

A Study of Burnout and Job Satisfaction Measures of Stress amongst Health Professionals

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Abstract

Stress has become an inevitable part of the life of an individual. Modern life has brought tremendous stress on employees at work place called organizational role stress. Burnout is an extreme state of psychological strain and depletion of energy resources arising from prolonged exposure to stressors. Job satisfaction is the employee's affective response to the job. Job dissatisfaction leads to absenteeism, turnover, and low productivity. The current topic of investigation is 'A study of burnout and job satisfaction measures of stress amongst health professionals.'

Objectives: To study the extent and relationship between organizational role stress and the three dimensions of burnout (emotional exhaustion, depersonalization and personal accomplishment) and job satisfaction in nurses and doctors working in a hospital.

Methods: The present descriptive study was conducted on a sample of 100 subjects including 50 nurses and 50 doctors, which were drawn through convenience sampling technique from a selected hospital in Delhi. Three variables were studied and scored with the help of Organizational Role Stress Scale (Pareek), Maslach Burnout Inventory (MBI-HSS-Maslach & Jackson) and Job Descriptive Index (JDI-Smith, Kendall and Hulin). Data were statistically analyzed employing descriptive and inferential statistics.

Results: The results showed the presence of organizational role stress among both the categories of health professionals namely nurses and doctors but a higher stress was reported among nurses than among doctors. Also, organizational role stress was found to be positively correlated with emotional exhaustion dimension of burnout, and negatively correlated with depersonalization and personal accomplishment, dimensions of burnout and job satisfaction.

Conclusion: Organizational role stress has its impact on the health professionals and leads to serious adverse manifestations like burnout and job dissatisfaction. Therefore organizations must work towards stress management of their employees and improve work environment.

Keywords: Burnout, Job satisfaction, Role stress, Health care workers.

Background

The modern world is said to be the world of stress. Modern living has brought tremendous pressures and stress on employees and work place also. Stress has a direct bearing on the mental health of an individual. Jobs that involve a responsibility for people's lives can be very stressful. Medical personnel have heavy workloads and deal with life or death situations frequently. Making a mistake can have dire consequences. In an intensive care unit of hospital, emergency situations are common; decision must be

made instantly and carried out immediately and accurately. As a part of the job, the nurse must reassure and comfort the man who is dying of cancer; she must change the dressings of a decomposing gangrenous limb, and she must calm the awoken disturbed 'overdose' patient. It is hard to imagine any other situation that involves such intimacy with the frightening, repulsive, and forbidden. To all this is added the repetitive contact with death.

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These and other conditions of jobs in the health professions take their toll, often leading to feeling of emotional exhaustion.

Stress Performance model¹ emphasized that the stress reactions are automatically found and that they cannot be avoided because being alive is synonymous with responding to stress. Almost all people at some time in their lives experience stress that relates to their occupations. Often these stressful situations are minor and brief and have little impact on the person. But for many people, stress is intense and continues for long periods of time. Human behavior in an organization is influenced or directed by several physical, social and psychological factors. Role stress² is classified under three main headings namely; *expectation generated stress* which includes role ambiguity, role conflict, and expectations; *discrepancies* which include role over load, responsibilities, authority and dilemma and *inadequate technical information* which includes role and personality.

People respond to stressful situations in different ways. Consequences may be physiological (alteration in heart rate and blood pressure), psychological (sleep and mood disturbances) and organizational or behavioral (job dissatisfaction). An extreme state of psychological strain and depletion of energy resources arising from prolonged exposure to stressors associated with human service professions is called Burnout. Maslach & Jackson describe aspects of burnout as emotional exhaustion, depersonalization and a feeling of reduced personal accomplishment. *Emotional exhaustion* is the feeling of being drained of emotional resources and being unable to help others on a psychological level.

Depersonalization is a lack of personal regard for others, as shown by treating people as objects, having little concern for and sensitivity to their needs, and developing callous attitudes toward them. *Perceived inadequacy of personal accomplishment* is the feeling of falling short of personal expectations for work performance. Work related and burnout lead to job dissatisfaction. *Job satisfaction* has been found to be the result of various attitudes employee holds towards his job (wages, supervision, advancement opportunities, recognition, work condition, social relation at work and life in general). Job satisfaction is the summation of employee's various attitudes. Various dimensions of job satisfaction include the work itself, pay, promotions, supervision, support of co-workers, job enlargement, job enrichment, benefits and working conditions.

Cross-cultural research findings have revealed that burnout and its effects are spreading across the globe and are present in both developing and developed countries. The emergence of strain-related and burnout related symptoms appear to be more prominent in developing countries.³ Work engagement fully mediates the impact of job resources on proactive behavior.⁴ Recently emerged trends in burnout include that burnout has been expanded towards all types of professions and occupational groups and work engagement is a positive, fulfilling and work-related state of mind that is characterized by vigor, and dedication leading to job satisfaction.⁵

In the present research, the effects of organizational role stress on burnout and job satisfaction are studied. Health care profession especially Medical and Nursing are taxing professions. They carry with them a broad range of duties and responsibilities often in the absence of adequate back up and support. They have a demanding set of both personal and professional exceptions. They are expected to be technically competent and personally caring, dominant in some circumstances and subservient in others, present and available at all times, and to attend too many and often conflicting needs of their patients and supervisors. Not surprising, burnout is a relatively common experience with medical & nursing professionals. It is almost endemic to health profession. Realizing its importance, the researcher was motivated to take up this study. The objectives of the study were to investigate the extent of Organizational Role Stress (ORS) among nurses and doctors; to investigate the relationship between Organizational Role Stress (ORS) and Emotional Exhaustion (EE), Depersonalization (DP) and Personal Accomplishment (PA), three dimensions of Burnout (BO) and to investigate the relationship between Organizational Role Stress (ORS) and Job Satisfaction (JS).

Methods

To study the organizational role stress, burnout, and job satisfaction, a descriptive survey was conducted. The present investigation was planned to restrict the ambit of the study to the hospital and to stress within the organizational boundary in general and to the health professionals in particular. A sample of 50 doctors and 50 nurses working in a selected hospital in New Delhi constituted the total sample for the present study. Setting and the sample were selected through convenience sampling technique.

Administrative approval was sought from the competent authority of the hospital before data collection. The tools used to measure three variables were Organizational Role Stress Scale (Pareek), Maslach Burnout Inventory-Human Service Survey (MBI-HSS) (Maslach & Jackson), Job Descriptive Index (JDI, by Smith, Kendall & Hulin) and Preliminary Information Blank to gather the background information of subjects. The subjects were asked to fill the questionnaire by themselves. The scored thus obtained were analyzed using descriptive and inferential statistics.

Results

(I) Comparison of organizational role stress (ORS) between nurses and doctors

In order to investigate and compare the level of organizational role stress between nurses and doctors, the mean and standard deviation were calculated. The results of the same are presented in Table 1.

Table 1. Comparison of Organizational Role Stress (ORS) between Nurses and Doctors (n=100)

Group	N	M	SD	t-value
Nurses	50	1.36(68.04)	0.59	1.09
Doctors	50	1.22(61.10)	0.68	

t (98) = 1.6606 ≥ 0.05 level, Not Significant

Results showed that the mean organizational role stress for nurses (68.04) was more than that of the doctors (61.10), though the difference was not statistically significant.

(II) Relationship between organizational role stress (ORS) and emotional exhaustion (EE), depersonalization (DP), personal accomplishment (PA), and dimensions of burnout (BO)

In order to investigate the relationship between organizational role stress and the three dimensions of burnout, Pearson’s Product Moment Correlation Coefficients were obtained. Table 2 shows the Correlation values for the same.

Table 2. Correlation between Organizational Role Stress (ORS) and the Three Dimensions of Burnout (n=100)

Dimensions of Burnout and ORS	r
ORS X EE	.301 **
ORS X DP	-.187
ORS X PA	-.392 **

** r (98) = 0.256 ≤ 0.01 level, significant
 r (98) = 0.196 ≥ 0.05 level, not significant

Organizational role stress and emotional exhaustion, and dimension of burnout were significantly positively co-related at 0.0 level of significance. Organizational role stress and depersonalization were negatively co-related though not statistically significant. Organizational role stress and personal accomplishment were significantly negatively co-related at 0.01 level of significance.

(III) Relationship between organizational role stress (ORS) and job satisfaction (JS)

In order to investigate the relationship between organizational role stress and job satisfaction, Pearson’s Product Moment correlation co-efficient was calculated. The result of which is presented in Table 3.

Table 3. Relationship between Organizational Role Stress (ORS) and Job Satisfaction (JS) (n=100)

Variables	R
ORS X JS	-.268

Organizational role stress and job satisfaction were negatively significantly co-related with each other.

Discussion

Stress is a subject hard to avoid. The term is discussed not only in our everyday conversations but has become enough of a public issue to attract widespread attention; be it media, television, newspapers or magazines, the issue of stress figures everywhere. Numerous studies have demonstrated a consistent link between substantial role ambiguity in the job and high level of psychological strain. Similarly, role conflict which reflects compatible demands on the person either within a single role or between multiple roles occupied by the individual, can induce negative emotional reaction due to perceived inability to be effective on the job. Research reviews have revealed that psychological strains are strong correlates of work related stressors.⁶ The result of the current study too revealed similar results, i.e. both nurses and doctors are facing organization role stress.

Doctors and nurses both are human services workers and belong to care-giving environment and work in the same premises. Both deal with patients, face suffering, grief and death. Their jobs are stressful and demanding. In today’s highly competitive world, era of privatization, and technological advancements; there is incompatibility of demands between one’s home and work roles, the result is a high degree of

stress and makes them likely candidates of burnout.⁷ Occupational stress researchers have observed that certain occupations involving contact with people in need (such as medical, nursing, teaching, police services, social work, etc.) are more stressful and are associated with a risk for negative behavioral consequences e.g. burnout.⁸

Doctors and nurses work in the same premises, i.e. have the same work environment, but the society still believes nursing is a low prestige profession and has not developed a positive image about it unlike doctors. Still this is the only profession dominated so heavily by women, they have very few opportunities for career development as compared to doctors. Also nurses have low wages and are overworked. They are mostly given extra duties which are not a part of their job. They are also overburdened during emergencies, at ICUs and operation theatres, etc. There are situations in which a nurse has to cater the work of about ten doctors.⁹ Nurses belong to subordinate staff, have no authority and less decision making. Nurses, predominantly being females, have more homework stress than doctors.⁷ Nurses are in touch with reality all the time. They constantly suffer with resource inadequacy, which works as micro-stressor. Micro-stressors are closely linked to immediate health and psychological well-being and are more stressful than many routine stressful life events. The argument and various research studies support the finding of the present study that organizational role stress is present among health professionals and that the level is higher among nurses than doctors.

The phenomenon of burnout is a unique and intense form of job-related strain. The influence of organizational role stress leads to burnout and its three dimensions i.e. emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout may occur in any job, but it is a marked problem in emotionally demanding and helping professions, such as nursing and medicine. The Conservation of Resource Theory proposed that burnout occurs when valued resources are lost and are inadequate to meet the demands confronted by the person, or do not generate expected returns on investment, producing a downward spiral in energy loss for the individual.¹⁰

Result of the present study shows non-significant negative correlation between organizational role stress and depersonalization. This may be due to the following factors like the current study was performed in government hospital where rules, regulations and norms have to be followed by all the employees.

Secondly, nature of health profession is such that depersonalization cannot be done beyond an extent. Thirdly, humanitarian factors are involved as well i.e. clients, nurses and doctors deal with patients who are already in pain, stress and trouble, so treating them like objects can't be afforded. Care by nurses and doctors is a matter of life and death for the recipients of care. They are accountable for patient's condition, progress, and treatment. Personal guilt feeling also prevents them exhibiting depersonalization.

These arguments are also in line with the fact that the limited application of the construct, burnout to human service samples is due to the depersonalization component. It cannot readily be applied in other settings as argued by some researchers that if depersonalization is considered to be a necessary component of burnout, this precludes the use of burnout construct in non-service samples.¹¹

The correlation between organizational role stress and personal accomplishment was found to be significant. Reduced personal accomplishment may be attributed to the government job where one's performance in the role has very limited influence on one's promotion and salary. Sense of achievement is hampered in the course. Burnout and its effects are present in both developed and developing countries across the globe. Its emergence is prominent in several developing countries. Findings suggest differences between American, Japanese and Indian employees. Depersonalization is the first manifestation of burnout and has the effect of impairing performance. As a result, the individual's sense of personal accomplishment on the job is jeopardized. Reduced personal accomplishment finds the second place in the development of burnout, which in turn leads to the development of emotional exhaustion which represents the end stage of burnout development.¹²

The results of the present study show that the organizational role stress and job satisfaction are negatively significantly correlated. Thus the result states that as organizational role stress will increase, it will lead to reduced job satisfaction. Various studies support the finding of the present study.¹³ Studies have found that the job uncertainties resulting from role overload were significantly related to worker's affective experience, including dissatisfaction and psychological strain.¹⁴ The evidence indicates that when people are placed in a job that makes multiple and conflicting demands or in which there is a lack of clarity about the incumbent duties, authority and responsibility, both stress and dissatisfaction are

increased. The above discussion shows that the results obtained in the present study are in accordance with the research work carried out in the field.¹⁵

Studies suggest that there is a negative relation between workload and quality of life, so hospital managers need to take into account the amount of workload and to stop overpressure of the jobs, if they want to improve job performance and quality of life of employees.⁹

Conclusion

Thus, from the present study, it is concluded that organizational role stress is present among health professionals working in hospitals and that it is higher among nurses than doctors. The present study also shows that increase in organizational role stress will lead to increase in the first dimension of burnout that is emotional exhaustion. Depersonalization and personal accomplishment decrease with increased stress. The results also show a negative relation between organizational role stress and job satisfaction.

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