

PREDICTORS OF JOB SATISFACTION AND BURNOUT AMONG THE ROMANIAN MEDICAL PERSONNEL: A QUALITATIVE CASE STUDY

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Abstract: The aim of the present study was to examine the prevalence of burnout syndrome and job satisfaction attitudes among the healthcare personnel working in a public hospital in Romania. Apart from revealing the factors, the consequences and the remedies of professional emotional exhaustion, we intended to ascertain reliable interconnections between the sociodemographic variables, work satisfaction and burnout levels, among medical employees, by using the qualitative research techniques.

Keywords: job satisfaction, burnout, Romanian healthcare employees

Rezumat: Scopul acestui articol constă în studierea prevalenței sindromului de burnout și a atitudinilor privind satisfacția muncii în rândul personalului care lucrează într-un spital public din România. Pe lângă evidențierea factorilor, consecințelor și remediilor epuizării emoționale și profesionale, dorim să stabilim relațiile dintre variabilele sociodemografice și nivelurile de burnout, utilizând tehnicile cercetării calitative.

Cuvinte cheie: satisfacția muncii, burnout, personalul unităților sanitare.

INTRODUCTION

Over the last decades, much attention was paid on the issue of the mental health of the medical professional branches but, we know little about the manner in which diverse social, psychological and organizational predictors affect the burnout level among the Romanian healthcare personnel. Given that medical employees are spending much of their working time in contact with patients and colleagues, trying to manage urgent and high-risk problems, this is generating what is called in the field literature, *burnout syndrome*. Initially depicted by Christina Maslach (1986) in three components: emotional exhaustion, depersonalization and lack of personal accomplishment, this triptych remains one of the most encountered classification, widely used to assess work-related chronic stress. Scientists agree that burnout does not occur suddenly, but arises due to high levels of emotional exhaustion, as an implicit result of chronic work-related stress, which in turn leads to high level of depersonalization (Leiter, 1991; Maslach, C.2003).

What is the relation between job satisfaction and

burnout?

Several empirical consulted studies stated that personality traits (type A, predominantly), interpersonal and organization factors are interrelated to job satisfaction and burnout syndrome in healthcare settings, being tested through quantitative data and validated instruments.

Also, the research made in the field of mental health have found as determinants of the relation between job satisfaction and burnout, the following parameters: the social support (Prosser et al., 1996), the work with suffering people, the occupational overload, the low sense of accomplishment, the deficient relation between co-workers (Chemiss & Egnatios, 1978), the lack of autonomy, the high percentage of people taking drugs (Boyer & Bond, 1999), the time spent on administrative work, the urgency and case severity, or the family-work conflict (Aryee, S.1992).

PURPOSE OF THE STUDY

The major aim of the present study was to reveal the prevalence of the burnout syndrome and job satisfaction attitudes, in terms of satisfaction or dissatisfaction, among the caregivers working in a public Romanian hospital, and to investigate the relationship between burnout and several different aspects of job satisfaction measured in terms of interaction with patients and colleagues, diversity of cases, tasks supposed to be archived, team work etc. Apart from the brief descriptive presentation, another purpose of this study was to register and examine whether various organizational and job specific causes (e.g. profession, tenure, schedules, number of patients a week, relation with colleagues and other professional development opportunities) were interrelated to burnout. Consequences and possible solutions participants go for, in order to fight chronic stress exposure are also pointed out.

MATERIAL AND METHODS

Participants

This study is part of a larger research. The current study includes twenty subjects, out of whom 70% were females and 30% males. The majority of our sample was represented by nurses, aged between 30-39 years old, and with a total seniority between 11-20 years. Regarding the respondents' educational level, 15% have secondary

school degrees and PhD studies respectively, whereas 65% have completed university studies. The tables below present a brief representation of the sample, considering several socio-demographic and work-related characteristics. At the moment of the present survey, the participants were employed in a public Romanian hospital.

Table no. 1. Sample distribution according to gender and profession of the subjects

Count		Profession			Total
		nurse	doctor	lab. assistant	
Sex	masculin	2	4	0	6
	feminin	6	5	3	14
Total		8	9	3	20

Table no. 2 Subjects' distribution according to the hospital department and worked hours a week

Count		no. of worked hours a week				Total
		<36	40	50	>70	
hospital department	neurosurgery	0	6	2	2	10
	stomatology	1	5	1	0	7
	blood analysis laboratory	1	1	1	0	3
Total		2	12	4	2	20

Table no. 3 Subjects' distribution in accordance with the hospital department and number of patients per week

Count		No. of patients / week				
		<20	20-50	50-75	75-100	>125
hospital department	neurosurgery	7	2	0	1	0
	stomatology	1	2	4	0	0
	blood analysis laboratory	0	0	0	1	1
Total		8	4	4	2	1

INSTRUMENT AND PROCEDURE

A survey was constructed to ascertain medical staff attitudes with reference to job satisfaction and emotional exhaustion (burnout), following three basic concerns. The first set of questions referred to respondents' socio-demographic information, while the second one regarded eleven items about the attitudes towards job satisfaction. Here, the respondents were first of all asked to rate their opinion concerning the measure in which they felt satisfied with several intrinsic and versus extrinsic job satisfaction (e.g. efficacy, diversity of cases, patient interaction, team work, work appreciation, tasks to be accomplished, opportunities to take the initiative etc), and then to provide responses to open questions such as: "What do you like/you do not like to your job?", or about the alternative of a new or even ideal job. The third part of the interviews contained questions about work-related burnout (identification, causes, symptoms and coping strategies). Semi-structured face-to-face interviews and qualitative research technique were used in order to analyze and classify the respondents'

answers. The participation was voluntary, the interviews confidential, protecting therefore the identification data and the organizational affiliation. The interviews took place in winter 2008. The approximate time required for each interview was 40 minutes.

DATA ANALYSES

In order to offer a concise representation of the medical staff job satisfaction' degree, we will offer a synopsis of open questions' responses supported by the external and external core (di)satisfaction reasons. Among the common work aspects participants reported to be satisfied with were: the diversity of cases, their efficacy (55%), their duties and roles, (60%), the opportunities to take the initiative (45%), and less by the collaboration with their colleagues (35%) or the way their job is being appreciated.

Table no. 4 Respondents generally work appreciation in accordance with the professional category

Count		degree of participants' job satisfaction in accordance with the general work appreciation			
		very dissatisfied	dissatisfied	neither dissatisfied nor satisfied	very satisfied
profession	nurse	0	5	3	0
	doctor	4	4	0	1
	laboratory assistant	0	2	0	1
Total		4	11	3	2

Thus, according to subjects' confessions, one of the frequent facets of job satisfaction was the specificity and the helpfulness of their work, "the responsibility of their own professional evolution", "the interaction with patients, the opportunity to solve difficult cases, where the whole decision belongs to "me" (statement of a male doctor).

On the other part, the disappointment and even the frustration sources were abundant, and comprised: the rigid hospital climate, the deficient organization, the unproductive interpersonal relations, the fatigue, and the bureaucratic procedures.

Also, a major part of our participants called into question the *expectations* the others have from them, even if it concerns task conflict, patients or superiors' demands.

Table no. 5 Subjects' representation of the others' expectancies

	Frequency	Valid Percent	Cumulative Percent
very dissatisfied	3	15,0	15,0
dissatisfied	10	50,0	65,0
neither dissatisfied nor satisfied	4	20,0	85,0
satisfied	2	10,0	95,0
very satisfied	1	5,0	100,0
Total	20	100,0	

A high percentage of female nurses expressed their anxiety and complained against patients or their relatives' behaviour, their lack of appreciation of their work, along with their excessive demands, fact that

generate them stress even in their working routine contacts. From the words of the persons investigated, we depicted a disappointment and powerlessness to help the situation, when they discuss about aspects such as: lack of positive working conditions, drugs and equipment, lack of freedom and free time, of proper recompense/remuneration or possibilities for personal development and promotion; about the personnel insufficiency comparing with the heavy workloads of patients they have to cope with, every day.

Evidence of work dissatisfaction was emphasized when the participants argued about the alternative of changing their occupation. More than half of the people investigated, in particular nurses, gave positive answers to this question, finding more pleasant the jobs of a bank expert, lawyer, psychologist, teacher, designer, small hotel owner, or jobs that imply working with healthy people, or where is given the possibility to select their own "clients".

Table no. 6 Sample distribution following the alternative of changing their job

Count		Desire to change profession		Total
		yes	no	
actual profession	nurse	7	1	8
	doctor	3	6	9
	laboratory nurse	1	2	3
Total		11	9	20

We consider useful to focus our attention on the respondents' social representation of the "ideal job". For them, the perfect job is a utopia, it exists only where there is no responsibility, stress, "where you feel at home" (nurse response). And even if a perfect job might exist, it will be in a purposeful organization, with good remuneration, in a middle of a modern climate with "less competitiveness, and more spiritual and material satisfactions".

The sources of lower job satisfaction were proved to be also burnout generators. Among burnout organizational type sources, most of the participants had emphasize: the disorganization, the absence of favourable organizational management, the number of patients, the lack of autonomy and respect and ingratitude from the part of the patients and their family, the night guards, the inconstant job rhythm, especially in surgery department, the low levels of remuneration, the time pressure or the poor hospital resources.

Concerning healthcare givers' burnout symptomatology, the subjects insisted not only on the physic symptoms types they frequently experienced, such as tiredness, incapacity to relax when returning home, high blood-pressure or lumbar and head aches, but also on the psychical nature signs. Several such mentioned symptoms were: the incapacity to concentrate and to take proper decisions in a relative short period of time, the irascibility and high tension level sometimes difficult to handle, the absenteeism and the feelings of doing the

same routine job.

Such behavioural changes confirm us the presence of the dehumanization burnout element, manifested through different forms: "curing the immediate effect, but not the cause, even it is about the patient suffering or any other psychical manifestation", (nurse declaration), the impatience, the absenteeism or the task routine achievement. In order to fight the emotional exhaustion signs, they choose: sport activities, better organization, days-off, self-management, self control, or co-worker support.

Consequently, these gradual symptoms follow the three burnout common stages: firstly the stage of stagnation, with deceptions and loss of enthusiasm; the second step of frustration, with cynicism, aggressiveness and motivational and performance decrease; and finally apathy, when a lasting state of indifference is overlooked.

The table below confirms the previous qualitative data regarding the frequency of perceived high chronic stress, of emotional exhaustion, in other words of burnout.

Table no. 7. Frequency scores of burnout morbidity

Count		intense emotional exhaustion experience			Total
		yes	no	NR	
profession	nurse	5	3	0	8
	doctor	6	2	1	9
	laboratory nurse	3	0	0	3
Total		14	5	1	20

CONCLUSIONS

This study on healthcare professionals aimed at examining the relation between job satisfaction and experienced burnout. Several findings emerge from his study.

First of all, an opposite relation between job satisfaction and experienced burnout was depicted, meaning that the more satisfied with their jobs participants were, the less likely they were to experience the symptoms of burnout. Thus, in our study, job satisfaction was found to be inversely related to burnout. Job facets, such as fewer demands from the part of patients or superiors, a better remuneration and especially, a more efficient organizational management are significant predictors for the improvement of job satisfaction and burnout decrease. In accordance with C. Maslach classification (1986), we incline to state that the parameter "emotional exhaustion" remains a dominant aspect that characterizes healthcare givers, as it is noticeable through physical and psychical symptoms. Respondents reflecting a higher degree of emotional exhaustion were less satisfied with their work and vice versa. In our sample, the persons attained by burnout were especially the young females, with less medical seniority, with low job satisfaction, and high desire to change their profession.

The above mentioned are in concordance with our previous quantitative research, where it was found

that, in terms of overall burnout, the larger examined sample of healthcare employees was moderate to high, as far as the emotional exhaustion was concerned (revealed through scores obtained at MBI-HSS.)

However, it remains mandatory to replicate this research to larger samples, using both quantitative and qualitative methods, including the medical personnel from different hospital units and departments, in order to permit researchers to generalize the findings to the entire Romanian healthcare population.

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