

*Relationship between Burnout and Job Satisfaction: A Study on  
Healthcare Professionals in India*

**Dr. Aman Khara**

Assistant Professor

University Institute of Applied Management Sciences (UIAMS)

Panjab University

Chandigarh – India

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**Abstract:** *Burnout is usually a syndrome of emotional exhaustion and depersonalization that leads to decreased efficiency and effectiveness of the individual at the workplace. The information of impact of Burnout on demographics and job satisfaction among Healthcare professionals in India is limited. The data was collected from the Healthcare professionals of a Government Hospital in Chandigarh (India) through questionnaire. The survey evaluated demographic variables, Job Satisfaction and burnout. The Job Satisfaction and Burnout were measured using validated instruments. Out of 150 Healthcare professionals sampled 113 returned surveys. The factors of Burnout included age; workload, anxiousness and energy level were analyzed. Further, dependent variable of Job Satisfaction showed that Healthcare professionals are satisfied with their jobs. Lastly, a Pearson Correlation showed that Burnout is having 32% impact on Job Satisfaction of the Healthcare professionals. Burnout is common among Healthcare professionals in India and is the one of the predictor of Job Satisfaction. It is needed that more research to be done to identify individual, organizational, and societal interventions that preserve and promote the well being of Healthcare professionals.*

**Keywords:** *Healthcare professionals, Burnout, Job Satisfaction, Wellbeing, Hospitals.*

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## I. INTRODUCTION

Growing levels of stress and other mental health problems can be damaging to individuals, employers and society in general. The World Health organization have warned of a surge in these problems as the economic crises worsens and people become increasingly worried about debt, home repossession and job security. Add growing work intensity, change and workplace conflict to the mix and one have the ingredients for a stress epidemic. Since the mid 1970s interest in the phenomenon of professional burnout has grown enormously. The National Education Association (NEA) made burnout the central theme of their 1979 convention. In recent years, virtually all major professional organizations have included at least one symposium on burnout at their annual conventions. This introductory chapter deals with the conceptual framework of the phenomenon, other related concepts which are confused with it and predicted factors of burnout. What is burnout? And who "created" it? Freudenberger (1974, 1975) is usually given the credit for first using the term in its present senses to denote a state of physical and emotional depletion resulting from conditions of work. Freudenberger took a word that was used colloquially in the 1960s to refer to the effects of chronic drug abuse ("burned out" on drugs) and used it instead to characterize the psychological state of certain volunteers who worked with him in the late 1960s and early 1970s at alternative health care agencies. Within a few months of work, these young, idealistic men and women would begin to appear to Freudenberger as more tired, depressed, apathetic, and needy than the clients for whom they were ostensibly working. These symptoms were accompanied by guilt, paranoia, and a sense of omnipotence which made it difficult for these workers to cut back on their level of activity or involvement.

Burnout is a psychological term that refers to long-term exhaustion and diminished interest in work. Burnout was first defined by Freudenberger (1974) and involves feeling of failure and exhaustion resulting from excessive demands on a person's energy with insufficient reward for the effort. Burnout has been assumed to result from chronic occupational stress (e.g., work overload). However, there is growing evidence that its aetiology is multi-factorial in nature, with dispositional factors playing an important role.

Many theories of burnout include negative outcomes related to burnout, including measures of job function (performance, output, etc.), health related outcomes (increases in stress hormones, coronary heart disease, circulatory issues), and mental health problems such as depression. It has been found that patients with chronic burnout have specific cognitive impairments, which should be emphasized in the evaluation of symptoms and treatment regimes. Significant reductions in nonverbal memory and auditory and visual attention were found for the patient group.

Burnout is supposed to be a work-specific syndrome. Burnout is becoming a more common result as the modern workplace changes. Being both economically and psychologically exhausting, the increasingly hostile and demanding environments employees work in is being studied as a cause. The phenomenon is more likely when a mismatch is present between the nature of the job and the person doing the job. A common indication of this mismatch is work overload. It involves doing too much with too little resources, going beyond human limits. This may occur in a situation of downsizing, which often does not reduce a company's mandate, but allocates it to present employees.

While the typical causes of burnout result directly from work, such as the feeling of no control over one's work, lack of recognition for good work, and unclear and overly demanding expectations, the phenomenon may be supplemented by lifestyle and personality outside of the workplace. For instance, lack of sleep and close/personal relationships, high expectations from too many people, working to the point of not allowing time for relaxation and socializing, and pessimistic tendencies all will aid in creating the feeling of burnout if the work environment is already overly pressing.

Being that burnout may sound a lot like stress, it is important to realize that they are not one in the same. While stress is characterized by over-engagement, burnout is characterized by disengagement. Stress ultimately produces urgency and hyperactivity, whereas burnout produces helplessness or hopelessness. And although stress may cause a loss of energy and anxiety disorders, burnout often involves loss of motivation, ideals, and hope.

## II. ORGANIZATIONAL BURNOUT

**Occupational burnout** or **job burnout** is characterized by:

- a) Exhaustion
- b) Lack of enthusiasm and motivation
- c) Feeling 'drained'
- d) Frustration and/or negative emotions
- e) Cynical behaviour
- f) Reduced professional efficacy within the workplace.

Occupational burnout is typically and particularly found within human service professions. Such jobs that naturally experience high levels of occupational burnout include: social workers, nurses, doctors & nurses, lawyers, engineers, physicians, customer service representatives, and police officers. One reason why burnout is so prevalent within the human services field is due in part, to the high stress work environment and emotional demands that might be independent of the effort exerted by the individual.

The individuals who are most vulnerable to occupational burnout are ones who are strongly motivated, dedicated, and involved in the work in which they partake. At the same time occupational burnout is a type of stress condition and as such results in concentration problems or decreased problem solving abilities. Usually occupational burnout is associated with increased work experience, increased workload, but also absences and time missed from work, it shows up as an impaired empathy and cynical attitudes toward clientele and/or colleagues, and thoughts of quitting.

Burnout problems may lead to general health problems because of the stress becoming chronic, symptoms like headache, cold, and insomnia may appear together with overall tiredness. At this point the person may attempt self-medication like drinking alcohol, smoking, taking sleep pills, stimulants like coffee, mood elevators, etc. which may pose a further risk for his health. However burnout itself is not an ailment and is not recognized as a neurosis.

### III. JOB SATISFACTION

Spector (1997) described job satisfaction as how people feel about their jobs and different aspects of their jobs. Motivation to perform the job will increase, when people consider their jobs as meaningful and enjoyable. The nature of job satisfaction implies that an individual would tend to stay with a job which is satisfying him and quit a job which is dissatisfying him. He measured the Job Satisfaction using 36 items to describe nine job facets (four items per facet). The job factors include pay, promotion, supervision, benefits, contingent rewards, operating procedures, co-workers, nature of work and communication. It was originally developed to assess job satisfaction in human service, non-profit and public organizations.

Job satisfaction is the feelings a person has about her or his job. Job satisfaction is an assessment of overall job experience, and arises from many factors such as one's relationship with a supervisor, the sense of fulfilment of work, perceived congruence between pay and work production, and physical conditions of the working environment (Spector, 1997). Job satisfaction was one of the earliest anticipated outcomes of empowerment (Spreitzer, et al, 1997). Employee satisfaction is the term used to describe a situation when employees are satisfied and contented with the job and their environment. Employee Satisfaction plays an important role in any organization be it small or large. Thinking that employee satisfaction is important only for the employee then it is not right. It is equally important for the organization for which the employee is working as well.

### IV. REVIEW OF LITERATURE

**Yoon L.H. (1990)** in his study found that individual factors and work environment factors were associated with burnout job satisfaction. Their personal growth dimension was perceived as the intrinsic source of stress and the policy dimension is the most stress provoking aspect of social service work. Supervision and management were recognised as both contributor to and mitigating factors of burnout. **Hart and Cooper (2001)** in there study had four major underpinning assumptions from the previous body of research of stress and strain were described. The assumption that the concept of stress can be measured with a single variable and that stress resulted in an absence of satisfaction at work was accepted. However, within this single measurement approach, there have been somewhat different focuses on the person's psychological response to work, subjective interpretation of work or objective aspects of the work. **McVicar (2003)** found that stress among nurses is related to leadership and management, to work environment, to professional conflicts as well as to emotional demands and the workload. Further it was emphasized that different factors might be important depending on which area of nursing that is under scrutiny. This notion is supported by studies showing that nurses working in dementia specific units reported lower levels of stress when caring for persons with dementia exhibiting behavioural symptoms than nurses in non-specialized care units. **Zimmerman et al (2005)** found that cultural diversities were found in the result, which indicates that nurses' job strain might vary due to cultural aspects. This latter study is of American origin, which may limit the transferability of the results to a Swedish context. Additional factors that have been associated with job strain are, for example, nurses' age and work experience, caring climate, education and possibilities for discussing ethically difficult situations. **Aitken and Schloss (1994)** studied the levels of occupational stress and burnout amongst staff providing services to people with an intellectual disability both in an institutional and community

settings. The results indicated that the levels of occupational stress and burnout were not very high for the staff working in community settings however, staff working in an institutional settings were significantly higher on occupational stress and burnout. **Plante and Bouchard** (1995) reveal that the level of occupational stress and burnout was significantly lower for the palliative care nurses who received significantly more professional support than their colleagues working in medical oncology units. South African doctors also report more occupational stress and burnout symptoms than doctors from other races. **Mandy and Tinley** (2004) further suggested that levels of burnout are higher among medical professions than indicated by the published normative medical data. Occupational stress was also associated with lack of professional status and with geographic and professional isolation. **Rada et al.** (2004) observed that dentists are prone to professional burnout, anxiety disorders and clinical depression, owing to the nature of clinical practice and personality traits common among those who decide to pursue careers in dentistry. **Pines and Keinan** (2005) predicted occupational stressors (assumed to be antecedent variables) were more highly correlated with strain than with burnout whereas importance of job was more highly correlated with burnout than with strain. **Lee et al** (2008) revealed that family physicians are at risk of having high levels of occupational stress and burnout. **Dickinson and Wright** (2008) reveal that forensic mental health nurses who work with patients with severe and enduring mental health problems were at risk of occupational stress, and may even develop burnout syndrome. **Ogresta et al.** (2008) found that mental health workers exhibited a moderate degree of burnout syndrome and both dimensions of job dissatisfaction and manifestations of occupational stress proved to be relevant predictors of burnout syndrome. **Xie et al.** (2011) reported that nurses showed a high level of emotional exhaustion, moderate level of depersonalization, and low level of reduced personal accomplishment. Further, nurses in Shanghai were suffering from high levels of burnout, which was strongly associated with work related stress.

#### V. STATEMENT OF THE PROBLEM

In Indian scenario, not much research has been done to measure the Burnout among Healthcare professionals and its impact on Job satisfaction. The Hospital industry is emerging be it a private or public hospitals. The Healthcare professionals of the hospital represent the hospital and being a highly stressful service oriented sector they are prone to Burnout. With increasing number of patients it becomes essential that the Healthcare professionals are satisfied with their jobs. At this point, the study has been undertaken to determine the effect of Burnout on Job Satisfaction.

#### VI. OBJECTIVES

Objectives have been framed for the present Study.

- a) To measure the level of Burnout among the Healthcare professionals of the Hospital.
- b) To observe the various affects of the Burnout on the demographic variables the Healthcare professionals.
- c) To study the impact of Burnout on Job Satisfaction among the Healthcare Professionals.

#### VII. HYPOTHESIS

In the study undertaken, on the basis of surveying the research literature the following hypotheses were formulated:

H1: The Healthcare professionals of the Hospital are not Burnout.

H2: There is no significant relationship between Burnout and demographic variables among Healthcare professionals of the Hospital.

H3: There is no significant relationship between Burnout and Job Satisfaction among Healthcare professionals of the Hospital.

### VIII. RESEARCH METHODOLOGY

This is a descriptive study connected through quantitative analysis aiming at studying the relationship between burnout and some personal parameter. Doctors and Nurses of Government Multispecialty Hospital, Chandigarh constituted the population of the study. The study populations were doctors (Interns and Junior Residents) and nursing staff of Hospital. A population sample of a staff comprising of 113 people including Senior Resident, Junior Resident, Interns, and Nursing Staff were taken. The data was collected using structured questionnaire and observation checklist. The questionnaire included questions on major infection control methods and aseptic procedures practiced in the emergency ward.

**Burnout Inventory:** The burnout inventory used in this study was prepared on the lines of the Oldenburg Burnout Inventory developed by Dr. Evangelia Demerouti to measure Burnout Syndrome. The questionnaire consisted of 18 questions to access the burnout level in doctors. The items in the questionnaire were of five point Likert Scale where 5 was the largest level agreement and 1 was smallest level agreement. A total of 18 questions were asked to the students and their results were analyzed. The questionnaire is designed in such a way that all the all dimensions are given equal importance.

**Job Satisfaction:** The Job Satisfaction is measured using the 36-item scale developed by Spector (1995). To explore the relationship between independent variable (Burnout) and dependent variable (Job Satisfaction), various statistical methods like Pearson Correlation, t-test and One way ANOVA are used. To measure Burnout among Health professionals, its relationship with demographic variables and its impact on Job Satisfaction various statistical methods like Descriptive, Independent Sample t-test and ANOVA are used. Each dimension is tested with the help of a questionnaire.

### IX. ANALYSIS OF RESULTS FOR BURNOUT

The overall mean of Burnout is 2.9, which shows that overall Health professionals of the hospital are experiencing Burnout. From the eighteen items of Burnout, items of Burnout, the mean for the items of Burnout “Most of the time I feel weak and susceptible to illness”, “During my work I often feel emotionally exhausted”, “After working I have enough energy for my leisure activities” with respect to family is highest (4.27) and least for Financial Conditions (2.82). Thus Hypothesis H1 is rejected as Healthcare professionals are Burnout.

### X. IMPACT OF BURNOUT ON DEMOGRAPHIC VARIABLES

To find out the impact of demographic variables on Burnout factors t-test and ANOVA Test is performed and it is inferred that the impact of Burnout on gender among the health professionals is insignificant with (p-value= .574) which is more than the significant value (p<.05). However from the mean plots it is inferred that females are more Burnout than males. Thus for gender there is no significant difference of Burnout among the health professionals of the Hospital. To measure the impact of Burnout on Age, ANOVA test is performed and it is inferred that the p-value < .000 is significant. Thus there is significant difference in impact of Burnout on age. From the mean plot it is inferred that the health professionals among the age group of 45-50 are least Burnout and the professionals in age group 35-40 are mostly Burnout. To measure the impact of Burnout on Level of Management, ANOVA test is performed and it is inferred that the p-value = .000 is significant. Thus there is significant difference in impact of Burnout on Level of Management. From the mean plot it is inferred that the health professionals at senior level least Burnout and the professionals in at junior level mostly Burnout. Thus the Hypothesis, H2: There is no significant relationship between Burnout and demographic variables among Healthcare professionals of the Hospital are rejected.

### XI. IMPACT OF BURNOUT ON JOB SATISFACTION

Pearson correlation is worked out to see whether there is any relation between Burnout and Job Satisfaction among nurses. The table below shows that the co-relation between Burnout and Job Satisfaction is 0.32 which indicates that there exists a positive relationship between Burnout and Job Satisfaction at level of significance (p-value of .000). The value of R<sup>2</sup> shows the

fitness of the model as Burnout contributes 8% of Job Satisfaction among nurses. The regression coefficient for independent variable is 0.740, which suggests that burnout contributes 74% change in job satisfaction among nurses. It is proved that there is positive and significant relationship between employee empowerment and job satisfaction. Thus the Hypothesis, H3: There is significant relationship between Burnout and Job Satisfaction among Healthcare professionals is accepted.

## XII. CONCLUSION

On the basis of results, it is concluded that Burnout has positive and significant impact on employee job satisfaction. There is significant difference of Burnout among nurses working in different departments. This study confirms that Burnout leads towards higher level of employee's job satisfaction. Thus from the above discussion it is clear that various dimensions of Burnout are related to job satisfaction. The finding of this study stated that the dimensions of Burnout of nurses and their job satisfaction are related is in lieu with previous studies. Thus the nurses like their jobs more when they find their work having Burnout factors of pay, promotion, rewards, supervision and work itself meaningful. As in India a lot of problems exist in hospitals among nurses due to which stress is inevitable and unavoidable. This in turn will impact the effectiveness of the job and which act as deterrent not only for the hospital but also for patients. The job effectiveness is a psychological aspect in hospital sector which is a predictor of innovative and empathetic behaviour of the nurses. Thus to achieve higher effectiveness and job satisfaction it is recommended that Burnout should be encouraged in hospitals across India.

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**AUTHOR(S) PROFILE**



**Dr. Aman Khara**, received his PhD (Business Laws) from Panjab University, Chandigarh in the year 2014. He did his MBA (HRM) from Punjab Technical University in the year 2004. Presently he is working as Assistant Professor in University Institute of Applied Management Sciences (UIAMS), Panjab University, Chandigarh since 2011. His area of specialization is HRM and Business Laws.