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Original Article

Burnout and Workload Among Health Care Workers: The Moderating Role of Job Control

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ABSTRACT

Background: As health care workers face a wide range of psychosocial stressors, they are at a high risk of developing burnout syndrome, which in turn may affect hospital outcomes such as the quality and safety of provided care. The purpose of the present study was to investigate the moderating effect of job control on the relationship between workload and burnout.
Methods: A total of 352 hospital workers from five Italian public hospitals completed a self-administered questionnaire that was used to measure exhaustion, cynicism, job control, and workload. Data were collected in 2013.
Results: In contrast to previous studies, the results of this study supported the moderation effect of job control on the relationship between workload and exhaustion. Furthermore, the results found support for the sequential link from exhaustion to cynicism.
Conclusion: This study showed the importance for hospital managers to carry out management practices that promote job control and provide employees with job resources, in order to reduce the burnout risk.

1. Introduction

Stress in the workplace is globally considered a risk factor for workers' health and safety. More specifically, the health care sector is a constantly changing environment, and the working conditions in hospitals are increasingly becoming demanding and stressful. According to the World Health Organization (WHO), "a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of workplace [...]" [1]. Despite WHO's aim to promote and foster healthy work environments, approximately 2 million work-related deaths occurred in 2000 [2]. Several studies focusing on the health care sector have shown that health care professionals are exposed to a variety of severe occupational stressors, such as time pressure, low social support at work, a high workload, uncertainty concerning patient treatment, and predisposition to emotional responses due to exposure to suffering and dying patients [3,4]. In this sense, health care workers are at a high risk of experiencing severe distress, burnout, and both mental and physical illness. In turn, this could affect hospital outcomes, such as the quality of care provided by such institutions [4–7]. Particularly, in the past 35 years, the prevalence of stress-related illnesses such as burnout has increased significantly, affecting 19–30% of employees in the general working population globally [8]. Burnout among health care workers, mainly medical staff, was becoming an occupational hazard, with its rate reaching between 25% and 75% in some clinical specialties [9]. Furthermore, it was reported that among the sources of occupational illnesses, burnout represents 8% of the cases of occupational illnesses [10].

As defined by Leiter and Maslach [11] and Maslach [12], burnout is a cumulative negative reaction to constant occupational stressors relating to the misfit between workers and their designated jobs. In this sense, burnout is a psychological syndrome of chronic exhaustion, cynicism, and inefficacy, and is experienced as a prolonged response to chronic stressors in the workplace [13].

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Exhaustion is mainly related to an individual's experience of stress, which is, in turn, related to a decline in emotional and physical resources. According to Leiter and Maslach [14], "the experience of exhaustion reduces workers' initiative while progressively limiting their capacity for demanding work" (p. 50). Cynicism refers to detachment from work in reaction to the overload of exhaustion [13]. Cynicism pertains to the loss of enthusiasm and passion for one's work [14]. The third component, perceived professional inefficacy, refers to the feelings of ineffectiveness and lack of achievement and productivity at work; in other words, perceived professional inefficacy refers to the loss of confidence in one's work [14]. Particularly, Maslach et al [15] hypothesized that three dimensions of burnout develop as a result of varying sequential progression over time. Previous research on burnout has confirmed the sequential link from exhaustion to cynicism [15]. Specifically, researchers have found "that exhaustion occurs first, leading to the development of cynicism, which in turn leads to inefficacy. However, the subsequent link to inefficacy is less clear, with the current data supporting a simultaneous development of this third dimension rather than a sequential one" [15] (p. 406).

Job burnout has been associated with a multiplicity of health problems, such as hypertension, gastrointestinal disorders, and sleeplessness [15]. It has also been associated with performance-related issues [16], demonstrating its direct impact on workplace effectiveness.

Regarding the etiology of burnout, researchers have mainly focused on the role played by an occupational context. Maslach and Leiter [17] provided a more comprehensive perspective by identifying six general areas of worklife considered as the most important antecedents of burnout: a manageable workload, job control, rewards, community, fairness, and values. According to this model, a mismatch between one's expectations and the structure or process within the occupational environment contributes toward burnout. These six areas have different relationships with the three dimensions of burnout [11,18]. Mainly building on the demand-control theory of job stress described by Karasek and Theorell [19], authors assert that mismatches in workload and job control may aggravate exhaustion through excessive demands, by generating a general condition of anxiety. By contrast, a manageable workload sustains energy, thus contrasting the risk of burnout. A mismatch in workload implies that workers feel overworked and\or do not have enough time to perform the job. Work overload is a major source of exhaustion that, in turn, is at the root of burnout [14], representing the basic individual stress component of burnout [20]. In addition, a lack of job control means that employees' sense of autonomy and discretion are limited. As a result, their sense of control over what they do is limited or undermined, which also means that they do not have much of a say in what goes on in their work environments. By contrast, job control enables workers to take decisions regarding their work [11]. As described by Leiter and Maslach [11], job control plays an important role in influencing, either directly or indirectly, workload and burnout among employees. In this sense, more control gives workers the opportunity to shape their work environment, such as reducing their workload accordingly. This is in line with the buffer hypothesis of job stress, where high job demands (mainly, a high workload) coupled with low job control lead to job strain. In this sense, it is central to clarify and control the variables involved in the job burnout process. This will enable the development of strategies aimed at protecting health care professionals from the risk of burnout [5].

The purpose of this study is to develop and test a conceptual model of the relationship between work environment (workload and job control) and burnout (cynicism and exhaustion) among Italian health care professionals. Specifically, the following working hypotheses were tested (Fig. 1): (1) Hypothesis 1a: workload is positively related to exhaustion; (2) Hypothesis 1b: job control is negatively related to exhaustion; (3) Hypothesis 2: job control moderates the relationship between workload and exhaustion; (4) Hypothesis 3: exhaustion is positively related to cynicism; and (5) Hypothesis 4: exhaustion mediates the relationship between workload and cynicism.

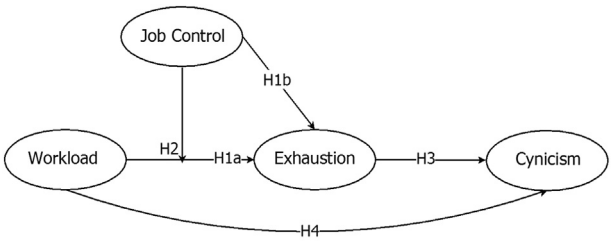

Fig. 1. Hypothesized model. H, hypothesis; H1a, workload is positively related to exhaustion; H1b, job control is negatively related to exhaustion; H2, job control moderates the relationship between workload and exhaustion; H3, exhaustion is positively related to cynicism; H4, exhaustion mediates the relationship between workload and cynicism.

2. Materials and methods

The study was performed in accordance with the code of ethics of the World Medical Association (Declaration of Helsinki).

2.1. Participants and data collection

A cross-sectional survey was conducted. The study participants were recruited in January 2013 from five Italian Hospitals. A total of 352 hospital workers (nurses and other clinical professionals) voluntarily completed a self-administered paper questionnaire that had been distributed to 434 workers, representing a return rate of 81.1%. Researchers provided a briefing on the study objectives as well as statements guaranteeing both confidentiality and anonymity. The hospital workers were given 3 weeks to complete and return their questionnaires in locked boxes.

In total, the sample is composed of 352 health care workers with an average age of 40–46 years. Of these, 74.1% were woman and 61.1% have been working in the actual unit for more than 10 years.

2.2. Ethical permission

Formal approval from the local ethical committee was not required, according to national legislation in Italy.

2.3. Measurements

The exhaustion (5 items) and cynicism (5 items) subscales of the Maslach Burnout Inventory-General Survey [13,21] were used to measure burnout. Participants used a seven-point Likert scale, ranging from 0 (never) to 6 (every day), to rate the extent to which they experience exhaustion and cynicism at work (e.g., "I feel burned out from my work"). In the present study, the internal reliability for each subscale was 0.87 for exhaustion and 0.77 for cynicism.

Two subscales of the Areas of Worklife Scale [11,22] were used to measure workload (3) and job control (3). The items are worded as statements of perceived congruence or incongruence between oneself and the job. Thus, each subscale includes positively worded items of congruence, for example, "I have enough time to do what's important in my job" (workload), and negatively worded items of incongruence, for example, "Working here forces me to