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STUDY ON THE JOB SATISFACTION AND BURNOUT AMONG MEDICAL SOCIAL WORKERS IN GOVERNMENT HOSPITALS IN MALAYSIA

by

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Kajian tentang Kepuasan dan Kelesuan Kerja Di Kalangan Pekerja Sosial Perubatan di Hospital-Hospital Kerajaan Malaysia

ABSTRAK

Kajian ini menilai tahap kepuasan dan kelesuan kerja semua pekerja sosial perubatan di hospital-hospital kerajaan Malaysia. Kajian juga menilai perhubungan di antara factor-faktor individu / demografi pekerja sosial perubatan dengan skor "Human Service Job Satisfaction Questionnaire" (skor HSJSQ) dan mengenalpasti factor-faktor penting yang mempengaruhi tahap kepuasan dan kelesuan kerja mereka. Responden terdiri daripada 143 pekerja sosial perubatan yang bertugas di 58 buah hospital. Data dikumpul melalui soalselidik dan alat kajian adalah "Human Service Job Satisfaction Questionnaire "(HSJSQ). Soalselidik ini mengandungi dua soalan terbuka yang memohon responden menjelaskan mengapa mereka (1) berpuas hati atau tidak berpuas hati dan (2) mengalami atau tidak mengalami kelesuan dengan pekerjaan mereka. Kajian menunjukkan pada keseluruhannya pekerja sosial perubatan berpuas hati dengan pekerjaan mereka. Faktor-faktor demografi pekerja sosial perubatan juga tidak ada perhubungan yang signifikan dengan skor HSJSQ. Faktor-faktor individu / demografi adalah faktor utama untuk kepuasan kerja manakala faktor-faktor organisasi diutamakan bila pekerja sosial perubatan mengalami kelesuan kerja.

Study on the Job Satisfaction and Burnout among Medical Social Workers in Government Hospitals in Malaysia

ABSTRACT

This study surveyed the job satisfaction and burnout levels of all medical social workers in Malaysian government hospitals. It aimed to find the association between the individual / demographic factors of the medical social workers to the Human Service Job Satisfaction Questionnaire scores (HSJSQ scores), and it identified other important factors which influenced the medical social workers' job satisfaction and burnout levels. The respondents were 143 social workers who worked in 58 hospitals. Data was collected by questionnaire and the instrument used was the Human Service Job Satisfaction Questionnaire (HSJSQ). The questionnaire had two open ended questions which asked the social workers to explain (1) why they were satisfied or dissatisfied and (2) why they suffered or did not suffer from burnout with their jobs. Findings showed that overall the social workers were satisfied with their jobs. The demographic variables of the medical social workers did not have significant associations with the HSJSQ scores. The individual / demographic factors were the main reasons for them being satisfied whereas the organizational factors were the main reasons for them suffering from burnout.

CHAPTER 1

INTRODUCTION

This research is done to find out the job satisfaction and burnout levels of the social workers who presently work in the Malaysian government hospitals. The Ministry of Health began to actively recruit locally trained social workers to start medical social work departments in hospitals since early 1990s, but their numbers are limited until today. The shortage of manpower and resources affect these medical social workers. A research like this is therefore important to find out the situation faced by them and at the same time identify the factors affecting them.

Background of Study

Job satisfaction and burnout among employees in an organization have been extensively studied because it affects productivity and service delivery. Among social workers, job satisfaction and burnout are crucial because the focus of social work practice has always been the enhancement of the general well being of people. It encompasses activities which are directed at improving human social conditions and alleviating human distress and social problems. As such, social workers must not be heavily burdened with stress but be happy with their

work so that they can deal with human feelings and problems using the specific skills, knowledge and values of social work practice.

In a hospital environment, social workers address the social and psychological factors that are either contributing causes of medical ailments or are side effects of a medical condition that must be dealt with to facilitate recovery and prevent occurrences of non-functional dependence. The social worker in a hospital is a team member who works closely with other health care professionals and experts. He/she carries many roles and responsibilities and his/her practice contributes towards the overall treatment plan. It is therefore important that the hospital social worker does not get burnout so that his or her contributions and services to patients are equally effective.

Statement of the Problem

Medical social work services were first introduced in Malaysian government hospitals in the early 1950s as a response to the problems faced by patients and their dependents during the post war period, when diseases like tuberculosis, leprosy and malaria were affecting their health status (Malaysian Association of Social Workers [MASW], 2004). By 1952 such services were established in the bigger hospitals, with the first in Ipoh General Hospital. There were altogether nine posts of medical social workers, namely in Penang, Alor Star, Taiping, Ipoh, Batu Gajah, Malacca, Johor Bahru and two in Kuala Lumpur

General Hospital. At that time, the social workers were expatriates who were known as lady almoners and they gave mainly financial assistance to patients. In 1964, the first Medical Social Work Unit in the country was set up at the University Hospital in Kuala Lumpur. This department was initiated by the founding dean of the Medical Faculty of the University of Malaya who saw the relevance of social work within the discipline of medicine. The department was also initially staffed by a relatively small number of staff. There were ten medical social workers who were trained at the National University of Singapore or at universities abroad (MASW, 2004).

By 1991, there remained only eight medical social workers in the big hospitals in Kuala Lumpur, Ipoh, Penang, Melaka, Johor Bahru, Sabah and Sarawak (Hasnah, 2001). When these workers retired from service, the Ministry of Health Malaysia began to recruit new medical social workers on a regular basis and medical social work departments were formed in the new and major government hospitals throughout the country.

The majority of these newly recruited officers worked alone. They set up medical social work departments in the hospitals they were posted to work, and began to provide all kinds of services to the patients in all the wards of the hospitals. They had no training in social work and their basic academic degrees were mainly from disciplines like sociology, economics, political science, administration and other social science disciplines. They also received no

supervision in medical social work, because senior medical social workers who were available in the few big hospitals throughout the country had already retired or left the service. Although some of these newly recruited officers had previously worked as paramedics or assistant social welfare officers, medical social work was a new field to them and they were not sure of their own roles and responsibilities. In addition, the hospital administration was not sure of the job description of a medical social worker because most of the hospitals never had a medical social worker in the first place. In fact, there was no provision for medical social workers in these hospitals' set ups except for the Kuala Lumpur General Hospital. These untrained and unsupervised officers were very much left to define their own job description, which deviate from the real meaning of what medical social work is all about.

The situation became worse when doctors who were also not sure of medical social work services, started to refer all types of cases particularly those patients who required financial assistance like waiver of hospital bills, purchase of drugs, equipment and payment of medical investigations in private laboratories to social workers. They also referred patients who were homeless or had no visiting relatives and wanted the social worker to quickly arrange for discharge in order to ease the shortage of beds in the hospitals. The social worker had no time to review the outcome of these patients because new cases were being referred which required immediate intervention. Although discharge planning has always been one of the functions of social workers in hospitals, the medical

social worker was unable to evaluate client feedbacks because of the time constraints. This made the medical social worker feel incompetent and dissatisfied with his/her job. Research has shown that there is a significant relationship between job satisfaction and termination of therapeutic relationships (Resnick & Dziegielewski, 1996). In order to settle the cases fast, the medical social workers merely offer practical assistance like waiver of hospital bills, give money for transportation, purchase rehabilitation equipment or quickly refer the patients to agencies/departments outside the hospitals because he/she cannot cope operating the medical social work department alone.

In brief, the medical social work departments in hospitals had limited resources in terms of manpower, budget, equipment and even office space. Until today, most medical social work departments do not have supporting staff like clerks or administrative assistants. The medical social workers have to do everything from administrative to clerical duties (typing letters, photocopying documents, dispatch/errands duties, etc.) and have no time for therapeutic social work interventions. They have to attend to the increasing caseloads because as admissions to hospitals increase, more patients are also referred. Working space or departments are often small, where officers are given small cubicles to interview patients and their families and to discuss social problems. This is because when hospitals were developed, there was no consideration to build a department of medical social work. New extensions of buildings in the present hospitals also have little consideration for the medical social work departments.

Until today, most medical social work departments in hospitals do not have a waiting area for patients, although the Ministry of Health places importance on a client friendly environment. Since the working conditions have not improved, many of the social workers feel burdened and dissatisfied.

Today, the plight of the medical social workers in government hospitals has only improved slightly. All major hospitals in the country still have an average of two medical social workers, except for Kuala Lumpur General Hospital which has thirteen. In hospitals where there is more than one social worker, the new or junior social worker can now be trained and supervised by their senior colleague, who also had no training when initially recruited. Now, all the medical social work departments have some form of operating budget because they receive financial contributions from a fund which is initiated by The Association of Medical Social Workers Malaysia. With these contributions, the departments are able to provide immediate cash money to patients. Most medical social work departments are also better equipped with facilities like air conditioners and computers. A few major hospitals have clerical staff or paramedics to assist the social workers. Many new officers recruited after the year 1994, are trained in social work and some who were recruited in the year 2004 have post graduate degrees in medical social work from a local university (See Table 4.2). It would also be interesting to survey if the present increase in the number of specially trained medical social workers have subsequently increase the quality of medical social work services offered to patients.

In brief, the number of social workers in hospitals is still grossly insufficient. By April 2004, there were a total of 143 officers for 58 hospitals throughout the country. Out of the 143 social workers, 92 of them had university education (bachelor's and master's degree) and they were recruited by the Ministry of Health or the respective university hospitals. Only 20.8 percent of these 92 officers majored in social work, whereas the rest were from disciplines like social administration, human development, psychology, sociology, counseling and others. The remaining 51 posts were filled by social welfare assistants who were loaned from the Ministry of Women, Family and Community Development. (Grade S32, S27 and S17 social workers as in Appendix C). These assistant social workers had certificate or diploma qualifications and they majored in various disciplines like public administration and communication. They also received no training in medical social work but had to immediately resume duties in the medical social work departments once posted to hospitals. Appendix C shows the number of posts for social workers in the government hospitals throughout Malaysia as on April 2004.

A research is thus needed to find out if the present medical social workers are satisfied with their job or are they burnout. There is a need to examine if the individual / demographic factors of these medical social workers factors affect their levels of job satisfaction and burnout. The results of this research would be useful to the Ministry of Health to understand more about the working scenario of the present medical social workers. Commendable measures can then be taken

to improve their conditions since satisfied workers are more motivated, productive and fulfilled. They can also contribute to higher quality patient care and client satisfaction.

Aims and Significance

Feeling dissatisfied with work or burnout is not a new phenomenon to social workers. Since the establishment of social work departments in Malaysian government hospitals in the 1950s, there has been no local research done on the experiences of medical social workers in the area of job satisfaction or burnout. The foreign studies of job satisfaction among social workers have achieved varied results. Barber's (1986) study of job satisfaction among human service workers showed that they were dissatisfied with their jobs. Poulin (1995) did a survey on job satisfaction of social work supervisors and administrators and found that they were satisfied with their jobs, although the administrators were significantly more satisfied than the supervisors. Similarly, Jones, Fletcher and Ibbetson (1991) study of stressors and strains amongst social workers found that they had high levels of job satisfaction although social work was considered a highly pressurized job and that the pressure impaired the quality of service the social workers were able to provide.

There is a general assumption that the present medical social workers in Malaysia are coping well with their work although their resources are limited. A

majority of the medical social workers have actually developed their own coping strategies to deal with the increasing work load, poor working conditions, insufficient supervision and ambiguous job roles/duties. They often prioritize their services to cases which can be handled fast with minimal social work interventions like immediately offering financial help and quickly sending clients home or refer them to other agencies. This is because the turnover for cases is fast and there is no one to take over the duties of the sole medical social worker when he/she goes on annual leave, attends courses, meetings or is on sick leave. Clients' progress and the outcome of cases are no longer important because cases must be settled fast to meet the increasing referrals to the department.

In general, the medical social workers are unable to cope with the increasing caseloads, so some of them become actively involved in other hospital activities which they can perform better or are easier to handle. It is one form of running away from their workload and reducing their work stress. Medical social workers who work alone lack motivation because there are no supervisors or colleagues with whom they can discuss the cases. Many cases are actually referred to agencies outside the hospital with no attempts to know clients' progress after the referrals are made. The majority of the patients/ clients cannot be followed up in the medical social work departments because new cases keep increasing.

Faced with such a situation, there is an urgent need for the medical social workers to be professionally trained so that they can provide effective interventions which address the psychosocial factors of the patients/clients. Similarly, the hospital management must be supportive and make available a working environment which is conducive in order to prevent job dissatisfaction and burnout among the workers. This study is therefore done with the following objectives:-

Research Objectives

1. To ascertain the present job satisfaction and burnout levels of medical social workers working in government hospitals.
2. To find out the association between the individual / demographic factors of the medical social workers to their levels of job satisfaction and burnout.
3. To identify other important factors which influence the medical social workers' job satisfaction and burnout levels.

The individual/ demographic factors used are age, gender/ sex, ethnic group, marital status, years of experience in medical social work, professional training/ specialization and the salaries of the medical social workers. These individual / demographic factors are chosen because many studies show that they affect the job satisfaction and burnout levels of workers. Secondly, they are the factors

which can best describe the present situation of the medical social workers in government hospitals.

Research Questions

In order to achieve the above mentioned objectives, this study will try to answer the following research questions:

1. What is the present level of job satisfaction and burnout among medical social workers in Malaysian government hospitals?
2. What is the association between individual / demographic factors of the medical social workers to their levels of job satisfaction and burnout?
3. What are the other factors identified by the medical social workers as affecting their levels of satisfaction and burnout?

The above questions are important because job satisfaction and burnout levels affect workers' productivity, creativity and commitment. It also affects their well being, the delivery of their services to clients and eventually the efficiency of the organization. In a hospital, staff satisfaction has a direct correlation to patient satisfaction (Syptak, Marsland, & Ulmer, 1999).

Limitations of Study

This study has the following limitations:-

1. This study uses only selected individual/demographic factors of the medical social workers as contributors for their job satisfaction and burnout levels. There are numerous other factors which are equally important like individual psychology and personality characteristics, client related demands and job characteristics. The scope of this study is therefore limited and there is a certain degree of bias by the researcher.

2. This study cannot make a generalization that its findings represent the overall job satisfaction and burnout levels of all the Malaysian medical social workers. This is because the respondents are limited only to the medical social workers working in the government and the university hospitals. There are also medical social workers working in some private hospitals. A study which includes those working in the private sector and make a comparison between those working in the public and private sector hospitals would be able to provide better and interesting results.

3. Although the respondents are defined as medical social workers, they are not professionally trained in this field. As such, they are not able to reflect their work professionally.

4. This study attempts to translate the English version of the Human Service Job Satisfaction Questionnaire (HSJSQ) to Bahasa Malaysia for the first time. The HSJSQ instrument is not culturally sensitive to the working scenario in Malaysian government hospitals and among local medical social workers. Some terminologies used in the instrument may not be fully understood by the respondents.

Organization of Remaining Chapters

This study is structured mainly in five chapters with chapter one depicting the introduction of the study as well as overview of the study. Chapter two reviews the literature which outlines previous research undertaken in relation to job satisfaction and burnout levels. Chapter three discusses the sample, the research methods and it defines the concepts used. The study findings in chapter four will argue the empirical analysis of the sample. Finally, chapter five illustrates the discussions and conclusions of the study.

CHAPTER 2

LITERATURE REVIEW

Job satisfaction and burnout are important areas of study for social work because of the humanitarian values of the profession and the nature of social work practice which deals with helping clients in stress situations. Nevertheless, within the profession of social work, there is less research on job satisfaction when compared to burnout. This literature review uses job satisfaction as conceptualized by Locke (1976) and burnout as defined by Maslach (1982). It discusses the relationships of the individual/ demographic, job/work related and environmental factors to these two concepts. This chapter explains why job satisfaction and burnout are particularly relevant for the present medical social workers working in Malaysian government hospitals.

Job Satisfaction

Job satisfaction has been discussed in a number of ways, but all definitions generally construe it as a multi dimensional concept which measures a worker's positive emotions / attitude towards his/her job (Locke, 1976). Job satisfaction is simply how people feel about their jobs and different aspects of their jobs.

In the past, job satisfaction was approached from the perspective of needs fulfillment – that is, whether or not the job met the worker's physical or psychological needs. If the worker is satisfied with his/her needs, there is probably job satisfaction. If he/she is not, there is probably job dissatisfaction. One good example of such need satisfaction is the theory designed by Maslow. Maslow's theory (1954) asserts that job satisfaction is experienced when the job fulfills man's basic needs. Man's needs are divided into two categories: deficiency needs and growth needs. Deficiency needs consists of physical needs, safety and belonging while growth needs consists of self esteem and self actualization. These needs are fulfilled in a hierarchical order so that the basic physical, safety and belongingness needs are fulfilled first; esteem and self actualization needs are fulfilled after.

Herzberg is another theorist who uses the needs satisfaction to explain job satisfaction. According to Herzberg (2003) job satisfaction can be achieved by using two factors theory: "motivation" and "hygiene". Hygiene issues can minimize job dissatisfaction but do not cause job satisfaction. Hygiene factors include company policies, supervision, salary, interpersonal relations and working conditions. They are variables related to the worker's environment. On the other hand, motivation factors intrinsic to the job and job content have the power to increase job satisfaction. The motivation factors are achievement, recognition, the work itself, responsibility and advancement.

But the needs approach has been de-emphasized because today most researchers tend to focus on the cognitive processes rather than on underlying needs. Job satisfaction is now generally assessed as an attitudinal variable.

Locke (1976) defines job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences and job satisfaction is attained when one's values are compatible with one's needs. For the purpose of this study, the concept of job satisfaction as proposed by Locke is used.

There are many factors which cause job satisfaction. Locke (1976) says these causes are divided into two categories: event/condition and agent. Event/ condition causes are work (task activity, amount, smoothness, achievement, variety etc.); rewards (promotion, pay, responsibility and verbal recognition); and context (social and physical working conditions. Agent causes are self (self esteem) and others (supervisors, co-workers, subordinates, company and management). The concept of job satisfaction should be analyzed not only by considering events/ conditions separately but finding the interaction between them.

In summary, Locke (1976) lists the important values or conditions conducive for job satisfaction as (1) mentally challenging work with which the individual can cope successfully; (2) personal interest in the work itself (that is

the individual has to like the work for its own sake); (3) work which is not too physically tiring; (4) rewards for performance which are just, informative, and in line with the individual's personal aspirations; (5) working condition which is compatible with the individual's physical needs and which facilitates the accomplishment of his work goals; (6) high esteem on the part of the employee; (7) agent in the work place who helps the employee to attain job values such as interesting work, pay and promotions, whose basic values are similar to his own, and who minimizes role conflict and ambiguity.

Barber (1986) indicates twelve major factors of job satisfaction which are similar. According to him, the correlates of job satisfaction are: the work itself, sense of achievement or job challenge, responsibility, recognition, advancement or promotion, salary, job security, good working conditions, supervision, relationship with co-workers, organizational policies, managerial and workers commitment to organizational goals and policies.

Barber (1986) finds that the intrinsic nature of work such as achievement, recognition, interesting work, advancement and decision making power are strong predictors of job satisfaction among direct service workers, supervisors and managers, and their level of absenteeism and job turnover. Other extrinsic job factors which affect job satisfaction are the worker's relationship with co-workers and their salaries. In the same study, workload is found to be the major factor predicting job satisfaction.

Spector (1997), on the other hand, says the causes of job satisfaction can be grouped into two main categories. The first category is the job environment and factors associated with the job. This includes how people are treated, the nature of job tasks, relations with other people in the work place and rewards. The second category is the individual factors that the person brings in the workplace. This includes both personality and prior experiences. These two categories often work together to influence an employee's job satisfaction.

There have been extensive research done on job satisfaction and its relationship to other work related behaviors or attitudes like job performance, stress and health, quality of life, turnover, commitment to organization and pro-organizational behaviors (Jayaratne & Chess, 1984; Locke, 1976; Spector, 1997). Over time, the findings of research have been inconsistent: this may be due, however, to wide variations in definitions of job satisfaction and in the validity of methods used to measure it. (Cranny, Smith & Stone, 1992), as cited in Wilson (1996).

Locke (1976) identifies two very important reasons for being concerned with the phenomena of job satisfaction. First, it can lead to a happier life. Second, it contributes to other attitudes: family attitudes and the individual's job attitude. A study on job satisfaction of family physicians by Syptak, Marsland, and Ulmer (1999) finds that job satisfaction is also good for the employers because satisfied workers tend to be more productive, creative, committed and will

eventually contribute to higher quality patient care and patient satisfaction. Conversely, job dissatisfaction will cause rising financial costs due to high turnover, absenteeism, problems of low morale and employee conflicts in the workplace, elements that may compromise client outcomes (Misener, Haddock, Gleaton, & Abdul Rahman Abu Ajamieh, 1995).

Burnout

Burnout has been defined in a variety of ways. Freudenberger (1974) was the first to coin the term and by burnout, he means a state of physical and emotional depletion which results from the conditions of work. Freudenberger conceptualizes burnout as due to individual psychological/ personal characteristics: the dedicated worker who takes on too much work with an excess of intensity, the overcommitted worker whose outside life is unsatisfactory, and the authoritarian worker who needs extensive control in his or her job. There is no interaction between the worker and his environment.

Pines and Maslach (1978) propose a broader social/ psychological view of burnout that examines the relationship between workers and their work environments (Maslach, 1982, 1987: Pines & Kafry, 1981, Pines & Maslach, 1978). For Maslach (1982), burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that occurs among individuals who do “people work” of some kind. It is a response to chronic

emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. In other words, the burnout professional loses all concern, all emotional feelings for the persons he works with and comes to treat them in detached or even dehumanized ways. Cherniss (1980) says the same: the committed professional becomes disengage from his or her work.

Pines and Aronson (1981) note that burnout is characterized by physical depletion, by feelings of helplessness and hopelessness, by emotional drain, and by the development of negative self-concept and negative attitudes towards work, life, and other people. Similarly, Farber (1983) identifies burnout as a negative adaptation to stress which includes a pervasive mood of alienation, with features of depression and a loss of idealistic spirit.

There is therefore a general consensus that the symptoms of burnout include attitudinal, emotional and physical components. Burnout is a process and it is not identical for each person. Cherniss (1980) defines burnout as a transactional process which comprises of three stages. In the first stage, there is an imbalance between resources and demand (stress). In the second stage there exists an immediate, short-term emotional response to this imbalance, and there are feelings of anxiety, tension, fatigue and exhaustion (strain). The third stage consists of changes in attitude and behaviour, such as a tendency to treat clients in a detached and mechanical fashion.

Maslach (1982) says burnout produces three important outcomes:- (1) emotional exhaustion - a lack of emotional energy to use and invest in others; (2) depersonalization - a tendency to respond to others in callous, detached, emotionally hardened, uncaring, and dehumanizing ways; and (3) a reduced sense of personal accomplishment and a sense of inadequacy in relating to clients. The concept of burnout by Maslach is used in this research.

Burnout has also been described as a syndrome which occurs in the care provider as a response to chronic emotional stress which arises from the social interaction between a care provider and the recipient of care (Courage & Williams, 1987).

There are many contributing factors to burnout. According to Farber (1983) burnout is a function of the stresses engendered by the individual, work-related and societal factors. Cherniss (1980) categorizes the sources of burnout at the individual, organizational and societal levels. Courage and William (1987) put forth a multidimensional model to explain the relationships between burnout and the variables which are associated with the care providers, the organization and the recipients of care (clients).

Pines and Kafry (1978) state that burnout can lead to a cluster of symptoms termed as “tedium’ which is a general experience of physical, emotional and attitudinal exhaustion. Tedium occurs in the social service

profession and it is due to the internal and external characteristics of work conditions. Internal characteristics include pressures imposed on the cognitive capacity and decision-making mechanism of workers (variety and autonomy) as well as those imposed on the worker's sense of meaningfulness and achievement (significance, success and feedback). The external characteristics refer generally to the work environment and they include such variables as work relations, work sharing, support from co-workers, the availability of sanctioned time-out periods, and feed back from supervisors and colleagues.

In brief, when discussing the concept of burnout, variables that need to be considered are: (1) the personal characteristics of the provider (worker); (2) the job setting, in terms of supervisory and peer support as well as agency rules and policies; and (3) the actual work with individual clients.

Burnout is important for at least for four main reasons. First, burnout affects the staff member's morale and psychological well-being. Second, burnout seems to affect the quality of care and treatment provided to clients. Third, burnout may have a strong influence on administrative functioning. Finally, burnout is important in community settings because it helps community caregivers prevent job stress and thus promotes community mental health (Cherniss, 1980).

Relationship of Individual Factors to Job satisfaction and Burnout

The relationship of individual factors to job satisfaction and burnout is discussed under three headings: - (1) individual psychology and personality, (2) age, marital and family status, ethnic group, sex/gender and (3) professional training, years of experience and salary.

1. Individual Psychology and Personality

Individual psychology and personality structures have shown to be important contributing factors for job satisfaction and burnout. Work does not mean the same thing to each individual. It is therefore important that the individual characteristics particularly individual's self esteem is considered when studying job satisfaction and burnout. Locke (1976) identifies the self (or the individual) as the important agent for job satisfaction. According to him, job satisfaction is the result of how the individual views himself and the way in which this view affects what he seeks for pleasure on the job and how various job experiences and conditions affect him. He argues that employees with high self-esteem, derives more pleasure from work as compared to low self-esteem employees. This is because high self esteem workers are also: (1) more likely to value challenging tasks; (2) find the pleasures resulting from achievement to be more intense and enduring; (3) more likely to want promotions for reasons of justice and the desire for more responsibility and less likely to want them for

status reasons; (4) less likely to value prestige, approval, and verbal recognition as sources of self-assurance; (5) less emotionally affected by criticism; (6) experience fewer conflicts and feelings of anxiety on the job; (7) less defensive and employ fewer defense mechanisms. Similarly, Maslach (1982) relates individuals with low self esteem, lack of confidence, and a lack of understanding about self-limitations, strengths, and weaknesses as more vulnerable to burnout.

Studies have provided evidence that personality to be an important factor for job satisfaction and burnout. Staw and Ross (1985), as cited in Spector (1997) find that job satisfaction is due to personality. Spector (1997) goes further by identifying two particular traits which has significant correlations with job satisfaction. The two personality traits are: (1) the individual's locus of control and (2) negative affectivity. Locus of control is a cognitive variable that represents an individual's generalized belief in his or her ability to control positive and negative reinforcements in life. Locus of control affects job performance, leadership behavior, perceptions of the job, and work motivation. Negative affectivity or NA is a personality variable that reflects a person's tendency to experience negative emotions, such as anxiety or depression. People who are high in NA tend to be low in job satisfaction.

Cherniss (1980) says the neurotic anxiety personalities are vulnerable to burnout because they set extremely high goals for themselves and suffer stress when they fail to achieve those goals. Burnout-prone individuals are often those