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Burnout and Job Satisfaction among Healthcare Workers in Tertiary Hospitals

Abiha Fatima^a

^a Doctor of Physical Therapy, Multan University of Science and Technology, behufatimah@gmail.com

Correspondence: Abiha Fatima (behufatimah@gmail.com)

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ABSTRACT

Burnout among healthcare workers has become one of the most important issues confronting modern health systems, especially in tertiary hospitals where the load of patients is extremely high, the demands of the job in terms of emotions are great and the pressure comes from the organization. This study investigates the relationship between burnout and job satisfaction among healthcare professionals that are working in tertiary care settings. Using a Cross-sectional approach, the research examines and analyzes emotional exhaustion, depersonalization, and individual reduced personal accomplishment as the main elements of burnout, and how these factors affect job satisfaction, motivation, and workforce retention. Findings from global and regional literature has indicated that excessive workload, lack of management support and lack of resources have a significant effect on burnout, which in turn lessens the quality of the care provided to a patient. Understanding this relationship is important to designing interventions that promote worker well-being and patient outcomes and strengthen hospital performance.

Keywords: Burnout; Job Satisfaction; Healthcare Worker; Tertiary Hospital; Emotional Exhaustion; Health Workforce Retention; Organizational Stress; Health Systems.

INTRODUCTION

Healthcare workers are the backbone of any type of healthcare delivery system, and their well-being is directly related to the quality, safety and efficiency of the provision of medical services. However, tertiary hospitals - which are often the highest point of referral within the health system - put extraordinary demands on doctors, nurses, paramedics and support staff. These hospitals have the task of managing critical cases, they have limited resources and an overwhelming patient load, and as a result, burnout appears to be an occupational hazard. Burnout has been defined as a psychological syndrome caused by chronic stress in the workplace and characterised by emotional exhaustion, depersonalisation and a reduced sense of personal accomplishment (Maslach & Leiter, 2016). In recent years, global attention has been directed at the alarming increase in internet usage in healthcare is rapidly turning into burnout and is classified by the World Health Organization (WHO) as an occupational phenomenon which impacts worker performance and overall system stability (WHO, 2019).

Tertiary hospitals provide special stress circumstances because of the areas of specialization, the large diversity of patient profiles and the heavy workload. Numerous studies have shown that healthcare

professionals in these high-pressure environments are more susceptible to burnout, compared to healthcare professionals who work in primary or secondary care (Dyrbye et al., 2020; Rotenstein et al., 2018). Long working hours, emotional involvement in patient care, manpower shortages and administrative burdens create an atmosphere of stress, tackling mental health problems and reducing job satisfaction. Job satisfaction is the degree to which employees are fulfilled, valued and content with their work roles and is highly correlated with employee performance, patient safety and organisational productivity (Spector, 2017). When burnout rises, this often leads to lower job satisfaction, higher rates of absenteeism, employee turnover and poorer quality of care.

In many low- and middle-income countries including those in South Asia, tertiary hospitals function with added pressures such as overcrowding, inadequate funding and shortage of specialist staff. These challenges multiply the work-related stress and reduce institutional ability to offer effective support for healthcare workers (Shanafelt et al., 2019). Nurses, who are the largest group of rural workforce in tertiary settings, are especially susceptible to emotional strain because of round-the-clock patient monitoring, emergency response, and shift rotations. Similarly, junior doctors and postgraduate trainees are often working extended shifts with limited psychological support and thus have an increased risk of burnout (Rehman et al, 2020). The consequences of burnout are concerned not only for the individual worker because hospitals with high levels of burnout often report higher medical errors, and poor patient satisfaction as well as poor clinical outcomes (West et al., 2018).

Job satisfaction is a moderator for the coping of workplace stress among healthcare workers. Research has shown that supportive leadership, effective communication, chances for professional development, and half participation decision-making contribute to a significant boost in job satisfaction and a reduction in burnout (Zhang et al., 2021). On the other hand, hierarchical management structures, lack of recognition and low autonomy are a source for discontent and emotional exhaustion. In tertiary hospitals, where specialization and decision making are fast-paced, job satisfaction becomes an important determinant of stability and retention of the workforce. The correlation between burnout and job satisfaction is therefore complex and exhibits a two-way relationship in which a high level of burnout decreases job satisfaction, while a low level of job satisfaction further exposure to burnout (Haque & Alvi, 2020).

The challenge has been increased by the fact that the recent Covid-19 pandemic placed unprecedented pressure on tertiary facilities around the world. Healthcare workers experienced an emotional trauma, fear of infection, and were overburdened with patients, which resulted in record levels of burnout (Shah et al., 2021). Even after the peak of the pandemic, the psychological effects still remain on the staff in terms of motivation and satisfaction at work. This global crisis exposed historic weaknesses in the management systems of hospitals, refocusing attention towards occupational health issues, mental well-being and institutional support mechanisms. As health systems recover, recognizing the relationship between burnout and job satisfaction is critical to produce robust and sustainable healthcare systems.

Despite the growing global attention, still little is known on how burnout is experienced among healthcare workers at tertiary hospitals in developing countries. Most existing research is Western-based, which leaves a knowledge gap in areas where structural challenges, cultural expectations and lack of resources mean things are different in the workplace. Therefore, this study seeks to investigate the relationship between burnout and job satisfaction on healthcare workers in tertiary hospitals and provide evidence that can be used to guide institutional reforms, improve the workforce and also in relating to the quality of service provision. By investigating emotional exhaustion, depersonalization, work environment and job satisfaction levels, the study helps to contribute toward the ongoing efforts to be made for the support of healthcare workers and improvement of hospital performance from policy and systems perspective.

LITERATURE REVIEW

Burnout among healthcare workers has emerged as a worldwide issue because of its positive or negative effects on organizational performance, quality of care, and workforce retention. Research over the past decades has consistently shown that burnout is especially common among professionals that work in tertiary

hospitals, where there are high job demands and where the emotional pressure is constant (Maslach & Leiter, 2016; Rotenstein et al., 2018). The literature identifies several factors that contribute to burnout such as the intensity of the workload, staffing limitations, emotional load, lack of organizational support and lack of adequate coping mechanisms. This review focuses on the major themes of relevance in terms of burnout and job satisfaction amongst healthcare workers, by including global evidence and studies from healthcare workers in low-resource settings in order to provide a context in terms of tertiary healthcare setting.

Conceptualising the Burnout in Healthcare

Burnout is conceptualised as a multidimensional concept consisting of three dimensions: emotional exhaustion, depersonalisation and diminished personal accomplishment (Maslach et al., 2001). Emotional exhaustion is the sense of being emotionally overstretched by demands at work. Depersonalization (negative, detached or cynical attitudes to patients) Reduced personal accomplishment is the feeling that one is no longer as effective as he or she is in one's professional role. These dimensions have an overall impact on behavioral, psychological, and organizational consequences. In the tertiary hospital, emotional exhaustion is a common complaint because of the high patient turnover and the complex medical cases and time-sensitive decisions (Dyrbye et al., 2020). Studies indicate that burnout not only impacts the mental well-being of the individual, but it causes an increase in medical errors or low communication and a reduction in empathy (West et al., 2018).

The most common and widely used measure of burnout across healthcare settings is the Maslach Burnout Inventory (MBI) established by Maslach et al (2001). Research indicates that nurses, resident physicians, intensivists and emergency staff often have high scores for emotional exhaustion caused by shift work, lack of rest and even life and death situations for the patient (Shanafelt et al., 2019). A systematic review by Rotenstein et al (2018) revealed that the prevalence of burnout among doctors ranged between 30 percent and 60 percent globally, with higher prevalence among tertiary hospital settings than among community-based facilities. This framework is useful for understanding burnout from the framework of a systemic problem rather than an individual's shortcoming, and therefore brings the concept of institutional structures that bear on certain workers well-being.

Factors That Contribute to Burnout

Workload and Levels of Staffing

One of the most regularly cited contributors to burnout is the intensity of the workload. High patient-to-staff ratios, long shifts and inadequate staffing are important issues among the stressors in tertiary care settings. Torres et al. (2021) reported that nurses working in the high acuity ward experience a higher level of burnout, because of continuous monitoring requirements and unpredictable clinical emergencies. Similarly, doctors feel burnt out when the administrative work, electronic documentation, and patient flow pressure leaves them with scarce time (Sinsky et al., 2016). These findings are in line with global findings which indicates that demands exceeding capacity is a major predictor of emotional exhaustion (Galic et al., 2020).

Organizational Support and Work Environment

Organizational culture strongly affects the result of burnout. Supportive leadership, teamwork, and recognition are protective factors with fewer emotional strains (Zhang et al., 2021). In contrast, authoritarian leadership styles, lack of communication, and low levels of job autonomy lead to job dissatisfaction and depersonalization. A study conducted by Montgoresy et al. (2019) put special focus on the link between positive work environments (characterized by respect, participation and fairness) and reduced levels of burnout among nurses working in hospitals. Poor resource availability, lack of equipment, and overcrowding further aggravates the problem of burnout among tertiary hospitals especially in the low and middle-income countries (Rehman et al., 2020).

Demands, Emotional and Psychological

Healthcare work is emotionally taxing, particularly in tertiary hospitals, where most cases are often very severe and the outcome is often uncertain. Exposure to suffering of patients, death, and ethical dilemmas raises the psychological distress (Klein et al., 2021). The emotional labor of keeping one's emotions in check and holding one's emotions when seeing the condition of patients contribute to depersonalization among healthcare workers. Research shows that workers who do not use coping strategies, lack peer support of resources or mental health support are more likely to develop burnout (Basta et al, 2022). Chronic exposure to trauma and high stakes situations where pressure builds up, especially in lower level staff.

Work-Life Balance

In other research, work-life imbalance has been a significant predictor of burnout (Behr, 2013). Long shifts, working the night shift, and unpredictable schedules interfere with personal lives and time to recuperate. Shanafelt et al. (2015) showed that the use of healthcare workers with limited time to rest or be with their family is more likely to be emotionally exhausted and dissatisfied. A meta-analysis by Salvagioni et al. (2017), evaluated the link between burnout and insomnia, as well as the link between burnout and depression, hypertension and quality of life. In the tertiary hospitals, where the cases are emergency in nature and more hours have to be put to work, the work life imbalance is a constant challenge.

Job Satisfaction and its Factors

Job satisfaction is a major factor in healthcare worker performance, retention and well-being. Defined as the emotional reaction of the employees to their job, job satisfaction is determined by things like salaries, autonomy, recognition, work conditions, and interpersonal relationships (Spector, 2017). Research shows that job satisfaction buffers this effect of burnout by increasing resilience and motivation. A good and positive working environment enhances job satisfaction and minimizes depersonalization (Zangaro & Soeken, 2007).

Leadership and Managerial Behaviour

Being a good leader is a high predictor of being a happy worker. Transformational leadership, which has been shown to be characterized by motivation, guidance, and empathy, has been related to better satisfaction and reduced levels of burnout in nurses and physicians (Boamah et al., 2018). On the other hand, poor communication, lack of feedback, and autocratic management lead to poor moral and emotional exhaustion (Haque & Alvi, 2020). Leadership approaches and a culture of sharing decision-making and recognition have been found to increase overall satisfaction in tertiary hospitals.

Growth and Opportunity for Profession

Career development opportunities play a large role in job satisfaction. Hospitals with training and specialization pathways as well as continuing education see a higher level of satisfaction with the staff (Atefi et al., 2020). Lack of promotion opportunities, unclear role descriptions and stagnant career growth reduce employee engagement and raises turnover intention, problems commonly seen in the tertiary set up in developing countries.

Workplace Relationships

Interpersonal relationships, teamwork, and peer support are important in job satisfaction. Positive relationships among colleagues create a supportive environment and make less of a strain on emotions (Leiter & Maslach, 2017). Conflict, bullying and hostility in the workplace on the other hand are linked to increased signs of burnout and decreased satisfaction, especially in hierarchical hospital structures.

Relationship of Burnout and Job Satisfaction

A great amount of literature exists to confirm the strong inverse relationship between burnout and job satisfaction. High levels of burnout are predictive of a low level of job satisfaction, whereas a low level of job satisfaction makes one susceptible to burnout (Haque & Alvi, 2020). Emotional exhaustion lowers enthusiasm and involvement and results in dissatisfaction with work tasks and hospital policies.

Depersonalization destroys the sense of empathy and connection with the patients, resulting in even less satisfaction. Reduced personal accomplishment which results in decreased motivation and professional pride.

A study by Zhang and others (2021) showed that each dimension of burnout has a significant correlation with job dissatisfaction in hospital staff. Similarly, West et al. (2018) mentioned that interventions decreasing burnout, for example by improving communication, adjusting workload, and enhancing teamwork, also increase job satisfaction. Together, these findings suggest the need for organization level reforms that would address burnout and enhance job fulfillment at once.

METHODOLOGY

Research Design

This study was conducted using quantitative cross-sectional research design to determine the levels of burnout and job satisfaction among healthcare workers in Nishtar hospital Multan. A cross sectional approach was chosen due to one point in time collection hence appropriate to identify prevalence and relationships between variables (Creswell, 2018).

Study Area

The study was carried out in one tertiary care hospital in Multan Pakistan. Tertiary hospitals offer advanced medical care and have a diversity of healthcare staff, which makes them appropriate settings for investigating the presence of burnout and job satisfaction.

Study Population

The target population was doctors, nurses, and paramedical staff as full-timers in the selected tertiary hospital. Participants had to be able to secure at least six months of work experience to provide enough exposure to work conditions.

Sampling Size and Sampling Method

A total sample of 180 healthcare workers was chosen using stratified random sampling technique.

Strata included: doctors, nurses, paramedics

The selection of participants was proportionate from each department for representation.

The sample size of 180 is consistent with suggested standards for research with the hospital-based workforce (Polit & Beck, 2021).

Data Collection Instrument

A structured questionnaire was used which had three sections:

Section A: Conversion demographic Information

Age, Gender, Profession, Years of Experience, Hours Working in a Week

Section B: Measurement of Burnout

Burnout was measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), which measures:

- Emotional Exhaustion (EE)
- Depersonalization (DP)
- Personal Accomplishment (PA)

The MBI is well-used and has shown high levels of reliability in healthcare settings (Maslach et al., 2016).

Section C Job Satisfaction measurement

Job satisfaction was assessed by Minnesota satisfaction questionnaire (MSQ) short form.

It contains items concerned with intrinsic and extrinsic satisfaction and has excellent psychometric properties (Weiss, 1997).

Both scales were a Likert scale in 5-point increments from 1= Strongly Disagree to 5= Strongly Agree.

Data Collection Procedure

Data collection was done using paper-based and online self-administered surveys. Permission was given by the hospital administration. Participation was voluntary and informed consent was collected. The participants were assured confidentiality.

Data Analysis Techniques

Data was analyzed using the statistical package of Software Package for Social Sciences (SPSS) version 26.

The following statistical methods were used:

- Descriptive statistics including mean, percentage and standard deviation
- Reliability analysis (Alpha for MBI and MSQ)
- Independent samples t-test to compare the level of burnout and satisfaction between genders
- One-way anova to look at differences between professions
- Pearson correlation to determine the relationship of burnout and job satisfaction
- A significance value of $p < .05$ was considered to be statistically significant.

Ethical Considerations

The research was conducted adhering to ethical guidelines such as informed consent, voluntarily, confidentiality and anonymity. No personal identifying information was recorded. Ethical approval was taken from the institutional review board.

Data Analysis and Findings

This section presents the analysis of data collected by 180 healthcare workers in a tertiary hospital (Nishtar hospital Multan). The levels of burnout and job satisfaction, and their relationship with each other, and differences between demographic groups are the focus of analysis. Quantitative analyses were performed with the use of statistical analysis software (SPSS version 26), with descriptive statistics, reliability testing, t-test, and ANOVA and Pearson correlation.

Demographic Characteristics Direction

The demographic characteristics of the participants are summarized in Table 1. The majority were female (60%), the largest professional group was nurses (45%) and the majority of participants had 1-5 years of work in the tertiary hospitals.

Table 1

Demographic Characteristics of Participants (N = 180)

Variable	Category	Frequency	Percentage
Gender	Female	108	60%
	Male	72	40%
Profession	Doctor	60	33%
	Nurse	81	45%
	Paramedic/Other	39	22%
Experience	1–5 years	82	46%
	6–10 years	56	31%

	11+ years	42	23%
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Burnout Levels

Burnout was assessed using a tool called the Maslach Burnout Inventory (MBI-HSS). Table 2 presents results in the form of mean scores for each of the dimensions: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA).

Table 2
Burnout Scores of Healthcare Workers (N = 180)

Dimension	Mean	SD	Interpretation
Emotional Exhaustion (EE)	28.7	8.5	Moderate–High
Depersonalization (DP)	12.5	5.2	Moderate
Personal Accomplishment (PA)	33.4	6.8	Moderate–Low

Physicians, nurses and midwifery technicians felt more emotionally exhausted when they work in critical units.

Associative Mode: "Personalization, at its core, describes how much an individual de-emphasises themselves in order to objectively evaluate the other person." (O'Lea and hold 2014) - "individuals with maximal social orientation link more to themselves as both ingredients and outcomes of relationships and also are more likely to define themselves subjectively." (O'Lea and hold 2014) - "as relationships: the degree to which one personalizes other persons (Cdecier et al, 2011) can be said to be a higher or lower extent of deviation.

- Low personal accomplishment reflected a moderate decline in perceived effectiveness.

Job Satisfaction

Satisfaction with the job was assessed with the help of Minnesota Satisfaction Questionnaire (MSQ). Table 3 shows the mean scores of intrinsic, extrinsic and overall satisfactions.

Table 3
Job Satisfaction Scores (N = 180)

Dimension	Mean	SD	Interpretation
Intrinsic	33.8	7.1	Moderate
Extrinsic	28.6	6.4	Moderate–Low
Overall Satisfaction	62.4	11.5	Moderate

Workload and pay problems decreased extrinsic satisfaction among nurses.

Physicians noted increased inner satisfaction associated with professional autonomy and decision making.

Gender and profession based burnout

Table 4 was the independent samples t-test to compare the levels of burnout in males and females.

Table 4
Burnout Levels by Gender

Dimension	Female Mean (SD)	Male Mean (SD)	t	p
EE	29.6 (8.3)	27.2 (8.6)	1.89	.061
DP	12.9 (5.3)	11.8 (5.0)	1.50	.136
PA	32.8 (7.0)	34.4 (6.5)	-1.72	.087

The difference in gender did not have any statistically significant difference ($p > .05$).

Women medical workers expressed a little more emotional exhaustion.

ANOVA was used to compare burnout by profession (Table 5) in one way.

Table 5
Burnout by Profession

Dimension	Doctor Mean	Nurse Mean	Paramedic Mean	F	p
EE	30.2	31.5	22.7	8.24	.001**
DP	13.0	13.8	9.2	6.15	.003**
PA	34.5	31.2	35.0	4.02	.020*

The greatest level of emotional exhaustion and depersonalization was reported by nurses.

The paramedics recorded the greatest personal accomplishment as they may not have been exposed directly to the stress caused by critical patients.

Correlation Among Job Satisfaction, Burnout, and Job Satisfaction

Pearson correlation was performed in order to analyze the correlation between the burnout dimension and the overall job satisfaction (Table 6).

Table 6
Correlation Between Burnout and Job Satisfaction

Burnout Dimension	Job Satisfaction r	p
Emotional Exhaustion (EE)	-0.62	<.001**
Depersonalization (DP)	-0.48	<.001**
Personal Accomplishment (PA)	0.54	<.001**

EE and DP had a strong negative association with job satisfaction.

There was a strong positive relationship between PA and satisfaction.

The results indicate that job satisfaction is lower with increased burnout as found in the literature (Haque and Alvi, 2020; West et al., 2018).

Summary of Findings

Healthcare workers especially nurses have moderate to high burnout levels.

The level of job satisfaction is moderate, but the intrinsic satisfaction is more than the extrinsic one.

They did not find any meaningful gender differences in burnout, but nurses express more stress levels.

The dimensions of burnout are highly correlated with job satisfaction, which proves that emotional exhaustion and depersonalization decrease job satisfaction, whereas personal accomplishment increases the latter.

The results demonstrate the necessity of the interventions that would address the workload management, mental health issues, and organizational policies to enhance the well-being of healthcare workers.

CONCLUSION

The research identifies burnout and its high levels among the workers of tertiary hospitals as well as its high negative correlation with job satisfaction. The degree of emotional exhaustion and depersonalization was high especially among nurses, whereas the degree of personal accomplishment was moderate. The level of job satisfaction was established to be moderate as a whole with intrinsic factors being higher than extrinsic factors meaning that professional fulfillment can be found amid the organizational challenges.

The results show that workload, staffing, emotional and psychological pressure, and lack of organizational support are the leading causes of burnout (Maslach and Leiter, 2016; Shanafelt et al., 2019). The highest level of stress was felt by nurses and doctors who had to take care of patients on a regular basis and deal

with emergencies. Job satisfaction was found to have negative correlation with burnout, which aligns with the past literature that indicates that high burnout levels cause reduced motivation, lower engagement and increased turnover intentions (Haque and Alvi, 2020; West et al., 2018).

On the whole, tertiary hospitals are service centers, which offer intense care, but systemic issues like resource shortages, inadequacy of mental health services, and work-life balance endanger the health of the healthcare workers. These are critical issues that have to be addressed to assure health of the staff as well as ensuring quality patient care, staff stability, and organizational efficiency.

RECOMMENDATIONS

According to the findings, the following recommendations can be offered to decrease burnout and enhance job satisfaction among workers in the tertiary hospitals:

1. Streamline Workload and Staffing

- Enact policies that will guarantee sufficient staffing and shift rotation.
- Minimize high patient to staff ratios in order to curb emotional exhaustion (Torres et al., 2021).
- Improve Organizational Support.
- Promote advanced leadership, effective communication, and rewards schemes (Zhang et al., 2021).
- Encourage the involvement in decision-making so as to enhance autonomy and job satisfaction.

2. Empower Mental Health and Coping Programs

- Make counseling services, stress management seminars, and peer-support groups available.
- Encourage resilience-enhancing programs in vulnerable populations such as nurses and residents (Shanafelt et al., 2019).

3. Improve Work-Life Balance

- Control too much overtime and night shifts to minimize exhaustion.
- Promote leave and flexible working schedules to enable time off and family time (Salvagioni et al., 2017).
- The Professional Development Opportunities.
- Offer career development, specialization and continuing education.
- Improve intrinsic job satisfaction by developing skills and recognising accomplishment (Atefi et al., 2020).
- Check and Review Burnout on a regular basis.
- Perform regular surveys and audits to find out trends on burnout and level of job satisfaction.
- Make organizational choices and policy modifications with the help of data.

4. Create Favorable Culture at Work

- Promote teamwork, peer support and collaborative practice in order to decrease depersonalization.
- Resolve interpersonal conflict at the workplace and take anti-bullying steps (Leiter and Maslach, 2017).

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