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Job Satisfaction and Psychiatric Morbidity among Nigerian University Academics: A Cross-Sectional Analysis from Ahmadu Bello University

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Abstract

Introduction: This cross-sectional study examined job dissatisfaction and psychiatric morbidity among 250 lecturers at Ahmadu Bello University, Nigeria, using the Generic Job Satisfaction Scale (GJSS) and depression, generalised anxiety, and suicidality modules of the Mini Neuropsychiatric Interview (MINI).

Results: Most participants were male (74%; n = 185), married (88%; n = 220), and senior academic staff (72%; n = 180), with a mean age of 45.9 years. A striking 76.4% (n = 191) reported job dissatisfaction, and 54% (n = 135) had a psychiatric disorder, primarily depression (39.2%; n = 98), followed by anxiety (10.8%; n = 27) and suicidality (4%; n = 10). Key predictors of psychiatric morbidity included job dissatisfaction (adjusted OR = 73.38, $p < 0.001$), junior academic staff status (adjusted OR = 6.87, $p < 0.001$), unsatisfactory wage (adjusted OR = 5.38, $p < 0.001$), lack of concern by management (adjusted OR = 45.45, $p < 0.001$), lack of recognition for a job well done (adjusted OR = 2.93, $p < 0.001$), and job insecurity (OR = 6.95, $p < 0.001$). Job dissatisfaction was strongly linked to lack of recognition for a job well done (adjusted OR = 42.86, $p < 0.001$), unsatisfactory wage (adjusted OR = 74.28, $p = 0.002$), lack of concern by management (adjusted OR = 68.30, $p < 0.001$), and junior rank (adjusted OR = 5.76, $p < 0.001$).

Conclusion: All respondents reported dissatisfaction with their wages. The study highlights alarmingly low job satisfaction and high psychiatric morbidity among lecturers, posing risks to academic performance in Nigeria. Addressing factors such as adequate recognition for a job well done, improved mental health services for employees, and fair compensation is critical to improving mental health and job satisfaction in academia.

Keywords: Academic Staff, Depression, Generalised Anxiety Disorder, Job Satisfaction, Psychiatric Morbidity, Suicidality

Background

In academic settings, university lecturers play a central role in shaping the intellectual capacity of students, advancing research, and contributing to national development. However, increasing reports of job dissatisfaction among Nigerian university lecturers have raised significant concern, particularly in the context of a higher education sector already burdened by poor funding, infrastructural decay, policy instability, and human capital attrition.[1,2] Job satisfaction is a multifaceted and critical determinant of employee performance, organisational productivity, and overall workforce stability.[3,4]

Globally, job dissatisfaction has been identified as a precursor to adverse outcomes such as poor work performance, reduced organisational commitment, burnout, and various mental health disorders including depression and anxiety.[5,6,15] In developing countries like Nigeria, these effects are often exacerbated by challenging work environments, economic hardship, and limited access to mental health care.[7] Despite the critical nature of the issue, studies focusing on the Nigerian university system have largely centred on infrastructural and administrative challenges, with limited emphasis on the psychological and psychosocial consequences of occupational dissatisfaction among academic staff.[8]

Psychiatric morbidity, particularly depression, anxiety, and stress-related disorders, has been closely linked with occupational stress and dissatisfaction.[9] The academic environment is inherently stressful, characterised by high workload, multiple performance metrics, lack of career advancement opportunities, and political interference in institutional governance. Lecturers frequently experience pressure to publish research, meet teaching deadlines, and secure funding, often without commensurate support or incentives. These stressors contribute to a high risk of mental health deterioration, which in turn negatively affects job performance and satisfaction, creating a vicious cycle of dysfunction.

Despite the evident importance of job satisfaction in sustaining a functional academic workforce, there is a paucity of comprehensive, empirical data examining its correlates and psychological consequences in the Nigerian context. Most existing studies have been limited in scope or methodological rigor.[11,12] This study aims to bridge that gap by investigating the prevalence and determinants of job dissatisfaction among lecturers at Ahmadu Bello University, Zaria, and examining its relationship with psychiatric morbidity. The findings are intended to inform institutional policy and national-level strategies aimed at improving academic staff welfare, enhancing productivity, and addressing the mental health needs of university employees.

Method

Study Area

The Ahmadu Bello University (ABU) is a public research university located in Zaria, Kaduna State, Nigeria. It was opened in 1962 as the University of Northern Nigeria. The university has four colleges, three schools, 18 faculties, 110 academic departments, 17 centres, and seven institutes with over 600 professors, about 3000 academic staff and over 7000 non-teaching staff. The university has over 400 postgraduate programmes reflecting its strife to become a postgraduate studies-centred university. The university operates from two campuses in the ancient cosmopolitan city of Zaria: the Samaru Campus, where the Senate Building and most of the faculties are located and the Kongo Campus, hosting the faculties of Law and Administration. The university boasts a medical centre (Sickbay), a staff nursery and

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primary school, a demonstration secondary school, junior and senior staff recreation clubs, as well as senior and junior staff quarters.[22]

Study Participants

This study was conducted among Ahmadu Bello University, Zaria academics.

Inclusion Criteria

Male and female academics of Ahmadu Bello University who had been in the university employ for at least one year.

Exclusion Criteria

1. Participants who had ongoing mental or chronic medical condition or past history of mental illness were excluded from the study.

Study Design

A descriptive cross-sectional study was conducted.

Sample size determination and Sampling Method

A sample size of 250 was calculated using Cochran's formula; $n=Z^2.p.(1-p)/d^2$

Where:

n is the sample size

Z is critical value at 95% confidence interval (1.96)

p is estimated proportion of the population with the attribute (commonly 0.5 to ensure maximum variability and conservative estimate)[23]

d is precision accuracy or error margin (commonly 0.05 for 5%)

The sample size (n = 250) was estimated using Cochran's formula for sample size calculation for proportions in large populations. A 95% confidence level (Z = 1.96), a 5% level of significance, and an assumed population proportion of 50% (p = 0.5) were used, with a marginal error of approximately 6.2%, yielding the final sample size of 250. This approach provides a conservative estimate of the required sample size for cross-sectional studies investigating unknown proportions in large populations.[23]

Multistage sampling was employed to select participants from six randomly selected faculties.

Stage 1: This stage employed simple random technique through balloting in selecting faculties from the total of 18 faculties. A total of 12 faculties were randomly selected.

Stage 2: This involved determination of study participants for each faculty using proportionate sampling method. The sampling fraction is calculated as follows:

Sample Size (**f**) = 250, Population of Lecturers (**N**) = 3000 Sampling Fraction = **f / N** = 250 / 3000 = **0.0833**

The sample size (n=250) is allocated proportionally to each of the 12 randomly selected faculties based on their total population of lecturers. The sampling fraction (0.0833) is applied to determine the number of lecturers sampled per faculty.

Below is the summary of the recalculated sample sizes for the chosen faculties:

Sampling Fraction = 250 / 3,000 ≈ **0.0833**

Faculty	Population	Sample (0.0833 × Population)	Rounded Sample
Engineering	300	25.0	25
Education	225	18.8	19
Law	150	12.5	12
Arts	188	15.7	16
Social Sciences	263	21.9	22
Agriculture	375	31.3	31

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Faculty	Population	Sample (0.0833 × Population)	Rounded Sample
Physical Sciences	300	25.0	25
Business	225	18.8	19
Environmental Science	150	12.5	12
Pharmacy	188	15.7	16
Administration	263	21.9	22
Veterinary Medicine	375	31.3	31
Total	3,000	250.0	250

(Rounding adjusted to ensure the total sample sums to 250)

Stage 3: This involved selection of the respondents. This was done by first obtaining the lists of lecturers in all the selected faculties from the respective faculty deans. These eligible lecturers from each of the selected faculties were assigned numbers. Participants were then randomly selected from each faculty's list using computer-generated random numbers (using Stat Trek Random Number Generator).

Instrument for the Study

Sociodemographic Questionnaire

Key variables included gender, age, marital status, rank, and other sociodemographic variables.

Generic Job Satisfaction Scale (GJSS)

The Generic Job Satisfaction Scale (GJSS) was developed by Scott Macdonald in 1997.[3, 4] It is a 10-item instrument used to measure job dissatisfaction and job satisfaction. It has a 5-point Likert scale response ranging from 'strongly agree' to 'strongly disagree'. The least obtainable response is 10, and the highest is 50. Scores ranging from 32 to 50 indicate job satisfaction, and 10-31 means job dissatisfaction. It has been used and validated in Nigeria with a Cronbach's alpha reliability of 0.773.[4] The Generic Job Satisfaction Scale (GJSS) is a simple, reliable, and valid instrument for assessing general job satisfaction. Its versatility makes it an excellent tool for both researchers and practitioners interested in understanding and improving the quality of work life across diverse occupational settings. [4]

MINI International Neuropsychiatric Interview (MINI), version 7.0

The mini international neuropsychiatric interview (MINI) is a structured diagnostic interview that assesses major Axis I psychiatric disorders based on DSM-5 and ICD-10 criteria. In this study, only the modules for Major Depressive Episode, Generalized Anxiety Disorder, and suicidality were used. The MINI is brief (administered in approximately 15–20 minutes) and validated across multiple languages, including English language. It has demonstrated high inter-rater and test–retest reliability (kappa > 0.75). These study instruments have been used and validated in the study area[3,4].

The GJSS has high internal consistency (Cronbach's α typically 0.80–0.90). Test-retest reliability is moderate to high (r ≈ 0.70–0.85 over short intervals). The scoring is summative, where items are summed/averaged for a total satisfaction score. The cutoffs commonly used are Low (≤ 2.5), Moderate (2.6–3.9), and High (≥ 4.0) on a 5-point scale. [3,4] These cutoffs were adopted in this study.

Based on the multistage sampling, eligible participants were approached and the nature of the study was explained to them, while emphasising that the study was purely academic.

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They assured confidentiality and anonymity throughout the study and beyond. Those who gave informed written consent were enrolled and administered the study instruments.

The lead researcher, a consultant psychiatrist experienced in the use of MINI and the other instruments together with four research assistants (all senior registrars in psychiatry who trained in the administration and interpretation of the MINI and the other research instruments), were responsible for the data collection. Before the main data collection, the lead researcher and the four research assistants assessed the job satisfaction and psychiatric morbidity among 25 lecturers of Kaduna State University, Kaduna, Nigeria. This constituted 10% of the sample size (not part of the main study and not in the same study location). The lead researcher and each of the research assistants independently assessed the same participants using the standardised tools. The results from this pilot study were then collated. Using Cohen's Kappa, a statistical measure of inter-rater agreement for categorical items, to calculate the consistency of ratings among the team members, the Cohen's Kappa score was found to be 0.75, indicating substantial agreement among the raters.

Each eligible participant in the main study was given the two self-administered questionnaires (socio-demographic questionnaire and the GJSS) while the lead researcher together with the four research assistants administered the major depressive, generalised anxiety, and suicidality modules of the MINI instrument. The self-administered questionnaires were filled in the presence of the trained clinicians (i.e., the lead researcher and the research assistants), in case they needed further guidance or clarifications. The interview took an average of 20-25 minutes per participant to complete. The study was conducted over a period of three months, starting from 2nd June 2023, through to September 2, 2023.

Ethical Consideration

The study procedures were reviewed and approved by the Health Research Ethics Committee of Ahmadu Bello University Teaching Hospital, Shika-Zaria. Informed written consent was obtained from all participants prior to their inclusion in the study. Confidentiality and anonymity of participants were maintained throughout the research process (identifiers such as names, employee IDs, email addresses, phone numbers, etc. were excluded from the data). Participants were duly informed they could withdraw from the study at any time without any consequences.

Statistical Analyses

The collated results were imputed into the IBM Statistical Product and Services Solutions (IBM-SPSS) version 29. Checks were done for missing data or outliers. Initial analyses involved descriptive statistics to summarise participants' background characteristics, including percentages, means, and measures of variance, with frequency tables. The data showed normal distribution with no missing data. A chi-square test was used to test for associations, while multiple logistic regression analysis was done for significant variables to eliminate confounders and to determine the most important statistical predictors and adjusted odd ratios (Adjusted OR) used to measure the strength of associations. Job satisfaction was the independent (predictor) variable, while psychiatric morbidity was the dependent variable. The test of significance was set at $p<0.05$ two-tailed, and the level of confidence was set at a 95% confidence interval.

Results

The study analyzed responses from 250 university academic staff to evaluate their job satisfaction and its relationship with psychiatric morbidity. The results showed normal

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distribution and are presented below with accompanying tables.

The socio-demographic characteristics of the respondents are summarised in Table 1. The mean age of participants was 45.9 ± 4.0 years. A significant majority were male (185; 74.0%) and married (220; 88.0%). Most respondents held the position of senior academic staff, i.e., from senior lecturer to professor (180; 72.0%), while the remainder were junior academic staff, i.e., lecturer I and below (70; 28.0%). The majority (75; 30%) had spent 6-10 years teaching at the university, and only 24% of them had accommodation within the university. These demographics provide context for interpreting job satisfaction levels and psychiatric morbidity.

Table 1: Socio-Demographic Characteristics of Respondents (n=250)

Characteristic	Category	Frequency	Percentage (%)
Age (years)	25–34	20	8.0
	35–44	140	56.0
	≥45	90	36.0
Gender	Male	185	74.0
	Female	65	26.0
Marital Status	Married	220	88.0
	Single	25	10.0
	Divorced	5	2.0
Rank	Jnr Academic (≤Lect I)	70	28.0
	Snr Academic (≥Snr Lect)	180	72.0
Job Duration	1-5yrs	65	26
	6-10yrs	75	30
	11-15yrs	70	28
	>15yrs	40	16
Residence	Staff Quarters	60	24
	Private Residence	190	76

Table 2a presents the prevalence of job dissatisfaction among academic staff by faculty. Overall, 191 out of 250 academic staff (76.4%) reported job dissatisfaction. The faculty of Social Sciences had the highest dissatisfaction rate at 100.0% (22/22), followed by Arts with 93.8% (15/16). Education had the lowest dissatisfaction rate at 73.7% (14/19).

Table 2a: Prevalence of Overall Job Dissatisfaction by Faculty (n=250)

Faculty	% Dissatisfied	Dissatisfied	% Satisfied	Satisfied
Social Sciences	100	22	0	0
Physical Sciences	80	20	20	5
Arts	93.8	15	1	6.2
Education	73.7	14	26.3	5
Engineering	80	20	20	5
Law	83.3	10	16.7	2
Agriculture	80.6	25	19.4	6
Administration	81.8	18.2	4	
Veterinary Med.	74.2	23	25.8	8
Business	78.9	15	21.1	4
Environmental	83.3	10	16.7	2
Pharmacy	87.5	14	12.5	2

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Table 2b shows the prevalence of dissatisfaction with each of the independent variables of the generic job satisfaction scale. Most of the respondents were dissatisfied with not receiving adequate recognition for a job well done (76.4%), inadequate wages (100.0%), lack of concern by the management (77.0%), and feeling insecure about their jobs (75%).

Table 2b: Prevalence of Dissatisfaction with Each of the Independent Variables (GJSS)

Variable	Dissatisfied (%)	Satisfied(%)
I receive recognition for a job well done	76.4	23.6
I feel close to the people at work	23.6	76.4
I feel good about working in this organisation	23.7	76.3
I feel secure about my job	75	25
I believe management is concerned about me	77	23
On the whole I believe work is good for my physical health	24.8	75.2
My wages are good	100	0
All my talents and skills are utilized at work	23.6	76.4
I get along with my supervisor	23.7	76.3
I feel good about my job	23.6	76.4

Table 3 highlights the psychiatric diagnoses obtained using the MINI. A total of 135 (54.0%) were diagnosed with at least one psychiatric condition on MINI. Depression was the most prevalent diagnosis (98; 39.2%), followed by generalised anxiety disorder (27; 10.8%), and then suicidality (10; 4.0%).

Table 3: Psychiatric Diagnoses among Participants (n=250)

Diagnosis	Frequency	Percentage (%)
Depression	98	39.2
Generalized Anxiety Disorder	27	10.8
Suicidality (thought)*	10	4.0
Total Diagnosed (any)	135	54.0

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Table 4a summarizes the socio-demographic and employment factors related to job satisfaction among participants. The determinants of job satisfaction included unsatisfactory wages ($\chi^2 = 90.41$; $p < 0.001$), lack of concern by the management ($\chi^2 = 8.37$; $p < 0.001$), lack of proper recognition for job well done ($\chi^2 = 56.76$; $p < 0.001$), being a male academic staff ($\chi^2 = 38.81$; $p < 0.001$), currently being married ($\chi^2 = 9.58$; $p < 0.001$), and being insecure about the job ($\chi^2 = 82.75$; $p < 0.001$).

Table 4a: Socio-demographic and Employment Factors Related to Job Satisfaction among Participants (n=250)

	Job Satisfaction				
Variables	**Absent**	**Present**	**Total**	**χ^2**	***p*-value**
	n (%)	**n (%)**	**n (%)**		
Rank				**36.35**	**0.001**
Junior Lecturer	68 (97.1)	2 (2.9)	70 (28.0)		
Senior Lecturer	123 (68.3)	57 (31.7)	180 (72.0)		
Gender				**38.81**	**0.001**
Male	180 (97.3)	5 (2.7)	185 (74.0)		
Female	11 (16.9)	54 (83.1)	65 (26.0)		
Marital status				****9.58**	**0.003**
Currently Married	185 (84.1)	35 (15.9)	220 (88.0)		
Not Currently Married	6 (20.0)	25 (80.0)	30 (12.0)		
Lack of Concern by Management				**8.37**	**0.005**
Yes	191 (76.4.0)	54 (21.6)	245 (98.0)		
No	0 (0.0)	5 (2.0)	5 (2.0)		
Recognition for Job Well Done				**56.76**	**0.001**
No	185 (74.0)	55 (22.0)	240 (96.0)		
Yes	6 (2.4)	0 (0.0)	6 (2.4)		
Insecure about the Job				**82.75**	**0.001**
No	180 (72.0)	55 (22.0)	235 (94.0)		
Yes	11 (4.4)	0 (0.0)	11 (4.4)		
Satisfaction with Wages				**90.41**	**0.001**
No	191 (76.4)	59 (23.6)	250 (100.0)		
Yes	0 (0.0)	0 (0.0)	0 (0.0)		

*= Fisher's exact test, **= Yates correction

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Table 4b summarizes the multiple logistic regression analysis of variables significantly associated with job satisfaction among participants. Key predictors of job dissatisfaction included lack of recognition (Adjusted OR = 42.862; 95% CI: 1.107-7.401; Wald = 4.704; $p < 0.001$), being insecure about the job (Adjusted OR = 9.870; 95% CI: 3.413-23.055; Wald = 20.059; $p < 0.001$), unsatisfactory wages (Adjusted OR = 74.284; 95% CI: 1.409-13.023; Wald = 6.578; $p < 0.001$), lack of concern by the management (Adjusted OR = 68.301; 95% CI: 8.846-117.947; Wald = 27.658; $p < 0.001$), and being a junior academic staff (Adjusted OR = 5.755; CI; 1.552-21.336; Wald = 6.853; $p < 0.001$).

Table 4b: Multiple Logistic Regression Analysis of Variables Significantly Associated with Job Satisfaction among Participants.

Variables	B	S.E.	Wald	Df	p-value.	Adj. Odd Ratio (CI 95%)
Junior Academic Staff	1.750	.669	6.853	1	.001	5.755 (1.552-21.336)
Male Gender	.950	.550	2.987	1	.084	2.587 (0.880-7.601)
Currently married	.248	.714	.121	1	.728	1.282 (0.317-5.192)
Unsatisfactory Wages	1.455	.567	6.578	1	.010	74.284 (1.409-13.023)
Lack of Concern by Management	3.475	.661	27.658	1	.000	68.301 (8.846-117.947)
Not Recognised for Job Well done	1.051	.485	4.704	1	.000	42.862 (1.107-7.401)
Insecure about the Job	2.183	.487	20.059	1	.000	9.870 (3.413-23.055)

Table 5a summarizes the socio-demographic and employment factors related to psychiatric morbidity among participants. The determinants of psychiatric morbidity included being a junior academic staff ($\chi^2 = 28.21$; $p < 0.001$), being a male academic staff ($\chi^2 = 21.56$; $p < 0.001$), being currently married ($\chi^2 = 7.20$; $p < 0.001$), lack of concern by management ($\chi^2 = 5.18$; $p < 0.001$), unsatisfactory wages ($\chi^2 = 86.18$; $p < 0.001$), being insecure about the job ($\chi^2 = 54.34$; $p < 0.001$), inadequate recognition for good job well done ($\chi^2 = 35.28$; $p < 0.001$), and being overall dissatisfied with the job ($\chi^2 = 98.35$; $p < 0.001$).

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Table 5a: Socio-demographic and Employment Factors Related to Psychiatric Morbidity among Participants (n=250)

Variables	Psychiatric Morbidity Present n (%)	Absent n (%)	Total n (%)	χ^2	*p*-value
Rank				**28.21**	**0.001**
Junior Academic Staff	45 (64.3)	25 (35.7)	70 (28.0)		
Senior Academic Staff	90 (50.0)	90 (50.0)	180 (72.0)		
Gender				**21.56**	**0.001**
Male	120 (64.9)	65 (35.1)	185 (74.0)		
Female	15 (23.1)	50 (76.9)	65 (26.0)		
Marital status				****7.20**	**0.001**
Currently Married	125 (56.8)	95 (43.2)	220 (88.0)		
Not Currently Married	10 (33.3)	20 (66.7)	30 (12.0)		
Lack of Concern by Management				**5.18**	**0.001**
Yes	135 (54.0)	110 (44.0)	245 (98.0)		
No	0 (0.0)	5 (2.0)	5 (2.0)		
Recognition for Job Well Done				**35.28**	**0.001**
No	125 (50.0)	115 (46.0)	240 (96.0)		
Yes	10 (4.0)	0 (0.0)	10 (4.0)		
Insecure about the Job				**54.34**	**0.001**
No	130 (52.0)	100 (40.0)	230 (90.1)		
Yes	5 (2.0)	0 (0.0)	5 (2.0)		
Satisfaction with Wages				**86.18**	**0.001**
No	135 (54.0)	115 (46.0)	250 (100.0)		
Yes	0 (0.0)	0 (0.0)	0 (0.0)		
Overall Job Satisfaction				**98.35**	**0.001**
No	191 (76.4)	59 (23.6)	250 (100.0)		
Yes	0 (0.0)	0 (0.0)	0 (0.0)		

*= Fisher's exact test, **= Yates correction

Table 5b summarizes the multiple logistic regression analysis of variables significantly associated with psychiatric morbidity among participants. Key predictors of psychiatric morbidity included being dissatisfied with the job (Adjusted OR = 75.378; 95% CI: 9.986-253.375; Wald = 45.531; $p < 0.001$), lack of recognition for job well done (Adjusted OR = 2.926; 95% CI: 1.357-8.463; Wald = 5.812; $p < 0.001$), being insecure about the job (Adjusted OR = 6.952; 95% CI: 4.613-43.078; Wald = 10.239; $p < 0.001$), unsatisfactory wages (Adjusted OR = 5.375; 95% CI: 1.530-14.018; Wald = 7.427; $p = 0.001$), lack of concern by the management (Adjusted OR = 45.451; 95% CI: 9.936-168.235; Wald = 32.532; $p < 0.001$), and being a junior academic staff (Adjusted OR = 6.865; CI; 1.325-22.435; Wald = 7.635; $p < 0.001$).

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Table 5b: Multiple Logistic Regression Analysis of Variables Significantly Associated with Psychiatric Morbidity among Participants

Variables	B	S.E.	Wald	Df	p-value.	Adj. Odd Ratio (CI 95%)
Junior Academic Staff	2.820	.458	7.635	1	.009	6.865 (1.325-22.435)
Male Gender	.860	.230	3.762	1	.095	1.321 (0.570-7.218)
Currently married	.257	.625	.130	1	.825	2.316 (0.125-4.121)
Overall Job Dissatisfaction	5,423	.631	45.531	1	.000	75.378 (9.986-253.375)
Unsatisfactory Wages	1.428	.457	7.427	1	.000	5.375 (1.530-14.018)
Lack of Concern by Management	4.568	.521	32.532	1	.000	45.451 (9.936-168.235)
Not Recognised for Job Well done	1.232	.529	5.812	1	.030	2.926 (1.357-8.463)
Insecure about the Job	3.253	.491	10.239	1	.000	6.952 (4.613-43.078)

Discussion

The findings from this study reveal a high prevalence of job dissatisfaction (191 out of 250; 76.4%) and psychiatric morbidity (135 out of 250; 54.0%) among academic staff at Ahmadu Bello University, Zaria. These results highlight a critical challenge facing academic institutions in Nigeria and resonate with previous research emphasising the vulnerability of academic professionals to job-related stress and psychological disorders.

The prevalence of job dissatisfaction in this study is notably higher than what was reported by Atilola and Akinyemi,[13] who found that approximately 45% of academic staff at a Nigerian university were dissatisfied with their job. Similarly, Bello *et al.*[9] reported a dissatisfaction rate of 62% among health professionals, which, although slightly lower, reinforces the pervasive nature of job dissatisfaction across different professional sectors in Nigeria. This suggests that university academic staff, much like their healthcare counterparts, are experiencing worsening job conditions that contribute to reduced morale and productivity. Winefield *et al.* also reported high levels of job-related stress among university staff in Australia in 2020.[16]

In terms of psychiatric morbidity, the diagnostic prevalence rate of 54.0% in this study is significantly higher than the 28.4% found among Nigerian medical residents in a similar study. [14] This discrepancy may be attributed to differences in work structure and psychosocial support between medical and academic institutions. It may also reflect variations in work demands, expectations, and resources available for coping with occupational stress. Globally, Moriarty *et al.* in 2022 reported significant levels of work-related stress and depression (17%) among Ghanaian university lecturers. [17]

Depression was the most common psychiatric condition diagnosed in this study (98 out of 250; 39.2%), a trend similarly observed by Wang *et al.*[12] among academic staff in China, where 7.9% met the diagnostic criteria for major depressive disorder. Generalised anxiety disorder (27 out of 250; 10.8%) and suicidality (10 out of 250; 4.0%)

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were also significantly present, aligning with the broader literature on work-related stress leading to maladaptive coping mechanisms and anxiety disorders.[9,17]

Wages emerged as a critical factor, with none of the participants being satisfied with their wages, which may reflect systemic underfunding in Nigerian higher education. The feeling of a lack of concern by the management and lack of recognition for a job well done significantly impacted job satisfaction. This is consistent with global literature that links burnout and low institutional support to dissatisfaction.[18,19] The finding that female and unmarried lecturers reported higher job satisfaction may be due to differences in expectations, roles outside work, or coping mechanisms, although this needs further qualitative inquiry. [20]

The strong predictive role of overall job satisfaction on psychiatric morbidity supports previous findings by Siegrist.[6] who described the detrimental psychological effects of effort-reward imbalance in occupational settings. This further corroborates the theoretical underpinning that job dissatisfaction not only contributes to reduced performance but also predisposes individuals to significant psychological strain.

These identified predictors of job satisfaction are consistent with previous research by Macdonald and Macintyre,[7] who emphasised the importance of recognition and equitable compensation in fostering job satisfaction. Additionally, Locke [2] and Hoppock [3] have long asserted the critical role of personal development opportunities and appropriate skill utilisation in enhancing job contentment.

Interestingly, the role of organisational factors, especially recognition and affiliation satisfaction, echoes findings from international studies that link institutional culture and employee engagement to overall job satisfaction and mental health outcomes. [5, 6] The extraordinarily high odds ratio for lack of concern by management suggests a profound sense of psychological burnout and disillusionment, a phenomenon that may be exacerbated by bureaucratic inefficiencies and limited reward in many Nigerian universities.

The high rates of psychiatric morbidity, particularly among junior academics, are alarming. These staff are more vulnerable, possibly due to job insecurity, higher demands, and limited support systems. Work- and management-related stressors like lack of concern by management, unsatisfactory wages, and job insecurity were robust predictors, highlighting the role of organisational factors in mental health.[21] The gender differences (higher morbidity in males) may reflect underreporting by females, greater work-family conflict among men, or cultural norms around help-seeking.[20, 21]

The implications of these findings are substantial. Given that job dissatisfaction and psychiatric morbidity are interlinked, universities must prioritize the mental well-being of their staff through strategic reforms. These include institutionalising recognition and reward systems, offering competitive wages, enhanced sustainable funding opportunities for teaching and research, enabling academic freedom, and providing access to mental health services. Without addressing these root causes, universities risk further erosion of staff morale, reduced teaching and research output, and exacerbation of brain drain.

It should be noted that these very high odds ratios seen in some of the analyses suggest the possibility of model overfitting or unmeasured confounding, which should be considered in interpreting the strength of these associations.

Conclusion

The findings of this study revealed concerningly high prevalence rates of job dissatisfaction and psychiatric morbidity among university academic staff. Notably, all respondents expressed dissatisfaction with their wages. The high prevalence of job dissatisfaction and psychiatric morbidity among university

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academic staff poses a significant risk to academic performance in Nigeria. Addressing organisational deficiencies such as low wages and poor reward systems for excellence, among other things, will improve mental well-being and workforce retention. Policy action is needed to improve remuneration and reduce the sense of despair among the academic staff. Institutions should create mechanisms for recognition, mentorship, and career development, especially for junior faculty. Staff mental health support systems are critical and should be integrated into university human resource policies. Further studies, especially qualitative research, could explore the nuanced experiences behind these statistics.

Limitations

This study has some limitations. First, the cross-sectional design precludes causal inference; it cannot be definitively stated whether job dissatisfaction led to psychiatric morbidity or vice versa. Second, the study was conducted in a single institution, which may limit the generalisability of the findings to other Nigerian universities with differing organisational cultures, support systems, or funding levels. Third, the reliance on self-reported data for job satisfaction may have introduced social desirability or response bias, although this was mitigated by using validated instruments. Additionally, the exclusion of other psychiatric disorders (e.g., substance use, PTSD) may have underestimated total psychiatric morbidity. Furthermore, the effect of job satisfaction on each individual psychiatric diagnosis was not examined, which would have shown how job satisfaction affects each individual psychiatric morbidity, rather than its effect on the combined psychiatric morbidity. Lastly, potential confounders such as personal coping strategies, financial debt, and family responsibilities were not measured but may influence both job satisfaction and mental health.

Conflict of Interest

The authors declare no competing interests.

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