

Pakistani Doctors at Risk of Job Burnout, Diminishing Performance and Smoking Habits

Rabia Mushtaq¹, Abida Ellahi^{2*}

¹Department of Business Administration, Faculty of Management Sciences, International Islamic University, Islamabad, Pakistan

e-mail: rabiakhanbuzdar@yahoo.com

²Department of Business Administration, Faculty of Management Sciences, International Islamic University, Islamabad, Pakistan

email: abia.ell@gmail.com

Abstract

Existing study is conducted on doctors, in this study relationship among work-family conflict, workload, burnout (emotional exhaustion), diminishing performance and outcome such as smoking habits has been examined. Theoretical frame work was built which shows that doctors performance is affected by work-family conflict, heavy work load and their burnout level was increased which ultimately boost the smoking habits of doctors. For testing the theoretical model, structural equation modeling (SEM) technique was used. All of hypotheses were supported and result appeared in expected directions. Implication of the findings for research and practice are discussed in the end.

Keywords: Job burnout, Emotional exhaustion, Work-family conflict, Work load, Diminishing performance, Smoking habits.

Introduction

Profession of medical doctors is an emotionally and physically a demanding profession. Their life is very complex. They have to do work for long and irregular hours, come across to life-and-death situations, carry out a high volume of procedures, deal with multiple simultaneous deadlines, never complaining, and keeping away emotions or personal problems from interfering with work as well as many times scarify their personal life to stay practiced in their field [1]. In fact they are “doctors for others life”. They do work in a dynamic and complex medical workplace environment; therefore, they have to face problems regarding to their work, their family or partners. According to researchers the working conditions of medical workplace leave many doctors under pressure. Sir William Osler (1849–1919), the most influential physician in history observed that only a few doctors were satisfied and happy in their professional lives [2]. This dissatisfaction or unhappiness with their professional life is due to heavy work load or work family conflicts which appear in the form of job burnout.

Burnout is a psychological term which is characterized by overtiredness and its resultant effects. According to [4] burnout is “*a wearing down and wearing out of energy. It is an exhaustion born of excessive demands which may be self-imposed or externally imposed*”. It has been identified that burnout is generally taken as a form of job stress but in fact, it is “*syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people-work" of some kind*” [3]. Professionals experiencing problem of burnout can face anxiety, depression, divorce or broken relationships, alcoholism, substance abuse, and suicide [1].

It is a phenomenon that is of particular importance for both individuals and organizations because burnout experienced by individuals affects their work performance which ultimately effects organizations. It has been investigated among many professionals such as psychologists, physicians, teachers, nurses, policemen and managers of different organizations [31].

This study has made an attempt to study the burnout caused by work family conflicts and work overload among Pakistani doctors. Doctors are selected for this study because they are dealing with patient’s life and death matters, so their well-being is much critical for quality of care they provide. The main purpose of the study is to investigate the role of work load and work-family conflict to create the level of job burnout and smoking habits among Pakistani doctors.

Literature Review

Work-family conflict

In today’s competitive environment, doctors are facing high challenges during delivering high quality services to the patients. Unfortunately, there is a lack of family-friendly policies for them. According to [5] long-hours culture is common among many organizations. In these circumstances individuals are more likely to experience work-family conflict and emotional exhaustion [6]. Pressures from work or family roles enhance work-family conflict. Work-family conflict is defined as “*a form of interrole conflict in which the general demands of, time devoted to, and strain created by the job interfere with performing family-related responsibilities*” [7, 8]. In these circumstances individuals are subjected to feelings of fatigue, loss of trust and emotional exhaustion [9]. Job challenge and job variety, enriching work role characteristics are related to work-family conflict [10]. These types of challenges are very obvious in the life of doctors.

Job burnout

Job burnout was first identified by a psychologist called Freudemberger in the early 1970’s [11]. He identified it as exhaustion as a result of hard working without interest and motivation. Maslach and her colleague Jackson developed a well-studied measurement of burnout known as Maslach Burnout Inventory. This measure has three dimensions of burnout which are confirmed to be empirically interrelated but don’t occur all the time in parallel and equal way [12].

These three dimensions are

1. Emotional Exhaustion refers to a “*feeling of excessive emotional stress and being drained by contact with other people*” [30]. Doctors are emotionally exhausted when they are not able to treat patients as human beings rather as objects and they feel emotionally depleted.

2. Depersonalization refers apathetic and insensate response to people. Doctors experiencing depersonalization show indifferent and harsh response with coworkers or patients
3. Lack of personal accomplishment is expressed as a feeling of reduction in proficiency to carry out work tasks. Doctors feeling lack of personal accomplishment experience problem of poor judgment, pessimism and feelings of incompetence.

The phenomenon of job burnout is a syndrome thus produces many side effects at three levels that are personal, family and organization. According to [12] the frequent reported side effects of job burnout are physical tiredness, disability, frequent headaches, sleep disorders, anorexia. At organizational level these side effects includes which are more prominent are less work, absence from job, frequent delays, various complaints, conflict and strife in work environment, change of position and job, or job quitting.

Assessing syndrome of burnout among doctors is essential because their well-being is the sign of strength for medical workforce [13]. Researchers confirmed that burnout among physician can become harmful for patient safety and quality of patient care and it enhances to medical errors [14, 15]. Burnout among physicians may affect patient satisfaction and treatment compliance [16].

Researchers have identified several factors effecting job burnout. Some of these factors include long and hard working hours, age, gender, level of preparedness, type of personality, personal characteristics, lack of proper and desirable human relations in formal ranking position as well as the informal structure of the relations between the personnel [17; 18].

Work load

Work load is considered as common source of job burnout in helping professionals like doctors [19]. According to [20] (2001: p.414), “*workload is most directly related to the exhaustion aspect of burnout*”. The association of workload with emotional exhaustion in hospital nurses is confirmed [21]. Similarly, in another study [22] significant association between workload and burnout were also found in a Canadian hospital staff. Along with the high work load doctors are also vulnerable to high levels of work-family conflict. This high workload and emotional pressure are more likely to increase the possibility of alcohol and drug abuse, problems in social relationships, depression and anxiety, and suicide in doctors [23].

Smoking habits

Stressors have two categories: one resides outside the person including economic pressures; rapid technological, social, or personal change; difficult work environments; and interpersonal conflicts and second resides within the person including personality patterns, patterns of thinking and acting, unrealistic expectations, unmet needs, and genetics. These individuals who are facing stress feel emotional exhaustion with other stress symptoms and they use smoking as a help for them to cope with stress [24]. In cigarettes nicotine is important element which is mood altering. Tobacco users feel satisfaction and they feel they get rid from stress but smoking is actually a cruel illusion. Smoking may enhance the tendency of blood pressure, muscles become stretched, blood vessels constrict, and less oxygen is available to the brain and body to facilitate healthy coping [24].

By keeping in view the literature about causes of job burnout and its effects, this research has investigated the effects of work load and work family conflict on two dimensions of burn out and its effect on smoking habits among Pakistani doctors. To fulfill this research objective following research questions are formulated:

1. To what extent work family conflict causes job burnout among Pakistani doctors?
2. To what extent work load causes job burnout among Pakistani doctors?
3. What is the level of emotional exhaustion and diminished personal performance capacity among Pakistani doctors?
4. What are smoking habits of Pakistani doctors experiencing state of emotional exhaustion?

Figure 1 shows proposed research model used in this study.

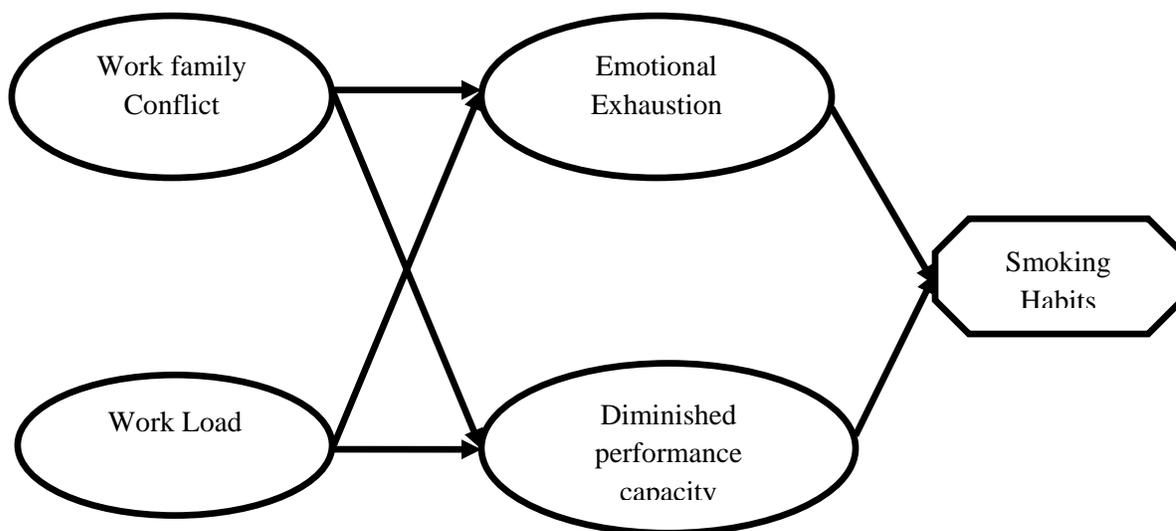


Figure 1. Proposed Research Model

Hypothesis 1: Work-family conflict has positive effect on emotional exhaustion among doctors

Hypothesis 2: Work-family conflict has positive effect on diminished performance capacity among doctors.

Hypothesis 3: Work load has positive effect on emotional exhaustion among doctors

Hypothesis 4: Work load has positive effect on diminished performance capacity among doctors

Hypothesis 5: Emotional exhaustion has positive effect on smoking habits among doctors

Hypothesis 6: Diminished performance capacity has positive effect on smoking habits among doctors.

Method

Data Collection and Sample

For collection of data a survey was conducted using close-ended questionnaire. By using convenient sampling technique sample size of 300 staff doctors was selected from three hospitals of two major cities of Pakistan. The issues of precision and confidence, population size, time and cost constraints were taken into consideration in selecting sample size. The respondents belonged from various areas of specialization. The questionnaires were delivered to relevant hospitals. They were collected from all hospitals over a 4-week period. Out of 300 questionnaires, 250 usable responses were received with response rate of 83%. The high response rate may increase the generalizability of results.

Measures

The questionnaire used in this study is composed of two parts. First part consists of information about demographic variables such as age, gender, marital status and work schedule. Second part of the questionnaire was about work related variables such as work load, work-family conflict, emotional exhaustion, diminished performance capacity and smoking habits. Emotional exhaustion and diminished performance capacity (e.g. “I feel emotionally drained from my work”, “I deal with emotional problems very calmly”) were measured using the Maslach Burnout Inventory [18], which has been widely used in existing literature. Smoking habits were measured by using scale presented by Tolla et al. (2006) (e.g. “I would do almost anything for a cigarette right now”, “I have a desire for a cigarette right now”)[25]. The variable of workload was measured with a subscale developed by Caplan *et al.* (1975)[26] (e.g. “My job requires me to work very fast” and “My job leaves me with very little time to get everything done”). The variable Work-family conflict (e.g. “I often have to miss important family and social activities because of my job, “The demands of my work interfere with home, family, and social life”) was adopted from the study of Karatepe and Uludag (2007)[27]. Each of the work related variable was measured on a five-point Likert Scale in which 1 indicated “strongly disagree”, 2 indicated “disagree”, 3 indicated “neutral”, 4 indicated “agree” and 5 indicated “strongly agree”.

Results

Demographic Information

Table 1 presents data about background information of respondents. The participants were 18.8% female and 81.2 %. The case of marital status shows that 17.2% were single, 8 % were divorced, 3.2% were widowed and 71.6% were married. Similarly, according to the status and timings of the job 21.6% have permanent morning, 17.2% were permanent night, 31.2% were rotating day and 30% were rotating night. Responses about age show that 1.2% were under 25 years, 21.6% were of age 25-45, 60% were of age 35-45 and 17.2% were of age above 45.

Table 1. Demographic characteristics of sample

		N	%
Age	Under 25	3	1.2
	25-35	54	21.6
	35-45	150	60
	Above 45	43	17.2
Gender	Male	203	81.2
	Female	47	18.8
Marital status	Single	43	17.2
	Divorced	20	8
	Widowed	8	3.2
	Married	179	71.6
Work schedule	Permanent morning	54	21.6
	Permanent night	43	17.2
	Rotating day	78	31.2
	Rotating night	75	30

Reliability

Reliability analysis depicts the internal consistency of scale items. It is used to ensure that scale used is producing consistent results over times. Cronbach's alpha is widely and commonly used measure for reliability analysis. Its value range is between 0 and 12. The value closer to 1.0 confirms significant reliability of scale [28]. Table 2 shows Cronbach's alpha values of each factor. The first factor of the questionnaire, work-family conflict had a Cronbach's alpha of .90, Factor work load had 0.94, factor emotional exhaustion had 0.90, factor diminished performance capacity had 0.88 and factor smoking habits had 0.83. All of the values of Cronbach's alpha were in acceptable range which delineates high internal consistency of subscales of factors.

Factors	Cronbach Alpha
Work family Conflict	0.90
Work Load	0.94
Emotional Exhaustion	0.90
Diminished performance capacity	0.88
Smoking Habits	0.83

Table 2: Reliability Analyses of Constructs**Results of Structure Model**

In order to evaluate the theoretical relationships among relevant constructs, hypotheses testing (path analysis) was conducted using Partial least squares (PLS) technique. This PLS analysis was conducted using Smart-PLS software. PLS works same like structural equation

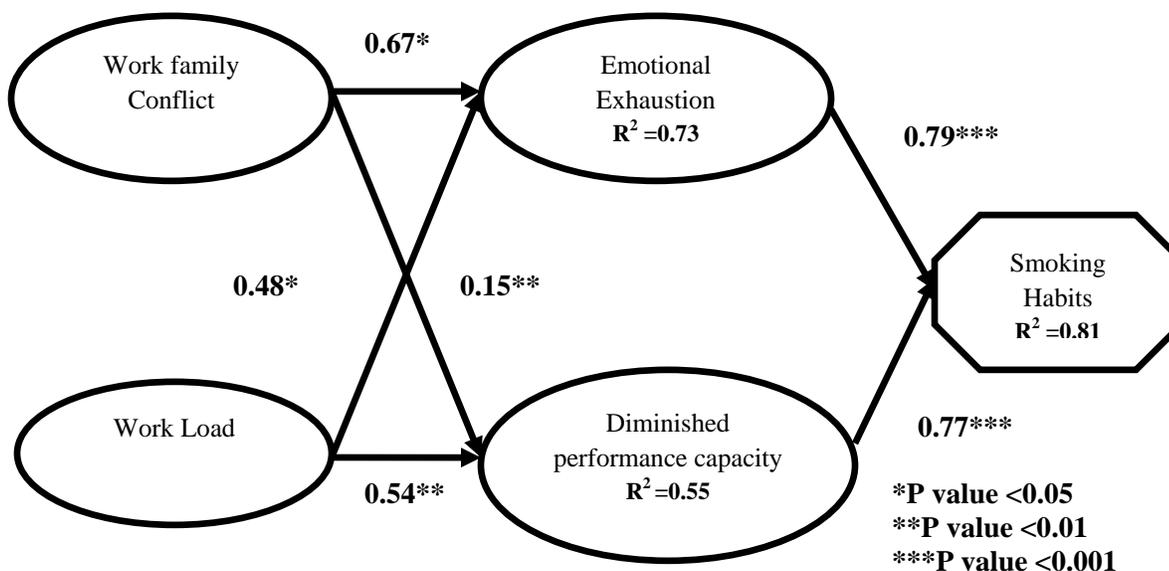
models. Figure 2 shows the results of analyses of structure model. The values for path coefficients are showing hypotheses support for all of six hypotheses. The R^2 values of dependent variables model are 0.73, 0.55 and 0.81 which show explanatory power of model. The value range of standardized coefficients of paths is ranged from 0.15 to 0.79 as shown in figure 2. These values shows that work family conflict, work load, emotional exhaustion and diminished performance capacity significantly effect to smoking habits of doctors. These results are consistent with suggested hypotheses.

Hypotheses Testing Evaluation

Hypothesis 1: Work family conflict has positive effect on emotional exhaustion among doctors.

The statistical results show that work-family conflict is positively related with emotional exhaustion among doctors. The highly significant path coefficient value of 0.67 (sig $P < 0.05$) show that one unit increase in work-family conflict will increase 0.67 units in emotional exhaustion. Thus H1 is supported.

Figure 2: Path analysis of research variables



Hypothesis 2: Work family conflict has positive effect on diminished performance capacity among doctors.

The path coefficient value work-family conflict and diminished performance capacity among doctors is 0.48 (sig $p < 0.05$). This confirms that one unit change in work-family conflict brought about 48% variation in diminishing the performance capacity of the doctors. This confirms that work-family conflict significantly affect on diminishing performance capacity. Thus H2 is also supported.

Hypothesis 3: Work load has positive effect on emotional exhaustion among doctors.

The statistical results show that work load experienced by doctors is positively related to emotional exhaustion among doctors (0.15 sig $p < 0.01$). Thus H3 is supported.

Hypothesis 4: Work load has positive effect on diminished performance capacity among doctors.

The positive relation of Work load with performance capacity among doctors is confirmed by path coefficient value of 0.54 ($P < 0.01$). It depicted that doctors who have high work load, are more intended to perceive their low performance capacity. Thus H4 is also accepted.

Hypothesis 5: Emotional Exhaustion has positive effect on smoking habits among doctors.

The statistical value of path coefficient for relation of Emotional Exhaustion and smoking habits is 0.79 (sig $p < 0.001$). It shows that doctors who experience emotional exhaustion are more indented towards smoking. Thus H5 is supported.

Hypothesis 6: Diminished performance capacity has positive effect on smoking habits among doctors.

The statistical value of path coefficient for relation of diminished performance capacity and smoking habits is 0.77 (sig $p < 0.001$). It shows that doctors who experience diminished performance capacity are more indented towards smoking. Thus H6 is supported.

Discussion and Conclusion

Job stressors like work-family conflict, work load and burnout have remained important constructs of inquiry in today complex working environment. In this study, a model is tested in which work-family conflict and work load show burnout (emotional exhaustion) and diminishing performance as outcome and these factors ultimate impact on the smoking habits of doctors is analyzed. We tested these relationships in a new cultural setting of Pakistan using a sample from different hospitals and found fairly good support for our hypotheses.

The response rate in this study is high. Work-family conflict and work load were related to burnout dimension (emotional exhaustion) and diminishing performance. Both exhaustion and diminished performance of individuals relate to high smoking habits of doctors. In any case, results clearly demonstrate that work-family conflict, work load have a capacity to manifest into burnout(emotional exhaustion) and diminishing performance of doctors which is much more dangerous and detrimental as it leads to negative consequences such as enhance smoking habits of doctors.

Moreover, our study helps in raising the issue of stress impact on the smoking habits in the context of developing country like Pakistan. Since last two decades, there is an increasing debate on the role of global and local factors in management literature [29]. It is important to analyze the universality of theories developed in the U.S. These theories impacts should be checked in the different cultural context. We do this by checking the impact of stress factors on the attitudinal and behavioral outcomes of the doctors.

Managerial implications

Hospital management should pay special attention to the leading factors of job stress like work-family conflict and work load because of its harmful effects on outcomes. Its severity will lead to burnout and diminishing performance of individuals, which is much more harmful in its adverse effects on attitudinal and behavioral outcomes. It is possible that early signs of stress such as low job performance and low satisfaction may not be evident to managers. By the time

prolonged stress leads to burnout, it may be more difficult to counter the problem when it becomes chronic. Calm working environment for doctors is requirement of their work quality. Due to stressful working environment doctors burnout level will be high and physician burnout can enhance the medical errors [1]. Management needs to be cautious about these factors which will create very negative impacts on the attitudinal and behavioral outcomes of the doctors which can adversely affect patient safety and quality of patient care.

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