitations must be acknowledged when interpreting the findings. Nevertheless, any of these factors does not diminish the outcomes of the research conducted by the author of this article. Instead, they set the limits of applicability of the findings and highlight areas that could be developed further in subsequent studies.

The first and possibly the most obvious limitation associated with the present study is its cross-sectional design, implying that all data was gathered at a single point in time. This means that no causal connections can be drawn between social support perceptions and burnout, and all associations identified here should be regarded as correlational rather than causal It is entirely plausible, for instance, that burnout erodes a social worker's ability to perceive or access support, rather than low support driving burnout — or that both processes operate simultaneously. Burnout and social support may influence each other bidirectionally and cumulatively over time, a dynamic that cross-sectional data are structurally unable to capture. Longitudinal studies that examine individuals across several points in time would have been more appropriate in order to establish these links.

The second limitation stems from the recruiting approach used in this study. The respondents were recruited via online professional networking sites; this recruiting approach is effective and convenient but does lead to sampling bias in a specific way. Social workers without reliable internet access — a population that is by no means small in a country with significant infrastructure disparities across regions — were effectively excluded from participation. More importantly, people who were suffering from the highest levels of burnout might have

been so emotionally drained or psychologically detached that they were not able to voluntarily take the online survey. Burnout non-response can be used to refer to this situation, where the people who suffer the most are not included in the research findings The self-selection bias this introduces suggests that the true prevalence and severity of burnout among Nigerian social workers may be somewhat greater than the findings of this study indicate.

While conducting further research, consideration needs to be paid to the use of both online and offline sampling strategies in order to obtain a more representative sample. The third limitation is based on the nature of the sampling population geographically In spite of all efforts at recruiting samples from throughout the country, 78.2 percent of the sample came from the South-West and South-South geopolitical zones Northern geopolitical zones, which face a distinct set of structural conditions including the impact of insurgency, displacement, resource scarcity, and different cultural and religious dynamics around help-seeking and professional identity, were heavily underrepresented. This geographical skew is significant because the experience of social work practice, the availability of institutional support, and the stressors that contribute to burnout are likely to differ considerably across these contexts. The results of the study must be carefully interpreted when attempting to extrapolate the conclusions to the entire Nigerian social work profession. A nationally representative sample, perhaps achieved through stratified recruitment across all six geopolitical zones, would provide a considerably more comprehensive picture of burnout across the profession.

Fourthly, all measures used in this study relied entirely on participants' own self-reported perceptions of their burnout symptoms and the social support available to them. While self-report instruments are standard and widely validated tools in occupational health research, they are not without their limitations. In a cultural context where admitting professional exhaustion or emotional vulnerability may carry social stigma, particularly within a helping profession where the expectation to remain resilient and selfless can be deeply internalised some respondents may have consciously or unconsciously underreported the extent of their burnout symptoms. Similarly, participants may have overestimated the quality or availability of support in their lives, either due to social desirability bias or because perceptions of support in the moment of completing the survey do not fully reflect the consistency of that support over time. Either tendency would have the effect of deflating observed burnout scores and inflating support scores, potentially masking the true strength of the relationships under investigation.

A fifth limitation pertains to the cultural specificity of the measurement tools employed. The cut-off scores used to classify participants into burnout risk zones described in this study as green, orange, and red were derived from research conducted predominantly with Belgian and broader European populations. No Nigeria-specific normative data currently exist for the Burnout Assessment Tool (BAT), which means that the classification of this

sample as predominantly within the green burnout zone, while informative as a general guide, cannot be treated as a culturally validated benchmark. What constitutes a normative or concerning level of burnout within the Nigerian professional context may differ in important ways from European standards, given differences in working conditions, cultural expressions of distress, and baseline occupational expectations. The development of locally normed psychometric instruments for use with Nigerian and broader African professional populations represents an important priority for future research in this field.

A final and related limitation concerns the treatment of social workers as a single, undifferentiated occupational group Indeed, it would not be an exaggeration to state that social work varies greatly depending on the setting and the role performed. A social worker employed in a child protection unit, managing cases of abuse, neglect, and family separation, faces fundamentally different stressors than a community development officer working on poverty alleviation programmes or an administrative social work professional operating primarily in an office environment. Those working in hospital settings, with trauma survivors, in conflict-affected regions, or with populations experiencing acute crisis are likely exposed to significantly higher levels of secondary traumatic stress and emotional demand than their counterparts in less intensive roles. It is theoretically plausible, and indeed likely, that specific subgroups within this sample are experiencing substantially higher burnout than the aggregate findings suggest, but the current study design does not allow these differences to be identified or examined with precision. Thus, any future studies on the subject would have to stratify their results based on different variables of roles, settings, and clientele in order to highlight areas of greater vulnerability and need for specific attention.

All these limitations combined help to understand the parameters of interpretation of this study's findings, while at the same time highlighting areas for further research. Each acknowledged limitation reflects a genuine opportunity to deepen understanding of burnout among Nigerian social workers through more diverse, longitudinal, and contextually sensitive investigation.

CHAPTER VII

RECOMMENDATIONS

The results of the current study pose a challenging issue that can easily be misunderstood. Since the average burnout levels among respondents failed to meet the clinically significant threshold, policymakers and organisational leaders can easily conclude that the problem is not serious enough to warrant any action. Such a conclusion is incorrect. Notably elevated levels of exhaustion, a cluster of people scoring high in the category of risk for developing burnout syndrome, and the factors described above, such as chronic staff shortages, poor supervision systems, lack of professional recognition, and increased stress on personal ties resulting from accelerated urbanisation, signify one thing – that the foundation for the escalation of the burnout syndrome problem in Nigeria exists. Thus, the question is not whether Nigerian social workers are experiencing burnout. Many seem to do that. What remains to be discussed is whether the profession will decide to act promptly or leave the syndrome to escalate until exhaustion develops into the cognitive dysfunction, withdrawal, and psychological breakdown associated with chronic burnout.

The intervention strategy proposed in this chapter is built on a multi-level framework that incorporates the unique findings of this study, the theories underlying it, and the socio-cultural realities of social work practice in Nigeria. The three levels on which this framework operates include the individual level, the organisational/workplace level, and the policy/systemic level. Given that various sources of social support have been found to affect different dimensions of burnout, dimension-specific sensitivity has been adopted in developing the recommendations. This means the interventions will target only the affected burnout dimensions, not burnout as a whole. In all, the Nigerian socio-cultural context has not been ignored in this framework either.

7.1 Recommendations for Social Work Organisations and Employers

It must also be noted that even when the mean score for burnout among all workers does not cross the clinical cut-off points, the fact that some workers experience higher levels of exhaustion, as well as the fact that a part of the workforce belongs to the high-risk category, should be taken into account by the organisation. Ignoring the problem of burnout until it is too late to solve is a mistake, to put it mildly. This is because exhaustion is the first sign of burnout. If one already has symptoms of burnout, this does not necessarily mean that further mental deteriorations will follow; however, there are no grounds to expect otherwise if an appropriate measure is not taken. For this reason, it is essential for organisations to regularly conduct screening based on such valid tests like the BAT.

Among the most obvious lessons from this research was that the provision of social support in the workplace was directly related to lower levels of cognitive impairment – to the ability of professionals to think

clearly, exercise good judgement, and maintain the necessary level of intellectual engagement required to handle complex cases. Far from being a trivial point, this demonstrates that supportive working relationships matter significantly, that they affect performance, and that organisations that promote these relationships are also improving the service quality provided to clients. A proper system of supervision, rather than merely administrative control, is thus no longer a nice-to-have perk but a critical component of professional infrastructure. A baseline of routine supervision for every qualified social worker, along with peer consultation programmes, debriefing sessions within teams after complex cases, and mentoring programmes when resources are inadequate, should be considered a start.

None of this is achievable without investment in supervisor training. Supervisors of social workers in Nigeria may not have received any training in supervisory practices, and their personal experiences as supervisees may have involved little more than administrative tasks. In such instances, the whole system of supervision could exist only on paper and not serve as the buffer role that research shows reduces the risk of burnout. Supervisor training, which can take place within professional organizations and institutions of higher learning, is central to the proposed intervention, not additional to it.

Given the moderate levels of workplace support reported in this sample, organisations should not assume that supervision in principle equates to effective support in practice. Internal assessments of the actual quality and consistency of supervisory and collegial relationships are needed, followed by targeted improvements. This might include structured feedback processes, recognition systems that visibly affirm the value of social workers' contributions, and protected time for team-level reflection and peer exchange. These are not extravagances. Peer support groups, regular collegial contact, and inter-agency consultation networks are low-cost mechanisms with meaningful protective potential. In Nigerian settings where team structures are often small or informal, professional associations, particularly NASoW Nigeria and C-ISOWN are well placed to facilitate inter-organisational peer support for practitioners who may not have sufficient colleagues within their own organisations to form a meaningful support community.

The demand side must not be neglected in organisational settings either. Support-building efforts without addressing workload-related factors cannot succeed as an approach. Periodic audits of caseloads, role clarification, and reasonable expectations about what social workers can do with the resources at their disposal would be essential. Of particular importance here is role clarification, especially for the situation in Nigeria where social workers are hired into vague welfare officers or community development grades which do not delineate either the breadth of the role or the extent of professional competence. It adds another layer of cognitive complexity, leading to occupational invisibility, making the job more isolating and devalued. Creating formal job descriptions, competencies and practice criteria would address both issues at once.

7.2 Recommendations for Policymakers and Professional Bodies

These structural constraints are no coincidence. In truth, they represent the greatest structural risk factors for workforce burnout, and no individual or informal social support system can effectively compensate for them in the long term. According to Conservation of Resources theory, depletion without restoration is fatal. The data collected in this research show that Nigerian social workers demonstrate a high degree of resilience. However, it remains an open question whether that resilience can be sustained without proper structural attention to their working conditions. For now, the answer seems likely to be negative.

Staffing social work is the most effective structural solution possible. In this case, the shortage of social workers is a matter not only of insufficient staff but of a systemic emergency that entails placing excessive pressures on too few professionals without offering them the adequate resources to deal with such stress. Funding of training programs, competitive remuneration policies, and recruitment incentives are key. This means, of course, the necessary political commitment and resource allocation, both of which remain elusive. Still, there are no alternatives.

NASoW Nigeria and C-ISOWN should promote mandatory professional standards for supervision, mandatory continuing professional development, and workplace well-being practices as conditions of organizational accreditation that must be met. These are not new concepts; they have been established globally as basic standards in the profession. However, making a case for these standards demands scientific grounding, which makes a study like this one significant. The ability to empirically demonstrate the link between the well-being of the social work workforce and service quality creates an opportunity for the profession to stake its claim to policy attention and funding support.

Policymakers should also recognise that the informal support resources Nigerian social workers depend on most are not automatic or inexhaustible. The strong family and significant other support scores in this sample reflect the ambient collectivism of Nigerian social life—and they reflect how much practitioners depend on relational networks outside work to sustain their psychological well-being. That dependence is real, and workforce policy should be designed with it in mind. Flexible working arrangements that allow practitioners to maintain meaningful participation in family and community life, caseload expectations that do not consume all restorative time and energy, and employment conditions that do not force social workers to choose between professional obligations and the relationships that sustain them — these are not soft concessions. They are policy decisions with direct implications for burnout risk, retention, and the profession's long-term viability.

The place of religion needs special attention. The current research shows that churches and other religious entities provide important assistance to Nigerian social workers, both as sources of informal help and as places of

restoration for professionals who find it difficult to cope with their work challenges. Collaboration between professional bodies and leaders of the religious community, including occupational wellbeing support such as chaplaincy services, peer reflections and prayers, and referrals to professional help, would make the formal system more accessible and increase the number of professionals who find comfort in the cultural space. One cannot ignore the fact that such a collaboration will give another benefit – it will change the perception of burnout to the one of professional and spiritual duty, thus removing stigma and helping professionals get the necessary help sooner rather than later.

The next important issue to consider is the development of a national burnout surveillance system for the social workers in Nigeria, under the leadership of NASoW Nigeria and C-ISOWN, alongside the necessary cooperation of the federal and state ministries involved. Although this study contributes to the literature, an assessment taken only once will not be able to show trends, emerging risks in specific geographical regions or economic sectors, and the effectiveness of measures taken. Consistent information on burnout from nationally representative studies, by zone, sector, gender, and years of practice, should be the starting point for formulating efficient policies and budget allocations. Without it, there is no way for social work professionals in Nigeria to prove to their leaders that their well-being has a positive impact on service quality and on retaining professionals.

7.3 Recommendations for Individual Social Workers

Organisational transformation will be inevitable if the causes of burnout among social workers in Nigeria are to be adequately addressed. However, even at this point, practitioners still have some level of power that cannot be disregarded. It would amount to injustice to suggest otherwise. Social workers are skilled in fostering empowerment within their clientele. Adopting a similar approach in the practice of their profession should not be seen as an escape from the analysis of structural determinants. It is rather a matter of responsibility and ethical conduct towards their clients. A practitioner who is in the process of burnout is, no doubt, less of a professional. A practitioner who has entered its advanced stage can even inflict injuries.

The individual social worker must cultivate awareness of his/her own potential burnout triggers. These include recognising the signs of impending burnout such as exhaustion, depersonalization, and the gradual loss of one's cognitive sharpness. The BAT traffic light system is a useful way for social workers to monitor their occupational health. The act of assessing one's own state of occupational health on a quarterly basis as a sign of professionalism, not as an admission of weakness, can go a long way in breaking down the barriers against admitting to occupational problems. This can be done through professional development workshops, peer discussion groups, and modelling by experienced social workers who discuss their own efforts to maintain their occupational health.

It is also important for professionals to be proactive in building and sustaining their networks of social support, both informal and professional. The research finding indicating the specific role of social support in the work environment in protecting cognitive performance has direct consequences for how a practitioner will relate professionally. Where formal supervision may be lacking, informal peer support emerges as a valuable compensation strategy, enabling regular engagement with peers, active membership in professional bodies, and interaction on virtual forums for professionals. It is in this light that NASoW Nigeria and C-ISOWN should be used as forums for collegial restoration by professionals.

Family and intimate personal relationships were the most valued sources of support in this survey by Nigerian social workers, and the importance of individual professionals ensuring the well-being of these support systems should be taken into account. The correlation between exhaustion and family support revealed by this study indicates that exhausted social workers become more likely to rely on their families as they grow increasingly tired, but in the long run, such a tendency may impose too many burdens on support systems that may already be stressed by the socio-economic environment. It is crucial to recognise the reciprocal relationship inherent in collectivist support systems – social workers cannot rely on them forever without contributing to their maintenance. Creating an individual self-care plan as part of the routine supervision process, including considerations of work-life balance, appropriate boundaries, and sufficient space for families and communities, is a good practice.

It is imperative to emphasise the importance of boundary management in the Nigerian context, as social workers may experience competing pressures arising from their cases, families, and communal networks. It is not an attempt to ignore the importance of collectivist norms for social workers to set reasonable limits on time availability and emotional involvement. Instead, it is an essential precondition to practising sustainably. The more depleted an individual becomes from having too many obligations everywhere, the less they can help anyone, because eventually they will reach a point where they cannot even help themselves.

There are also mindfulness-based and cognitive-behavioural interventions, tailored to the specific Nigerian cultural environment by including prayer, group contemplation, and indigenous definitions of wellness, which have proven successful in addressing workplace stress and exhaustion of helping professionals in sub-Saharan Africa. Such interventions may be incorporated into individual supervision sessions, presented through professional development workshops, or accessed via the same pastoral networks that currently support the provision of pastoral care for social workers. It cannot be overemphasised that any such adaptation will not be a choice but a prerequisite for the use of available resources, given that Nigerian culture will determine whether individuals access these resources or simply attend a workshop and go their own way.

Finally, practitioners experiencing significant burnout symptoms should be actively encouraged to seek professional support, occupational health consultation, employee assistance programmes where available, or mental health services, rather than relying solely on informal networks or personal resolve. The finding that some respondents in this study were scoring in the severe burnout range, despite the sub-threshold sample average, is a reminder that population-level statistics can obscure acute individual distress. No systemic recommendation removes the urgency of ensuring that practitioners in crisis have somewhere to turn right now.

7.4 Recommendations for Future Research

The study adopted a cross-sectional study design, hence the extent to which conclusions about causation can be made is limited. Future research should use longitudinal designs to track burnout development over time and assess whether social support functions primarily as a preventive resource before burnout onset, a reactive resource in response to emerging burnout, or both. Longitudinal approaches will also clarify the direction of the positive associations between exhaustion and family and friends support observed here, associations that cross-sectional data cannot adequately disentangle.

Future studies should expand the range of predictors examined. This study has found that the social support perceptions alone account for only a small percentage of the variance in burnout. A more comprehensive model of burnout determinants in the Nigerian context needs to capture the demand side of the equation alongside the resource side, incorporating job demands such as caseload volume, role conflict, and administrative burden, as well as individual coping resources, organisational factors, and a fuller set of demographic variables.

The use of probability sampling methodologies that ensure greater representation of the national social work force (including social workers in rural areas, the northern parts of the geopolitical zones, and difficult-to-reach places) is vital for future research. Indeed, the sample's geographical distribution towards the southern part of Nigeria affects the generalizability of results regarding a profession operating across such an extensive territory. A mixed-methods approach incorporating quantitative and qualitative assessments of how social workers interpret and experience the support they receive in the context of their culture and organisational settings would yield valuable findings and serve as a foundation for designing an intervention.

Finally, the tool should be validated using a probability sample of social workers in Nigeria to generate local normative data. It is clear from the discussion above that cut-off scores based on Western norms are a potential limitation of this study. Developing context-dependent scores will help address the needs of future researchers and social workers in the assessment process. It is necessary to note that establishing a normative population for BAT requires collective efforts from academicians, professional organisations, and organisations employing social workers in Nigeria.

CHAPTER VIII

CONCLUSION

The purpose of this study was to investigate the effect of social support on burnout among social workers in Nigeria, thereby filling a considerable void in existing empirical studies related to the well-being of workers in developing countries. Using a quantitative, cross-sectional design with a sample of 216 practicing social workers across Nigeria's six geopolitical zones, the study measured burnout using the Burnout Assessment Tool (BAT) and perceived social support using the Multidimensional Scale of Perceived Social Support (MSPSS) supplemented by The Copenhagen Psychosocial Questionnaire (COPSOQ) to measure perceived social support from supervisors and colleagues.

The findings indicate that, on average, Nigerian social workers in this sample did not meet the clinical threshold for burnout, with an overall burnout composite mean of M = 2.06 falling in the green (no burnout) zone of the BAT classification system. However, the elevated exhaustion scores and the presence of high individual scores in the burnout-probable range signal that this workforce is not without risk, and that exhaustion as the earliest emerging and central dimension of the burnout syndrome is already present. Perceived social support was at a moderate level across all measured sources, with family support being the highest-rated informal support source, consistent with the collectivist cultural context of Nigerian society.

The relationship between perceived social support and burnout was more complex than anticipated. Overall informal social support was not significantly correlated with overall burnout, and a multiple regression model showed that social support sources did not significantly predict burnout when examined in combination. However, specific associations were identified: exhaustion showed small positive correlations with family and friends support, consistent with a support-mobilisation mechanism whereby workers experiencing higher depletion actively seek closer personal support; and workplace social support showed a significant negative correlation with cognitive impairment, suggesting that formal support from supervisors and colleagues may have a specific protective function in maintaining cognitive functioning under work demands.

These findings carry important implications for how social support is conceptualised as a protective resource in the burnout literature. Rather than operating as a broad, general buffer against all burnout dimensions, social support in this sample appeared to function selectively and reactively, with different sources associated with different aspects of the burnout experience. This specificity suggests that intervention strategies targeting burnout prevention should move beyond simply increasing the availability of social support and focus on matching particular types of support to the specific burnout dimensions most at risk, tailoring workplace and

informal support structures to the developmental stage of burnout, and addressing the structural and systemic conditions that shape both the demand for and availability of support.

The study's findings also speak to the particular importance of understanding burnout within its cultural and structural context. The Nigerian social work profession faces a set of occupational challenges that are not simply a more intense version of the challenges documented in Global North settings; they are qualitatively distinct, shaped by a unique combination of systemic underdevelopment, cultural specificity, and workforce invisibility that requires context-sensitive theoretical and practical responses (Oyebamiji, 2025). The strong family support scores observed in this sample, the specific protective function of workplace support for cognitive impairment, and the sub-threshold but elevated exhaustion levels all reflect dynamics that are shaped as much by the Nigerian context as by the universal properties of the burnout construct. This underscores the importance of developing a body of empirical evidence that is grounded in the Nigerian experience rather than imported wholesale from externally developed frameworks.

The theoretical contributions of this study are also worth noting. The findings extend the existing literature on the specificity of social support effects by demonstrating that different sources of support are associated with different burnout dimensions, and that the direction and strength of these associations are not uniform across the burnout construct. This specificity challenges the commonly held assumption that social support functions as a broad, general-purpose buffer against burnout, and supports a more differentiated view in which the protective value of support depends on the type of support, its source, the burnout dimension in question, and the cultural and organisational context in which both are experienced (Tannous-Haddad et al., 2024; Ruisoto et al., 2021). Future research should build on this differentiated framework by examining the mechanisms through which specific support sources affect specific burnout dimensions, and by testing whether the patterns observed in this cross-sectional study hold over time in longitudinal designs.

This study makes a meaningful contribution to the limited empirical literature on burnout and social support among social workers in sub-Saharan Africa and Nigeria specifically. It demonstrates the feasibility of administering validated international tools such as the BAT in the Nigerian context, establishes baseline descriptive data on burnout and social support levels, and identifies specific burnout-support associations that provide direction for future investigation. The study also affirms the importance of continued investment in the Nigerian social work profession: an educated, experienced, and committed workforce that, under better supported conditions, could be far more resilient to the very real burnout pressures it faces. Supporting social workers means ultimately supporting the vulnerable populations they serve.

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ANNEX

Research Questionnaire

Dear Participant,

You are invited to take part in a research study titled "The Influence of Perceived Social Support on Burnout Among Social Workers in Nigeria." This study is being conducted as part of a master's thesis in Social Work.

The purpose of this study is to understand how different forms of social support (from family, friends, supervisors, and colleagues) influence burnout among social workers in Nigeria.

Your participation is entirely voluntary. There are no right or wrong answers. You are encouraged to respond honestly based on your personal experiences. All information provided will be treated with strict confidentiality and anonymity, and the data will be used solely for academic purposes.

Completing this questionnaire will take approximately 5–10 minutes. You may withdraw at any time without any negative consequences.

By proceeding with this questionnaire, you indicate that you:

– Understand the purpose of the study

– Agree to participate voluntarily

– Consent to the use of your responses for research purposes

Thank you for your time and valuable contribution to this research.

***** *Indicates required question*

SECTION A: DEMOGRAPHIC INFORMATION

Please select the option that best describes you.

1. What is your age range? *

○ 18–24 years

○ 25–34 years

○ 35–44 years

○ 45–54 years

○ 55 years and above

2. What is your gender? *

○ Male

○ Female

3. What is your highest level of education? *

○ Diploma

○ Bachelor's degree

○ Master's degree

○ Doctorate

○ Other: _____

4. How many years have you been working as a social worker? *

○ <1 year

○ 1–5 years

○ 6–10 years

○ >10 years

5. Employment Sector *

○ Government agency

○ NGO/Non-profit

○ Hospital/Health facility

○ School/Child protection

○ Community-based organisation

○ Other: _____

6. Which geopolitical zone do you currently practice in? *

○ North Central

○ Northeast

○ Northwest

○ Southeast

○ South south

○ Southwest

SECTION B: BURNOUT

Instrument: Burnout Assessment Tool (BAT – Work-Related Burnout Subscale)

Please rate how often each statement applies to you in your work.

What is the level of burnout among social workers in Nigeria? *

	Never	**Seldom**	**Sometimes**	**Often**	**Always**

At work, I feel mentally exhausted.	○	○	○	○	○
Everything I do at work requires a great deal of effort.	○	○	○	○	○
After a day at work, I find it hard to recover my energy.	○	○	○	○	○
At work, I feel physically exhausted.	○	○	○	○	○
When I get up in the morning, I lack the energy to start a new day at work.	○	○	○	○	○
I want to be active at work, but somehow, I am unable to manage.	○	○	○	○	○
When I exert myself at work, I quickly get tired.	○	○	○	○	○
At the end of my working day, I feel mentally exhausted and drained.	○	○	○	○	○
I struggle to find any enthusiasm for my work.	○	○	○	○	○
At work, I do not think much about what I am doing and I function on autopilot.	○	○	○	○	○
I feel a strong aversion towards my job.	○	○	○	○	○
I feel indifferent about my job.	○	○	○	○	○
I'm cynical about what my work means to others.	○	○	○	○	○
At work, I have trouble staying focused.	○	○	○	○	○

At work I struggle to think clearly.	○	○	○	○	○
I'm forgetful and distracted at work.	○	○	○	○	○
When I'm working, I have trouble concentrating.	○	○	○	○	○
I make mistakes in my work because I have my mind on other things.	○	○	○	○	○
At work, I feel unable to control my emotions.	○	○	○	○	○
I do not recognize myself in the way I react emotionally at work.	○	○	○	○	○
During my work I become irritable when things don't go my way.	○	○	○	○	○
I get upset or sad at work without knowing why.	○	○	○	○	○
At work I may overreact unintentionally.	○	○	○	○	○
I have trouble falling or staying asleep.	○	○	○	○	○
I tend to worry.	○	○	○	○	○
I feel tense and/or suffer from panic attacks.	○	○	○	○	○
Noise and crowds disturb me.	○	○	○	○	○
I suffer from palpitations or chest pain.	○	○	○	○	○
I suffer from stomach and/or intestinal complaints.	○	○	○	○	○
I suffer from headaches.	○	○	○	○	○

I suffer from muscle pain, for example in the neck, shoulder or back.	○	○	○	○	○
I often get sick.	○	○	○	○	○

SECTION C: NON-WORK-RELATED PERCEIVED SOCIAL SUPPORT

Instrument: Multidimensional Scale of Perceived Social Support (MSPSS)

Please indicate your level of agreement with each statement.

What is the level of perceived social support among social workers in Nigeria?

	Very Strongly Disagree	**Strongly Disagree**	**Mildly Disagree**	**Neutral**	**Mildly Agree**	**Strongly Agree**	**Very Strongly Agree**
There is a special person who is around when I am in need.	○	○	○	○	○	○	○
There is a special person with whom I can share my joys and sorrows.	○	○	○	○	○	○	○
My family really tries to help me.	○	○	○	○	○	○	○
I get the emotional help and support I need from my family.	○	○	○	○	○	○	○
I have a special person who is a real	○	○	○	○	○	○	○

source of comfort to me.							
My friends really try to help me.	○	○	○	○	○	○	○
I can count on my friends when things go wrong.	○	○	○	○	○	○	○
I can talk about my problems with my family.	○	○	○	○	○	○	○
I have friends with whom I can share my joys and sorrows.	○	○	○	○	○	○	○
There is a special person in my life who cares about my feelings.	○	○	○	○	○	○	○
My family is willing to help me make decisions.	○	○	○	○	○	○	○
I can talk about my problems with my friends.	○	○	○	○	○	○	○

SECTION D: PERCEIVED SOCIAL SUPPORT (WORK-RELATED)

Instrument: Copenhagen Psychosocial Questionnaire (COPSOQ – Supervisor and Colleague Support Subscales)

Please indicate how often each of the following occurs in your workplace.

Which sources of social support are most associated with lower levels of burnout?

	Never	**Seldom**	**Sometimes**	**Often**	**Always**

How often is your nearest supervisor willing to listen to your problems at work?	○	○	○	○	○
How often do you get help and support from your nearest superior?	○	○	○	○	○
How often does your nearest superior talk with you about how well you do your work?	○	○	○	○	○
How often are your colleagues willing to listen to your problems at work?	○	○	○	○	○
How often do you get help and support from your colleagues?	○	○	○	○	○
How often do your colleagues talk with you about how well you do your work?	○	○	○	○	○
How often do you receive feedback from your supervisor on the quality of your work?	○	○	○	○	○
How often do you receive feedback from your colleagues on the quality of your work?	○	○	○	○	○

Overall perceived social support

	Very Low	Low	Moderate	High	Very High
Overall, how would you rate the social support you receive from people in your life?	○	○	○	○	○
Overall, how would you rate the social support you receive in your workplace?	○	○	○	○	○

SECTION E: OVERALL PERCEIVED SOCIAL SUPPORT & LINK TO BURNOUT

Please indicate how often each of the following applies to your experience.

Is there a relationship between perceived social support and burnout among social workers in Nigeria?

	Never	Seldom	Sometimes	Often	Always
Social support helps me cope better with work-related stress.	○	○	○	○	○
Lack of support increases my risk of burnout as a social worker.	○	○	○	○	○

— End of Questionnaire —

Thank you for your participation.

Consent Form

The following is a presentation of how I will use the data collected in the interview.

In order to ensure that projects meet the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether they will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and helps me in the continuing work with the project. In my analysis, some data may be changed so that no interviewee will be recognized. After finishing the project, the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

Student name & e-mail Supervisor name & e-mail

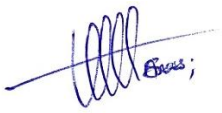
Non-plagiarism declaration

Submitted to the Erasmus Mundus Master's Programme in Social Work with Child and Youth:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade in the programme.

25/05/2026



SARAH AMAS