Psychosocial Correlates of Depression among Apprentice Artisans in Nigeria

ABSTRACT

Conditions that affect an individual's emotions are referred to as psychological issues. They impact awareness, feelings, motivation, thoughts, attitudes, and other cognitive and affective qualities that influence their behaviour. The objective of the study is to examine the psychosocial Correlates of Depression among Apprenticeship Artisans in Ede, Osun State.

The research method adopted for this quantitative research was a cross-sectional design. A total number of five-hundred and seventeen (517) male automobile apprentice artisans were selected using a multistage sampling which included a purposive sampling procedure to select the local Government Area for the study, and simple balloting was adopted to select the six LGAs out of the thirty under the three senatorial districts in Osun state, Nigeria.
The instruments adopted for this study are Rosenberg Self Esteem Scale (RSES) by Dr M. Rosenberg (1965), Burnout Questionaire (BQ) by Freudenberger Herbert J (1981) and authors constructed depression scale for apprentice(Apprentice Depression Scale. The hypotheses were formulated using a correlation matrix and hierarchical multiple regression. The hypothesis were tested to find out the significant influence of burnout and self-esteem on depression among apprentice artisans in Osun state .The study established that burnout and self-esteem significantly predict depression among apprentice artisans in Ede, Osun State, Nigeria.

Keywords:**Psychosocial, Correlates, Depression, Apprenticeship, Artisans, Nigeria**

INTRODUCTION

Conditions that affect an individual's emotions are referred to as psychological issues. They impact awareness, feelings, motivation, thoughts, attitudes, and other cognitive and affective qualities that influence their behaviour. Depression across the globe is one of the most common disabilities, affecting about 300 million individuals each year (World Health Organization, 2017). Depression has been linked to low quality of life and has been identified as a risk factor for several chronic health disorders (Saarni et al., 2007; Krishnan et al., 2002).

Depression is characterised by a depressed mood and reluctance to participate in previously pleasurable activities. Also, low self-esteem, a tendency to be self-critical, a perceived poor body image, helplessness when dealing with adversity, and interpersonal issues are some of these characteristics (Dryden, 2013). According to a study conducted by the Blackdog Institute in 2012, certain personality types are more prone to depressive moods than others, including the anxious worrying personality, irritable, self-critical, and rejection sensitive personality style, self-focused, perfectionist, socially avoidant, and personally reserved personality styles.

Psychosocial hazards and work-related stress are two of the most challenging aspects of workplace safety and health (EU-OSHA, 2021). Individuals, corporations, and national

economies all suffer as a result of these hazards. According to EU-OSHA (2021), almost half of European workers believe workplace stress to be expected, with stress accounting for around half of all lost working days. Like many other mental health issues, stress is often misunderstood or stigmatised. However, when viewed as an organisational issue rather than an individual fault, psychosocial risks and anxiety can be just as manageable as other workplace safety and health risks (EU-OSHA, 2021).

In recent years, burnout syndrome has been one of the most widely discussed mental health problems in modern societies. Burnout is defined as a state of physical, emotional and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Schaufeli and Greenglass, 2001). Maslach and Jackson (1981) described burnout as the result of chronic stress (at the workplace), which has not been successfully dealt with, characterised by exhaustion and depersonalisation (negativism/cynicism). Burnout has become a synonym for psychosomatic, psychological symptoms and social consequences of a long-lasting workload exceeding an individual's capacity (Hillert, 2008). Some studies report burnout prevalence rates of up to 69% in a given population, for example, approximately 30% in teachers (Rudow, 1999), 31% in medical students (Santen et al., 2010), and between 44% and 68.6% in medical oncologists (Blanchard et al., 2010; Glasberg et al., 2007).

Self-esteem is a personal psychological characteristic relating to self-judgment based on one's values about humans (Alesi *et al.*, 2012). Self-esteem implies an awareness of one's value system and one's emotional evaluation of one's self-worth (Schunk, 1985). High self-esteem indicates a high level of social adjustment (Brown and Mankowski, 1993). Individuals with high self-esteem and those with low self-esteem may respond similarly to positive input, but they could exhibit different responses to negative input. Specifically, people with low self-esteem tend to exhibit negative responses, while those with high self-esteem tend to be less affected, as they are inclined to reject or restrict the scope of negative feedback (Brown and Mankowski, 1993).

Nevertheless, gaps in this link exist in Nigerian studies, which necessitates
this research project
The objective of the study is to examine the psychosocial Correlates of Depression among Apprenticeship Artisans in Ede, Osun State.

The following hypothesis were tested:

i. There is a significant relationship between self-esteem and depression among apprentice artisans in Osun state
ii. There is a significant relationship between burnout and depression among apprentice artisans in Osun State

METHOD

The research method adopted for this quantitative research was a cross-sectional design. A total number of five-hundred and seventeen (517) male automobile apprentice artisans were selected using a multistage sampling which included a purposive sampling procedure to select the local Government Area for the study, and simple balloting was adopted to select the six LGAs out of the thirty under the three senatorial districts in Osun state, Nigeria.

The instruments adopted for this study are Rosenberg Self Esteem Scale (RSES) by Rosenberg (1965), Burnout Questionaire (BQ) by Freudenberger (1981), authors constructed depression scale for apprentice(Apprentice Depression Scale. The hypotheses were formulated using a correlation matrix and hierarchical multiple regression.

RESULT

Socio-demographic characteristics

The participants' social demographic characteristics reveal that 38.1% of the sample were adolescents categorised within the range of 10 to 19 years, while 61.9% were young adults categorised within the range of 20 to 40 years. The religious distribution revealed that 48.7% of the samples were Christians, a similar percentage (48.4%) were Muslims, while just 2.9% were traditionalists. The participants' marital status distribution indicated that 82.8% were single, 17% were married, and 0.2% were separated. The highest educational qualification of the participants was such that 30.8% had just primary school education, 59.4% attained SSCE level, 8.7% had a first degree, while 1.2% had other forms of educational qualification outside the identified ones.

It was also observed that 29% of the sampled participants represented Ede Local Government Area (LGA), 19.7% represented Ife-North, 19.3% were from Ilesha, 13.9% were from Iwo, 2.7% were from Ogbagba, while 15.3% were from Oshogbo. Findings on type of family showed that 63.2% of the participants came from monogamous families, while 36.8% came from polygamous families. Test on participating apprentice artisan's guardian showed that 14.7% did not live with anybody, 55.2% lived with both parents, 6.8% lived with father alone, 10.3% lived with mother alone, while 13% their relatives. Distributions on parents' income showed that 35.4% were low-income earners, 62.5% were average, and just a few (2.1%) were parents with high income. Lastly observed was the family size of the participants. It was indicated that 46% of them had a family size ranging between 1 and 5 persons, 47.8% had family size ranging between 6 and 10, while the least were those with a family size above 10 (6.2%).

Table 1 : Correlation Matrix Showing Association among Study Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Age	1									
2. Religion	-.06	1								
3. Educational Qualification	.19**	.01	1							
4. Marital Status	.45**	.00	.07	1						
5. Family Size	.03	.12**	-.08	.02	1					
6. Family Type	.00	.20**	-.02	-.02	.40**	1				
7. Parents' income	-.02	.08	.10*	.01	.19**	.08	1			
8. Self-Esteem	.12**	.05	.08	.07	.10*	-.06	.06	1		
9. Burnout	-.11*	.03	-.02	-.05	.19**	-.01	.10*	-.40**	1	
10. Depression	-.20**	.04	-.02	-.06	.14**	.01	.10*	-.49**	.69**	1
Mean	21.04	-	-	-	5.99	-	-	67.15	45.74	34.58
SD	4.77	-	-	-	2.64	-	-	9.70	15.15	14.54

Note: **p < .01, * p < .05, N= 517

The correlation analysis indicated that self-esteem had a significant negative relationship with depression [r(515)= -.49, p < .01]. This implied that when apprentice artisan's self-esteem is high, they tend to experience a low level of depression. On the contrary, burnout had a significant positive relationship with depression [r(515)= .69, p < .01], and it implied that when

apprentice artisan's level of burnout increases, there also tend to be an increase in depression. The relationship between self-esteem and burnout was significant [r(515)= -.40, p < .01] in such a way that burnout increases along with a decrease in self-esteem. Among the considered social-demographic factors, age was significantly related to depression among apprentice artisans [r(515)= -.20, p < .01] such that apprentice depression level decreases with increasing age. It was also indicated that family size was significantly related with depression [r(515)= .14, p < .01]. This implies an increase in depression along with an increase in family size. Also significant was the relationship between parents' income and depression, such that depression tends to increase with higher parental income [r(515)= .10, p < .05].

Test of hypotheses

Table 2 : Summary of Hierarchical Multiple Regression Analysis showing the predictions on Depression

Models	β	T	R	R^2	ΔR^2	df	F	ΔF
Step 1			.26	.07	-	5, 511	7.56**	-
Age	-.21	-4.80**						
Educational Qualification	.03	.60						
Family Size	.16	3.27**						
Family Type	-.05	-1.15						
Parents' income	.07	1.51						
Step 2			.56	.32	.25	6, 510	39.47**	185.33**
Age	-.16	-4.14**						
Educational Qualification	.06	1.59						
Family Size	.23	5.55**						
Family Type	-.11	-2.81**						
Parents' income	.09	2.33						
Self-Esteem	-.51	-13.61**						
Step 3			.74	.55	.23	7, 509	89.78**	267.80**
Age	-.12	-3.88**						
Educational Qualification	.04	1.29						
Family Size	.07	1.97*						
Family Type	-.03	-.80						
Parents' income	.04	1.37						
Self-Esteem	-.26	-7.73**						
Burnout	.56	16.37**						

Note: **p < .01, * p < .05, N= 517

Hierarchical multiple regression analysis involving four steps was conducted to test for the prediction of self-esteem and burnout on depression while the impact of identified social demographics was placed under control. Table 2 indicated that in step 1 of the model, the social demographic characteristics of the participants were entered into the model. The result revealed that the variables had a joint significant prediction on depression, attributing 7% to the total variance observed in depression [R= .26, R^2= .07, F(5, 511)= 7.56, p < .01]. However, from the independent predictive strength, it was observed that it was just age (β= -.21, t= -4.80, p < .01) and family size (β= .16, t= 3.27, p < .01) predicted that significantly and independently predicted depression. In detail, depression decreases with an increase in apprentice age, while observations indicated that depression increases along with an increase in family size. Other characteristics as

educational qualification (β= .03, t= .60, p > .05), family type (β= -.05, t= -1.15, p > .05) and parent's income (β= .07, t= 1.51, p > .05) were not significant predictors of depression among apprentice artisan.

In the second step of the model, self-esteem was added and the result revealed that self-esteem significantly predicted depression (β= -.51, t= -13.61, p < .01) with depression decreasing with increase in self-esteem. Jointly, the variables in step 2 contributed a significant variance of 32% [R= .56, R^2= .32, F(6, 510)= 39.47, p < .01] to depression with 25% attributed to self-esteem [ΔR^2= .25, ΔF= 185.33, p < .01]. This confirmed the formulated hypothesis 1 and it was accepted.

In step 3, depression was regressed on burnout, and it was observed that burnout significantly predicted depression such that depression increases with a significant increase in burnout. The variables in the model jointly ad significantly predicted depression such that they contributed a variance of 55% to the total variance observed in depression [R= .74, R^2= .55, F(7, 509)= 89.78, p < .01]. This means that burnout contributed a significant variance of 23% to the changes in depression among apprentice artisans [ΔR^2= .23, ΔF= 267.80, p < .01]. This confirmed hypothesis 2, and it was accepted.

DISCUSSION

The study established that burnout and self-esteem significantly predict depression among apprentice artisans in Ede, Osun State, Nigeria. The correlation analysis indicated that self-esteem had a significant negative relationship with depression [r(515)= -.49, p < .01]. This implied that when apprentice artisan's self-esteem is high, they tend to experience low level of depression. This finding is in line with a study by Brown and Mankowski (1993) which indicates that people with low self-esteem tend to exhibit negative responses, while those with high self-esteem tend to be less affected, as they are inclined to reject or restrict the scope of negative feedback. According to Rosenberg (1965), poor self-esteem can lead to anxiety, loneliness, lower perceived happiness, tension, and an increased risk of depression. According to research, people with low self-esteem are more insecure and concerned about how they are perceived and assessed by others (Baumeister, 1993).

A larger need for social approval has been linked to low self-esteem. High social anxiety is caused by a person's concern about how they are perceived by others (Ryan, Plant & Kuczkowski, 1991). Low self-esteem can lead to a greater reliance on social connections, such as group memberships (Van Prooijen and Van Knippenberg, 2000).

Low self-esteem, according to Loner (1999), makes it easier for domestic helpers to doubt themselves and feel like they don't belong. Inability to accept compliments, verbalization of self-depreciating remarks, avoidance of contact with adults and peers, excessively seeking to please or receive attention and praise Index of Self esteem from adults and/or peers, inability to identify or accept his/her positive traits or talents, fear of rejection by others (especially in the peer group), acting out in negative ways that are quite obviously attention seeking are all symptoms of low self-esteem, according to Loner (1999).

Also, Peterson et al. (2008) carried out a cross-sectional study to investigate how burnout relates to self-reported physical and mental health. Using a sample of Swedish County Council employees, they found that depression, anxiety, sleep disturbance, memory impairment and neck and back pain were much higher in burnout and exhausted groups as compared to disengaged and non-burnout groups. Many studies have also shown that there is a positive correlation between burnout and depression (Bianchi *et al.,* 2013, 2014,; Bianchi and Laurent, 2015). Emotional exhaustion which is the core component of burnout has also been found to be positively correlated with depressive symptoms. (Takai *et al.,* 2009; Ahola *et al.,* 2014). These findings also relates to the findings of the systemic review that was carried out by Bianchi *et al.* (2015)

In a research carried out by Vasconcelos *et al.,* in 2018 among nurses, burnout was presented by 14.29% of the nurses. Out of these numbers, more than 50% had symptoms of depression. There was a significant association between burnout and depressive symptoms. It deduces that the higher the level of emotional exhaustion, depersonalization, and low professional accomplishment the greater the depressive symptoms.

Another study also showed that professionals with increased burnout tend to have an increase in depressive symptoms. (Papathanasiou, 2015). In the research, Emotional exhaustion, considered the nucleus of burnout, showed a stronger correlation with depressive symptoms than depersonalization, which is considered the second dimension of burnout. The correlation of the professional achievement dimension was negative with depressive symptoms. This data corroborates the results of the research carried out by Bianchi *et al.,* in 2015.

Employees with burnout had the most symptoms, compared with those who experienced only exhaustion, disengagement from work or no burnout, which is corroborated by the research finding that burnout significantly predicts depression.

CONCLUSION AND RECOMMENDATION

Based on this present study's findings, the authors conclude that there is a high predictive influence of self esteem and burnout on depression among automobile apprentice artisans in Ede, Osun State. Authors recommend routine depression screening for apprentices for those identified to be at risk of depression. Also, psychological management of depression is essential to ensure that apprentice with a risk of depression lead a healthy life. Also, social skills training should be incorporated in the apprenticeship programme and periodic work breaks should be regulated to reduce incidence of burnout.

ETHICAL CONSIDERATIONS

The Helsinki Declaration was followed in this study because it involved human subjects. The Internal Research Ethic Committee (IREC) of Redeemer's University Nigeria reviewed the research purpose and recommended procedures. Before administering the instruments, participants' informed consent was sought and obtained.

REFERENCES

Alesi, M., Rappo, G., & Pepi, A. (2012). Self-esteem at school and self-handicapping in childhood: comparison of groups with learning disabilities. *Psychological Reports*, 111(3), 952-962.

Baumeister, R. F. (1993). Understanding the inner nature of low self-esteem: Uncertain, fragile, protective, and conflicted. In Self-esteem (pp. 201-218). Springer, Boston, MA.

Bianchi, R., and Laurent, E. (2015). Emotional information processing in depression and burnout: an eye-tracking study. Eur. Arch. Psychiatry Clin. Neurosci. 265, 27–34.

Bianchi, R., Boffy, C., Hingray, C., Truchot, D., and Laurent, E. (2013). Comparative symptomatology of burnout and depression. J. Health Psychol. 18, 782–787.

Black dog Institute (2012). Causes of depression. http://www.blackdoginstitute.org.au/public/depression/ causes of depression/ index.cfm

Blanchard, P., Truchot, D., Albiges-Sauvin, L., Dewas, S., Pointreau, Y., Rodrigues, M., & Kantor, G. (2010). Prevalence and causes of burnout amongst oncology residents: A comprehensive nationwide cross-sectional study. *European Journal of Cancer*, 46, 2708-2715

Brown, J. D., & Mankowski, T. A. (1993). Self-esteem, mood, and self-evaluation: Changes in mood and the way you see you. *Journal of Personality and Social Psychology*, 64(3), 421.

Dryden, E. R. (2013). Teen Depression. Medicinenet. http://www.medicinenet.com/teen_depression/article.htm

EU-OSHA (2021). European Agency for Safety and Health at Work, 'Expert forecast on emerging psychosocial risks related to occupational safety and health.' Luxembourg: Office for Official Publications of the European Communities.

Hillert, A. (2008). Burnout--a new disease?. *Versicherungsmedizin*, *60*(4), 163-169.

Krishnan, K. R. R., Delong, M., Kraemer, H., Carney, R., Spiegel, D., Gordon, C., & Wainscott, C. (2002). Comorbidity of depression with other medical diseases in the elderly. *Biological Psychiatry*, 52(6), 559-588.

Loner, B. A. (1999). Negros: organização e luta em Pelotas. História em Revista, 5(5).

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organisational Behavior*, 2(2), 99-113.

Papathanasiou IV. (2015). Work-related mental consequences: implications of burnout on mental health status among health care providers. Acta Inform Med .23(1):22-8.

Peterson, U., Demerouti, E., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, *62*(1), 84-95

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, *61*(52), 18.

Ryan, R. M., Plant, R. W., & Kuczkowski, R. J. (1991). Relation of self-projection processes to performance, emotion, and memory in a controlled interaction setting. Personality and Social Psychology Bulletin, 17(4), 427-434.

Rudow, B. (1999). Stress and burnout in the teaching profession: European studies, issues, and research perspectives. In R. Vandenberghe & A. M. Huberman (Eds.), *Understanding and Preventing Teacher Burnout: A Sourcebook of International Research and Practice* (pp. 38-58). Cambridge, UK: Cambridge University Press

Saarni, S. I., Suvisaari, J., Sintonen, H., Pirkola, S., Koskinen, S., Aromaa, A., & Lönnqvist, J. (2007). Impact of psychiatric disorders on health-related quality of life: general population survey. *The British Journal of Psychiatry*, 190(4), 326-332.

Schaufeli, W. B., & Greenglass, E. R. (2001). Introduction to special issue on burnout and health. *Psychology & Health*, 16(5), 501-510.

Takai, M., Takahashi, M., Iwamitsu, Y., Ando, N., Okazaki, S., Nakajima, K., et al. (2009). The experience of burnout among home caregivers of patients with dementia: relations to depression and quality of life. Arch. Gerontol. Geriatr. 49, e1–e5.

Van Prooijen, J. W., & Van Knippenberg, D. (2000). Individuation or depersonalization: The influence of personal status position. Group Processes & Intergroup Relations, 3(1), 63-77.

Vasconcelos, E. M., Martino, M., & França, S. (2018). Burnout and depressive symptoms in intensive care nurses: relationship analysis. Revista brasileira de enfermagem, 71(1), 135–14

World Health Organization (2017). Occupational Health: Health Workers. *World Health Organization.*