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# **Mental health in health care workers: Engagement, burnout and healthy organizational practices in times of COVID-19<sup>1</sup>**

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**Abstract**--The work routine of workers has been modified by the COVID-19 pandemic and may vary according to the management of their organizations. The objectives of this research were to analyze the relationship between the perception of healthy organizational practices and workers' engagement and burnout and to determine which healthy organizational practices have a greater relationship with the engagement and burnout of employees in times of COVID-19. The methodological approach was correlational-exploratory, with surveys of 162 workers in 4 health centers in Chile. The variables correlated as expected for the total sample, i.e., positively and significantly between healthy organizational practices and engagement and negatively and significantly with burnout. The main practices that are related to increased engagement are career development, information, and skill development; and burnout is reconciliation, well-being, and communication. This research adds to the fundamentals that the mental health of workers is related to the type of management carried out by organizations.

**Keywords**---Mental Health, Engagement, Burnout, Healthy Organizational Practices, COVID-19.

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## Introduction

The arrival of the COVID-19 pandemic, defined by many authors as the greatest public health crisis that the world has suffered in more than a century (Velasco et al., 2021), has altered the lives of people, organizations, and societies around the world. Such is its impact that it is presented as a negative event that modifies accustomed routines and collapses already established plans.

The lives of human beings, in their various environments (family, work, educational, social, among others), have been affected by the uncertainty experienced (Nicola et al., 2020), as well as by the various measures adopted by governments to deal with the pandemic and its implications in daily life, such as quarantines and mandatory confinements that must be experienced (Wang et al., 2020a), social isolation (Caballero-Domínguez and Campos-Arias, 2020) and fear of contracting the disease (Lorenzo et al., 2020), social isolation (Caballero-Domínguez and Campos-Arias, 2020) and fear of contracting the disease (Lorenzo et al., 2020). These measures according to Fiorillo et al. (2020) have produced depressive, anxiety, and stress symptoms.

Organizations and companies have not been exempt from this scenario, Salanova (2020, p. 673) pointed out that only some organizations will be able to “face changes proactively and grow with the crisis”. This indicates that others will, unfortunately, disappear for not knowing how to re-invent themselves and/or not having the necessary leadership and work teams to face adversity such as the COVID-19 pandemic.

Now, it has been known since before the pandemic that the management deployed by an organization can generate mental health in its workers, which will imply better individual and collective performances (Cameron et al., 2011; Lyubomirsky et al., 2005; Alfes et al., 2012; Acosta, Torrente, Llorens and Salanova, 2013), but it can also generate discomfort, resulting in low performance, absenteeism, turnover and even abandonment (Demerouti et al., 2001; Batt and Colvin, 2011; Green et al., 2014).

Research in this regard has defined engagement as one of the variables to express mental health, well-being, and good performance of workers (Sonnentag et al., 2012) and burnout as a variable to express discomfort, chronic stress, and intention to quit (Salanova et al., 2000). Engagement is a positive motivational state of vigor, dedication, and absorption (Bakker et al., 2014), which is related to the way workers approach and cope with work, so it is not a consequence of it. As Saari et al. (2017) argue, the type of management deployed can have different effects on individuals and also on their state of engagement.

Burnout syndrome is defined as a state of emotional exhaustion, cynicism, and low personal fulfillment (Maslach and Jackson, 1981; Bakker et al., 2014), so it can be understood that its consequences go beyond work and are related to other areas of workers' lives, with implications of deterioration as an individual (Schaufeli et al., 2009), in a couple (Brofman, 2007), and at the family level (García-Arroyo and Segovia, 2018). It occurs more frequently in workers who

must spend a lot of time in relationships with people as customers or users of a service provided by an organization (Maslach and Jackson, 1981).

A review of the research conducted on these variables (engagement and burnout) in times of COVID-19 shows that the variables on which the development of these states in workers could depend range from personality issues -such as fear and anxiety resulting from the arrival of the COVID-19 pandemic- its progress and the deaths resulting from it, to the actions of governments and international organizations regarding the management and measures adopted to combat the virus (Acuña-Hormazabal et al., 2022).

Also, new and specific management practices to support workers in the challenge of developing their functions in this new scenario, are topics that research has developed to understand the engagement and/or burnout of workers to diagnose and propose, to contribute to the sustainability of organizations and employment in this new reality (Mendoza-Llanos et al., 2022).

In this line, there are several studies (Cameron et al., 2011; Lyubomirsky et al., 2005; Alfes et al., 2012; Acosta et al., 2013) that have shown, with various variables to represent the well-being of workers that the mere perception by them of the existence of planned and systematic organizational practices, causes them to feel a sense of well-being.

From the HERO model (Salanova et al., 2012), the development of planned and systematic practices by the organization for the benefit of workers is imperative for the organization to be considered healthy. From here arises the name "Healthy Organizational Practices" (POS) which are: work-life balance, mobbing prevention, career development and skills development, occupational health, perceived equity and organizational justice, organizational communication and information, and corporate social responsibility (Salanova et al., 2019). This model, for its sustenance and compatibility, will be the basis of this research (Acuña and Pons, 2019).

With all this, the objectives of this research are to analyze the relationship between the perception of healthy organizational practices with the engagement and burnout of health center workers; and to determine which healthy organizational practices have a greater relationship with the engagement and burnout of employees in times of COVID-19.

In this context, the hypothesis is as follows:

*The relationship between the perception of healthy organizational practices with employee engagement is positive and significant, and employee burnout is negative and significant.*

## **Materials and Methods**

### *Type of study:*

The study is of a quantitative type, non-probabilistic through the application of self-administered surveys using an online questionnaire between October and

December 2021. Using convenience sampling, 162 surveys were obtained from four health centers in Chile.

*Instruments:*

**Burnout.** The Maslach Burnout Inventory General Survey (MBI-GS, Maslach et al., 1986), adapted to the Spanish population by Moreno-Jiménez et al. (2001) and used in Chilean samples. This scale is composed of 15 items to measure the level of burnout on a frequency scale from 0 (never) to 6 (every day) points. As a whole, it provides an overall burnout score, although it is usually analyzed according to the three classic dimensions reported in the literature: Emotional Exhaustion (5 items; for example, I am emotionally exhausted by my job), Cynicism (4 items; for example, I have lost interest in my job since I started in this position) and Professional Inefficacy (6 negative items; for example: In my opinion, I am good at my job). In the present study, adequate reliability was obtained, expressed in Cronbach's alpha ( $\alpha_{\text{Burnout}} = .736$ ).

**Engagement.** It was assessed with the Utrecht Work Engagement Scale (UWES; Schaufeli et al., 2002): Vigor (6 items; for example: When I get up in the morning, I feel like going to work), Dedication (5 items; for example, I am enthusiastic about my work) and Absorption (6 items; for example, I am happy when I am absorbed in my work). All items are answered on a 7-point Likert scale ranging from 0 (never) to 6 (always). Adequate reliability was obtained in the present study, expressed in Cronbach's alpha ( $\alpha_{\text{Engagement}} = .935$ ).

**Healthy organizational practices (POS).** The practices proposed by the HERO Model (Salanova et al., 2019) were used with the statements used by Acosta et al. (2013). In addition, the following item was incorporated: "Your organization has delivered (generated) practices and/or conditions to perform its work during the pandemic". The statements were answered with a 7-point Likert-type scale, where 0 = Never; 1 = Few times a year; 2 = Once a month or less; 3 = Few times a month; 4 = Once a week; 5 = Few times a week; 6 = Every day. Adequate reliability was obtained in the present study, expressed in Cronbach's alpha ( $\alpha_{\text{POS}} = .963$ ).

*Procedure and statistical analysis:*

The questionnaires were answered online, freely, autonomously, and voluntarily by the workers, after contacting the institutions in which they worked. After data analysis in an Excel file, statistical analysis was carried out using SPSS software. To see the relationships between the variables, correlation analysis was performed using Pearson's coefficient, the correlations were interpreted as large ( $r = .50$ ), medium ( $r = .30$ ), and small ( $r = .10$ ) according to what was proposed by Sink and Mvududu (2010).

The coefficient of determination ( $R^2$ ; Everitt, 2002) was used as a reference to determine which practices were most related to engagement. A linear regression analysis was performed for each healthy organizational practice on engagement. This analysis strategy was used because the objective of the study was not to evaluate a general model but to explore the relative weight of each practice, which

made it possible to obtain the coefficients of determination independently for each healthy organizational practice, avoiding the possible effects of interdependence and multicollinearity (Belsley, 1991).

## Results and Discussions

The results obtained for the sample of workers are presented in Table 1. First, the correlations between the different variables under study are presented, followed by the results of the linear regressions that respond to the second objective of this research, i.e., to determine which healthy organizational practices are most related to engagement.

Table 1  
Correlations between the dimensions of engagement, burnout, and the perception of healthy organizational practices (POS)

	M	DE	Reconciliation	Prev. Mobb	Des. Room	Des. Carre	Welfare	Equity	Info	Com	CSR
Engagement	3,95	1,23	,503**	,420**	,520**	,536**	,476**	,443**	,523**	,500**	,491**
Vigor	3,77	1,25	,474**	,363**	,480**	,477**	,437**	,415**	,486**	,484**	,448**
Dedication	4,23	1,35	,462**	,394**	,476**	,499**	,413**	,402**	,511**	,473**	,468**
Absorption	3,90	1,29	,505**	,446**	,531**	,560**	,510**	,449**	,504**	,477**	,492**
Burnout	3,10	0,71	-,367**	-,239**	-,275**	-,263**	-,319**	-,287**	-,264**	-,303**	-,290**
Exhaustion	2,43	1,32	-,443**	-,307**	-,335**	-,339**	-,365**	-,355**	-,343**	-,362**	-,339**
Cynicism	1,45	1,50	-,408**	-,309**	-,373**	-,427**	-,432**	-,336**	-,409**	-,389**	-,425**
Ineffectiveness	4,76	1,04	,231**	,211**	,240**	,318**	,253**	,207**	,303**	,237**	,267**

\*\*Correlation is significant at the 0.01 level (bilateral).

\*The correlation is significant at the 0.05 level (bilateral).

Source: Own elaboration.

As shown in Table 1, the correlations for the sample between the variables indicate that the increase in perceptions of internships is related in an expected manner as established in the literature, thus internships show a positive, significant correlation with engagement, and negative and significant with burnout.

The effect size for the correlations between internships and engagement with its dimensions is large and medium ( $r = ,560$  to  $r = ,363$ ), and for internships with burnout and its dimensions is medium and small ( $r = -.443$  to  $r = -.207$ ).

This result shows that despite living through times of change and turbulence, people management in organizations continues to be a fundamental factor for the mental health of their workers.

Table 2 shows the results of the regressions of healthy organizational practices with engagement. In order from highest to lowest percentage of variance explained, the top three are: Career development ( $R^2 = 28.3\%$ ); Information ( $R^2 = 26.9\%$ ); Skills development ( $R^2 = 26.5\%$ ).

Table 2  
Regression coefficient of practices on engagement (N = 162)

	Practices	B	SE B	$\beta$	%R <sup>2</sup>
1	Reconciliation	,308	,042	,503	24,9%
	Prev. Mobbing	,264	,045	,420	17,1%
	Des. Skills	,323	,042	,520	26,5%
	Des. Career	,331	,041	,536	28,3%
5	Welfare	,296	,043	,476	22,2%
	Equity	,268	,043	,443	19,1%
	Information	,332	,043	,523	26,9%
	Communication	,306	,042	,500	24,6%
	CSR	,310	,043	,491	23,7%

Source: Own elaboration.

Table 3 shows the results of the linear regressions of healthy organizational practices with burnout. In order from highest to lowest percentage of variance explained, the top three are: Conciliation (R<sup>2</sup> = 12.9%); Well-being (R<sup>2</sup> = 9.6%); Communication (R<sup>2</sup> = 8.6%).

Table 3  
Regression coefficient of practices on burnout (N = 162)

	Practices	B	SE B	$\beta$	%R <sup>2</sup>
1	Reconciliation	-,130	,026	,367	12,9%
	Prev. Mobbing	-,087	,028	,239	5,1%
	Des. Skills	-,099	,027	,275	7,0%
	Des. Career	-,094	,027	,263	6,3%
5	Welfare	-,115	,027	,319	9,6%
	Equity	-,100	,027	,287	7,6%
	Information	-,097	,028	,264	6,4%
	Communication	-,107	,027	,303	8,6%
	CSR	-,106	,028	,290	7,9%

Source: Own elaboration.

These results for this sample of workers show that it is not the same management practices that develop engagement and reduce burnout among workers, since they do not coincide among the most value for each state. With this, it can be understood that the same management, through the development of practices and policies, cannot be expected to have an impact both on the promotion of the well-being and health of workers and, at the same time, on the reduction of discomfort.

## Conclusion

The objective of this study was to analyze the relationship between the perception of healthy organizational practices and employee engagement and burnout, as well as to determine which healthy organizational practices are most related to employee engagement and burnout during COVID-19, for which the following hypothesis was proposed: The relationship between the perception of healthy

organizational practices and employee engagement is positive and significant, and with the employee, burnout is negative and significant, which is accepted for this sample of health care workers in Chile.

In general terms, all these results support what has been stated by previous literature and research (Acuña et al., 2021; Donaldson et al., 2019; Solares et al., 2016; Acosta et al., 2013; Alfes et al., 2012; Cameron et al., 2011; Macky and Boxall, 2007; Gittell et al., 2006; Lyubomirsky et al., 2005), which points out that, if workers' perception of organizational practices is different, so will be their well-being (or discomfort in the case represented by burnout).

With these results and conclusions, it is important to emphasize the relevance of an organization taking care of the welfare of its workers not only for ethical reasons and for what this generates in people, but also because this will generate good individual and collective performances that will have an impact on the development of good organizational processes and results, which will ultimately imply the development of society as a whole, thus forming a virtuous circle (Mendoza and Moyano, 2019).

This research is focused on highlighting the importance of the management of organizations so that workers can face in the best possible way, negative events such as those we are experiencing today with the COVID19 and have well-being and good performance, a situation that is confirmed by this study. However, it is important to mention that there is scientific literature that shows that the well-being and good performance of workers in times of crisis are also related to the resources that each one of them has, which can also be understood as "psychological capital". A recent study conducted in 15 countries indicates that psychological capital based on hope, self-efficacy, resilience, and optimism, together with the generation of culture and the development of healthy (or positive) organizational practices are related to and even predict the well-being, higher performance, adaptability, and proactivity of workers (Donaldson et al., 2020).

So, it is important to expose the relevance of having good organizational management based on the development of practices, but which must necessarily be complemented with the development and progress of workers and their strengths, as first founded by the scientific movement of positive psychology (Seligman and Csikszentmihalyi, 2000 and 2014) and later corroborated by positive organizational psychology (Salanova and Llorens, 2016).

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