

Exploration of Job Burnout and Related Factors Among Employees in Selected Organizations in the Healthcare Sector

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ABSTRACT

Burnout has many negative effects on organizations as well as on individuals. As healthcare workers face a wide range of psychosocial stressors, they are at a high risk of developing burnout syndrome, which in turn may affect employee outcomes such as the quality and safety of provided care in hospitals. Job burnout can cause harm to one's physical and mental health and decrease productivity at work, particularly in demanding professions like the healthcare field. The goal and need of the study are to determine the relationship between job burnout and some contributing factors in healthcare in the selected organizations. The purpose of the study also aims to examine the association between demographic factors and the burnout levels of the employees. The data for this study is collected through a self-administered questionnaire with a sample size of 102 working employees in the healthcare sector. The sampling technique is simple random sampling. The present study would help to cope with occupational burnout and address burnout issues, and the need of the healthcare organizations to take action in the areas of prevention, control, treatment, training. Job burnout in the healthcare field can be reduced by providing training in problem-solving skills and stress management.

KEYWORDS: Job burnout, Burnout components, employees, healthcare organizations.

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I. INTRODUCTION

Job burnout is defined as a detrimental state of mind connected to work that developed as a result of the existence of demands on the job, such as workload, lengthy working hours, unfairness, conflict on the job, a lack of social support from coworkers or superiors, and a lack of decision-making authority. Workers in human services companies, including educators, social workers, and healthcare professionals, have frequently been studied using the concept of burnout.

The employees in the health sector experience advanced rates of work burnout than other jobs due to their greater exposure to stressful organizational demands, the challenging nature of patient care, and high emotional exhaustion. Burnout not only causes the workforce's physical and mental health to deteriorate, but also leads to decreased efficacy, lower-quality nursing care, and higher hospital expenses.

Job burnout can lead to absenteeism, low morale or personnel degeneration, stress, anxiety, psychosomatic symptoms, sleep disturbances, and a lack of organizational commitment, to name a few.

Burnout contains 3 components:

(1) Emotional exhaustion (core dimension of burnout), which is the primary component of burnout and is characterized by chronic exhaustion and sleep problems.

(2) Depersonalization, which entails a negative reaction devoid of any emotion and associated with an acute absence of concern for the service users.

(3) Lack of personal accomplishment, which diminishes feelings of success and worth.

Emotional Exhaustion: This refers to the feeling of being emotionally drained and exhausted, which can lead to a reduced sense of personal accomplishment.

Depersonalization: This refers to a sense of detachment or cynicism towards others, particularly those in the work environment.

Lack of Personal Accomplishment: This refers to a sense of decreased effectiveness or competence in one's work or personal life, leading to a feeling of inadequacy or lack of accomplishment.

These three dimensions are interrelated, and experiencing high levels of emotional exhaustion and depersonalization can lead to reduced personal accomplishment. Burnout can have serious consequences for individuals, including decreased job satisfaction, decreased job performance, and increased health problems.

Organizational burnout refers to a state of prolonged stress and exhaustion that affects the entire organization. When an organization experiences burnout, it can result in decreased productivity, increased absenteeism, and high turnover rates among employees.

Personal burnout refers to a state of physical, emotional, and mental exhaustion caused by prolonged stress in an individual's personal life. Personal burnout can result from a variety of factors, including relationship problems, financial stress, caregiving responsibilities, and other personal challenges.

Burnout among healthcare professionals' results in increased absenteeism and decreased productivity at work. Thus, identification and prevention of burnout play an important part in improving the quality of provided services. This study is conducted on the employees (who include Doctors, pharmacists, nurses, administrative employers, etc.) of selected companies in the healthcare sector in Telangana State. The data is analyzed considering various demographic factors (such as Age, Sex, Location, Profession, Work type, Relationship status) and personal factors (such as Perfectionism, Self-expectation, Work-family conflict), and organizational factors (such as Lack of social support, Hierarchy problems, Extremes of activity, Heavy workload, Work shift) by using various research analysis tools. This study further helps in understanding the levels of job burnout and some contributing factors among employees in the selected organizations in the Healthcare sector.

II. REVIEW OF LITERATURE

Job burnout has long been a source of worry for organizations and people alike. Numerous studies have been undertaken in order to explain and comprehend the potential causes of burnout as well as its effects on persons and organizations. Numerous earlier research has examined the important connection between job burnout and Related Factors Among workplace workers. According to Chan, Wan, and Kuok (2015), employees in both the public and private sectors experience excessive pressure at work since they are obliged to complete a variety of tasks. Furthermore, the majority of studies have emphasized that because our profession involves close personal contact with people, it is vulnerable to the risks of emotional stress and exhaustion. As a result of this, the healthcare provider profession is at the top of the list of stressful jobs that can result in burnout.

As one of the categories included under the International Classification of Diseases (WHO, 2019), it is regarded as an "occupational phenomenon". Burnout is a phenomenon related to job stress and a type of mental anguish that can be followed by physical health problems, according to Baldwin, Barmore, Suprina, and Weaver's (2011) study (Wardle and Mayorga, 2016). When people are subjected to stress for extended periods of time, they feel it as a bad psychological state. Stress and burnout are distinct from one another since burnout is considered a protracted state of stress and is not the same as depression. Maslach (2003) highlighted a number of factors that are known to contribute to burnout.

These include having too much work to do, having sleep problems, having unsupportive coworkers, and having strict managers. Burnout may become more likely or happen faster as a result of all of these problems (Wardle & Mayorga, 2016). After experiencing burnout, a person's likelihood of experiencing negative changes to their physical, psychological, and emotional health increases (Morse, Salyers, 2012). Physical and emotional health issues have also been connected to burnout such as weariness, sleeplessness, substance addiction, family conflicts, melancholy, anxiety, headaches, backaches, and gastrointestinal issues (Burke & Richardson, 1996). In terms of burnout, emotional exhaustion is the most significant factor. It symbolizes a loss of energy and an experience of having no more emotional or physical strength (Nagar, 2012).

According to Cordes and Dougherty and Maslach et al., (2001), burnout can be characterized by feelings of emotional exhaustion, overwhelming tiredness, a lack of energy, and a sense that one's emotional reserves are running low due to the demands that are still being placed on one.

According to another perspective, emotional tiredness is a persistent condition of physical and emotional exhaustion brought on by high job expectations and ongoing difficulties (Wright & Cropanzano, 1998). Employees who deal with this issue frequently feel emotionally exhausted and worn out, especially when they are assigned tasks that take a lot of time and effort to complete.

Depersonalization or derealization disorder is a dissociative disorder that is frequently undiagnosed, common, and extremely debilitating. Depersonalization and/or detachment, which include strong feelings of detachment and unreality, are among the main fundamental characteristics that are permanent or recurrent.

According to Salanova et al. (2005), it also refers to "an impersonal and dehumanized perception of recipients, characterized by a callous, negative, and detached attitude." When staff members use unhealthy coping mechanisms to deal with stress at work, this tendency take place. Employees who feel they have little control over important areas of their jobs may experience this (Maslach & Jackson, 1981). When depersonalization occurs, people tend to avoid each other.

Diminished Personal Accomplishment is characterized by a loss of confidence in one's ability to perform well at work (Janssen et al., 1999). It develops when workers believe their efforts are not commensurate with the desired result or are not valued or acknowledged by the employer. It occurs when workers lack the confidence to carry out their work efficiently.

Although extensive research has been done on job burnout and relative factors among professionals working in the health field. There is currently very few research that concentrates on the relationship between job burnout and relative factors among employees in healthcare providers, which include a variety of professions like doctors, registered staff, the help provided to patients' health, and administrators.

A frequent evaluation of the situation should be done in this context, along with an examination of job burnout and its related variables. Employees in the medical field, whether they work in public or private institutions, have a variety of duties and responsibilities that go into the patient's treatment plan. Because of this, it's critical for a person in this profession to be well-qualified. Therefore, it's critical that the employee avoids burnout so they can provide services and make equally effective contributions to the patients.

There have only been a few studies so far that have looked at the varied aspects of work burnout and its contributing elements in diverse healthcare personnel. As a result, the current study aimed to evaluate the degree of burnout among medical staff members working in Hyderabad's various healthcare settings, including clinics, hospitals, and medical diagnostic centers. and to assess the key demographic elements that contribute to burnout among them. Job burnout has become increasingly severe during various stages of economic and social crises and the impact of penalties. The purpose of this study was to determine the relationship between job burnout and some contributing factors in healthcare in the selected organizations. The study aims to examine the association between demographic factors and the burnout levels of the employees.

III. RESEARCH METHODOLOGY

The Primary data for this study is collected through a self-administered questionnaire with a sample size of 102 working employees in the healthcare sector. The sampling technique is simple random sampling. The secondary data is collected from various journals, books, and world wide web. Data is analysed using IBM SPSS 25.0 software and Descriptive study and Chi-Square is used for the analysis of data. The hypotheses of the study is as follows:

Hypotheses

- i) Association between Age and between Age and emotional exhaustion at the workplace.
H11: There is a significant difference between Age and emotional exhaustion at the workplace.
- ii) Association between Age and between Age and Depersonalization at the workplace.
H112: There is a significant difference between Age and Depersonalization at the workplace.
- iii) Association between Age and between Age and Lack of Personal Achievement at the workplace.
H13: There is a significant difference between Age and Lack of personal accomplishment at the workplace.

IV. RESULTS AND DISCUSSION

a) Demographic Factors

Table 1 shows that the gender distribution is 47% male and 53% female. 39% are in the range of 20-30 years old, 33% in the range of 31-50 years old, 17% in the range 51-60 years old, and finally, 11% in the range of 61 years old and above 80 years. 38.2% are married, 48% of responders are single, 9.8% are widows and Divorced are 3.9%. 21% of respondents are nurses, 12% are doctors, 14% are administrative staff, 16% are medical assistants, 9% are pharmacists, 12% are Physical Therapists and 6% are Radiologic technologists. Respondents working hours round between 8-12 hours scored 55%, below 8 hours working per day is 19%, and 26% work up to 24 hours a day. The majority of respondents claim that they have been employed by the chosen hospital for more than 5-10 years 19%, 2-5 years 47%, and the remainder within 1–2 years 16%, with less than 0–1 year 18%. Table 1 provides a summary of the descriptive study of the demographics.

Table 1 Summary of Demographics of Respondents

Gender			
Sl. No	Description	Frequency	Percentage
1	Male	48	47
2	Female	54	53
Age			
Sl. No	Description	Frequency	Percentage
1	20-30	40	39
2	31-50	34	33

3	51-60	17	17
4	61 above	11	11
Marital Status			
Sl. No	Description	Frequency	Percentage
1	Married	39	38.2
2	Single	49	48
3	Widow	10	9.8
4	Divorced	4	3.9
Occupation			
Sl. No	Description	Frequency	Percentage
1	Doctor	13	12
2	Medical Assistant	18	16
3	Pharmacist	10	9
4	Nurse	23	21
5	Physical Therapist	13	12
6	Radiologic Technologist	7	6
7	Administrative	15	14
Average Working Hours			
Sl. No	Description	Frequency	Percentage
1	less than 8 hours	19	19
2	8-12 hours	56	55
3	12-24 hours	27	26
Experience			
Sl. No	Description	Frequency	Percentage
1	0-1 year	16	18
2	1-2 years	14	16
3	2-5 years	41	47
4	5-10 years	17	19

Job burnout at the workplace

The majority of respondents felt extreme burnout in the form of emotional exhaustion at the workplace. The employees feel emotionally exhausted and drained as a result of cumulative stress from personal or professional lives, or a mix of the two. Emotional weariness is the symptom which is prominently observed. Respondents also experienced depersonalization at the workplace. Due to the burnout, excessive detachment led to cynicism with unfavourable attitude toward patients or colleagues, feelings of guilt, avoidance of social contacts, and withdrawal into oneself. The employee also limited his ability to empathize with his patients and/or coworkers. Employees felt a lack of personal accomplishment at the workplace. The employees assess themselves negatively and mistrust his true ability to execute tasks.

It is also observed that a significant number of the respondents experienced physical symptoms related to job burnout. Due to burnout a significant number of employees don't get enough sleep on working days. The respondents also feel that there is an imbalance in their personal and professional lives due to job burnout. From the research it also can be observed that the majority of respondents often feel overwhelmed with their workload. The respondents also feel that lack of opportunities for professional growth and development at their workplace lead to job burnout. Majority of the respondents are not able to effectively manage work-related stress.

Relationship between Age and Components of Job burnout

Chi-square analysis is used to find the relationship between Age and Emotional exhaustion component of job burnout. In the research, it is observed that the p-value 0.017 is less than 0.05 at 5% level of significance. Hence, we accept the alternative hypothesis H11. This indicates that there is a significant difference between Age of the respondent and emotional exhaustion felt due to job burnout in the workplace.

With respect to Age and Depersonalization in the workplace, it is seen that the p-value 0.035 is less than 0.05 at 5% level of significance. Hence, we accept the alternative hypothesis H12. This indicates that there is a significant difference between Age of the employee and Depersonalization in the workplace due to job burnout.

It is observed that the p-value 0.42 is greater than 0.05 at 5% level of significance. Hence, we reject the alternative hypothesis H13. Hence is observed that there is no significant difference between Age of the employees and their lack of personal accomplishment at the workplace.

The study's findings suggest that healthcare sector organizations should support their employees to set realistic goals and expectations at work. And also support their professional growth and development in their career.

Healthcare organizations should take action in the field of prevention, control, treatment, proper training, and skills to deal with job burnout and address burnout factors. Providing training in problem-solving skills, and stress management, can reduce the percentage of job burnout in the healthcare sector.

The organizations must provide a congenial environment and moral incentives for staff on various occasions, creating sports clubs and healthy entertainment, effective human resource planning, and managing financial and spiritual support can help employees reduce job burnout.

V. CONCLUSION

Job Burnout has many negative effects on organizations as well as on individuals. Healthcare employees are more susceptible to experiencing burnout syndrome as a result of the variety of psychosocial stresses they undergo, which in turn may affect employee outcomes such as the quality and safety of provided care in hospitals. This study further helps in understanding the levels of job burnout and some contributing factors among employees in the selected organizations in the Healthcare sector. And to assess the factors that impact job burnout in employees.

It proved that the majority of workers had symptoms of job burnout at work. The emotional exhaustion and lack of personal accomplishment that accompany job burnout are more common in the healthcare industry than depersonalization. The majority of them had personal burnout characteristics, including working days with little sleep. At work, the majority of them did not establish reasonable expectations or goals. According to organizational variables, it is discovered that the majority of them experience task overload and have limited opportunities for professional development at work. However, in the healthcare industry, only a few employees have the ability to deal with burnout at work.

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