Burnout and job satisfaction in healthcare staff: A questionnaire survey.

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Abstract

Objective: The study surveyed burnout, job satisfaction and years in employment for healthcare workers. A substantial amount of research suggests that burnout, job satisfaction and psychosocial health are important issues that healthcare workers experience globally.

Methodology: 194 healthcare workers (185 females and 9 males), respondents participated in answering demographic questions followed by two questionnaires; the Maslach Burnout Inventory (MBI) and the Work-Related Quality of Life (WRQoL) via an online social media platform. The data was analysed using a statistical software SPSS which was used to a compute Pearson and Spearman correlation coefficient

Results: The analysis resulted showed that a significantly, strong negative correlation was found between the two variables, burnout, and Job satisfaction. A non-statistically significant relationship was shown between burnout and years in employment

Discussion: These findings can be used by healthcare organisations to further knowledge to address appropriate initiatives to improve quality of working life with the objective to reduce burnout of healthcare workers.

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Lists of Abbreviations

HCW – Healthcare workers

EE – Emotional Exhaustion

D – Depersonalization

PA – Personal Achievement

JDC - Job Demands Control

WHO – World Health Organisation

WRQol - Work-Related Quality of Life

MBI - Maslach Burnout Inventory

1.1 Introduction

Burnout can be described as psychological syndrome that results from prolonged exposure to chronic interpersonal work-related stress and frustration. Burnout has been characterised as three key dimensions, job burnout--emotional exhaustion, depersonalization, and personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). Work-related stress over short periods of time can have beneficial outcomes for some people i.e., motivation in the workplace (Jennings, 2008) However long terms stressors can lead to negative consequences thus resulting in an individual's health and wellbeing impacted (Bagnall, Jones, Akter, & Woodall, february 2016). The impact of burnout on healthcare is substantial. The concept of burnout originally developed amongst healthcare staff and is a 'state of vital exhaustion (Maslach & Leiter, 2016 June)

It has been suggested that the nature of the work, organisational pressures, and workload negatively impact ill health (Michie & Williams, 3-9) Plus, the individual characteristics that contribute the problem (Kisely, et al., Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis, 2020). Although healthcare workers appear to be particularly susceptible to this work-related phenomenon. Burnout can take place in any profession (Leiter & Schaufeli, 2007). Research has also shown that "Occupational interventions in work settings can also improve the emotional and work-induced exhaustion. Combining both individual and organizational interventions can have a good impact in reducing burnout scores " (Ashkar, 2014)

Burnout is believed to be a consequence of the to the challenging professional roles of helping people. Research has suggested clinicians appear to be at greater risk of burnout (Tait Shanafelt, 2011). The evidence suggests that the levels and costs of burnout among healthcare professionals are frequently high (Shanafelt, et al., 2015), patient quality care has seen been to be effected (Kakemam, Chegini, Rouhi, Ahmadi, & Majidi, 2021) and most importantly the mental health of care providers have revealed concerning information. A study that examined surgeons mental health resources and suicidal ideation found an alarming number of surgeons 60.1% were reluctant to get supports due to the worry that could pose on their medical licence even though they were strongly related to the symptoms of burnout and depression (Shanafelt, et al., 2011) Which strengths the concerning prevalence of burnout among healthcare workers and healthcare systems across the world (F, S, M, M, & S, 2012)

It is important to note that the descriptions of what is now called burnout is probably not a new phenomenon. Historical records from The Old Testament (Exodus18: 17–18) (Jeon, 2017) which highlighted the matter of what is known as burnout, across different times and cultures. Freudenberg 1974 was the first to give an account of the concept employee burnout (Freudenberger, 1974) which is defined as a feeling of failure and "used up". Subsequently, the development a 12-stage burnout model (Heinemann & Heinemann1, 2017). This was later reduced to 5-stages (Grover, Adarsh, Naskar, & Varadharajan, 2018) that were developed.

Maslach gave his perspective, which is validated and well documented (Maslach, Schaufeli, & Leiter, 2001). According to Maslach the key dimensions of this psychological response involve emotional exhaustion, depersonalisation cynicism and reduced personal achievement (Maslach, Schaufeli, & Leiter, 2001)this was the first theoretical account of burnout, which is still highly used today.

Emotional exhaustion refers to feelings of emotional and sometimes physical depletion plus loss of energy. Individuals who experience Emotional Exhaustion often feel this response due to high demands of organisational job tasks. EE is thought to be one of the most prominent and obvious manifestations of burnout syndrome (Nyatanga, 2014). Studies have reported a 25%-60% burnout rate for physicians across departments (Gazelle, Liebschutz, & Riess, 2015). Similarly, a study shown medical professionals scored high on EE and therefore prone to experience burnout (Tijdink, Vergouwen, & Smulders, 2014). People who experience depersonalization tend to have negative feelings in relation to their job. Inefficacy and lack of accomplishment are often used to describe Depersonalisation (Maslach M. P., 2015). The last dimension of the psychological response is referred to as personal achievement, this is described as reduced accomplishment (Lim, et al., 2019).

Even though the literature does not cite a universal agreement for a definition of burnout. The literature tends to use, the MB measuring tool which is seen as the ‘gold standard’ l for measuring burnout (Lee & & Ashforth, 1990) and has been utilised in a vast amount of burnout research (Shirom, 2003)

Cross sectional studies have highlighted associations between burnout and health related problems for example depression (Bonde, 2008), poor well-being (Johnson, et al., 2017) and obesity (Armenta-Hernández, et al., 2021). Worryingly, in the past 35 years 19-30% of staff world-wide have experienced burnout (Weiss, 2002). Another major organisational issue related to burnout is absences from work, poor performance, conflicts between employees and reduced job satisfaction (Jabłkowska & Borkowska, 2005). Furthermore, Number of sick notes due to burnout is alarming which has major implications for healthcare systems and polices alike (Wolfgang P. Kaschka, 2011).

Researchers have approached burnout from a multidimensional viewpoint. For example, some clinicians, state burnout is a result of work-related stress (Bianchi, Manzano-García, & Rolland, 2020) Burnout can also be associated with staff shortage. A study conducted found that 31.5% staff reported leaving employment due to burnout (Bianchi, Manzano-García, & Rolland, 2020)

Other factors include personality (Pérez-Fuentes, Jurado, Martínez, & Linares, 2019), lack of communication and managerial support (Membrive-Jiménez, et al., 2020), and high workload (West, Dyrbye, & Shanafelt, 2019) Maslach and Leiter (1997) (Maslach & & Leiter, The truth about burnout: How organizations cause personal stress and what to do about it, 1977) support the research emphasising that burnout does not stem solely from individual factors, also organisation factors play a crucial role.

As shown the prevalence of burnout amongst healthcare workers has had a negative impact on employees' performance. Healthcare who has experienced burnout impacted quality of care given to patients, medical errors and provide poor performance resulting in poor quality of care and even fatal outcomes (Hert, 2020). Which has led to significant outcomes on the healthcare system and patients alike. Healthcare workers experience higher levels of occupational stress due to higher work intensity, more frequent interruptions and greater emotional demands when compared to other professions (Koinis, et al., 2015). A study looked at the impact of employee's burnout in residential centres for elderly patients, found a positive correlation between job stress and the employee's ability to perform essential job tasks. Results in the study concluded that long length of time experiencing job stress negatively impacts the quality of life of the residents (Kennedy, 2005).

In recent years workplace psychosocial factors has been extended and expanded internationally which paved the way for new conceptual models. These models approached

burnout from an engagement point of view. Which basically means approaching the problematic issue of burnout from a positive work-related state (Schaufeli, Bakker, & Rhenen, 2009). Research has shown positive relations with management, psychological supports provide employees with greater job satisfaction thus reducing the chances of burnout (Foà, et al., 2020).

Burnout models have been based on work-related stressors and the factors that lead to strained imbalances. JD-R model describes burnout as" physical social, emotional, cognitive, and organizational aspects of the work that require prolonged mental or physical efforts in workers and are therefore associated with emotional, cognitive, behavioural, and physiological changes, such as exhaustion and depersonalization" (Mijakoski, et al., 2015) such models contribute to the development, implications and understanding of the issue of burnout (Richardsen & Burke, 1995) for example a study that theoretical tested a burnout model with 109 German nurses found emotional exhaustion and disengagement were linked with burnout (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001)

There have been several other approaches to attempt identify burnout and to help address the complex issue of burnout syndrome and to improve the mental health issues faced by care providers. Well-being is one avenue that has been explored and researchers have shown that relieving stress through well-being approached can result positive outcomes (A Design Thinking, Systems Approach to Well-Being Within Education and Practice: Proceedings of a Workshop., 2018) a study that looked at a population of medical students changed their course structure, the findings revealed reduction in stress (Pereira & Barbosa, 2013). Other well-being approaches like relaxation techniques resulted positive employee outcomes (Wild, et al., 2014). A mindfulness in motion (MIM) invention was developed for stressful work-related organisations. The study had a 97% rate which offers stress reduction possibilities for healthcare providers and organisations alike.

1.2 Job Satisfaction

Important factor in employee performance and in organisational settings is job satisfaction. If a healthcare worker wants to be able to help those in need and provide the best quality of care but does not meet their goals, this can lead to discrepancy and low levels of job satisfaction thus resulting in burnout. One study examined the job satisfaction among 275 social workers revealed that job satisfaction was significantly impacted negatively in relation to emotional exhaustion which highlights that job satisfaction as an important variable of the syndrome (Arches, 1991). Similarly, a study conducted in Croatia of a sample of 174 mental health workers found occupational stress and job satisfaction to be relevant predictors of burnout (Ogresta, Silvia, & Skokandic, 2008). Further studies also indicated that workload has been associated with lower levels of job satisfaction (Inegbedion, Inegbedion, Peter, & Harrya, 2020).

Research have investigated gender variables to examine gender differences with regards to burnout. Most studies agree that males and females do not differ in the effect of burnout (Houkes, Winants, Twellaar, & Verdonk, 2011), however there is some disagreements from some areas of research for example the Medscape National Physician Report pointed out that women disclosed more frequent symptoms of the burnout syndrome. The data in 2015 shown 51% female in comparison to 43% male and in 2020, 48% female vs 37% male). Medscape National Physician Burnout & Suicide Report 2020. Subscription | Canadian Insider. Interestingly a meta-analysis examined the relationship between burnout and gender from one hundred and eight three studies, the findings indicated that a nonsignificant relationship was found between males and females (K.Purvanova & P.Muros, 2010).

As characteristics of the syndrome are becoming more researched, the had to be valid measurement tools to assess burnout. A variety of measures have been proposed. Firstly, the MBI scale which is widely administered to professionals to date to measure burnout (Maslach & Jackson, the measurement of experienced burnout, 1981) even though it is one of the most widely used, it does not come without limitations i.e., the way the scales questions are phrased. This has led other researchers to create further measurable burnout scales for example; Oldenburg burnout Inventory (Demerouti j. R., 2007) bergen burnout inventory (The 9-Item Bergen Burnout Inventory: Factorial Validity across Organisations and Measurements of Longitudinal Data) and burnout assessment tool (BAT) to name a few.

Organizations all share a culture which is known as beliefs, values, perceptions or goals rooted in employees organisations, these cultures can influence the attitudes and behaviour of the staff (Tsai, 2011) A study examined the relationship between organisation culture, jobs satisfaction and leadership behaviour, the results found a significantly positive correlation between organisational cultures and leadership. Furthermore what's interesting is that the leadership role shown to be highly correlated with job satisfaction, which signifies the important role of a healthy and uplifting work environment enables leaders and staff to interact, collaborate and motivate employees to meet healthcare practices and policy's missions, which in turn enhances job satisfaction (Tsai, 2011) A notably important factor in organisations is role conflict which impacts the psychosocial working environment which in turn produces stress (Hartvigsen, Lings, Leboeuf-Yde, & Bakketeig, 2004)

Increasing concern over burnout among health care workers has led rising pressures to change working environments and solutions for burnout prevention, too enable care staff to deliver the best of care (Imai, Nakao, Tsuchiya, Kuroda, & Katoh, 2004) which unlimitedly is

to eliminate causes of burnout (West C. P., Dyrbye, Erwin, & Shanafelt, 2016). However, despite the enormous number of multifarious approaches that speculate what the causes of burnout are, burnout still requires a universal standardized, valid procedure to diagnose burnout syndrome. According the HTA report there is currently no standardized, generally valid procedure by which to diagnose burnout syndrome (Kaschka, Korczak, & Broich, 2011).

“Although there is not internationally validated and accepted definition, WHO included burnout in its International Classification of diseases (ICD-11) which instantly the public believed burnout would now be classified as a condition medically. WHO were immediately responsive to urgently call put a statement out “Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-1) as a occupational phenomenon, not a medical condition… reasons for which people contact health services but that are not classed as illnesses or health conditions.” “Even though WHO is actively putting together deterring mechanisms and guidelines for organisations, there is still a lack of a globally accepted definition of the phenomena.”

1.3 Limitations

Few studies have failed to provide a more detailed account of burnout and why it occurs. There are individual factors, organisational variables that are key to playing a role in the syndrome. However, investigations and recommendations of solutions for enhancing job satisfaction and at the same time organizational efficiency hold great value (Purgaz, Nastiezaie, & Mogadam, 2010). As shown burnout is usually triggered by conflicts at work (Aukštikalnytė, 2021). For this reason, health promotion measures in the workplace have a meaningful role in prevention, as research has shown (Jarman, Martin, Venn, Otahal, &

Sanderson, 2015). Employers, Healthcare systems and employees alike must recognise these factors with the attempt to reduce the prevalence and associative links concerning this important phenomenon.

Is it apparent that burnout is a common issue for healthcare professionals and healthcare systems world-wide This study is important as it may help to further understand the prevalence and associative factors that lead to burnout among healthcare employees and provide more of an extensive review. The findings from this research will be discussed and used to suggest recommendations with the aim to inform healthcare providers, professionals, and academics to further explore the possible factors of burnout variables, which could help equip organisations with knowledge of the syndrome and therefore potentially lead to preventative measures for healthcare workers.

1.4 Purpose for current study

The objective of this present research was to investigate the level of burnout associated with healthcare workers job experience and years in employment. This study aims to examine; the prevalence of burnout; the role of healthcare workers job experience and burnout and to investigate the prevalence of burnout associated with the number of years in employment

1.5 Research questions

We hypothesize based on prior literature: that there will be a relationship between job experience and years in employment, Hypothesis one is Healthcare workers' who report low

levels of job experience will report high levels of burnout. The second hypothesis is investigating HCW who experience burnout, due to the longer years in employment.

Hypothesis 1:

It is predicted that healthcare professionals who experience high levels of burnout will report low staff experience

Hypothesis 2:

It is predicted that healthcare workers who experienced burnout will report long term employment

2.0 Methodology

2.1 Participants

The research sample for this current study consisted of 196 Healthcare workers (Males: n = 9; Females: n = 186). The study implemented a non-probability, convenience sampling through social media applications from the researchers account (What's App and Facebook) and participants were also invited to share the link with any others that they thought would fit the criteria. The survey was shared to healthcare professional groups in which the participants were recruited from, this ensured the participants were of the correct interest for this study. Following the ethical considerations, all participants were required to be 18 years or above. A brief description of the study was provided along with a consent form that outlined the purpose of the study, the potential benefits and risk of the study, before the taking part in the study. Furthermore, the ability to complete the questionnaire in English.

2.2 Measures

A survey form was used to collect data in this research. The study questionnaire was compromised of demographic questions which were administered to gather a general profile of the participants in this study, gender, age, years in employment, professional role (Healthcare assistant, Social Care worker, Nurse, Psychologist, Physician, Clinical worker, Other). A brief description of the study **(See Appendix**) was provided along with a detailed consent form **(See Appendix)** that outlined the purpose of the study, the

potential benefits and risk of the study. After permission was granted from National College of Ireland Ethics committee, the research participants were informed the information they shared would be treated with the upmost confidentiality, before the participants could proceed with the study. Furthermore, the ability to complete the questionnaire in English.

The research used Maslach Burnout Inventory (MBI) which is a validated scale that is used to measure burnout rates, likewise, is used to measure healthcare workers' burnout levels and has been validated and translated in many languages (Williamson, Lank, Cheema, Hartman, & Lovell, 2018). The measurement tool is a 22-item instrument which are categorized into three subscales; nine items emotional exhaustion, five items evaluate the staff depersonalization, and eight items has been designed to evaluate personal accomplishment. The categories have been put as attitudes and feelings of being overwhelmed and depleted for a person's emotional resources for example "I feel emotionally drained from my work. **(See Appendix 1).** MBI developed this approach based on the frequency individuals come up against those feelings (0 which is never to 6 which is every day), (Leiter & Maslach, 2005). Reported internal consistency estimates of reliability: 0.90, 0.79, and 0.71, for the EE, DP, and PA subscales, respectively. (Slabšinskienė, Gorelik, Vasiliauskienė, Kavaliauskienė, & Zaborskis, 2020). Burnout level scores on the subscales tool are classified as low, medium, or high for levels of burnout. High means scores on the Emotional exhaustion and depersonalisation subscales, represent higher degrees of experienced burnout. Moderate levels of burnout reflect moderate scores in all the three subscales. Whereas low level of mean score for personal achievement represents a higher degree of burnout.

The research used the Work-Related Quality of Life (WRQoL) scale to assess Healthcare workers Job experience. (e.g., I have a clear set of goals and aims to enable

me to do my job). Then participants are asked to respond to the 23 items (based on their work-related experience) evaluated on a 5-point Likert scale from 1 = ‘Strongly disagree’ to 5 = ‘Strongly agree’. The measurement tool has 6 subscales, namely control at work, job-career satisfaction, general well-being, working conditions, home-work interface, stress at work which most relevant to quality of working life (Quality of Working Life [QoWL], 2012), **(See appendix 2).** The measurement tool reliability has been observed to be very good, with a Cronbach’s alpha of 0.96, suggesting that the items all measure similar middle range theoretical concepts in a reliable manner (Laar, Edwards, & Easton, 2007)

2. 3 Design

This present study used a correlation design approach. This study used a questionnaire and participants answered the questions online. The data that was collected online from the questionnaire and the transferred to SPSS. When the data from questionnaire was put onto SPSS The ‘role of burnout’ was the independent variable and job experience plus years in employment were individually used to examine burnout within healthcare workers job experience and years in employment. Pearson’s correlation analysis was used to conduct the first hypothesis, staff job experience and burnout. Spearman rho was used to examine the second hypothesis, burnout between healthcare workers years in employment.

2.4 Procedure

The research data were analysed using Statistical Package for the Social Sciences (SPSS version 27, IBM. Descriptive statistics were computed to describe the sample (mean, standard deviation, range, frequencies, and percentages). Data normally distributed and

verified by the Kolmogorov-Smirnov test. Inferential analyses were computed to assess if there were relationships between the variables of interest, Pearson correlation coefficient was used. To assess the association between variables, Spearman correlation coefficient was used.

2.5 Ethical considerations

All data was collected within accordance with the ethical guidelines of NCI. The risks and benefits of partaking in the study were clearly outlined and there was no incentive to take part, and all participants provided informed consent.

3.0 Results

3.1 Descriptive statistics

Descriptive statistics for demographic variables are presented in Table 1. The current data is taken from a sample of 194 participants (n=194). This consisted of 95.4% females (n=185) and 4.6% males (n=9). A large proportion of the sample size 38.9% (n = 75) were social care workers; 29.5% (n = 57) were Healthcare assistant, other professions mentioned were Physician, Nurse, Psychologist, Clinical worker, or other healthcare role are presented below. Preliminary analysis was performed on the data set, and this indicated that all data followed the assumptions of normality.

The results for all continuous variables, means (M), Standard Deviations (SD), and Range were obtained, along with tests of normality, are presented below in table 2.

Table 1

Frequencies for the current sample of Gender, Profession and Years in employment.

Variable	Frequency	Valid %
Gender		
Female	185	95.4%
Male	9	4.6%

Profession		
Physician	3	1.6%
Nurse	15	7.8%
Social Care Worker	75	38.9%
Healthcare assistant	57	29.5%
Psychologist	12	6.2%
Clinical worker	10	5.2%
Other	21	10.9%
Years in employment		
Under a year	21	10.9%
1-3 years	49	25.4%
4-5 years	23	11.9%
6-10 years	49	25.4%
11-15 years	15	7.8%
20 years and above	25	13%

Means (M) and standard deviations (SD) for all continuous variables are presented in Table 2.

Table 2

Descriptive for all continuous variables

Variable	*N*	*M* [95% CI]	*SD*	*Range*

Age	194	35.76 (34.14-37.37)	11.41	18-68
Job Career Satisfaction	194	3.40 (3.26-3.53)	.94	1-5
General Well Being	194	3.13 (3.03-3.22)	.66	1.5-4.5
Home-Work Interface	194	3.14 (2.97-3.32)	1.23	1-5
Control at Work	194	2.96 (2.80-3.13)	1.16	1-5
Working Conditions	194	3.23 (3.09-3.38)	1.03	1-5
Stress at Work	194	3.90 (3.76-4.03)	.95	1-5
Overall Quality of Working Life	194	3.15 (2.98-3.32)	1.19	1-5
Emotional Exhaustion	194	2.78 (2.67-2.89)	.79	1.11-5.33
Personal Accomplishment	194	3.59 (3.49- 3.69)	.69	2.13-5.38
Depersonalization	194	3.40 (3.28-3.51)	.80	1.40-6

3.2 Inferential statistics

Preliminary analyses were conducted for both hypotheses to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. A Pearson's correlation coefficient was computed to assess if there was a relationship between Job experience and burnout (Emotional Exhaustion variable). See Table 3. There was a significantly, strong negative correlation between the two variables Emotional Exhaustion and Job experience ($r = -.299^{**}$, $n = 194$, $p < .001$). Second Hypothesis a Spearman's rho was computed to assess if there was relationship between burnout (Emotional Exhaustion variable) and Years in employment, see Table 3. There was a strong positive correlation with a non-significant relationship between

Emotional Exhaustion and Years in Employment, (r = .058, n -= 194 p = .422). Thus, the null hypothesis can be accepted.

Table 3

Correlations between all continuous variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1 Age	-										
2. Job Career Satisfaction	-.02	-									
3. General Well Being	.06	.50**	-								
4. Home-Work Interface	-.04	.58**	.54**	-							
5. Control at Work	.10	.73**	.43**	.61**	-						
6. Working Conditions	.04	.66**	.47**	.61**	.63**	-					
7. Stress at Work	-.23	-.17*	-.32**	-.31**	-.22**	-.30**	-				
8. Overall Quality of Working Life	.01	.65**	.65**	.63**	.62**	.70**	-.29**	-			
9. Emotional Exhaustion	-.04	-.30**	-.32**	-.28**	-.17*	-.38**	.39**	-.38**	-		
10. Personal Accomplishment	-.03	-.22**	-.20**	-.30**	-.19**	-.31**	.46**	-.34**	.52**	-	
11. Depersonalisation	-.11	-.04	-.03	-.15*	-.02	-.16*	.36**	-.10	.51**	.50**	-

Note: Statistical significance: *p < .05; **p < .01; ***p < .001

3.3 Additional findings

Table 3 shows some interesting significant findings in the data. Overall quality of working life revealed a significant strong positive association with Job Career satisfaction and General well-being ($p < .01$). Job career satisfaction revealed a significant strong positive association with General well-being and Overall Quality of working life ($p < .01$). Lastly Working conditions results shown a significant positive association with Job Career Satisfaction ($p < .01$)

4.0 Discussion

The main goal of this current research was to investigate if there were any relationships between burnout (emotional exhaustion), job satisfaction and years spent in employment from a sample of healthcare workers. A significantly, strong negative correlation was found between the two variables, burnout, and Job satisfaction, which did not support the researchers first hypothesis. This does not match with existing studies which indicated that work-related stress is directly related to job satisfaction. The findings from the study revealed that burnout was explained by both levels high stress and low job satisfaction (R.M, Visser, Oort, & Haes, 2003). Using Spearman Correlation Coefficient to compute the second hypothesis, the study demonstrated that a non- statistically significant relationship was shown between burnout and years in employment, therefore did not support the researchers second hypothesis. In summary the results of our hypothesis showed no significant relationship between burnout and Job satisfaction and the number of years in employment on the levels of burnout, however the additional findings of Job satisfaction, Overall quality of working life and general well being shown strong positive associations in relation to burnout. Previous research has shown that high levels of burnout have been link to low levels of Job satisfaction among healthcare workers (Visser, Smets, Oort, & Haes, 2003).

4.1 Future research

The findings from this research could possibly be avenue for academics' to further explore. These results draw our attention to the important role of psychosocial work environment and the complex dynamic associated with burnout, job satisfaction, general well-being, and overall quality of working life amongst healthcare professionals. Future

research could investigate other Demographic variables such as age along with the variables of interest in this study. Research has suggested that burnout syndrome has been reported to decrease with age (Ahola, Honkonen, Virtanen, Aromaa, & Lönnqvist, 2008). Findings from a study which examined workers age from 17-74 years of old, revealed that the younger workers reported significantly high levels of burnout and lower levels of job satisfaction. Similarly, a study who investigated Team workers indicated that supports mediated both the U-shaped relationship between age and job satisfaction (Zacher, Jimmieson, & & Bordia, 2014) these results indicate that organisations interventions (i.e., supports) possibly aid in improving low levels of work-relate well-being in specific age categories and thus improving employee's well-being. Lastly researchers examining age as a possible variable, could utilise a longitudinal design to observe the specific age groups over periods of time to examine and explore the possibility of younger population as a possible contributing factor to the syndrome.

4.2 Limitations

The study did not go without its limitations. Firstly, the study was conducted with healthcare professionals, a big portion of the participants were social care workers and healthcare assistants. Results from previous research has highlighted those physicians are particularly at risk of burnout due to the highly stressful working environment (Romani & Ashkar, 2014). Research has suggested the incidence seems to be higher in physician than other healthcare roles (Hert S. F., 2020). The sample size of physicians in this study was 1.3% this possibly could have impacted the findings of our results. Furthermore, a systematic review that was conducted in the middle east stated that there was gap in the systematic data on the burden of burnout among healthcare professionals from different sectors of healthcare

in Middle Eastern countries (Chemali, et al., 2019). Additionally, research supports the that work environments are related the burnout syndrome for different organisational cultures. So therefore, it is imperative to have generalisable findings across a variety of organisational cultures, not just one healthcare group or settings (D, j, & & Basarovska V, 2015)(Mijakoski, et al., Burnout, Engagement, and Organizational Culture: Differences between Physicians and Nurses, 2015) likely to provide greater knowledge of the factors that contribute to this syndrome.

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Appendices

Appendix 1: Maslach Burnout Inventory

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often:

0-6

1 ________ I feel emotionally drained from my work.

2 ________ I feel used up at the end of the workday.

3 ________ I feel fatigued when I get up in the morning and have to face another day on the job.

4 ________ I can easily understand how my recipient feel about things.

5 ________ I feel I treat some recipients as if they were impersonal objects.

6 ________ Working with people all day is a strain for me.

7 ________ I deal very effectively with the problems of my recipients.

8 ________ I feel burned out from my work.

9 ________ I feel I am positively influencing other peoples lives through my work.

10 ________ I have become more callous towards people since I took this job.

11 ________ I worry that this job is toughening me emotionally.

12 ________ I feel very energetic.

13 ________ I feel frustrated by my job.

14 ________ I feel I am working too hard on my job.

15 ________ I do not care what happens to some recipients.

16 ________ Working with people directly puts too much stress on me.

17 ________ I can easily create a relaxed atmosphere with my recipients.

18 ________ I feel exhausted after working closely with my recipients.

19 ________ I have accomplished many worthwhile things in this job.

20 ________ I feel like I am at the end of my rope.

21 ________ In my work, I deal with emotional problems very calmly.

22 ________ I feel recipients blame me for some of their problems.

Appendix 2: Work-Related Quality of Life Questionnaire

Factor	Items	Factor loadings
HWI	I am able to achieve a healthy balance between my work and home life	.87
	My current working hours/patterns suit my personal circumstances	.82
	My employer provides adequate facilities and flexibility for me to fit work in around my family life	.75
WCS	The working conditions are satisfactory	.84
	I work in a safe environment	.60
	My employer provides me with what I need to do my job effectively	.79
JCS	I have a clear set of goals and aims to enable me to do my job	.68
	When I have done a good job it is acknowledged by my line manager	.72
	I am encouraged to develop new skills	.70
	I am satisfied with the career opportunities available for me here	.77
	I am satisfied with the training I receive in order to perform my present job	.71
CAW	I have sufficient opportunities to question managers about change at work	.79
	I am involved in decisions that affect me in my own area of work	.85
	I feel able to voice opinions and influence changes in my area of work	.87
SAW	I have unachievable deadlines (-rev)	.63
	I am pressured to work long hours (-rev)	.72
	I often feel under pressure at work (-rev)	.75
	I often feel excessive levels of stress at work (-rev)	.83
ECO	I would recommend this organisation as a good one to work for	.94
	I am proud to tell others that I am part of this organisation	.88
	The organisation communicates well with its employees	.74
GWB	I feel well at the moment	.79
	I am satisfied with my life	.80
	In most ways my life is close to ideal	.84
	Generally things work out well for me	.75
	Recently, I have been feeling reasonably happy all things considered	.87

Appendix 3: Consent form

In agreeing to participate in this research I understand the following:

This research is being conducted by Charlotte Billington, an undergraduate Psychology student at the School of Business, National College of Ireland.

The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage.

I have been informed as to the general nature of the study and agree voluntarily to participate. To agree to patriciate in the study, you will need to tick the consent box because the questionnaire form will be presented online.

All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.

At the conclusion of my participation, any questions or concerns I have will be fully addressed.

I may withdraw from this study at any time and may withdraw my data at the conclusion of my participation if I still have concerns.

Appendix 4: Participation information Sheet

Job- related burnout as an occupational hazard for healthcare workers

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being conducted and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

I am a final year student in the BA in Psychology programme at National College of Ireland. As part of our degree, we must carry out an independent research project. For my project, I aim to investigate burnout, job experience and years in employment in healthcare workers.

If you decide to take part in this research, you will be asked to complete an online questionnaire the first part of the questionnaire includes items on demographic variables, and the second part consists of 22 items on burnout. This questionnaire is rated based on a 7-point Likert scale, ranging from 0 (never) to 6 (every day). Plus, a further 23 items related work experience on a 5-point Likert scale from 1 = 'Strongly disagree' to 5 = 'Strongly agree.' This usually takes 25-30 minutes to complete. You can take part in this study if you are aged over 18 and use at least one of the following forms of social media: Facebook, Twitter, or LinkedIn. You have been invited to take part in this study because you currently employed as a Healthcare worker

Do I have to take part?

Participation in this research is voluntary; you do not have to take part, and a decision not to take part will have no consequences for you. If you do decide to take part, you can withdraw from participation at any time stopping the questionnaire (if you have not reached the end). One you have submitted your questionnaire, it will not be possible to withdraw your data from the study, because the questionnaire is anonymous and individual responses cannot be identified.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to understand the prevalence and burnout among healthcare workers. There is a small risk that some of the questions contained within

this survey may cause minor distress for some participants. If you experience this, you are free to discontinue participation and exit the questionnaire. Contact information for relevant support services is also provided at the end of the questionnaire.

Will taking part be confidential and what will happen to my data?

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire. All data collected for the study will be treated in the strictest confidence. Each participant will be assigned a unique ID code, and their data will be stored under this ID code, separate from their name or other identifying information.

Only the researcher will have access to the data collected. Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and their supervisor will have access to the data.

What will happen to the results of the study?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

Who should you contact for further information?

Researcher's name is Charlotte Billington, I am undergraduate of Psychology at the National college of Ireland, my email is x15011704@student.ncirl.ie, feel free to contact me if you have any questions relating to the study. Below are details of support service, if needed.

Samaritans Ireland,

4-5 Usher's Court,

Ushers Quay,

Dublin 8.

Helpline: 18 50 60 90 90.

Telephone: 01 671 0071

Email: jo@samartians.org

Thank you for your interest and time to take part in this study

Yours Sincerely,

Charlotte Billington