

IMPACT OF PSYCHOLOGICAL CAPITAL ON JOB BURNOUT AMONG NURSING PROFESSIONALS OF PRIVATE HOSPITALS OF PAKISTAN

Atiatullah¹, Dr. Nazim Ali², Dr. Altaf Hussain³

¹Department of Commerce and Management Sciences, University of Malakand, Pakistan.

²Associate Professor, Department of Commerce and Management Sciences, University of Malakand, Pakistan.

³Assistant Professor, Department of Commerce and Management Sciences, University of Malakand, Pakistan.

Received: 06th October 2021

Revised: 19th November 2021

Accepted: 06th December 2021

Abstract: Job burnout (JB) is a serious problem in private health sector of Pakistan. The present study was aimed at reducing the burnout ratio in private health sector. For this purpose, psychological capital (PC) was considered as a strong mitigator of burnout. A sample of 251 healthcare professionals from private hospitals of Karachi was collected for the study. The study was quantitative in nature; therefore a quantitative cross-sectional research designed was used in the study. Regarding sampling method, convenience sampling method was adopted for data collection. The tools used for data collection were, Maslach burnout inventory and PC questionnaire. Study's results showed a strong effect of PC on JB. PC had a significant positive relationship with personal accomplishment and a significant negative relationship with EE and depersonalization. Thus, PC has a strong effect on JB. Therefore, private hospitals' management should develop their employees' PC to cope with burnout problems.

Keywords: Psychological Capital; Job Burnout; Nurses; Pakistan.

1. Introduction

Healthcare organizations play an important role in every society. These organizations provide services to the masses in times when they struggle for lives and health. For better service provision, these organizations need active and healthy staff. Unfortunately, healthcare employees are more exposed to burnout as compared to other organizations' employees (Zubairi & Noordin, 2016). In the words of Aiken et al. (2001) and Laschinger and Finegan (2008), the healthcare profession is one among those professions where employees confront burnout regularly. Long-term exposure to burnout affects the physical and mental health of these employees negatively and weak their performance. Therefore, in the healthcare profession, employees' well-being has become a challenging task because it has strong effects on their health and performance.

Burnout is one among those occupational hazards that have a strong connection with negative responses such as job dissatisfaction, turnover, and absenteeism (Schaufeli & Enzmann, 1998). It reduces employees'

physiological and psychological abilities such as devotion, motivation, and enthusiasm regarding their job and organization (Stevenson, 1994). Sometimes burnout results in physical and mental health problems such as fatigue, anxiety, sleep deprivation, and depression (Pereira-Lima & Loureiro, 2015). Burnout affects healthcare workers' physical and psychological capacities adversely, and in turn, they cannot provide proper care to the patients under their supervision. Additionally, it also tarnishes the image of the organization. Thus, burnout is detrimental for both healthcare organizations and their employees (Xianyu & Lambert, 2006).

According to POB (positive organizational behavior) theory, negative occurrences in the organization's atmosphere can be decreased if employees know how to fight with these tough situations through positive resources (Luthans, 2002; Luthans, Youssef, & Avolio, 2007). PC works as a strong resource characterized by positive psychological states and develops with individuals' experience and mental growth (Luthans, Avolio, Walumbwa, & Li, 2005). Employees having a high level of PC think positive, can bounce back from failures, and expect well in unfavorable circumstances (Khalid, Ghaffari, Pan, Wei, & Amin, 2020).

The last decade observed a drastic change in the amount of research regarding burnout in the healthcare sector (Chang & Chan, 2015; Elpert & Wagner, 2017; Lu, Ruan, Xing, & Hu, 2015; Wu et al., 2014) and it worked better in understanding employees' well-being (Qadeer, Imtiaz, & Hameed, 2017). Several studies examined burnout's mechanism from a recourse perspective (Khalid et al., 2020), and especially from positive resources that can work as a shock absorber of negative effects resulted from traumatic and stressful events in the hospital's setting. In these studies, special attention is given to enhancing healthcare workers' psychological well-being that helps in patients' speedy recovery (Shahzad, Ahmed, & Akram, 2019). Therefore, this study aimed at investigating PC's effect on healthcare workers' burnout in the Pakistani context. To the best of my knowledge, there hardly exists a study that considered such a relationship in the healthcare sector of Pakistan. Findings of the study will help in reducing burnout ratio in private health sector of Pakistan. It will also add to the literature present on these variables relationship.

2. Literature Review

2.1. Job Burnout

Healthcare workers' burnout is related to psychological and physical factors that cause stress such as role conflict, ambiguity, long duty time, and display of proper emotions. These employees have to demonstrate cultural sensitivity, empathy, morality, and proficiency during duty with large responsibilities and limited resources. They often face resources' shortage, work-life imbalance, administrative burden, and the most dangerous is exposure to the stressful environment (Elpert & Wagner, 2017; Lu et al., 2015; Troppmann & Troppmann, 2017; Zhou & Gong, 2015). This unmanageable experience at work and disparity between quality care provision and encountering stressful situations leads to burnout (Howard & Johnson, 2004; Kalliath & Morris, 2002; Wu et al., 2014).

Maslach and Jackson (1981) defined burnout as, a mental and physical syndrome which includes fatigue, exhaustion, desperation, and display of negative attitude towards job, coworkers, and life, and it encompasses depersonalization, diminished personal accomplishment, and EE.EE indicates emotional fatigue and lack of vigor and enthusiasm towards work (Herbert, 2011; Peng et al., 2013). Depersonalization shows the intention to keep himself away from work along with the demonstration of indifferent, passive, and cynical emotions and attitudes to other people at work (Peng et al., 2013). Reduced personal accomplishment shows a propensity towards a negative evaluation of oneself regarding one's job as well as

the realization of low self-esteem and hopelessness at work (Brotheridge & Grandey, 2002; Cordes & Dougherty, 1993).

2.2 Psychological Capital

Human capital includes emotional, intellectual, social, and PC (Fitz-Enz, 2000). In human capital, PC plays an important role in addressing issues related to human resources of the organization (Ali & Ali, 2014). According to the COR (conservation of resources) model, personal qualities enable individuals to manage better at the workplace and therefore PC has a positive relationship with psychological well-being and outcomes (Cheung, Tang, & Shuwen, 2011).

PC is a positive state of the human mind developed with the human flourishing and it has four components namely optimism, hope, self-efficacy, and resiliency (Luthans, Luthans, & Luthans, 2004; Luthans & Youssef, 2004). Optimism refers to positivity where individuals see on the positive side of events that happened in the present and expect better from the future. Self-efficacy shows the confidence of individuals to perform a task, the courage to face a difficulty, and the enthusiasm to succeed (Peng et al., 2013). Hope shows a positive inspirational mental state derived by an interdependent sense of successful (a) agency (b) pathway, and it helps in attaining organizational goals through different means (Peng et al., 2013; Snyder et al., 1991). Resiliency refers to the potential of recovering quickly or to change and grow gradually from failures, setbacks, and adversities (Peng et al., 2013).

2.3. Relationship between PC and burnout` s dimensions

Researchers examined the relationship between PC and burnout in various ways. Numerous studies examined the relationship between PC and burnout considering other variables (s) as mediators or moderators (Ali & Ali, 2014; Bitmiş & Ergeneli, 2015; Peng et al., 2013). Several studies examined the association between PC` s dimensions and burnout` s dimensions (Amornpipat, 2019; Ferradás, Freire, García-Bértoa, Núñez, & Rodríguez, 2019; Virgă, Baciú, Lazăr, & Lupșa, 2020). Some scholars considered PC as a whole variable and investigated its relationship with burnout dimensions (Cheung et al., 2011; Li et al., 2015; McCay, 2019). The present study considered PC as a whole variable in examining its relationship with burnout` s dimension.

2.3.1. PC and EE

Employees with a high level of PC are less exposed to EE (Kotze & Massyn, 2019). Cheung et al. (2011) study revealed a significant negative association between PC and EE. Li et al. (2015) found a significant negative relationship between PC and EE in the banking sector of Liaoning province (China). McCay (2019) hypothesized a negative relationship of PC with EE in the healthcare sector of Eastern Oregon (USA). The hypothesis was supported by the finding of the study. In light of these finding here it is proposed

H1: PC has a significant negative relationship with EE among healthcare workers of Karachi.

2.3.2. PC and depersonalization

Depersonalized individuals always distance themselves from work and other workers. Individuals with a high level of PC can adjust themselves with the environment and therefore, PC has a strong effect on employees` depersonalization. For instance, Cheung et al. (2011) study reported a significant negative

relationship between PC and depersonalization. Li et al. (2015) identified a significant negative association between PC and depersonalization. The next studies conducted on the relationship between these two variables were consistent with previous studies (Kotze & Massyn, 2019; McCay, 2019). Based on these studies' results, we propose that

H2: PC has a significant negative relationship with depersonalization among healthcare workers of Karachi.

2.3.3. PC and personal accomplishment

Individuals with high level of personal accomplishment feel satisfaction with their job/organization and counts their successful work achievements (Ha, Kim, & Ha, 2021). People with strong psychological resources such as self-efficacy, hope, optimism and resiliency has elevated personal accomplishment and feels satisfaction with their job (Maslach, Schaufeli, & Leiter, 2001). PC has strong effect on personal accomplishment of the employees and increases it (Alarcon, Eschleman, & Bowling, 2009). Li et al. (2015) found a significant positive association between PC and personal accomplishment. McCay (2019) also discovered significant positive association between PC and personal accomplishment. In light of these findings, we propose that

H3: PC has a significant positive relationship with personal accomplishment among healthcare workers of Karachi.

3. Methodology

3.1. Participants and procedures of data collection

Study's participants were 251 nursing professionals from private hospitals of Karachi. Among the participants 66 % were male and 34 % female. Their age ranged between 20 and 44, and average age of the participants was 33. Their experience ranged from 1 year to 12 years. Average experience of the participants was 6 years. Salary of the participants ranged from 20 thousands to 85 thousands. Average salary of the participants was 38 thousand per month. Regarding their duty time, they were performing their duty in shifts and one shift was comprised of 8 hours.

To collect data from the participants, questionnaire was used as a tool of data collection. Regarding sampling method, convenience sampling method was adopted for the study. A total of 270 questionnaires were distributed among the participants. The questionnaires were administered through a mail. A total 251 questionnaires were returned by the participants and those were considered for data analysis purposes.

3.2. Instruments used for data collection

The instruments used for ascertaining relationship between participants' PC and burnout were the already developed instruments of data collection.

3.2.1. Maslach Burnout Inventory

Maslach burnout inventory developed by Maslach, Jackson, and Leiter (1997) was used for discovering participants' burnout. This inventory examines three dimensions of burnout namely, EE, depersonalization, and personal accomplishment. The inventory has total 22 items and three factors. Among the items, 9 items represents EE, 5 represents depersonalization and 8 represents personal accomplishment. Cronbach alpha for Maslach burnout inventory in the present study was 0.862.

3.2.2. PC questionnaire

PC questionnaire, designed by Luthans et al. (2007) was used for ascertaining participants' PC. This scale has 24 items and four factors representing PC's components (self-efficacy, optimism, resiliency and hope). Each component of PC consists of six items. In this study, Cronbach alpha for PC questionnaire was 0.721.

3.3. Data Analysis

The data analysis process of the study was performed in two steps. In first step, the demographic information of the participants such as gender, age, experience and salary were analyzed with the help of descriptive statistics. In second step of data analysis relationship among research variables was examined. To find the relationship among the research variables, first statistical operations were performed for model fit to identify whether the latent variables are presented by their indicators or not. For model fit both badness of fit and goodness of fit indices such as RMSEA, SRMR, NFI, GFI, and CFI were examined for significance. Second, Pearson correlation technique was used for finding the level of significance among study's variables. For data analysis purposes, both SPSS and AMOS software were used.

4. Results

4.1. Study's Measurement Model

Confirmatory factor analysis was used for measuring model fit of the study. The results of statistical operation revealed that the data was well-fitted by the measurement model. For PC: χ^2 (169, N= 251) = 1560.611, $p < 0.001$; GFI= .692; CFI= .723; NFI= .679; RMSEA= .048; SRMR= .039. For JB: χ^2 (154, N=251) = 1629.083, $p < 0.001$; GFI= .795; CFI= .827; NFI= .773; RSMEA= .046; SRMR= .032.

4.2. Correlation and Structural model of the study

The following table shows correlation among study's variables.

	M	SD	1	2	34		
1 EE	4.46	0.87	1				
2 Depersonalization			4.51	0.98	.752**	1	
3 Personal Accomplishment			3.86	0.82	.014	.028	1
3 PC3.47	0.78	-.255**	-.265**	.51**	1		

**Correlation is significant at the 0.01 level (2- tailed)

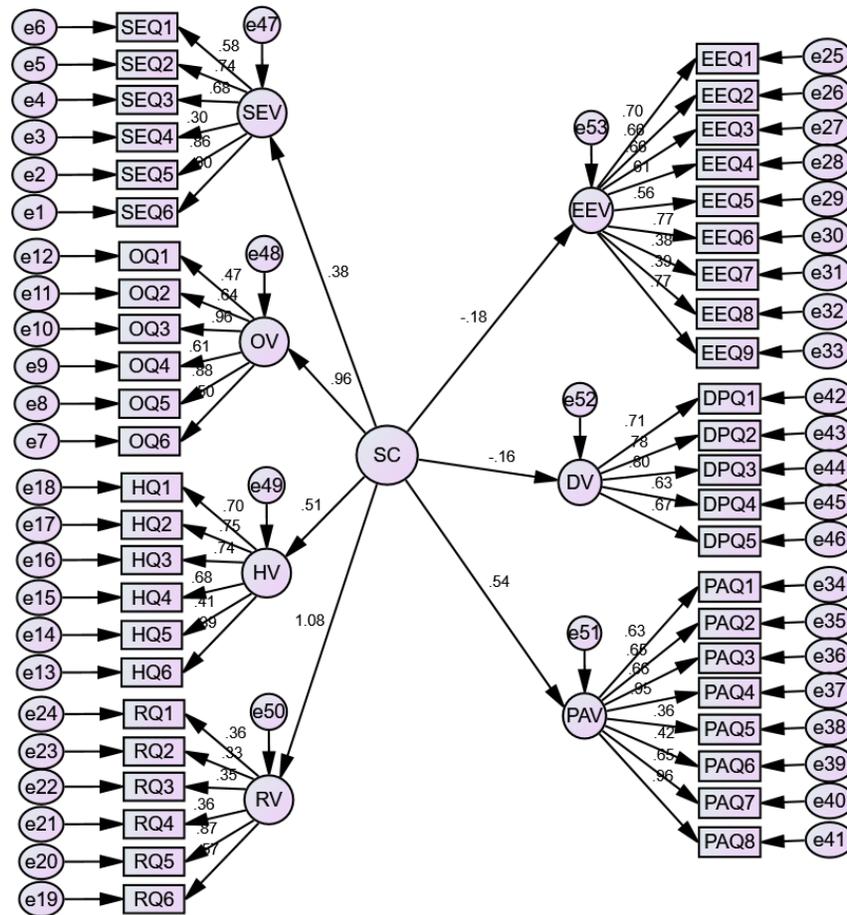


Figure 1. Structural model of the study

Note: In structural model, SEV= Self-efficacy, OV= Optimism, HV= Hope, RV= Resiliency, EEV= EE, DV= Depersonalization and PAV= Personal accomplishment.

Regarding relationship among study's variables, there was significant positive relationship between burnout's two dimensions .i.e. between EE and depersonalization. The third dimension (personal accomplishment) of burnout had insignificant relationship with other two dimensions of burnout. PC had a significant positive relationship with personal accomplishment and a significant negative relationship with EE and depersonalization. Figure 1 shows structural model of the study. For structural model fitness, the goodness of fit and badness of fit indices were checked. The data was well fitted by structural model with χ^2 (712, N= 251) = 5503, $p < 0.001$; GFI= .602; NFI= .63; CFI= .688; RSMEA= .041; SRMR= .045. From the figure the relationship between independent and dependent variables and between constructs and its items could easily be understand.

4. Discussion

This study purpose was to investigate the relationship between PC and JB among nursing professional in private hospitals of Karachi. The study found a significant positive association between PC and JB. PC had a significant positive association with personal accomplishment while it had a significant negative association with EE and depersonalization.

Discussing first finding of the study, PC had a significant negative relationship with EE among the study's participant. This result of the study is consistent with previous studies conducted in various service sectors (Cheung et al., 2011; Kotze & Massyn, 2019; Li et al., 2015; McCay, 2019). Regarding second finding of the study, PC had a significant negative relationship with depersonalization among the participants of the study. This result of the study is congruent with results demonstrated by the previous studies (Cheung et al., 2011; Kotze & Massyn, 2019; Li et al., 2015; McCay, 2019). Discussing the last finding of the study, PC had a significant positive association with personal accomplishment among the study's participants. This finding of the study is also consistent with the previous findings (Li et al., 2015; McCay, 2019).

Findings of the study could play a crucial role in mitigating burnout ratio in the private health sector of Pakistan. The private hospitals' management should develop PC of their employees as it has strong effects on employees' JB. In the light of study's findings, individual with strong PC are less exposed to burnout. On the other hand, individuals with weak PC more exposed to burnout. Furthermore, PC had a strong positive effect on personal accomplishment of the participants. Therefore, hospital's management should develop such an environment that increases PC of the health sector professionals. The Study's result could be applied in other service sectors facing high ratio of employees' burnout.

The current study had some limitations and these should be addressed. The study employed a cross-sectional research design. A cross-sectional survey collects the data at one point of time and it might have given space to biasness in data. Further, the study used convenience sampling technique for data collection and it might not present the population well.

Suggesting next studies in the respective area of interest, the present study was limited only to private hospitals of Karachi. The next studies should consider a large population for the study, expanding it to provincial level i.e. considering the whole province as a population. Considering the whole country as a population will also be of great value. It will give space to cultural aspects of the country as each province of the county has its own culture. Conducting a longitudinal study will also explain the phenomenon better as it is will not be bound to time limit. Furthermore, examination of the proposed relationship in other service sectors of the country will shed further light on the problem. The proposed relationship also needs to be examined at cross-cultural level. Its examination at cross-cultural level will provide information about the problem at global level.

References

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., . . . Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health Affairs*, 20(3), 43-53.
- Alarcon, G., Eschleman, K. J., & Bowling, N. A. (2009). Relationships between personality variables and burnout: A meta-analysis. *Work & stress*, 23(3), 244-263.
- Ali, N., & Ali, A. (2014). The mediating effect of job satisfaction between PC and JB of Pakistani nurses. *Pakistan Journal of Commerce and Social Sciences (PJCSS)*, 8(2), 399-412.

IMPACT OF PSYCHOLOGICAL CAPITAL ON JOB BURNOUT AMONG NURSING
PROFESSIONALS OF PRIVATE HOSPITALS OF PAKISTAN

- Amornpipat, I. (2019). The Relationship Between Positive PC and JB: A Study of Thai Airways International Flight Attendants. *Psychology*, 9(5), 189-196.
- Bitmiş, M. G., & Ergeneli, A. (2015). How PC influences burnout: the mediating role of job insecurity. *Procedia-Social and Behavioral Sciences*, 207, 363-368.
- Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of vocational behavior*, 60(1), 17-39.
- Chang, Y., & Chan, H. J. (2015). Optimism and proactive coping in relation to burnout among nurses. *Journal of Nursing Management*, 23(3), 401-408.
- Cheung, F., Tang, C. S.-k., & Shuwen, T. (2011). PC as a moderator between emotional labor, burnout, and job satisfaction among school teachers in China. *International Journal of Stress Management*, 18(4), 348.
- Cordes, C. L., & Dougherty, T. W. (1993). A review and an integration of research on JB. *Academy of management review*, 18(4), 621-656.
- Elpert, L. R., & Wagner, L.-A. (2017). Work-life balance and preventing burnout. In *Hospital Medicine* (pp. 55-61): Springer.
- Ferradás, M. d. M., Freire, C., García-Bértoa, A., Núñez, J. C., & Rodríguez, S. (2019). Teacher profiles of PC and their relationship with burnout. *Sustainability*, 11(18), 5096.
- Fitz-Enz, J. (2000). *The ROI of human capital: Measuring the economic value of employee performance*: AMACOM Div American Mgmt Assn.
- Ha, J.-P., Kim, J.-H., & Ha, J. (2021). Relationship between Emotional Labor and Burnout among Sports Coaches in South Korea: Moderating Role of Social Support. *Sustainability*, 13(10), 5754.
- Herbert, M. (2011). *An exploration of the relationships between PC (hope, optimism, self-efficacy, resilience), occupational stress, burnout and employee engagement*. Stellenbosch: Stellenbosch University,
- Howard, S., & Johnson, B. (2004). Resilient teachers: Resisting stress and burnout. *Social Psychology of Education*, 7(4), 399-420.
- Kalliath, T., & Morris, R. (2002). Job satisfaction among nurses: a predictor of burnout levels. 32(12), 648-654.
- Khalid, A., Ghaffari, A. S., Pan, F., Wei, W., & Amin, A. (2020). The impact of occupational stress on JB among bank employees in Pakistan, with PC as a mediator. *Frontiers in Public Health*, 7, 410.
- Kotze, M., & Massyn, L. (2019). The influence of employees' cross-cultural PC on workplace psychological well-being. *SA Journal of Industrial Psychology*, 45(1), 1-8.
- Laschinger, H. K., & Finegan, J. (2008). Situational and dispositional predictors of nurse manager burnout: a time-lagged analysis. *Journal of Nursing Management*, 16(5), 601-607.
- Li, X., Kan, D., Liu, L., Shi, M., Wang, Y., Yang, X., . . . Wu, H. (2015). The mediating role of PC on the association between occupational stress and JB among bank employees in China. *International journal of environmental research and public health*, 12(3), 2984-3001.
- Lu, Ruan, H., Xing, W., & Hu, Y. (2015). Nurse burnout in China: a questionnaire survey on staffing, job satisfaction, and quality of care. *Journal of Nursing Management*, 23(4), 440-447.
- Luthans, F. (2002). Positive organizational behavior: Developing and managing psychological strengths. *Academy of Management Perspectives*, 16(1), 57-72.
- Luthans, F., Avolio, B. J., Walumbwa, F. O., & Li, W. (2005). The PC of Chinese workers: Exploring the relationship with performance. *Management and organization review*, 1(2), 249-271.

- Luthans, F., Luthans, K. W., & Luthans, B. C. (2004). Positive PC: Beyond human and social capital.
- Luthans, F., & Youssef, C. M. (2004). Human, social, and now positive PC management: Investing in people for competitive advantage.
- Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). *PC: Developing the human competitive edge* (Vol. 198): Oxford University Press Oxford.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). *Maslach burnout inventory*: Scarecrow Education.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). *JB. Annual review of psychology*, 52(1), 397-422.
- McCay, R. (2019). *Burnout and PC in Rural Critical Access Hospital Nurses*. Arizona State University,
- Peng, J., Jiang, X., Zhang, J., Xiao, R., Song, Y., Feng, X., . . . Miao, D. (2013). The impact of PC on JB of Chinese nurses: the mediator role of organizational commitment. *PloS one*, 8(12), e84193.
- Pereira-Lima, K., & Loureiro, S. (2015). Burnout, anxiety, depression, and social skills in medical residents. *Psychology, health and medicine*, 20(3), 353-362.
- Qadeer, F., Imtiaz, A., & Hameed, I. (2017). Identifying key areas of worklife and their interactive effect in explaining Pakistani nurses' burnout. *Pakistan Journal of Commerce and Social Sciences*, 11(3), 737-752.
- Schaufeli, W., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*: CRC press.
- Shahzad, M. N., Ahmed, M. A., & Akram, B. (2019). Nurses in double trouble: Antecedents of JB in nursing profession. *Pakistan journal of medical sciences*, 35(4), 934.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., . . . Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of personality and social psychology*, 60(4), 570.
- Stevenson, J. G. (1994). Employee burnout and perceived social support. *Journal of Health and Human Resources Administration*, 350-367.
- Troppmann, K. M., & Troppmann, C. (2017). Work-life balance and burnout. In *Success in academic surgery* (pp. 175-185): Springer.
- Virgă, D., Baci, E.-L., Lazăr, T.-A., & Lupșa, D. (2020). PC protects social workers from burnout and secondary traumatic stress. *Sustainability*, 12(6), 2246.
- Wu, H., Liu, L., Sun, W., Zhao, X., Wang, J., & Wang, L. (2014). Factors related to burnout among Chinese female hospital nurses: cross-sectional survey in Liaoning Province of China. *Journal of Nursing Management*, 22(5), 621-629.
- Xianyu, Y., & Lambert, V. A. (2006). Investigation of the relationships among workplace stressors, ways of coping, and the mental health of Chinese head nurses. *Nursing health sciences*, 8(3), 147-155.
- Zhou, H., & Gong, Y. H. (2015). Relationship between occupational stress and coping strategy among operating theatre nurses in China: a questionnaire survey. *Journal of Nursing Management*, 23(1), 96-106.
- Zubairi, A. J., & Noordin, S. (2016). Factors associated with burnout among residents in a developing country. *Annals of medicine*, 6, 60-63.