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THE ROLE OF RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT) IN ALLEVIATING BURNOUT AND DYSFUNCTIONAL CAREER BELIEFS AMONG ADULT EDUCATION TEACHERS IN NIGERIA: A RANDOMIZED CONTROLLED TRIAL

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Abstract

The study examined the outcome of Rational Emotive Behaviour Therapy (REBT) intervention in reducing dysfunctional career beliefs and burnout among adult education teachers in Nigeria. A group-randomized trial design was used in the study. Participants of the study included 162 adult education teachers in Enugu State, Nigeria. Two instruments, the Dysfunctional Career Beliefs Scale (DCBS) and the Maslach Burnout Inventory (MBI), validated by experts in cognitive and behavioural psychology, career coaching and measurement and evaluation, from the University of Nigeria, Nsukka, were used for data collection. The instruments had internal construct and content validities ascertained through Cronbach's alpha technique for internal reliability. ANCOVA was used to answer research questions and test the hypotheses. The results of the study demonstrated that Rational Emotive Behaviour Therapy (REBT) intervention is positively significant in managing dysfunctional career beliefs and burnout among adult education teachers as the levels of dysfunctional career beliefs and burnout among adult teachers exposed to the Rational Emotive Behaviour Therapy (REBT) intervention reduced considerably after the Rational Emotive Behaviour Therapy (REBT) intervention at the post-test and follow-up test. Following the positive impact of the Rational Emotive Behaviour Therapy (REBT) intervention on adult education teachers suffering from dysfunctional career beliefs and burnout, the recommendation that adult education teachers be exposed to Rational Emotive Behaviour Therapy (REBT) treatments became very potent as Rational Emotive Behaviour Therapy (REBT) was effective in reducing dysfunctional career beliefs and burnout among adult education teachers in Nigeria.

Abbreviations: Rational Emotive Behaviour Therapy (REBT) = Rational emotive behavioural therapy, DCBS = Dysfunctional career beliefs scale, MBI = Maslach burnout inventory, ANOVA = Analysis of variance,

Keywords. Dysfunctional career beliefs, burnout, adult education, teachers, and local government workers, rational emotive behavioural therapy

Introduction

The modern workplace often faces dysfunctional career beliefs and burnout, particularly among adult education teachers. Dysfunctional career beliefs, also called maladaptive or irrational beliefs, are those thoughts workers hold on to that are detrimental to the progress of their career (Omisore & Abiodun, 2014). They are thought processes that constitute people's work beliefs, or their stream of consciousness and philosophies about their jobs (Taylor et al., 2010). Dysfunctional career beliefs focus on how individuals evaluate their careers, thoughts, understandings, beliefs, and conclusions regarding actualities of life (Turner, 2016). Dysfunctional career beliefs commonly held by Public Administrators (PA) and Local Government Workers (LGW) are caused by a series of factors, among which are environmental, personal, psychological (or motivational), and experiential factors (e.g. levels of skills, capabilities and job-perception views) (Mazzetti et al., 2020; Ventura et al., 2015). The Nigerian adult education environment is plagued with a myriad of detrimental factors such as bribery and corruption, discrimination or nepotistic attitudes, persistent political intrusions and other dynamics including tribal, locational, cultural and religious backgrounds, in addition to the federal government quota system (Olumuyiwa & Isaiah, 2023; Nwogbo & Ighodalo, 2021; Udeagwu & Ugochukwu, 2021). These factors contribute to the perpetuation of dysfunctional career beliefs and burnout among Public Administrators (PA) and Local Government Workers (LGW) in Nigeria and influence workers' performance in the adult education sector. When workers entertain such harmful thoughts about themselves and their jobs, they lose the enthusiasm and the self-motivation needed for effective performance, and uphold the idea that their efforts are futile unless they know someone at the top, belong to a particular camp (religiously or politically), or come from a particular region (Bernard, 1993; Erwin & Garman, 2010; Trichal & Kumar, 2020; Rossi et al., 2015). As a result, workers may deliberately engage in debasing and value-degrading activities such as embezzlement, sexual harassment, inducement, distrust, resentment, vengefulness, rudeness, pretence and dissimulation to make things work as they assumed (Ahmed, 2018; Ede et al., 2023). These maladaptive behaviours resulting from dysfunctional career thoughts hamper progress in the adult education sector and result in burnout.

In addition to dysfunctional career beliefs, burnout among workers is also caused by stress. Emotional breakdown, self-de-realization, disinterestedness, disassociation and feelings of lack of fulfilment in the job are evidence of burnout among workers in the workspaces (Dijxhoorn et al., 2021). Burnout progresses slowly with mild or zero symptoms into an eventually harmful end for the worker. Research points out that workers show burnout when there is bullying in the workplace (Giorgi et al., 2016), resulting in anxiety, depression, resentfulness, ill-health and mental unrest among affected workers (Azoulay et al., 2020).

Dysfunctional career beliefs and burnout affect the entirety of an individual's life and result in lethargy, preventing the individual from being effective psychologically, emotionally, socially,

physically and occupationally (West, 2015). Dysfunctional career beliefs and burnout also prevent workers from growing to maturity in handling assignments, adapting to change, relating well with others, as well as hamper their satisfaction in their job and their overall efficiency in the workplace (Kulik et al., 2016) (Saleem et al., 2022). These harmful beliefs also affect workers' health, breeding illnesses, as much as result in gross reduction in productivity, given that they lead to stress (Onuigbo et al., 2020). Additionally, dysfunctional career beliefs and burnout lead to loss of values- spiritually, physically, emotionally, and humanly, and might lead to an eventual death of workers (Maslach & Leiter, 2022; Crouch, 2014). Embracing harmful career beliefs and persistent burnout are an indication of workers' inability to respond positively to issues in the workplace (Ståhl et al., 2016), and lack of resilience to stress (Ugwoke et al., 2017). The adverse effects of dysfunctional career beliefs and burnout among teachers are numerous including mental blackout, resulting in exhaustion and an obvious loss of enthusiasm in the job (Ozel & Hacioglu, 2021). As a result, workers are unhappy, frustrated, uncomfortable and skeptical about their efforts and themselves in the workplace (Mazzetti et al., 2020). Therefore, discovering causes of burnouts and dysfunctional career beliefs among teachers, and confronting them effectively are indispensable for efficient functioning of the civil service at all levels since dysfunctional career beliefs and burnout have impact on all workers (Shim et al., 2017).

The challenge is how to break the cycle of dysfunctional career beliefs and burnout among public teachers and restore wellbeing to workers in the public domain. Breaking these cycles will, however, prove impossible if workers do not divest themselves of biased preconceived ideologies about the world around them (Tronti, 2019). Therefore, teachers must first recognise that there are negative thought patterns undermining their efficiency at work, and be willing to replace those thoughts with more positive and adaptive patterns (Clarke & Phelan, 2017). Rather than becoming irritated by circumstances, workers should choose to dwell on the positive aspects of others and their careers. This step can aid adult education teachers in reducing the risk of harbouring occupational dysfunctional beliefs and experiencing exhaustion. Therefore, given the gravity of the adverse effects of burnout and dysfunctional career beliefs among administrators and government workers, this paper seeks to discover ways to reduce burnout and dysfunctional career beliefs among adult education teachers through Rational Emotive Behaviour Therapy (REBT).

Rational Emotive Behaviour Therapy (REBT) is a type of behaviour management therapy, designed by Albert Ellis that focuses on dysfunctional beliefs and thinking systems as a means to correcting and forestalling harmful behaviours or thoughts among people (Horvath & Yeterian, 2012). Rational Emotive Behaviour Therapy (REBT) is aimed at controlling maladaptive beliefs, behaviours and stress in the workplace (Jordana et al., 2020). The main goal of Rational Emotive Behaviour Therapy (REBT) among workers is to correct dysfunctional career belief systems, reduce burnout and allow workers to live fulfilled lives and accomplish their targets. Rational Emotive Behaviour Therapy (REBT) targets specific thought patterns, examines the significances of the thoughts, and replaces them with rational ones. Rational Emotive Behaviour Therapy (REBT) believes that people will never attain satisfaction and fulfilment in life if they harbour dysfunctional thoughts since thoughts affect

people's behaviours and value systems, Thus, Rational Emotive Behaviour Therapy (REBT) aims at correcting negative career thoughts and restore rational mindsets in people for them to achieve their goals (David et al., 2018). Additionally, given the amount of dysfunctional career beliefs and behaviours displayed in the workplace, the Rational Emotive Behaviour Therapy (REBT) intervention aims to promote a lasting change in people's belief system by recognizing and challenging dysfunctional career beliefs, and replacing them with realistic ones (Jordana et al., 2020). Recent studies have proven that the Recent studies have demonstrated that the REBT intervention is effective in lessening the effects of dysfunctional career beliefs and burnout among people (Otu et al., 2022; Turner, 2016). However, the effect of REBT as an intervention among adult education teachers in South-South Nigeria has not been fully established. Hence, the primary objective of the REBT intervention is to help individuals identify and understand their psychological structures, and to teach them how melancholy, nervousness, irritation, aggression, and obsessions are maladaptive emotions that often result in stress and burnout (Cristea et al., 2016; David et al., 2018). Therefore, given its capacity to foster positive mindsets and behaviours, the REBT intervention has been adopted in this study to explore ways to reduce dysfunctional career beliefs and burnout among adult education teachers in South-South Nigeria.

Objective of the Study

The objective of the study was to determine the difference in dysfunctional career beliefs and burnout among adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment and those exposed to the usual-care treatment.

Research Hypothesis

There is no significant difference in the dysfunctional career beliefs and burnout among adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment and those exposed to the usual-care treatment.

Research Method

Design of the Study

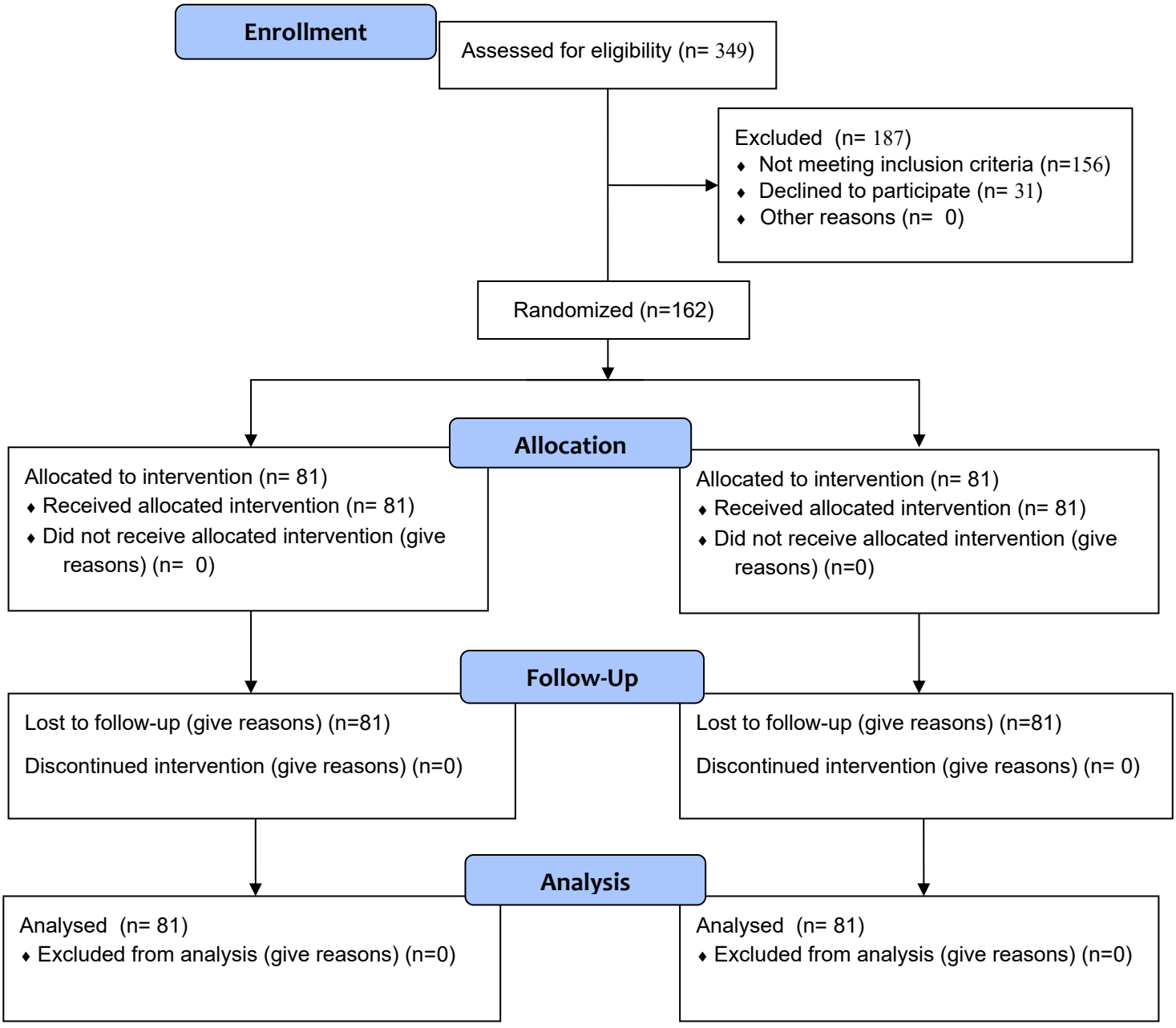
The study utilized a group-randomized trial (GRT) to assess the impact of REBT on dysfunctional career beliefs and burnout. GRT is a research design employable in group-related research (Varnell et al., 2004). GRT is useful in evaluating the results of an interventional package on a group of people to promote their health statuses GRT also allows for the randomization of subjects in research into treatment or control group, measuring their responses against one another. Adopting GRT in this research was therefore justifiable by the fact that the intervention in this study was administered to groups of persons, who were at the same time randomized into one of control or experimental treatment. Justifying randomization in research, (Cohen et al., 2013) stated that randomization allows researchers to manipulate independent variables in a study, as it allows for equivalence between the treatment and control groups and allows for a control of any factors that might affect the experimental process. Randomization in this study implies that each participant was allowed equal option to belong to either of the experimental or control group (Cohen et al., 2013).

Participants

One hundred and sixty-two (162) subjects participated in the study. The participants were adult education teachers in Enugu State. The participants were selected following a multi-stage sampling method. Before commencing the investigation, the researchers called for volunteers among the workers by using advertisement and fliers. After advertising the study and recruiting volunteers, 349 adult education teachers in the study area enrolled and were given informed consent forms to sign. All the volunteer participants underwent eligibility assessment and completed the Dysfunctional Career Beliefs Scale (DCBS) and the Maslach Burnout Inventory (MBI). After the exercise, the researchers sampled the members and purposively chose those who scored high on the scales as eligible for the study. A high score on the DCBS and MBI demonstrated that participants were suffering from dysfunctional career beliefs and burnout. Volunteers who passed the eligibility test (n = 162) comprised males (n = 85) and females (n = 77). The 162 adult education teachers were further divided into an experimental and a control treatment group following a simple random selection procedure. Members in the treatment group (n = 81, comprising 43 males and 38 females) were subjected to the rational emotive behavioural therapy (Rational Emotive Behaviour Therapy (REBT)) intervention; while those in the control group (n = 81, comprising 37 males and 44 females) were treated using the usual-care approach.

The researchers added the usual-care condition to provide a criterion against which to assess the effectiveness of the REBT intervention and to compare the outcomes of the intervention and usual-care groups. Thus, the usual-care treatment allowed the researchers to evaluate the effectiveness of the REBT treatment on adult education teachers suffering from dysfunctional career beliefs and burnout. For accuracy, the researchers engaged the services of a software engineer who confirmed the appropriateness of the sample and selection techniques using the 1.0 version of a computer random distribution package, which generates lists randomly. Some studies conducted in Nigeria have justified the use of this version 1.0 computer random list generator for randomisation of subjects (Otu & Omeje, 2020). The researchers further complied with literature suggesting that researchers should employ statistical measures to establish appropriate sample sizes (Uzoagulu, 1998). They used G*Power 3.1.1, a statistical tool that assesses the adequacy of sample sizes based on the data at a given significance level, in accordance with the population effect (Faul et al., 2007). The study yielded a statistical power of 0.80 at a 0.05 significance level and an effect size of 0.31. G*Power 3.1.1 has been used effectively in previous Nigerian studies (Otu & Omeje, 2020).

CONSORT 2010 Flow Diagram



Rational Emotive Behavioural Therapy Manual

To facilitate the intervention process, the researchers adopted a Rational Emotive Behaviour Therapy (REBT) manual from literature (Otu & Omeje, 2020; Ellis, 2013; Ellis et al., 2010; Ellis & Dryden, 2007). The Rational Emotive Behaviour Therapy (REBT) manual provided

the researchers with techniques and skills required to assist adult education teachers to manage dysfunctional career beliefs and burnout. The Rational Emotive Behaviour Therapy (REBT) techniques in the Rational Emotive Behaviour Therapy (REBT) manual are: (1) cognitive techniques, such as rational analysis, challenging of dysfunctional thoughts, correcting verbal expressions, etc. (2) emotive techniques, e.g., positive mindset, roleplaying, self-expression, building self-worth, and reactions to events, and (3) behavioural techniques, such as exposure, risk-taking, inconsistent behaviour, postponing gratification, relationships, and reinforcements. The manual also contains other techniques such as modeling, reinforcement, psychoeducation, cognitive assignment, rapport building, coping skills, probing, listening, communication, confidentiality, genuineness, empathy, and exploration for the programme. The content of the manual agreed with the theme of dysfunctional career beliefs and burnout with several sub-themes. One sub-theme was handled per week. The manual lasted eight weeks with engagement holding twice per week and 50 minutes per session. The researchers gave out copies of the Rational Emotive Behaviour Therapy (REBT) manual to experts grounded in Rational Emotive Behaviour Therapy (REBT) for validation. The experts reviewed the aptness of the content of the manual as well as their relevance to the target of the study. The experts' comments were effected in the manual.

Experimental Procedure

The investigation commenced a month before the intervention. During this period, the researchers placed announcements calling for volunteers to participate in the programme through flyers and announcements. Numerous adult education teachers showed interest in the research. A total of 349 volunteer workers signed the informed consent forms to take part in the programme and completed the eligibility assessment. The data from the eligibility assessment served as baseline (pretest) data for the study. Only 162 adult education teachers who scored high on the assessment were purposively selected and assigned to either the intervention or usual-care condition. The experimental group received the REBT intervention, while members of the control group received the usual-care treatment. Usual care refers to the totality of the routine care provided to individuals, which allows for homogeneity in the process (Thompson & Schoenfeld, 2007). The usual-care control group has been previously employed in randomised controlled studies in Nigeria (Otu & Omeje, 2020).

The investigation lasted eight weeks. Two sessions with 50 minutes each was held per week. Members in the intervention group were split into eight sub-groups with 10 members each for seven groups and 11 for the eighth group. Eight experts with Ph.D. qualifications helped the researchers to carry out the investigation. The researchers selected a local government area for the exercise. The participants met there after close of work (4:00 p.m. – 5:30 p.m.). With the assistance of the eight assistants, the participants were attended to at the same time. Each assistant stayed separately with their sub-group but all started simultaneously. The researchers guaranteed the participants' participation in the exercise by coming at the venue on time, and by use of reinforcements. Participants in the control group did not receive the Rational Emotive Behaviour Therapy (REBT) intervention, but the usual care treatment concerning people suffering from dysfunctional beliefs and burnout. In the last week of the investigation, the researchers carried out a post-test exercise. They also added two extra weeks for follow-up

exercise and a follow-up test. All members participated in the exercise, and lastly, the authors gave the data collected from the pre-test, post-test, and follow-up test to statistical analysts for analysis.

Approval

The study adhered to the principles specified by the research committee, University of Nigeria, Nsukka, and satisfied the requirements of research with human subjects of the American Psychological Association.

Measure

The following instruments were used in the study for data collection: the Dysfunctional Career Beliefs Scale (DCBS) and the Maslach Burnout inventory (MBI).

Dysfunctional Career Beliefs Scale (DCBS)

The researchers adopted the dysfunctional career beliefs scale (DCBS) found in literature (Otu & Omeje, 2020) and supported by previous irrational beliefs and career literature (Ellis, 2013; Ellis et al., 2010). The DCBS comprised 43 items. Three experts in psychology and behavioural counselling validated the instrument and commented on its accuracy, clarity, and agreement with the purpose of the study. Based on the validators' remarks, seven of the items were dropped for not meeting the requirements of the study. The 43 items were further subjected to a reliability test, with 0.70 set as benchmark for their acceptance. Eleven items did not satisfy the 0.70 requirement and were expunged from the study. Finally, 25 items, categorized into demandingness, awfulization, downing and intolerance were used for data collection. Items on the instrument demanded response on a four-point scale of Strongly disagreed (1), Disagreed (2), Agreed (3) and Strongly Agreed (4). Total scores on the DCBS ranged from 25 to 100. The scores were divided into two: functional career beliefs (25–64) and dysfunctional career beliefs (65–100). The investigators believed that higher dysfunctional beliefs scores yielded lower functional career beliefs scores. To determine the reliability of the instrument, the researchers used the Cronbach's alpha on it. The Cronbach's alpha was apt in the study because the items on the DCBS are non-dichotomously measured. The reliability of the items on the instrument were realized as follows: items on demandingness, 0.599; awfulization, 0.721; downing, 0.527; and intolerance 0.579. The reliability of the four clusters was 0.882 (Otu & Omeje, 2020).

Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) has been accepted generally as capable of assessing individual people's burnout levels. The MBI investigates three components of burnout to ascertain the risk levels of burnout among people. These components are exhaustion, depersonalization, and personal achievement. The goal of the MBI is to make individuals aware of their risk of burnout. The MBI consists of three sections of twenty-two items, divided into seven-seven-eight items respectively. The first section is on exhaustion (7 items); the second section is on depersonalization (7 items), but the third section is on personal achievement (8 items). The instrument is rated on a 7-point scale of never (0), few times a year (1), once a month (2) few times a month (3), once a week (4), few times a week (5), everyday (6). The scores ranged from 0 to 42 for sections 1 and 2, spread to 48 for Section C.

Each section is analyzed separately. For Section A, scores 0 – 17 denote low-level burnout, 18 – 29 indicate moderate-level burnout, while 30 and above show high-level burnout. For Section

B, scores 0 – 5 show low-level burnout, scores 6 – 11 indicate moderate burnout, whilst 12 – 42 indicate high-level burnout. Scores in Section C are graded in the opposite. For example, scores ranging from 40 – 48 in Section C are indicative of low-level burnout; 34 -39 indicate moderate-level burnout, while scores 0 – 33 are symptoms of high burnout. However, individuals who score high in the first sections but score low on the third section are still suffering from burnout. The MBI suited the purpose of the study and hence was adopted, as it measures causes of burnouts such as the need for success and other subtle factors as the burden of undesired occupation. The information is summarized in table 1.

Table 1: **Interpretation of the Maslach Burnout Inventory**

	Section A (n = 7) exhaustion (burnout)	**Section B (n = 7) depersonalization**	**Section C (n = 8) personal achievement**	**Interpretation**
Scores	0–17	0–5	40–48	Low-level Burnout
	18–29	6–11	34–39	Moderate
	Burnout			
	30–42	12–42	0–33	High-level Burnou
	0–17	0–5	40–48	Low-level Burnout

Method of Data Analysis

The researchers evaluated the collected data following the yardstick set for that purpose. The sum of the mean scores and Analysis of Covariance (ANCOVA) were engaged for analysis while answering the investigative questions and testing the hypotheses. ANCOVA, while controlling for covariate(s), establishes the divergences between several dependent variables (Mertler & Reinhart, 2016). ANCOVA allowed the researchers to estimate the divergences in the several dependent variable groups in the ongoing study while monitoring for covariates. The after-intervention (post-test) scores and the scores from the follow-up test served as dependent variables, while the afore-intervention (pretest) scores co-variated with the dependent variables. The usual care and intervention groups, and gender served as independent variables. The ANCOVA was useful as it enabled the researchers to effectively assess the significance of the Rational Emotive Behaviour Therapy (REBT) treatment on the variables. The authors used mean sums and differences, and standard deviations to answer the research questions and the F-Test to test the hypotheses. Partial Eta squared was used to show the effectiveness of the Rational Emotive Behaviour Therapy (REBT) treatment on the dependent variables. The Partial Eta Squared also served vital purpose in interpreting the effect size of the study. Both the ANCOVA, F-Test and the Partial Eta Squared have been employed in a recent study executed in Nigeria (Otu & Omeje, 2020).

Results

Table 2: **Descriptive Statistics showing the mean scores on DCBS.**

		N	Mean	Std. Deviation	Std. Error	Lower bound	Upper bound
DCBS pretest	Treatment group	81	74.7284	6.70823	.74536	73.2451	76.2117
	No-treatment control group	81	75.3580	6.92876	.76986	73.8260	76.8901
	Total	162	75.0432	6.80550	.53469	73.9873	76.0991
DCBS postest	Treatment group	81	42.2469	11.80946	1.31216	39.6356	44.8582
	No-treatment control group	81	75.5556	7.40439	.82271	73.9183	77.1928
	Total	162	58.9012	19.38117	1.52273	55.8941	61.9083
DCBS follow-up	Treatment group	81	36.9630	10.67643	1.18627	34.6022	39.3237
	No-treatment control group	81	78.6173	8.65385	.96154	76.7038	80.5308
	Total	162	57.7901	23.02859	1.80930	54.2171	61.3631

Table 2 summarizes the effect of Rational Emotive Behaviour Therapy (REBT) intervention on adult education teachers suffering from dysfunctional beliefs and burnout in the workplace. The Table reveals that at pretest, the difference between the mean scores and standard deviations of adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) intervention (treatment group) and those exposed to usual care treatment (control/no-treatment group) was not significant statistically as the groups scored the mean scores and standard deviations of 74.7284 ± 6.70823 and 75.3580 ± 6.92876 respectively. The results disclosed high mean scores across the groups, denoting high dysfunctional career beliefs and burnout among adult education teachers at the start of the investigation. However, the table demonstrates that at post-test, there was a statistically significant difference between the mean scores and standard deviations of adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment and those exposed to no treatment with 42.2469 ± 11.80946 and 75.5556 ± 7.40439 respectively for mean scores and standard deviations. The results showed low mean score among adult education teachers subjected to Rational Emotive Behaviour Therapy (REBT) intervention but high mean score among adult education teachers exposed to the usual-care treatment, demonstrating the effectiveness of Rational Emotive Behaviour Therapy (REBT) intervention in reducing dysfunctional career beliefs and burnout among adult education teachers. Finally, the table shows that at the follow-up, adult education

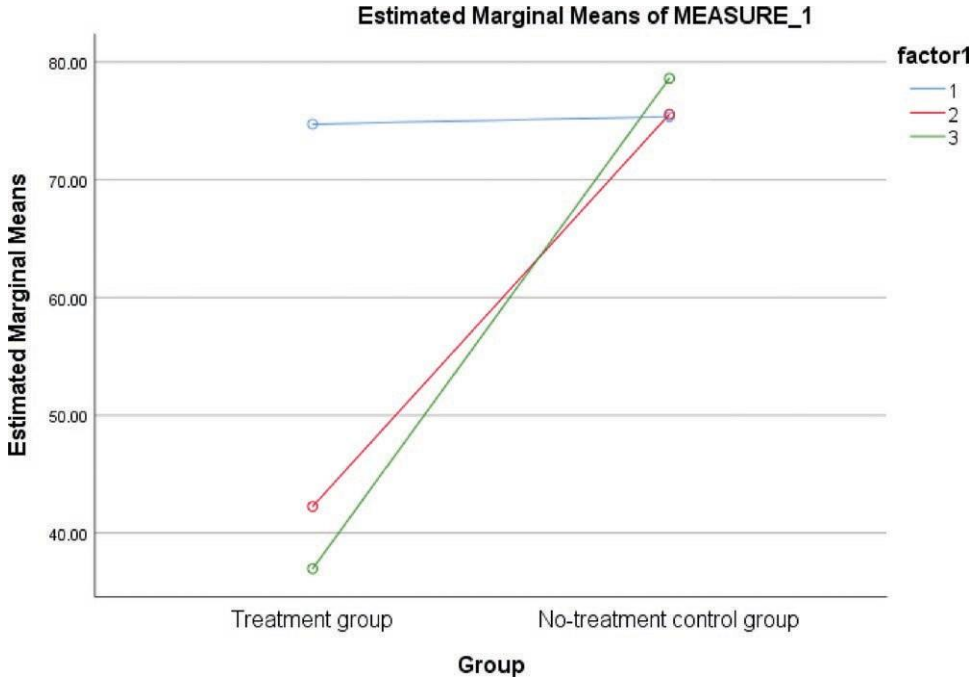
teachers exposed to Rational Emotive Behaviour Therapy (REBT) intervention and those exposed to usual-care treatment had the mean scores and standard deviations of 36.9630 ± 10.67643 and 78.6173 ± 8.65385 respectively. There was a further low mean score for adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment but high mean score for adult education teachers subjected to the usual-care treatment. The results showed that the efficacy of the Rational Emotive Behaviour Therapy (REBT) intervention in reducing dysfunctional career beliefs and burnout among adult education teachers noticed at the post-test was maintained.

Table 3: ANOVA showing the REBT Intervention in the reduction of dysfunctional career beliefs.

		Sum of squares	df	Mean square	F	Sig.
DCBS pretest	Between Groups	16.056	1	16.056	.345	.558
	Within Groups	7440.642	160	46.504		
	Total	7456.698	161			
DCBS posttest	Between Groups	44933.358	1	44933.358	462.543	.000
	Within Groups	15543.062	160	97.144		
	Total	60476.420	161			
DCBS follow-up	Between Groups	70270.840	1	70270.840	744.098	.000
	Within Groups	15110.025	160	94.438		
	Total	85380.864	161			

Table 3 shows that when measured with DCBS, there was a significant mean difference in the dysfunctional career beliefs and burnout among adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment and those exposed to the usual-care treatment at post-test [$F(1,161) = 462.543$, $p = 0.000$] and follow-up [$F(1,161) = 744.098$, $p = 0.000$]. Consequently, the hypothesis that there was no significant difference in the dysfunctional career beliefs and burnout among adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment and those exposed to the usual-care treatment was rejected. By implication, there was a significant reduction in the dysfunctional career beliefs and burnout among adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) intervention when compared to those exposed to the usual-care treatment. Figure 1 is a graphical representation of the response on the DCBS across the treatment and the no-treatment groups.

Figure 1: Line graph showing the mean response on DCBS across treatment and no-



treatment groups. DCBS = Dysfunctional Career

Table 4: **Descriptive Statistics showing the mean scores on MBI.**

						95% confidence interval for mean	
		N	**Mean**	**Std. deviation**	**Std. error**	**Lower bound**	**Upper bound**
MBI pretest	Treatment group	81	36.9383	7.37792	.81977	35.3069	38.5697
	No-treatment control group	81	37.6667	7.47496	.83055	36.0138	39.3195
	Total	162	37.3025	7.41250	.58238	36.1524	38.4526
MBI posttest	Treatment group	81	10.1111	2.15639	.23960	9.6343	10.5879
	No-treatment control group	81	37.6914	7.12152	.79128	36.1167	39.2661
	Total	162	23.9012	14.79391	1.16232	21.6059	26.1966
MBI follow-up	Treatment group	81	9.8642	1.97960	.21996	9.4265	10.3019
	No-treatment control group	81	37.1358	7.54280	.83809	35.4680	38.8037
	Total	162	23.5000	14.74135	1.15819	21.2128	25.7872

MBI = Maslach Burnout Inventory.

Table 4 is a summary of the effect of Rational Emotive Behaviour Therapy (REBT) intervention on adult education teachers suffering from dysfunctional career beliefs and burnout after exposure to the MBI scale. The table reveals that at the pretest, there was no baseline difference in the mean scores and standard deviations between adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) intervention and adult education teachers exposed to usual care treatment with mean scores and standard deviations of 36.9383 ± 7.37792 and 37.6667 ± 7.47496 respectively. The results showed high mean scores across the two groups, showing a high level of dysfunctional career beliefs and burnout among adult education teachers at the pretest. However, at the post-test, the respective mean scores and standard deviations of adult education teachers undergoing dysfunctional career beliefs and burnout in the treatment group and the control group as shown in the table are 10.1111 ± 2.15639 and 37.6914 ± 7.12152.

The results showed a low mean score and standard deviation for adult education teachers subjected to Rational Emotive Behaviour Therapy (REBT) treatment but a high mean score and standard deviation for adult education teachers treated with the usual care treatment. This implies that the Rational Emotive Behaviour Therapy (REBT) treatment was effective in reducing dysfunctional career beliefs and burnout among adult education teachers. At the follow-up, adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) intervention and those exposed to the usual-care treatment had the mean scores and standard deviations of 9.8642 ± 1.97960 and 37.1358 ± 7.54280 respectively. The results demonstrated that the mean score and standard deviation of adult education teachers exposed to Rational Emotive Behaviour Therapy (REBT) treatment were low when compared with the high mean score and standard deviation of adult education teachers given only the usual-care treatment. This result proves that Rational Emotive Behaviour Therapy (REBT) was effective in reducing dysfunctional career beliefs and burnout among adult education teachers at the follow-up as at the post-test.

Table 5: ANOVA showing the REBT Intervention in the reduction of burnout.

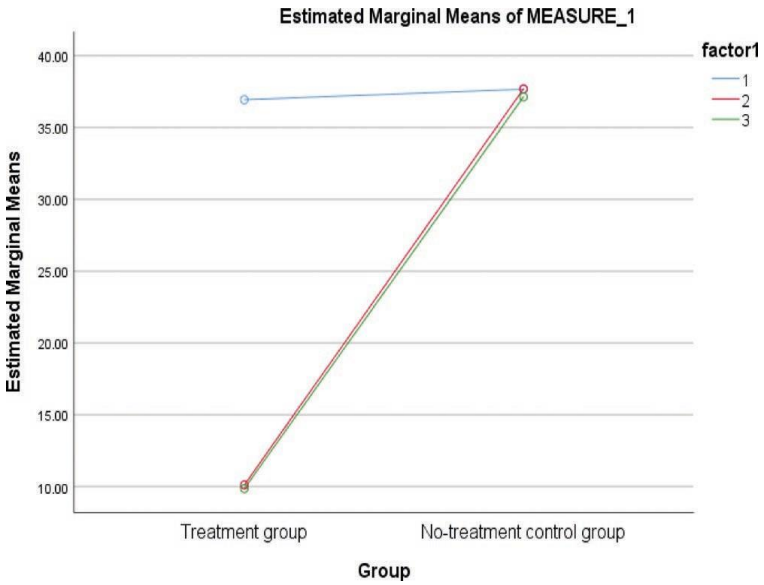
		Sum of squares	df	Mean square	F	Sig.
MBI pretest	Between Groups	21.488	1	21.488	.390	.533
	Within Groups	8824.691	160	55.154		
	Total	8846.179	161			
MBI posttest	Between Groups	30807.136	1	30807.136	1112.853	.000
	Within Groups	4429.284	160	27.683		
	Total	35236.420	161			
MBI follow-up	Between	30121.488	1	30121.488	990.632	.000

	Groups			
	Within Groups	4865.012	160	30.406
	Total	34986.500	161	

MBI = Maslach Burnout Inventory.

The ANCOVA result in Table 5 shows that there was a significant mean difference in dysfunctional career beliefs and burnout among adult education teachers exposed to REBT treatment and those exposed to the usual-care treatment at post-test [F (1,161) = 1112.853, p = 0.000] and follow-up [F (1,161) = 990.632, p = 0.000]. Hence, the hypothesis that there was no significant difference in the dysfunctional career beliefs and burnout among adult education teachers exposed to REBT treatment and those exposed to the usual-care treatment was rejected. This implies that there was a significant reduction in the dysfunctional career beliefs and burnout among adult education teachers exposed to REBT intervention compared with those exposed to the usual-care treatment. This is further presented in Figure 2.

Figure 2. Mean response on MBI across treatment and no-treatment groups. MBI = Maslach Burnout Inventory.



Discussion of Findings

The findings underscore the efficacy of REBT in significantly reducing both dysfunctional career beliefs and burnout among adult education teachers, with lasting effects observed at follow-up. The findings support Ellis' theoretical postulations that Rational Emotive Behaviour Therapy (REBT) can transform dysfunctional career beliefs and burnout among workers (David et al., 2009; Ellis et al., 2010). The findings also agree with previous research encouraging participation in REBT programmes as a means of effecting a significant reduction in dysfunctional career beliefs and burnout among workers, with the reduction being maintained even after three to six months (Ogbuanya et al., 2017). The findings further support the view that participation in an REBT programme can produce a significant reduction in negative career thoughts among students (Ogbuanya et al., 2018). The findings also lend credence to scholars who found that career development and cognitive reframing, both

components of REBT, were effective in reducing dysfunctional career thoughts among individuals (Adedunni & Oyesoji, 2013; Eseadi et al., 2017). By implication, the findings of the study confirm that REBT has a significant positive effect on career attitude, maturity and self-esteem among workers. Therefore, helping adult education teachers to identify and dispute their dysfunctional career beliefs and burnout using the principles of REBT can be effective in reducing dysfunctional career beliefs and burnout in the workplace and in promoting effective career functioning among workers.

Conclusion

Given the findings that Rational Emotive Behaviour Therapy (REBT) has a significant effect on dysfunctional career beliefs and burnout among adult education teachers, it is clear that efforts must be made to ensure the implementation of REBT programmes across adult education institutions in Nigeria. Therefore, there is a need to increase awareness of dysfunctional career issues among adult education teachers in Nigeria to promote workers' wellbeing occupationally, psychologically and health-wise. Dysfunctional career beliefs and burnout hinder the efficiency and productivity of adult education teachers in the adult education sector. However, REBT has been shown to be capable of helping workers overcome dysfunctional career beliefs and burnout in the workplace. It is therefore expected that therapists among adult teachers should adopt Rational Emotive Behaviour Therapy (REBT) approaches while conducting investigations to enable workers improve their mental health and wellbeing significantly and reduce their dysfunctional career beliefs and burnout in the workplace.

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Figure Legend

Figure 1: Line graph showing the mean response on DCBS across treatment and no-treatment groups

Figure 2: Mean response on MBI across treatment and no-treatment groups