Burnout, depression and quality of life among the Romanian employees working in non-governmental organizations

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Abstract

This study focuses on analyzing the relation between burnout, anxiety and quality of life among 60 employees (Mage = 36.3, SD = 6.21) who work in non-governmental organizations that provide social services. We used The Copenhagen Burnout Inventory (CBI), The Hamilton Anxiety Rating Scale (HAM-A) and World Health Organization Quality of Life Scale. The results have shown significant correlations between burnout and anxious symptomatology (r = 0.58), as well as between burnout and both physical (r = -.36) and psychological (r = -.43) quality of life, highlighting that burnout might have a contribution to employees’ perception regarding quality of life.

Keywords: burnout; depression; quality of life; performance; anxiety.

1. Introduction

The unprecedented competition of the intern and international markets forces the organizations, no matter their nature, to permanently look for ways of reaching higher performances, new ways of motivating their managers and employees and ways of increasing the productivity along with using lower costs. Many theoreticians argue that from the view of the human resources, the employees of an organization represent a resource of lasting competitive advantage (Pfeffer, 1998; Wright, McMahan & McWilliams, 1994). Managing the human capital represents an important factor of the organizational performance (Adler, 1988).

Also, studies show the existence of a direct correlation between the existence of high stress levels and the conditions of performance and competition (Boersma & Lindblom, 2009). Research has shown that there is a high

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risk of exhaustion among the employees who work with people and situations which are problematic from a medical, psychological and social perspective. These situations will mostly affect the employees of institutions such as the nongovernmental organization which have a profile of activity specific to social services.

Burnout is a form of personal distress (Maslach & Leiter, 1998) and first emerged as a social problem, which, according to these authors includes three basic concepts: emotional exhaustion, depersonalization and reduced personal achievement. For the employees who activate in the medical field and the one of educational and social assistance, studies have repeatedly shown that those experiencing burnout have undergone long periods of work-related stress and job demands. In other words, the burnout syndrome is a chronic condition characterized by a state of complete depletion of individual energy, associated with an intense frustration with work activities (Maslach, Schaufeli & Leiter, 2001).

For example, in a study conducted by Fore, Martin & Bender (2002) a high burnout level has been recorded in the case of special education teachers, compared to the burnout level of regular teachers and the existence of higher depressive symptoms. Another study has shown that the young adults with high education are the ones who report higher burnout levels (Petty, Brewer & Brown, 2005). In addition, several studies have revealed that burnout was associated with increased symptoms of anxiety among different samples of employees who work in a healthcare environment (e.g., Turnipseed, 1998).

As for the quality of life, research conducted in the field of human resources psychology shows that there is a strong connection between one style of productive life and the employees' life (Garman, Corrigan & Morris, 2002). In another study, the authors (Dyrbye et al., 2006) were interested in verifying the existence of burnout, quality of life and depression in minority and non minority US medical students. The results have shown that minority students were more likely to have a low sense of personal accomplishment and quality of life in several domains.

Conrad and Kellar-Guenther (2006) examined the relationship of compassion fatigue, burnout and satisfaction among Colorado child protection workers. The results of another study conducted by Sprang, Clark, & Whitt-Woosley (2007) shows the implications of compassion fatigue and compassion satisfaction, and burnout on the quality of life of the mental health providers in a rural state. Consistently, the home caregivers of patients with dementia proved to experience lower quality of life as they experienced higher levels of burnout (Takai et al., 2009), while in the case of German nurses, burnout seemed to have a mediating role between working conditions and life satisfaction (Demerouti et al., 2000).

Based on the assumption that a high level of the anxious symptomatology and the existence of the burnout correlate to the quality of life, in the present study we analyze the correlations between these variables found among the employees working in non-governmental organizations with social services profiles. Thus the hypotheses we have built are the following: 1) there is a positive association between the burnout level and the anxious symptoms and 2) there is a negative association between burnout and the quality of life.

2. Method

2.1. Participants

The research has implied the participation of 60 Romanian subjects, out of which 42 were female and 18 male. The average age was of 36.3 years with a standard deviation of 6.21. The subjects are employed in multiple non-governmental organizations from Bucharest and work in the domain of social services, psychology and kinesiotherapy. Their job consists in forming multidisciplinary teams that address the needs of people with different problems (such as the bedridden persons with different pathologies, the very low income elderly people with chronic health issues, or the chronic patients with severe mental illness).

All participants have high education and have been employed in these institutions by knowledge testing. The sampling procedure consisted in a non-probabilistic manner, based on freely selecting the subjects based on their consent to complete the questionnaires. The participants were assured that the confidentiality of the data was secured and received verbal indications related to the instruments' filling. The present study has been built based on a correlational design. The variables were assessed using the participants’ responses on a series of questionnaires for levels of burnout, anxiety and perception of the quality of life.
2.2. Instruments

The Copenhagen Burnout Inventory (CBI; Kristensen et al., 2005) is a public domain questionnaire measuring the degree of psychological fatigue experienced in three sub dimensions of burnout: personal (PB), work-related (WB), and client-related burnout (CB). The first sub-dimension, namely the "personal exhaustion" measures the exhaustion and fatigue degree felt by the person on a personal level. The second sub-dimension is labeled as "work-related"(WB), includes 7 items and measured the degree of fatigue and exhaustion which the person reports during the working hours. The third sub-dimension, the "client-related burnout" (CB) measures the exhaustion felt by the person as a result of interacting with clients during intervention. The internal consistency of this instrument, which has been calculated through the Cronbach's alpha was .87.

The Hamilton Anxiety Rating Scale (HAM-A, Hamilton, 1959) is a scale developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe. The Ham-A showed good internal consistency (Cronbach's alpha=0.89) and a cutoff score of 10/11 is suggested to screen for GAD (Kummer et al., 2010).

The World Health Organization Quality of Life Scale (WHOQOL-BREF) is a questionnaire developed by WHOQOL-group (1996). It contains a total of 26 questions. The first two items are related to overall quality of life and general health, while the rest of 24 statements are related to four domains (i.e. physical, psychological, social and environmental).

3. Results

Table 1. Means scores and standard deviations of variables: Burnout, Anxiety and Quality of Life; N = 60.

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Variables</th>
<th>M</th>
<th>SD</th>
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<tbody>
<tr>
<td>CBI</td>
<td>1. Personal Burnout</td>
<td>36.2</td>
<td>14.3</td>
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<tr>
<td></td>
<td>2. Work Burnout</td>
<td>33.7</td>
<td>12.8</td>
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<td>3. Client Burnout</td>
<td>35.1</td>
<td>14.5</td>
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<tr>
<td>HAM-A</td>
<td>4. Anxiety</td>
<td>20.8</td>
<td>6.1</td>
</tr>
<tr>
<td>WHOQOL-BREF</td>
<td>5. Total Score</td>
<td>48.7</td>
<td>15.2</td>
</tr>
<tr>
<td></td>
<td>6. Physical Quality of Life</td>
<td>44.2</td>
<td>14.8</td>
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<tr>
<td></td>
<td>7. Psychological Quality of Life</td>
<td>43.5</td>
<td>14.3</td>
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<tr>
<td></td>
<td>8. Social Quality of Life</td>
<td>50.4</td>
<td>16.7</td>
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<tr>
<td></td>
<td>9. Environmental Quality of Life</td>
<td>50.8</td>
<td>17.3</td>
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</table>

The results show that the mean scores obtained by the participants of this research indicate a medium to high level of burnout. The registered level of anxiety level could be included in a mild to moderate spectrum of severity. The mean scores of the Quality of Life Scale indicate a low level for the general dimension, as well as for the physical and psychological sub-dimensions.

The results of the correlational analysis and the Cronbach's alpha are presented in Table 2. As it can be noticed, significant correlations were registered in the case of burnout (CBI) and the anxiety level. Thus, we observe that the strongest correlation was the one between anxiety and work related burnout. Thus, the first hypothesis, namely the one that states a positive association between the burnout dimensions and anxiety, has been sustained.

According to our hypotheses, the statistical data from Table 2 reflect overall negative significant correlations between burnout and quality of life. Those results suggest that as the job burnout increases, the total composite score of quality of life lowers ($r = -.38, p < .01$).

On the other hand, no statistically significant relation was identified between the social and environmental quality of life dimensions, on one hand, and burnout, on the other hand. Thus, our second hypothesis regarding the possibility of obtaining a significant negative correlation between Burnout and Quality of Life was not fully supported because the physical and psychological dimensions were the only components of quality of life which we found to be significantly correlated with this construct.
Table 2. Burnout, anxiety symptoms and Quality of Life – Pearson correlation coefficients and scales’ Cronbach’s alpha

<table>
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<tr>
<td>CBI</td>
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<tr>
<td>1. PB</td>
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<td>2. WB</td>
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<td>3. CB</td>
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<td>.35**</td>
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<td>HAM-A</td>
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<td>4. Anxiety</td>
<td>.47**</td>
<td>.45**</td>
<td>.46**</td>
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<tr>
<td>5. Total Score</td>
<td>-.38**</td>
<td>-.36**</td>
<td>-.29*</td>
<td>.39*</td>
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<td>6. Physical Quality of Life</td>
<td>-.36**</td>
<td>-.37**</td>
<td>-.18</td>
<td>.22</td>
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<td>7. Psychological Quality of Life</td>
<td>-.43**</td>
<td>-.40**</td>
<td>-.28</td>
<td>.20</td>
<td>.42**</td>
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<td>8. Social Quality of Life</td>
<td>.11</td>
<td>-.16</td>
<td>-.21</td>
<td>.37**</td>
<td>.53**</td>
<td>.48*</td>
<td>.49**</td>
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<tr>
<td>9. Environmental Quality of Life</td>
<td>-.16</td>
<td>-.20</td>
<td>-.17</td>
<td>.28**</td>
<td>.33*</td>
<td>.38**</td>
<td>.39*</td>
<td>.34*</td>
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<tr>
<td>Cronbach’s α</td>
<td>.87</td>
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<td>.85</td>
<td>.87</td>
<td>.91</td>
<td>.89</td>
<td>.77</td>
<td>.81</td>
<td>.84</td>
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Note. *p < .05, two-tailed; ** p < .01, two-tailed

4. Conclusions

Our results were concordant with the ones revealed in previous research (e.g., Dyrbye et al., 2006; Jan & Masood, 2007; Borritz et al., 2006) suggesting the fact that burnout, psychopathological anxiety and the perception of low quality of life regarding certain dimensions (physical and psychological) might describe a correlational pattern of problems characteristic for employees of the social services in Romanian NGO's.

The purposes of the present study consisted in investigating burnout among a sample of social services providers employed in multiple NGO’s, by examining its correlations to their perceived quality of life and level of anxiety.

These employees are part of state institutions, being connected to NGO’s which come in contact with people whose suffering seems most of the times unmanageable, as these patients present serious disabilities or cumulated health and social issues. Theories suggest that the employees of the social and health care domains who deliver such services perceive such activity as being stressful, exhausting and more and more demanding (Menlove, Garnes & Salzberg, 2004).

Moreover, the exhaustion and fatigue are common for these employees (Raiger, 2005; Swider & Zimmerman, 2010) and lead to installing and maintaining a high level of stress which contributes to a vicious circle affecting the activity of these people.

The present study comes to offer additional information to the professional literature as the research regarding the way burnout impacts the quality of life in the case of NGO employees working in the social services field are rather few.

The present study might suggest several practical issues which have the potential to improve the activity of these employees, such as the need to reorganize their schedule, divide the work tasks more efficiently between the employees, or give verbal rewards and feedback to the managers.

The study also has several limits, such as the low number of participants due to the availability of the subjects. Another limit consist of the research design which included only several variables studied in relation to burnout, while ignoring some relevant factors such as the organizational climate or the degree of severity of the cases. Therefore, we recommend conducting future studies that should attempt to highlight a more complex and accurate picture of burnout and its associated symptoms, by using several tasks designed to assess participants’ personal efficiency, professional values, as well as the organizational management.

References


