

Job Burnout and Emotional Stability among Individuals from Different Professions

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Abstract:

Background: *Individuals working in the area of human services face a great deal of stress each day of their life and the burnout levels experienced would vary from one field of specialization to another. The level of burnout experienced is in turn determined by the emotional stability of the individual.*

Aims/Objectives: *The present study attempts to find out whether differences exist among individuals from three professions (Doctors, Teachers and Social Workers) on the constructs of burnout and emotional stability.*

Material/Methods: *A total of 90 sample, consisting of 30 professionals each from three different occupations (doctors, university teachers & social workers), residing in New Delhi, in the age range of 27 to 35 years were taken for the study. Tools like Maslach Burnout*

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Inventory (Maslach, Jackson & Leiter, 1981) assess the three components of the burnout syndrome: emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional Stability Questionnaire (Psycom services 1995). Mean, standard deviation, ANOVA and post hoc test were used to analysis the data.

Results and Conclusion: *The results show that on the dimension of emotional exhaustion of burnout, no significant difference exists between individuals from the three professions. On the second dimension of burnout, depersonalization, social workers experience significantly higher levels as compared to teachers. On the third dimension of burnout, personal accomplishment, social workers experience a greater sense of accomplishment as compared to both teachers and doctors. The mean of emotional stability scores is greatest for teachers, followed by social worker and then doctors.*

Key words: Job Burnout, Emotional Stability and Professions

Introduction

The Burnout is one of the most studied topics in the literature. There are various definitions and descriptions of the concept (Soderfeldt & Soderfeldt, 1995). The term “burnout” was coined by Freudenberger, 1974 and definite it as a state of fatigue or frustration brought about by devotion to an occupation, way of life, cause or relationship that failed to produce the expected reward. The Merriam-Webster's Collegiate Dictionary describes burnout as “exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration”. According to Pines and Aronson (1988), burnout is a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations.

In addition to different definitions in literature, there are varied models of burnout (Cherniss1982, French, Roger, & Cobb, 1974, Meier 1983). Among these models, Maslach and Jackson's Three-Factor Model (1981) is widely appreciated among researchers. The major premise of the model is that

burnout is a multidimensional syndrome consisting of three cognitive and affective components: emotional exhaustion, depersonalisation, and lack of accomplishment. Emotional exhaustion involves feelings of being overextended and drained by work duties, helplessness, hopelessness and depression (Pines, Aronson & Kafry, 1981). The second component, depersonalisation, is often associated with a decrease in the awareness of the human attributes of others and a loss of humanity in interpersonal interaction (Pines, Aronson & Kafry, 1981). Depersonalization is a reaction to job related stress that results in workers becoming increasingly detached emotionally from work, coworkers, clients, and treating clients in dehumanizing ways (Maslach, 1976). Finally, the third component of burnout, diminished personal accomplishment is associated with a sense of constant and repeated failures, defeat and hopelessness (Cordes & Dougherty, 1993).

Burnout doesn't happen only to those who are stressed or frustrated. Job burnout is a problem in many professions, but it significantly more prevalent in the helping professions. Pines and Aronson (1988) emphasize that all kinds of occupations requiring direct contact with people involve some degree of stress. Certain categories of human services, such as medical, educational, social-psychological services and teachers are particularly vulnerable to burnout. The research into stress and burnout have increased with popular emphasis on employees in the human services sector including social workers, nurses, teachers, lawyers, medical doctors and police officers (Jackson, Schwab, & Schuler, 1986; Maslach & Jackson, 1981). A common characteristic of these occupations is that the nature of the work can be highly emotional. People-oriented professionals work demands a great deal of emotional, cognitive and physical energy. These overloading and conflicting demands may lead to emotional exhaustion, mental weariness and physical fatigue, which are generally labelled as burnout (Maslach, Schaufeli, & Leiter, 2001; Shirom, 2002).

For teachers, the potential for emotional stress is high since they work with many classes for long periods of time. The intensely relational nature of class rooms means that teachers are vulnerable to emotionally draining and discouraging experiences (Maslach & Leiter, 1999). Such experiences can lead to dysfunctional teacher behaviour with obvious implications for the teacher's well-being and student learning.

Emotions refer to mental and physiological states associated with a wide variety of feelings, thoughts and behavior. They are subjective experiences or are experienced from an individual point of view. The role of emotions in the work place has been a constant theme in studies in Organizational Behavior. Recent theoretical and empirical work has focused on how emotions are expressed as well as experienced (James, 1989; Parkinson, 1991; Van Maanen and Kunda, 1989). Emotional demands of service providers are a major factor in perception of excessive work load (Jackson, Schwab and Schuler, 1986; Leiter, 1992). Emotional demands of human service workers have been identified as major contributors to burnout, especially when service recipients are experiencing distress, anger, panic (Cherniss, 1993).

Emotional Stability refers to the state of an individual that enables him to have appropriate feelings about common experiences and act in a rational manner. According to Smitson (1947) it is a process in which the personality is continuously striving for a greater sense of emotional health, both intra-physically and intra-personally. We all seek stability in one way or another and it is when we cannot control our emotions that unpleasant consequences result and relations are damaged at home and indeed in the workplace.

Material and Methods

Aims and Objectives

The present study was designed to assess the job burnout and emotional stability levels among professionals from three (doctors, university teachers and social workers) different occupations.

Sample

The present study included 90 professionals, consisting of 30 professionals each from three (doctors, university teachers and social workers) different occupations, residing in New Delhi, in the age range of 27 to 35 years.

Tools

Maslach Burnout Inventory: It was developed by Maslach and Jackson (1982). The third edition was used for the present study. The MBI is designed to assess the three components of the burnout syndrome: emotional exhaustion, depersonalization and reduced personal accomplishment. It consists of 22 items, which are divided into three subscales. Every item in the Maslach Burnout Inventory is rated on a 5-point Likert type scale ranging from Almost Never to Almost Always. The scoring is done using the scoring key provided. The dimension of Personal Accomplishment (PA) is scored in the opposite direction from the other two dimensions of Emotional Exhaustion and Depersonalization. The internal consistency reliability was estimated by Cronbach's coefficient α ranging from .71 to .90 (Maslach & Jackson, 1986).

Emotional Stability Questionnaire: The Emotional Stability Questionnaire developed by Psycom services (1995). It is a self administration scale with 60 item. Scoring procedure in ESQ is quite objective and simple. The total raw scores are converted to the sten scores. The sten of 8-10 indicates high and extremely high score, sten of 4-7 indicates average score, and

the sten of 1-3 indicates low and extremely low scores. The test retest reliability was found to be 0.78. It has an average correlation of 0.80 with tests such as the Emotional maturity scale by Mohsin, Rao's Stewart Maturity scale.

Procedure

Data was collected on subjects personally from each. Subjects were briefed about the purpose of the research during interaction and proper rapport was established, so as to increase the possibility of genuine responses. Subjects were given the tool with proper instructions for completing the questionnaires. The tools Maslach Burnout Inventory and Emotional Stability Questionnaire were administered on the subjects individually by the researcher. After the questionnaires were returned, the scales were scored according to instructions given on manuals. Then data was compiled and analyzed according to the objectives of the research.

Statistical Analysis

Statistical measures like Mean, standard deviation, ANOVA and post hoc (Scheffe's technique) test were used to analysis and interpret the collected data. The statistical package for social sciences (SPSS) 16.0 for windows was used.

Results and Discussion

Table 1: Mean and standard deviation of doctors, teachers and social workers on the three dimensions of burnout

Groups	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Doctors			
Mean	13.5000	7.1667	37.4000
Std. Deviation	8.70889	6.55525	5.00069
Teachers			
Mean	13.4333	5.0000	36.6333
Std. Deviation	6.61077	3.84170	7.05390
Social workers			

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Mean	18.1333	10.5000	32.5333
Std. Deviation	8.19476	5.19781	5.33520
Total			
Mean	15.0222	7.5556	35.5222
Std. Deviation	8.10739	5.72617	6.18485

The result table shows that the mean of emotional exhaustion scores is greatest for social workers (18), followed by doctors and teachers who have the same mean value of 13. The depersonalization scores are highest for social workers (10) followed by doctors (7) and teachers (5). For the dimension of personal accomplishment, social workers score the highest (32) followed by teachers (36) and doctors (37) (PA is scored in a direction opposite to that of EE and DP)

Table 1.1: Comparison of the three dimensions of burnout between the three professions (doctors, teachers and social workers) using ANOVA

Groups	Sum of Squares	df	Mean Square	F	Sig.
Emotional Exhaustion					
Between Groups	435.622	2	217.811	3.500	.035*
Within Groups	5414.333	87	62.234		
Total	5849.956	89			
Depersonalization					
Between Groups	460.556	2	230.278	8.152	.001**
Within Groups	2457.667	87	28.249		
Total	2918.222	89			
Personal Accomplishment					
Between Groups	410.822	2	205.411	5.970	.004**
Within Groups	2993.633	87	34.410		
Total	3404.456	89			

* Significant at the 0.05 level, ** Significant at the 0.01 level.

It is evident from the table that, there is a significant difference exists on Personal accomplishment and Depersonalization from each of the three professions at 0.01 level of significance and on Emotional Exhaustion levels significant difference exists at 0.05 level of significance from each of the three professions.

Table 1.2: Comparison between each of the three professions (doctors, teachers and social workers) on the three dimensions of burnout using Post hoc (Scheffe's technique)

Dependent Variable Groups	(I) Groups	(J)	Mean Difference (I-J)	Std. Error	Sig.
Emotional Exhaustion	Doctors	Teachers	.06667	2.03689	.999
		social workers	4.63333	2.03689	.081
	Teachers	Doctors	.06667	2.03689	.999
		social workers	4.70000	2.03689	.075
	Social workers	Doctors	4.63333	2.03689	.081
		Teachers	4.70000	2.03689	.075
Depersonalization	Doctors	Teachers	2.16667	1.37232	.293
		social workers	3.33333	1.37232	.058
	Teachers	Doctors	2.16667	1.37232	.293
		social workers	5.50000*	1.37232	.001**
	social workers	Doctors	3.33333	1.37232	.058
		Teachers	5.50000*	1.37232	.001**
Personal Accomplishment	Doctors	Teachers	.76667	1.51459	.880
		social workers	4.86667*	1.51459	.008**
	Teachers	Doctors	.76667	1.51459	.880
		social workers	4.10000*	1.51459	.030*
	social workers	Doctors	4.86667*	1.51459	.008
		Teachers	4.10000*	1.51459	.030*

* Significant at the 0.05 level, ** Significant at the 0.01 level.

The result table shows that no significant difference exists between any of the three professions on the dimension of emotional exhaustion. On the dimension of depersonalization, a significant difference exists between teachers and social workers at 0.01 level of significance. On the dimension of personal accomplishment a significant difference exists between doctors and social workers at 0.01 level and teachers and social workers at 0.05 level of significance.

Table 2: Mean and SD of doctors, teachers and social workers on emotional stability

Groups		emotional stability
Doctors	Mean	4.7000
	Std. Deviation	1.46570
Teachers	Mean	6.0333
	Std. Deviation	1.35146
social workers	Mean	5.8000
	Std. Deviation	1.44795
Total	Mean	5.5111
	Std. Deviation	1.52319

The result table shows that out of the three groups, teachers score the highest on emotional stability, with a mean score of 6.03, followed by social workers (mean score of 5.8) and doctors (mean score of 4.7).

Table 2.1: Comparison of emotional stability between the three professions (doctors, teachers and social workers) using ANOVA

Groups	Sum of Squares	df	Mean Square	F	Sig.
Emotional stability					
Between Groups	30.422	2	15.211		
Within Groups	176.067	87	2.024	7.516	.001**
Total	206.489	89			

** Significant at the 0.01 level.

The result table shows that a significant difference exists between emotional stability levels in individuals from each of the three professions at 0.01 level of significance.

Table 2. 2: Comparison between each of the three professions (doctors, teachers and social workers) on emotional stability using Post hoc (Scheffe's technique)

Dependent Variable	(I) Groups	(J)	Mean Difference (I-J)	Std. Error	Sig.
Emotional stability	Doctors	Teachers	1.33333*	.36731	.002**
		Social workers	1.10000*	.36731	.014*

Teachers	Doctors	1.33333*	.36731	.002**
	Social workers	.23333	.36731	.818
Social workers	Doctors	1.10000*	.36731	.014*
	Teachers	.23333	.36731	.818

* Significant at the 0.05 level, ** Significant at the 0.01 level.

The result table shows that a significant difference exists between emotional stability levels of doctors and teachers at 0.01 level of significance and doctors and social workers at 0.05 level of significance.

Discussion

The purpose of the current study was to understand the job burnout and emotional stability among doctors, teachers and social workers and attempts to find out whether differences exist among individuals from these three professions on the constructs of burnout and emotional stability.

It was found that the mean of emotional exhaustion, the dimension of job burnout scores is greatest for social workers followed by doctors and teachers. The emotional exhaustion was found to be significant at 0.05 level of significance. Thus it can be said that a significant difference did exist in emotional exhaustion levels experienced by individuals from each of the three professions, that is, doctors, teachers and social workers. However on conducting post hoc comparison, no significant difference was found to exist on emotional exhaustion levels between any of the three professions. This finding supports previous study, which directly compared burnout levels in different types of occupation, looking at human service workers, service/sales employees, managers, clerical employees and physical labourers (Brotheridge & Grandey, 2002). This study did not find significant occupational differences in emotional exhaustion levels: the absolute highest value was for service/sales jobs, but this did not differ significantly from the

other values. This was not consistent, however, with studies that have shows significant difference on emotional exhaustion (Bakker, Zee, Lewig & Dollard, 2002).

All the three professions are facing the emotional exhaustion because medicine and social work, involve more of giving to the community than getting back from it and emotional stress is high since they working with the people whose emotions are attached with their problems. They are vulnerable to emotionally draining, discouraging experiences, emotional overextended, drained by work duties and helplessness. Today's teaching job is quite complicated as teachers have to carry out not only teaching but also matters associated with curriculum, students, parents, the school community and departmental initiatives. For teachers, the potential for emotional stress is high since they work with many classes for long periods of time. The intensely relational nature of class rooms means that teachers are vulnerable to emotionally draining and discouraging experiences (Maslach & Leiter, 1999).

Moreover, the results suggest that the mean of Depersonalization, the dimension of job burnout is highest for social workers, followed by doctors and teachers. The Depersonalization was found to be statistically significant at the 0.01 level of significance. The result of the post hoc comparison show that a significant difference exists on Depersonalization levels among social workers and teachers at 0.01 level of significance. This finding was consistent with studies Naidu and Pandey (1986) (Dixit 1992, Sahu 1993), which also shows the same results in their studies. Such differences are because of nature of job. The social workers are working in more restrict work environment under the supervision/supervisor and feeling more psychological strain, helplessness which are associated with higher level of depersonalization as compared to the teachers.

The result shows that the mean for the dimension of personal accomplishment, doctors score the highest followed by teachers and social workers. The personal accomplishment was found to be statistically significant at 0.01 level of significance. The result of the post hoc comparison show that a significant difference exists on Personal Accomplishment levels among doctors and social workers and teachers and social workers at the 0.01 level of significance. The same results were reported by Lee and Ashforth (1993, 1996) and Cordes and Dougherty (1993) also found the same results in their study burnout associated with diminished levels of performance by negative evaluations of the self or effort rather than external cause. In the health system there has been increasing emphasis on the instrumental outcomes and throughput and decreasing emphasis on the worth of the individual. But this has the potential for conflict for social workers as they continue to maintain supportive relationship based on social workers value. Kadushin and Kulys (1995) reported that social workers experienced conflicting role expectations, that the members of the team did not understand the social workers role and did not appreciate what they accomplished.

The result also shows that the mean of emotional stability scores is greatest for teachers followed by social workers and doctors. The emotional stability was found to be statistically significant at the 0.01 level of significance. The result of the post hoc comparison show that a significant difference exists on emotional stability levels among teachers and doctors and social workers and doctors at the 0.01 level of significance. Similarly Teng , Chang and Hsu (2008) found the same results in their article the Emotional stability of nurses: impact on patient safety. Also the Bhardwaj (2001) Wangoo (1986) found the same results in her article Role of Personality Factors for Teaching and emotional stability. This significant difference is because of the nature of jobs of these professions. The teachers are dealing with the students regarding their

study and have less directly connection of emotion of the students that is they are having more emotional stability, but the doctors and social workers are directly dealing with the people who are having different emotion or physical difficulties so it is difficult for them to keep emotional stability while dealing with such a population.

Conclusion

The results obtained show that on the dimension of emotional exhaustion of burnout, no significant difference exists between individuals from the three professions, which they are experience almost similar levels of emotional exhaustion. On the second dimension of burnout, depersonalization, social workers experiences significantly higher levels as compared to teachers. On the third dimension of burnout, personal accomplishment, doctors experience a greater sense of accomplishment as compared to both teachers and social workers. The emotional stability was found to be statistically significant among the three professions. The teachers scores greatest in emotional stability followed by social workers and doctors.

Limitations and Suggestions

The present study was limited to a sample size of 30 individuals each from each of the three professions. Also, the sample was restricted to New Delhi. Thus for future research a larger sample size can be included which should not be restricted to a particular area. Further research can focus on finding the relationship between each of the three dimensions of burnout and emotional stability and to what extent emotional stability affects the level of burnout.

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