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Coping mechanism in a socio - educational light: a case study in nowadays' Romanian medical organizations

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Abstract

Professional stress became part of our everyday life. Statistics in the field of education and medicine, in almost all European countries, emphasize work stress to be the most prevalent. Despite this evidence, minimal data are available about the incidence of burnout cases among Romanian medical staff. Therefore, our study came to fill a research gap, as it aimed to depict and analyze burnout symptomatology among 103 health professionals (N=103), doctors and nurses, working in Romanian public hospitals, using a set of socio-demographic and psychological dimensions. More precisely, we intended to reveal and explain the interrelation between burnout, measured with MBI-HSS - (Maslach Burnout Inventory for Human Service Survey) and intra-individual dimensions represented by subjective well-being, self esteem and locus of control. By means of a hybrid methodology and having as support specific methods of adults' education, our findings lead us to elaborate an educational intervention program, designed to be implemented in our target group in order to attenuate and prevent job stress and burnout. Our paper may be a practical instrument useful for actors and institutions preoccupied with human resources development in medical environment, improving thus the quality of professional services and life of Romanian health-care personnel.

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1. Introduction

Nowadays, it is commonly agreed that burnout syndrome affects all occupations and it is mainly widespread among human services occupations (Schaufeli W., B., Janczur B. 1994; Edwards et al., 2000; Semmer N. 1996; Leiter, M.P., Schaufeli, W.B. 1996; Embriaco et al., 2007).

The concept found its sources among healthcare and human services providers in the mid-1970s (Freudenberger, 1975, Maslach, C., 1976). After thirty years, the concept still remains of interest for scholars and practitioners, who are defining it in its original conception: "a prolonged response to chronic emotional and interpersonal stressors on the job", that occur to people who are working with people (Maslach, C., Schaufeli, W.B., Leiter, M.P., 2001, p.

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397). It goes beyond the purpose of our paper to provide an exhaustive theoretical review of cross-cultural research related to burnout, but we just want to state that our study finds its departure point in works of the social psychologist Maslach Christina and her collaborators (Maslach, C., Jackson, S. E., Leiter, M. P., 1996; Maslach, C., Schaufeli, W. B., Leiter, M. P., 2001; Maslach, C., Leiter, M. P., 1997; Maslach, C. 2003). Despite the complexity, the diverse self-report measures or criticism, burnout syndrome literature based on Maslach work, resumes it to a core threefold structure: emotional exhaustion, depersonalization and reduced personal accomplishment.

The objective of this study is to investigate the incidence and the sources of burnout syndrome among Romanian medical staff and to disclose any plausible causality relationship between burnout, external job related factors, or internal psychosocial attributes. Moreover, we focus on the link between a negative psychological symptom and positive intra-individual features (self esteem, life satisfaction and locus of control).

In order to reach such aim we give particular consideration to the following hypothesis and research question:

Hypothesis 1: Burnout syndrome with Romanian medical personnel is determined more by the internalisation of psychosocial attitudes than by organizational and occupational factors.

Research question: What is the burnout incidence in Romanian healthcare services?

2. Participants

Data were collected from a total of 103 participants working in public city hospitals form the center of Romania.

Table 1. Sample distribution

(N=103)		
sex	masculine	15,5%
	feminine	80%
marital status	married	61,2%
	unmarried	28,2%
profession	trained nurse	60,2%
	nurse	4,9%
	doctor	27,2%
weekly patient load	less than 20	33%
	20- 50	44,7%
	50- 75	3,9%
	75- 100	2,9%
	100- 125	1,9%
	NR	13,6%
emergency	yes	67%
	No	26,2%
	NR	6,8%
Age (mean)		42,6

They carry out their activity mainly as anaesthetists and in intensive care units (7,8%), surgery (8,7%), face mouth and jaw surgery and stomatology (28,3%), haematology (12,6%) and neurosurgery (20,4%).

Concerning their workload participants declare to work about 51 hours a week, the majority registering about 40 hours/week and the number of patients being of 20-50 for 44,7% of respondents. Seniority at current work is in average of 13 years, the majority having between 13-20 years. Table 1 includes a detailed representation of the target sample.

3. Instruments and procedures

A self-reported questionnaire was administered including items related to: (1) burnout constructs, (2) subjective well-being, (3) self esteem, (4) locus of control and (5) socio-demographic characteristics.

Maslach Burnout Inventory for Human Service Survey (MBI-HSS) was used to evaluate burnout incidence (Maslach and Jackson 1996, 22 items) in terms of emotional exhaustion, depersonalization and personal accomplishment. More precisely, the emotional exhaustion scale (EE) included 9 items, (e.g. “I feel like I’m at the end of my rope”, “I feel fatigued when I get up in the morning and have to face another day on the job”), depersonalization (DP) scale contained 5 items (e.g., “I’ve become more callous toward patients since I took this job”, “I feel I treat some recipients as if they were impersonal objects”), while personal accomplishment scale (PA) consisted of 8 items (e.g., “I have accomplished many worthwhile things in this job.”, “I feel I am positively influencing other people’s lives through my work”). The items were measured on a 7-point Likert scale (0 =never experienced such a feeling, to 6= experience such feelings every day).

Self-esteem was measured with Rosenberg Self-Esteem Scale (1965), a 10-item self-report measure of global self-esteem.

Life satisfaction scale was measured with the 5-items Satisfaction with Life Scale (SWLS) of Diener, Emmons, Larsen, and Griffin (1985).

External and Internal locus of control was measured with J. Rotter’ 5-items scale (LCS).

Also, participants were asked to provide information concerning age, sex, profession, work department, weekly patient load, organizational tenure, seniority at the current workplace both in public/private organizations, education level, marital status. The instruments were translated and back-translated from English into Romanian.

4. Results and discussion

The first assumption states that among the Romanian medical staff burnout occurrence is caused more by individual attributes than by external factors. In order to test such hypothesis regression models were used, separately for every dependent variable: emotional exhaustion, depersonalization and reduced personal accomplishment. For all three cases the regression models included contextual independent variables such as: age, sex, weekly patient load, seniority at the current workplace, emergencies, number of hours/week, and two psychosocial variables: subjective well-being and self-esteem. The control variables do not improve the prediction capacity of the pattern/ model in the case of the dependent variable emotional burnout, if we compare the values obtained for the first regression model, where adjusted $R^2 = .004$, with the ones from the second model, where the prediction capacity increases considerably (adjusted $R^2 = .185$). None of the socio-demographic dimensions is a significant factor from the statistical point of view in the case of the EE variable. The most important weight belongs to self esteem (beta=-.363, $p < 0.001$), followed by subjective well-being (beta=-.243, $p = .018$).

In the case of the predictive analysis for the dependent variable depersonalization, seniority at the current workplace is the only factor carrying a statistically-significant negative influence in the capacity of predicting the model ($\beta = -.294$, $p = .032$), the first model being able to explain less the variation of the dependent variable (59%) than the one including intra-individual variables (99%). Subjective well-being was the primary influence factor for depersonalization ($\beta = -.244$, $p = .024$). For personal accomplishment the major predictor was subjective well-being ($\beta = -.352$, $p = .002$).

Gathering the results obtained on the basis of the regression models, we can assert that our initial presumption is well sustained in our case because the intra-individual dimensions are the influential factors in determining the elements specific to burnout.

Table 2. Beta coefficients for burnout dimensions (EE, DP, PA)

	EE	DP	PA
(Contextual dimensions)			
seniority at the current workplace	.028 (ns)	-.297 *	.028 (ns)
(Psychosocial dimensions)			
Subjective well-being	-.243**	-.244*	.352**
Self esteem	-.363***	.001 (ns)	.088(ns)
	F= 5,064	F=3,340	F = 1,849
	adj. R ² = .247	adj. R ² = .159	adj. R ² = .064

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Research question

According the percentage analysis on our target sample we can discuss about a high degree of burnout, given the scores registered at the three dimensions. As indicated by C. Maslach, burnout index is given by a high score at EE and DP scales and a low score at PA scale. As we can observe from the table 3 below, the highest incidences are registered at emotional exhaustion and depersonalization dimensions and the lowest at personal accomplishment, which indicates a moderate to advance phase of burnout among the Romanian medical personnel we investigated.

Table 3. Symptomatic burnout incidence

Burnout dimensions	high	low	
moderate			
EE (+)	29,1%	37,9%	33%
DP (+)	21,4%	49,5%	29,1%
PA (-)	92,2%	3,9%	2,9%

We were also interested in depicting relevant associations between elements that lead to the dysfunctionality of burnout symptoms. Applying independent t-tests procedures gender differences were found regarding the prevalence of specific emotional exhaustion symptoms. Women ($M = 2.10$) proved to be more exposed than men at emotional exhaustion states ($t = -1,894$, $p < .01$). Moreover, seniority at work could be a defendant factor in the case of depersonalization symptom, given that among the category of 16-20 years of experience ($M = 13.73$) were registered higher scores than those who are at the beginning at their medical career ($M = 8.71$), ($t = -2,744$, $p < .001$). Differences between the same two categories were revealed at emotional exhaustion dimension, the high seniority at work could be a disulpant factor for the fatigue and burnout prevalence ($M = 2.27$), ($t = -1,850$, $p < .05$).

Furthermore, the weekly affluence of patients influences in a negative way the degree of absenteeism toward patients ($M=1,97$), ($t = 1,87$, $p < .05$) and reduces fatigue symptoms among the investigated staff ($M=2,18$), ($t = 1,771$, $p < .001$).

Beyond the limits of our study such as sampling regionalization and belonging, our paper has not only a scientific benefit (contribution at the definition and the application of inventories and concepts) but also a practical utility.

Firstly, our analysis discloses a state of being related to burnout incidence and its sources, which in our case are more of a psychological nature than a physical or contextual one.

Secondly, our paper may be a practical instrument useful for actors and institutions preoccupied with human resources development in the medical environment, as it proposes an intervention strategy in Romanian hospital departments.

In order to cope with burnout we propose the implementation of an educational intervention plan which refers to individual prevention strategies (well-being programs, sabbatical week, personal development and autogenic training techniques, leisure activities), social and organizational intervention programs, all designed to identify, to prevent and to reduce psychological and physical burnout and occupational stress symptoms, improving thus the quality of professional services and life of Romanian health-care personnel.

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