



Influence of level of intellectual challenge of children and gender on burnout among caregivers of mentally challenged children and adolescents

Mary Basil Nwoke* & Onyinyechi C. Okechukwu-Onumaegbu

Department of Psychology, University of Nigeria, Nsukka, Enugu state, Nigeria.

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ABSTRACT

This study investigated the influence of level of intellectual challenge of children and gender on burnout among one hundred and sixty-three (163) caregivers of intellectually challenged children and adolescent, drawn from St Joseph's Comprehensive Secondary School, Uwani, Enugu and Therapeutic Day-Care Centre Abakpa Nike Enugu. Maslach Burnout Inventory was used for data collection, and the respondents also indicated whether the persons under their care were educable or non-educable. A 2-way analysis of variance was used for data analysis. Result showed that the level of intellectual challenge of children had a significant influence on burnout of caregivers of the intellectual challenged children, $F(163) = 5.49$, $p < .05$, with the group who were educable reporting more burnout. There was also gender differences in burnout of caregivers of intellectually challenged children, $F(163) = 6.08$, $p < .05$, with men reporting more burnout than women. The interaction effect of level of intellectual challenge of children and gender on burnout of caregivers was significant, $F(163) = 4.14$, $p < .05$). The results of the study were discussed, the implication of the study highlighted, and suggestions proffered for further study.

Burnout is a state of emotional and psychological exhaustion caused by excessive or prolonged stress. It results when one feels overwhelmed and unable to meet constant demand. With constant exposure to stress, there could be resultant loss of interest or the motivation that caused the individual to assume the role ab initio (Smith, Segal, Segal, & on. The individual experiences a threat or danger, when there is continuous emotional depletion. Previous studies discovered that lack of personal accomplishment and emotional exhaustion are strain, and depersonalization is a coping strategy (Gilmonte, Piero, & Valcencia, 1998). Emotional exhaustion is a chronic state of physical and emotional depletion that results from excessive job and/or personal demands and continuous stress. It is said to describe a feeling of being emotionally overextended and exhausted by one's work. It is manifested by physical fatigue and sense of feeling psychologically and emotionally drained.

Burnout reduces productivity, decreases energy, leads to helplessness, hopelessness, cynicism and resentful, and eventually makes one feel that

he/she has nothing to offer (Ifeagwazi, 2005; 2006; Smith, Segal, Segal, & Last, 2016). One can be said to be experiencing burnout when there is a feeling of boredom, overload and being unproductive. The individual feels that he is not making a difference, gets exhausted all the time, feels that work is a total waste of time, overwhelmed with work and believing that every day is a bad day. To deal with burnout, it is important to recognise the warning signs, reverse it and be resilient to provide physical and emotional health (Smith, Segal, Segal, & Last, 2016).

Burnout has been found to be higher in parents of children with intellectual challenge than in their typical developing counterparts (Hauser-Cram, Warfield, Shonkoff, & Krauss, 2001), perhaps due to frequent co-morbid behaviour problems (Baker, Blacher, Crnic & Edelbrock, 2003). Research continues to suggest that families of children with intellectual challenge face increased stress (Blacker, Blacher, & Olson, 2003). It can be inferred that when the degree of challenge is high, the stress level must rise because of the demands, and the ability to

Corresponding author

Mary Basil Nwoke, Department of Psychology, University of Nigeria, Nsukka, Enugu state, Nigeria.
Email: marybasil.nwoke@unn.edu.ng

withstand the stress may be affected. Maslach (1986) noted that overload and challenging behaviours also lead to emotional exhaustion. Apparently, the amount of care needed is related to the extent of the intellectual challenge. Feeding, bathing, and moving, clothing and diapering an infant is much easier physically than doing the same tasks for someone who weighs 80 pounds. The child may have more physician and other health-care appointments than a typical child and may require close medical monitoring. The child may also need to be watched to avoid inadvertent self-harm such as falling down a flight of stairs or walking into the busy street. These additional responsibilities can take a physical toll on a parent, leading to emotional exhaustion (Boyd, 2015).

In caring for the intellectually challenged children, the caregivers are very likely to overwork because of the needs that must be met. The caregivers carry on, without enough time for relaxing and socializing. They are expected to meet all the needs of the intellectually challenged. Thus, they become too many things to too many people, taking on too many responsibilities, without enough help from others and not getting enough sleep, especially when there is lack of close, supportive relationships (Smith, Segal, Segal, & Last, 2016). Studies have shown that parents of the intellectually challenged children experience more stress than those of the ones without the challenges (Baker, Blacher, Crnic, & Edelbrock, 2003). The increase in stress is due to frequent comorbid behavioural problems (Baker, Blacher, Crnic, & Edelbrock, 2003). The increase in stress is often from everyday challenge (Deater-Deckard, 2005).

Intellectually challenged children are children with special needs. Intellectually challenged individuals may require much attention because of their obvious challenges. Intellectual challenge, also referred to as Intellectual Disability (ID) or Intellectual Development Disorder (IDD) or General Disability (Ansberry, 2010), is a generalized neurodevelopmental disorder characterised by significantly impaired intellectual and adaptive functioning (Islam & Islam, 2015). Intellectual challenge may appear in infancy or may not be noticed till the child reaches school age. Some of the most common signs are delays in rolling over, sitting up, crawling or walking late, talking late or having problem talking, slowness to master activities like potty training, dressing and feeding oneself, difficulty remembering things, inability to connect action with consequences. Daily, Ardinger and Holmes (2000) noted that the signs and symptoms of intellectual challenge include: delay

in oral language development, deficits in memory skills, difficulty learning social rules, difficulty with problem solving skills, delays in the development of adaptive behaviour such as self-help or self-care skills and lack of social inhibitors.

Other signs may include behavioural problems, for example, explosive tantrums and difficulty with problem-solving or logical reasoning. Children with intellectual challenge may learn to sit, walk, and talk, later than a typical child (Daily, Ardinger, & Holmes, 2000). Intellectual challenge affects about 2–3% of the general population. American Psychiatric Association, APA (2013) noted that 75–90% of the affected people have mild intellectual disability and idiopathic cases accounts for 30–50% of cases. About a quarter of cases are caused by a genetic disorder. Some of the intellectual challenges include: Autism, Down's syndrome, hearing disability and speech disability, which are most of the time lifelong. The child's needs are endless; ranging from eating, washing, going to the toilet and bathing. They tend to depend on support for life. This makes the caregivers to be tied to them. It tends to be like a routine, occupation without leave or transfer.

In education, intellectual challenge is defined by an Intelligence Quotient (IQ) score below 70, plus deficit in two or more adaptive behaviours that affect every day general living. Intelligence Quotient less than 70 is sub-average. The degree of impairment from an intellectually challenged varies widely. American Psychiatric Association (2000) categorised intellectual challenge as mild (Intelligence Quotient = 50-70%), moderate (Intelligence Quotient of 35% - 49%), severe (Intelligence Quotient of 20-34%), and profound (Intelligence Quotient less than 20%). To diagnose an intellectually disabled child, professionals look at the IQ and the adaptive skills (APA, 2013). Intellectual Disabilities Education Act (IDEA) is a federal law in USA that guides how early intervention and special educational services are provided to infants, toddlers, children and youth with disabilities (Salvador- Carulla, Reed, & Vaez-Azizi, 2011). It is usually caused by numerous factors such as: Genetic conditions e.g. Down's syndrome, problems during pregnancy e.g. Foetal Alcoholic Syndrome, Rubella in pregnancy, problem at birth like brain damage from hypoxia, diseases like measles, whooping cough, meningitis, mercury poisoning, lead poisoning, Iodine deficiency, and malnutrition (APA, 2000). Knowing about intellectual disability is an important step towards containing it. There is no

outright cure, but most of the time the challenge can be managed.

In the field of special education, intellectual disability is classified into two: (a) the educable intellectually challenged have Intelligence Quotient of 50 – 70. They can get to late elementary school. (b) Non-educable or trainable intellectually disabled have IQ of below 50. They can be trained to attend to their personal hygiene and to acquire some skills in sheltered workshops. The caregivers are the individuals that take care of the intellectually challenged children. They include fathers, mothers, sisters, brothers, aunts, uncles, house helps, teachers and neighbours who care for these special children. In this study, the intellectually challenged is classified into: Educable and Non-educable. The mild and moderate group are the educable ones, while the severe and profound ones are non-educable.

The degree of disability could also affect resilience in the caregiver, as the more severe the challenge, the higher the need and demands on the caregiver. Challenging behaviours are related to severity of disability. When the disability is severe, the demands made on the caregivers are also high. The intensity, frequency or duration of challenging behaviours put a strain on the resilience of the caregivers. The physical safety of the person or others is likely to be placed in serious jeopardy (Emerson, 1995). It has been argued that resilience is not a trait, nor should it be considered an adjective to describe an individual (Luther & Zelazo, 2003). It is more a process that incorporates contextual elements, the population of interest, the specific risk involved, the promoting factors and the outcomes (Fergus & Zimmerman, 2005). When the level of intellectual challenge is low, the caregivers are more likely to exhibit a greater degree of resilience unlike in severe intellectual challenge. Studies have also shown that the parents of children with intellectual challenge are at greater risk of increased symptomatology. The absence of such distress may be considered resilience and a characteristic of well-being of these families (Fergus & Zimmermann, 2005). Resilience can be learned like a skill. Once one is not resilient, that is, unable to bounce back, then emotional exhaustion can occur.

A study by Diamet (2009) showed that the mothers of children with higher level of behavioural problems had the most pronounced profile of chronic stress, which is consistent with the symptoms of burnout. Similarly, Giallo, Wood, Jellet and Porter

(2013) reported that mothers of Autistic Spectrum Disorder (ASD) children showed the potential of experiencing greater burnout than the mothers of children without the challenge. On the contrary, Mills (2010) found that staff exposed to children with more challenging behavior reported less burnout than the caregivers who had less of the challenge. There is paucity of research on influence of level of intellectual challenge of children on burnout among caregivers of mentally challenged persons in Nigeria. Therefore, the present study seeks to add to the literature in this regard.

Gender is the second factor to be examined in relation to burnout in this study. Momsen (2010) defines gender as the socially acquired notions of masculinity and femininity by which men and women are identified. According to Eagly and colleague (Eagly & Crowley, 1986; Eagly, 1987) there may be gender differences in shared experiences of men and women. The males tend to use adaptive coping strategies that focus on the immediate problems (Eagly & Crowley, 1987). Their strategies are externalised and most of the time include direct action, distraction and positive self-instruction (Hampel & Petermann, 2005, 2006). Evidence has also shown that females cope by seeking social support and utilizing social resources. Females may be more inclined than the males in seeking support (Eagly & Crowley, 1987). Males tend to make use of adaptive coping strategies that focus on immediate problems. Strategies are externalised and include direct action, distraction and positive self-instruction (Hampel & Petermann, 2006). Gender has been found to have effect on resilience thus they may not get emotionally exhausted easily by caring for the intellectually challenged children. The coping strategies of males are different from those of females (Gross, 2010). Koester (2015) stated that what it means to be a woman is to be powerless; it is considered to be quiet, accommodating and obedient, while being manly is to exercise power-over, that is to get others to do what they are expected to do. Caregivers are more likely to experience stress if they are female.

There is paucity of research on gender differences in burnout among caregivers of mentally challenged persons in Nigeria. Therefore, the present study seeks to add to the literature in this regard.

The researchers hypothesised as follows:

1. There will be no significant difference in burnout among caregivers of the intellectually

challenged children of educable and non-educable children and adolescents.

- There will be no significant difference in burnout among male and female caregivers of the intellectually challenged children.

Method

Participants and procedure

Participants in this study comprised one hundred and sixty-three (163) caregivers of intellectually challenged children. Participants were drawn from two schools - St Joseph's Comprehensive Secondary School Uwani, Enugu ($n = 16$), and Therapeutic Day-Care Centre, Abakpa Nike Enugu ($n = 147$). Participants comprised of teachers, parents, siblings and helpers of the intellectually challenged persons. The participants consisted of 91 males and 72 females. The second author approached the principals of the two selected schools with an identification letter from the Department of Psychology, University of Nigeria, Nsukka, and sought the approval of the principals for their staff to take part in the study. With the permission to conduct the study, the researcher approached the caregivers of intellectually challenged children in the schools and solicited their consent to fill the questionnaires and also to help them distribute and collect from other parents/caregivers at home. Thereafter, the properly filled and returned questionnaires were used for data analysis.

Instrument

The instrument used for the study was Maslach Burnout Inventory (MBI). The scale was developed by Maslach (1983) and consists of 22 items designed to assess burnout syndrome. Some of the items in the scale include; I worry that this job is hardening me emotionally, I feel emotionally drained from my work, I have become more callous towards people since I took up this work, etc. The 22 items of the MBI are categorized into three subscales: emotional exhaustion (9 items), dehumanization (5 items), and reduced personal accomplishment (8 items). The scale is scored in a six-point Likert format; 1 = A few times a year, 2 = Many times a year, 3 = A few times every month, 4 = Many times every month, 5 = A few times every week and 6 = every day. Direct scoring applies to all the items in subscales of emotional exhaustion and dehumanization whereas reverse scoring applies to the entire item numbers in reduced personal accomplishment subscales. Maslach and

Jackson (1986) reported a Cronbach's α reliability of .71 to .90, test retest reliability of .60 to .80, and split half of reliability of .57. Coker (1999) revalidated the instrument using Nigerian samples and provided the psychometric properties with Cronbach's α reliability of .86, test-retest and split half reliability of .57. The present researchers obtained a Cronbach's α of .76 indicating that the MBI is reliable for use in the present study.

Design/ Statistics

A cross-sectional design was employed for the study. Analysis of variance (ANOVA) was used to analyze the data in the study.

Results

The descriptive statistics computed as shown in Table 1 indicated that caregivers of intellectually challenged children who were educable reported a higher burnout mean score ($M = 74.57$, $SD = 16.44$) compared with caregivers of intellectually challenged children who were non-educable ($M = 69.25$, $SD = 14.64$). The result also indicated that male caregivers of the intellectually challenged children obtained higher burnout mean score ($M = 73.50$, $SD = 16.50$) than female caregivers ($M = 68.98$, $SD = 14.09$).

The result in Table 2 shows that level of intellectual challenge of children produced significant main effect on burnout of caregivers, $F(163) = 5.49$, $p < .05$. This is an indication that level of intellectual challenge of children significantly influenced burnout of caregivers. Caregivers of intellectually challenged children who are educable exhibit higher psychological burnout than caregivers of intellectually challenged children who are non-educable. Gender also produced significant main effects on burnout of caregivers, $F(163) = 6.08$, $p < .05$. The result indicates that there are gender differences as regards to burnout of caregivers. Male caregivers of the intellectually challenged reported higher psychological burnout than the female caregivers. Interactively, the result shows that the interaction between level of intellectual challenge of children and gender produced a significant effect on burnout of caregivers, $F(163) = 4.14$, $p < .05$. With an adjusted R^2 value of .06, it indicates that the level of intellectual challenge of children and gender differences accounted for 6% of variance in the level of burnout of caregivers.

Table 1: Means and Standard Deviation (SD) of level of intellectual challenge of children and gender on burnout of caregivers

Variable		N	Mean	SD
Level of intellectual challenge	Educable	69	74.57	16.44
	Non-educable	94	69.25	14.64
Gender	Male	91	73.50	16.50
	Female	72	68.98	14.09

Table 2: A 2-way ANOVA Summary showing the influence of level of intellectual challenge of children and gender on burnout of caregivers

Source of variance (SOV)	Type III Sum of Squares	DF	Mean Square	F
Level of Intellectual Challenge	1253.35	1	1253.35	5.49*
Gender	1386.404	1	1386.40	6.08*
Level of Intellectual Challenge X Gender	944.41	1	944.41	4.14*
Error	36242.510	159	227.94	
Total	872956.00	163		
Corrected Total	39444.73	162		

R Squared = .08 (Adjusted R Squared = .06), * $p < .05$.

Discussion

This study examined the influence of level of intellectual challenge of children and gender on burnout of caregivers. Findings did not support the hypothesis that level of intellectual challenge would not significantly influence burnout of caregivers. It indicated that level of intellectual challenge significantly influenced burnout of caregivers. The result portrayed that caregivers of educable intellectually challenged children reported a higher mean score compared to those of non-educable intellectually challenged children. The result is inconsistent with study by Diamet (2009) which showed that the mothers of children with higher level of behavioural problems had the most pronounced profile of chronic stress, which is consistent with the symptoms of burnout. It is also inconsistent with the study of Giallo, Wood, Jellet and Porter (2013) which showed that mothers of Autistic Spectrum Disorder (ASD) Children showed the potential of experiencing greater burnout than the mothers of children without the challenge. A study by Mills (2010) found that staff exposed to children with more challenging behaviour reported less burnout than the caregivers who had less of the challenge.

The likely reasons could be that the challenge of training the educable children is higher. This is because the prospect is greater, and the caregivers cannot afford to relent in their pursuit toward achieving

their goals in educating the children. The trainable children appear no different from other children - they need more instruction to care for themselves than a child without any intellectual challenge (Jacob & Mullick, 1996). The upbringing of the educable child may become a herculean task for the caregivers. On the other hand, the caregivers of the non-educable ones already know that the children have narrow prospects, therefore, they may not pursue a great outcome. They program themselves and fit into the routine of getting the children to adapt and handle their activities of daily living. It is obviously easier to put a diaper on a child and change it when soiled than to toilet-train a child. People taking care of the educable children are faced with greater challenge than the caregivers of non-educable children. The reason could be because the prospect is narrow for the non-educable children. The extent or severity of their challenge makes it difficult to set high goals for them.

The result did not support the hypothesis that there would be no significant gender differences in burnout of caregivers of the intellectually challenged children. Result showed that male caregivers of intellectually challenged children reported higher psychological burnout than the female caregivers. This result is not consistent with the study done by Adebayo and Osagu (2013), who found that females were more vulnerable to burnout than their male

counterparts. The likely reasons female caregivers were found to report less burnout than the male caregivers could be because females are more naturally inclined to rendering help that has to do with caring for others, providing for friends, emotional support, counseling about personal problems. Females are by nature, more nurturing than the males. Since caring for the intellectually challenged require more of these qualities, females may exhibit more resilience than the males. Male gender role requires heroism and bravery. Subjecting a man to roles he is not adapted for will certainly bring about stress, with prolonged exposure to stress, burnout ensues. Male caregivers experience more burnout compared to the females as a result of their inability to be as resilient as much as the females in things pertaining nurturing and caring for children with special needs.

The results of the study revealed valuable information about the caregivers of the intellectually challenged children. Some of the limiting factors in this study include that the findings cannot be used to make a wider generalization as participants were all sampled from one state, out of the many in the 6 geopolitical zones in Nigeria. The sample size used in the study seems to be small and may also affect making generalization of the findings due to the nature of participants studied. Researchers who are interested in this issue for subsequent studies should increase the sample size in order to be used for generalization. Also, the participants should be drawn from at least two geopolitical zones, so that better representations will be made, and more insight will be garnered, due to the diversity that culture and belief may pose.

Conclusion

In conclusion, the research finding showed that the level of disability affects burnout of caregivers. Therefore, some form of help or additional aid should be given to the caregivers of the ones with greater challenge. This will make up for the extra demands on the caregivers that drives them to get burnt out. Having known that females are more nurturing than males, they should be encouraged because the special need children in our environment must be cared for. The males who have found themselves in this group either by their own choice as teachers or by natural selection as fathers should be given some support to help them to bounce back and not break down psychologically and/ or physically.

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