

ORGANIZATIONAL SUPPORT, EMOTIONAL LABOR AND BURNOUT REGARDING THE MEDICAL STAFF

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Abstract: The Romanian medical system is currently characterized by poor financing, inadequate equipment and medical facilities, lack of decent income for the medical staff; all these lead to work disruptions and implicitly to consequences affecting the medical care. The burnout syndrome has had a major impact upon the public health system, both by the way it directly affects the medical staff and also the indirect implications it generates regarding the quality of the medical care. The aim of this study was to evaluate the frequency of burnout syndrome among the nurses working in a public hospital at Cluj-Napoca - the sample of participants to this study comprised 115 medical assistants - and to make an analysis of the role the perceived organizational support in relation to emotional labor.

INTRODUCTION

Approximately one third of the medical staff in different European countries manifests professional exhaustion and that generates further economic costs, as the affected employees get sick, lose work days, have low performance.(1,2,3) The medical care activity is demanding, difficult and stressful; it supposes intense pressure and a high level of burnout.(4) If we refer to the medical staff, experiencing burnout has been often related to a lower level of patients' satisfaction and the quality of the medical care in general;(5,6) the performance of medical care and the intention to quit (7) and also to absenteeism.(8) In a study concerning the Romanian medical personnel, there is the description of a suffering and suffocated medical system, dominated by the culture of mistrust, helplessness, both among the medical staff and patients.(9) The theory of organisational support (10) implies the willing of the organisation to reward work, and in order to satisfy the social and emotional needs, the employees develop their global beliefs regarding the extent in which the organisation valorizes contributions and care regarding their well-being.(11) According to this theory, the development of organizational support is encouraged by the employees' tendency to assign human traits to their organization.(12) The employees who perceive the organisational support as being high feel compelled, based on the law of reciprocity, to make efforts to repay the organisation by helping it to reach its goals.(13,14) They voluntarily engage in increasing the performance of work activities and develop actions that are favorable for the organisation, they appreciate work as more pleasant, and have a better disposition at work and suffer less symptoms as fatigue, burnout, anxiety or headaches.(10,15,16) The research concerning the perceived organizational support, POS, has placed in relation to: the organisational commitment, the structure of the organisation, the relationship with supervisors, professional satisfaction.(12,16) Emotional labor, EL, is generally related to the interactions in which clients require their employees to display a series of emotions by different intensities, emotions that are not homogeneously or equally injurious; the study is destined to the

employees of hotels, restaurants, airports, and tourism agencies.(17,18) Emotional labor refers to a process by which employees must manage their emotions to meet organizationally mandated emotional display rules, or norms concerning the appropriate emotional reactions in specific situations.(19) Emotional labor significantly influences both the results of individual work and those of the organization; physical and psychic well-being of the employees, professional satisfaction of employees and performance at workplace.(20) Burnout at workplace has been associated with: boredom, stress, discontent, depression, alienation, low morale, anxiety, strain, tension, a feeling of “weariness”, nervousness, chronic fatigue, poor mental health, personal crisis. Probably the most frequently mentioned definition of burnout comes from Maslach & Jackson (21) as “a syndrome of emotional exhaustion, depersonalization and reducing of professional achievement appeared to individuals involved along with others”. The burnout syndrome, the professional exhaustion syndrome respectively, PES, is a reaction to the persistent workplace stress and is characterized by emotional exhaustion (the employee's feeling that he is consumed, “used” and not having the possibility to recover), professional inefficiency (a state of work dissatisfaction) and cynicism (lack of interest and negative approach or the indifference for the working place in general).(22)

PURPOSE

The aim of this study was to evaluate the frequency of burnout syndrome among the nurses working in a public hospital at Cluj-Napoca and to make an analysis of the role the perceived organizational support has in relation to emotional labor.

Hypothesis no.1: Perceived organizational support, emotional labor and frustration with work are predictors for burnout and its dimensions.

Hypothesis no. 2: The type of working schedule determines different levels of burnout, according to the way in which the organizational support is perceived.

Hypothesis no. 3: The Perceived organizational

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support has the role of moderator in the relationship between emotional labor and burnout.

MATERIALS AND METHODS

The sample of participants to this study comprised 115 medical assistants (of whom 107 were female subjects), who were employees of a public hospital in Cluj-Napoca. The subjects' ages ranged from 20 to 60 years old, with a mean age of 37.17 and the accumulated service at the current workplace between several months and 30 years, the mean of the accumulated service being of 8.6 years. Of the investigated subjects 80 work in shifts, which implies working at night, and 35 work normal day work with no shifts. To evaluate POS, the questionnaire created by Eisenberger et al. (10) was used in a version adapted for Romania by Chirazof.(11) For our study participants, the value of the coefficient Alpha-Cronbach is .92, similar to that declared by the creators of Eisenberger scale (13) and $\alpha = .91$ in Chirazof's study.(11) The Emotional Labor Scale was developed and validated by Brotheridge & Lee.(23) The scale used in the current research contains three dimensions; deep acting, hiding feelings and faking emotions. For our sample, the value of Alpha-Cronbach coefficient is .93, which is similar to the one reported by the literature.(23) To evaluate professional exhaustion there was used the Oldenburg Burnout Inventory OLBI, developed in Germany;(24) it is destined to measure professional exhaustion (burnout) by two dimensions, exhaustion and disengagement, which do not depend on vocational aspects.(25) Both dimensions of OLBI have high reliability, both exhaustion and disengagement have the index α

$=.85$, according to the study performed by Demerouti and Bakker (26) upon two samples of healthcare employees managers. The Alpha-Cronbach value for OLBI we got is .78. The Frustration with Work Questionnaire was developed by Peters, O'Connor și Rudolf.(27) The value of the Alpha-Cronbach coefficient reported to literature ranges from .670 to .860. and for our sample its value is .843. In order to test the hypothesis, simple regression analyses were performed by indicating burnout as the dependent variable and independent variables represented by Frustration with Work, POS and those components of emotional labor which had a statistic correlation significant with burnout; the statistical processing was performed by the SPSS program v.23.

RESULTS AND DISCUSSIONS

The results of simple linear regression displayed in tables no.1 and no.2 show that a statistically significant proportion of the total variation in burnout scores is owned to frustration with work; the variable frustration with work is a good predictor of the burnout variable, $F(1, 113) = 45.931$, $p < .001$; 28% of the real variation of burnout is provided by frustration with work.

The results of simple linear regression given in tables no. 3 and no.4 show that a statistically significant proportion of the total of variation in burnout is owned to POS; the POS variable is a good predictor of the burnout variable, $F(1, 113) = 67.240$, $p < .001$; 37% of the real burnout variation is provided by POS.

Table no. 1. Means, standard deviations and Pearson's coefficients between variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. OLBI	37.88	7.000												
2. POS	4.04	1.200	-.611 ^a											
3.FRUS	10.65	5.177	.538 ^{**}	-.400 ^{**}										
4. DAP	7.65	3.316	.056	.141	.229 [*]									
5. DAC	6.55	2.920	.066	.081	.107	.747 ^{**}								
6. DAS	7.05	3.310	.111	.130	.182	.820 ^{**}	.780 ^{**}							
7. HFP	10.33	3.435	.186 [*]	.066	.012	.325 ^{**}	.179	.279 ^{**}						
8. HFC	7.87	2.938	.075	-.066	-.039	.194 [*]	.429 ^{**}	.274 ^{**}	.582 ^{**}					
9. HFS	9.06	3.381	.080	-.028	-.057	.266 [*]	.305 ^{**}	.387 ^{**}	.671 ^{**}	.767 ^{**}				
10. FEP	7.86	3.835	.139	.181	.304 ^{**}	.620 ^{**}	.321 ^{**}	.510 ^{**}	.515 ^{**}	.174	.320 ^{**}			
11. FEC	5.95	2.559	.053	.182	.111	.529 ^{**}	.602 ^{**}	.551 ^{**}	.397 ^{**}	.500 ^{**}	.399 ^{**}	.714 ^{**}		
12. FES	7.09	3.273	.138	.168	.235 [*]	.517 ^{**}	.401 ^{**}	.623 ^{**}	.380 ^{**}	.282 ^{**}	.474 ^{**}	.779 ^{**}	.777 ^{**}	

N=115, **p<.001, *p<.05

DAP - Deep Acting Patients
DAC - Deep Acting Fellow Workers
DAS - Deep Acting Superiors

HFP - Hiding Feeling Patients
HFC - Hiding Feeling Fellow Workers
HFS - Hiding Feeling Superiors

FEP - Faking Emotions Patients
FEC - Faking Emotions Fellow Workers
FES - Faking Emotions Superiors

Table no. 1.Summary of regression model Frustration with Work → Burnout

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.538 ^a	.289	.283	5.92933	.289	45.931	1	113	.000

a. Predictor: (Constant), Frustration b. Dependent Variable: Burnout

Table no.2. Coefficients of regression for the model Frustration with Work → Burnout

Model		Unstandardized Coefficients		Standardized Coefficients		t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta				Tolerance	VIF
1	(Constant)	30.144	1.269			23.749	.000		
	Frustration	.727	.107	.538		6.777	.000	1.000	1.000

a. Dependent Variable: Burnout

Table no.3. Summary of regression model Perceived Organizational Support → Burnout

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.611 ^a	.373	.368	5.56781	.373	67.240	1	113	.000

a. Predictors: (Constant), POS b. Dependent Variable: Burnout

Table no.4. Regression Coefficients for the Perceived Social Support model → Burnout

Model		Unstandardized Coefficients		Standardized Coefficients		t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta				Tolerance	VIF
1	(Constant)	52.277	1.830			28.566	.000		
	SOP	-3.561	.434	-.611		-8.200	.000	1.000	1.000

a. Dependent Variable: Burnout

The results of simple linear regression given in tables no. 5 and no. 6 show that a statistically significant proportion in the total of Burnout variation scores is owned to HFP - Hiding Feeling patients; HFP variable is a good predictor of the burnout variable, $F(1, 113) = 4.055, p < .05$; 0.37% of the burnout real variation is provided by HFP. Although the size of effect regarding the HFP variable is small, it exists. The result confirms the fact that the effect of emotional consumption upon burnout is moderated by other variables.

Hypothesis no. 1 is confirmed by the results of statistical analysis.

In order to test hypothesis no.2, there was performed an analysis of covariance ANCOVA in which burnout was the dependent variable and the type of working program was the independent variable. The results of the model are given in tables no. 7, 8, 9.

The ANCOVA results show a statistically significant effect of POS covariance over the burnout dependent variable ($F_{POS} = 8.016$; $df = 1, 112$; $p = 0.005$). More importantly, there is a statistically significant effect for the type of working program ($F_{Program} = 8.106$; $df = 1, 112$; $p = 0.005$), with a statistically significant size of effect (η^2 partial Program = 0.558). The effect size suggests that approximately 55% of the burnout scores variance may be a consequence of the working program, when it is statistically controlled for POS. The results of ANOVA statistical analysis confirm and sustain hypothesis no. 2.

To test hypothesis no. 3, there were performed a number of 9 statistical analyses to emphasize the moderation effect of POS upon the relation between emotional labor and

burnout. Statistically significant moderation effects were emphasized in three of them, (FES) faking emotions superiors, (FEP) faking emotions patients and (DAS) deep acting superiors. POS was examined as a moderator of the relation between FES and burnout. FES și POS were introduced in the first stage of the regression analysis. Along the second stage of the regression analysis, the term of interaction between FEP and POS was introduced to explain a significant increase in the burnout variance, $\Delta R^2 = .0302$, $F(1, 111) = 4.346$, $p < .05$. Thus, POS was a significant moderator of the relation between FES and burnout. POS was examined as a moderator for the relation between FEP and burnout. FEP and POS were introduced during the first stage of the regression analysis. Along the second stage of the regression analysis, the term of interaction between FEP and POS was introduced and it explained a statistically significant increase in the burnout variance, $\Delta R^2 = .0308$, $F(1, 111) = 4.709$, $p < .05$. Thus, POS was a statistically significant moderator of the relation between FEP and burnout. POS was examined as a moderator of relation between deep acting to superiors, DAS and burnout. The term of interaction between DAS and POS explained a significant increase of the burnout variance, $\Delta R^2 = .0425$, $F(1, 11) = 7.584$, $p < .05$. Thus, POS was a significant moderator of the relation between DAS and burnout.

The results of statistical analysis confirm that POS is a moderator only for a part of the facets describing the emotional labor construct.

Table no. 5. Summarizing the model Hiding Feelings patient HFP → Burnout

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.186 ^a	.035	.026	6.90898	.035	4.055	1	113	.046

a. Predictors: (Constant), HFP b. Dependent Variable: Burnout

Table no. 6. Regression Coefficients of the HFP model → Burnout

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta				Tolerance	VIF
1	(Constant)	33.966			16.560	.000		
	HFP	.379	.186	2.014	.046		1.000	1.000

a. Dependent Variable: OLB

Table no. 7. Comparison between means of scores according to the type of working program; day (1) and shifts (2)

(I) Program	(J) Program	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	2.990 ^a	1.056	.005	.897	5.082
2	1	-2.990 ^a	1.056	.005	-5.082	-.897

Based on estimated marginal means. Dependent Variable Burnout

Table no. 8. Tests of Between-Subjects Effects

Source	Type I Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2318.445 ^a	2	1159.222	39.715	.000	.415
Intercept	165073.470	1	165073.470	5655.473	.000	.981
SOP	2084.473	1	2084.473	71.415	.000	.389
Program	233.971	1	233.971	8.016	.005	.067
Error	3269.086	112	29.188			
Total	170661.000	115				
Corrected Total	5587.530	114				

a. R Squared = .415 (Adjusted R Squared = .404) Dependent Variable Burnout

Table no. 9. Statistical results ANCOVA

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	233.971	1	233.971	8.016	.005	.067
Error	3269.086	112	29.188			

The F tests the effect of Program. This test is based on the linearly independent pairwise comparisons among the estimated marginal means. Dependent Variable: Burnout

CONCLUSIONS

People spend most of their time at work, where they need adequate working conditions, support, respect, consideration and adequate working relationships, as much as possible. The present research has operationalised the POS, emotional labor and frustration with work, as predictors for syndromes. Emotional labor is a multidimensional construct and the operationalized dimensions in the present study are deep acting, hiding feelings and faking emotions respectively, in relation to patients and working fellows. The results of statistical analysis identify as burnout predictors frustration with work, SOP and HFP. The size of effect is small for hiding feelings to patients, medical assistants, by the specific of their work, succeed in managing their emotions towards patients. POS requests a lot more attention concerning nurses' activity; the medical activity needs a supportive working environment which may provide reasonable resources for nurses in their basic activity which is the patient's taking care of. More than that, the management practices at the level of organizational leadership and the supervisors of nurses' activity, through the set working practices, have to ensure the best possible perception of the support which the organization – the hospital – offers to its members so that they will carry on their activity in harmony.(28) This thing does not happen completely in the case of our study participants, because of the fact that the variable frustration with work, POS does not have a moderator effect which is statistically significant in relation to burnout. There would be interesting in the future to develop as many as possible research studies which bring concepts that may be correlated to the emotional labor concept also in the private medical system. Also, we may extend this research to estimate the psychological networks developed in the study.

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