

## Psychological Hardiness and Burnout among Doctors

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**Abstract:** The aim of the present study was to examine the relationship between job burnout and psychological hardiness among doctors. The sample was drawn using purposive sampling technique and the total sample consisted of 200 doctors working in different govt. hospitals in various districts of Kashmir valley. The tools used were: Maslach Burnout Inventory (MBI) by Maslach, Jackson, & Leiter (1996) and Psychological Hardiness Scale by Bartone (1991). Results revealed that there is no significant correlation between emotional exhaustion and psychological hardiness and a negative significant correlation between depersonalization and psychological hardiness (-.456\*\*), while as there is significant positive correlation between personal achievement and psychological hardiness (.606\*\*). However, there was no significant difference among doctors with respect to various demographic characteristics such as gender, marital status, living status and date of joining.

**Keywords:** Burnout, Psychological Hardiness, Emotional Exhaustion, Depersonalization, Personal Achievement.

### INTRODUCTION

Job burnout has been conceptualized in many ways; however, the most cited definition is “a syndrome of emotional exhaustion, depersonalization of others, and a feeling of reduced personal accomplishment [1]”. It is a condition that is on the rise among workers today.

Burnout is a type of stress response most commonly displayed by individuals who have intense contact and involvement with others during their normal workday. Traditionally, burnout was occurring solely within the “helping” professions such as nursing and education; however, it is now seen as a widespread issue. Job burnout is the result of long-term job stress that wasn't recognized and addressed before it spun out of control. It involves mental, emotional, or physical exhaustion, frequently accompanied by an overwhelming sense of hopelessness. Job burnout doesn't happen overnight. It is a gradual process that begins with chronic stress and evolves over time. Signs and symptoms of job burnout include:

Exhaustion and Chronic Fatigue -- feeling physically and emotionally drained and tired most of the time, as burnout gets worse, the exhaustion may become constant and overwhelming

Disconnection and detachment -- may begin by losing interest in activities that you used to enjoy, feeling alone and isolated, calling in sick a lot when you're not ill, going out of your way to avoid interacting with coworkers.

Lowered immunity and other health problems -  
- frequent viral infections, such as cold or flu, headaches, backaches, chest pains or palpitations, high blood pressure

Anger -- may begin by becoming increasingly irritable and critical, overreacting to perceived slights, later anger may become uncontrollable leading to angry outbursts and possibly even thoughts or acts of violence.

Change in sleeping habits --- trouble falling asleep, lying awake at night for hours (insomnia), or even the opposite, sleeping too much, using sleep as an escape from 'life'

Trouble concentrating, forgetfulness -- being unable to focus and stay on task while work piles up, becoming more and more forgetful both at work and at home

### Psychological Hardiness

Hardiness is a psychological construct that refers to an individual's stable, characteristic way of responding to life events. Focusing on the person's perspective and the meaning he or she attributes to the life events, psychologists Salvatore Maddi and Suzanne

Kobasa [2] developed the concept of hardiness. Persons with hardiness are generally been found to be less susceptible to experience illness in response to stressful conditions in their lives [3-6]. Psychologically hardy persons also have less severe illnesses [7]. Psychological hardiness is one of the elements which play a basic role in man's life quality and to create a balance among different dimensions of it. Hardiness is the ability to understand the external conditions accurately and to make a desirable decision about oneself [8]. Hardiness mainly relates to the positive agreement and adjustment in encountering problems and difficulties. Maddi and Kobasa [2] state that people are very resistant to the mental pressure and believe that these pressures are necessary for their development in life. Researchers indicated that hardiness has a positive relationship with physical and mental disorder [9]. Mental hardiness is better understood as a broadly encompassing personal style or approach to life, a generalized mode of functioning marked by commitment, control and challenge. In the terminology of Alfred Adler, hardiness can be considered a "style of life" which incorporates one's self-concept, world view, and fundamental mode of dealing with life situations. Because the hard style of life is associated with resilience under stress, it has been described as the "hardy-resilient style". People with high hardiness apparently have natural or acquirable security against the stressful elements. Hardiness involves three intertwined components: commitment, control and challenge.

#### **Commitment**

Commitment, involves having a sense of purpose and meaning in life. Persons with this trait do not just survive, going through life with little direction, instead they thrive. People high in commitment become intensely involved in what they are doing and believe in the importance and value of their work. They tend to involve themselves deeply in many aspects of their lives, from work to family interactions to social relationships. They believe that there is an overall purpose to the actions of their day to day lives.

#### **Control**

Control means not seeing oneself as a helpless victim who is at the mercy of stressors. It involves having an internal locus of control, in other words, feeling that you can influence the course of your life and take actions that will improve your chances of achieving your goals. Individuals with this trait are generally optimistic and hopeful and feel a sense of personal power. People high in control believe (and act as if) they indeed can influence the events that they encounter rather than remain powerless in the face of outside forces. They place considerable emphasis on their own responsibility for their lives and feel that they can act on their own, without direction from other people. It's not necessary that they've a great deal of

control, just that they believe they can control the important aspects of their lives.

#### **Challenge**

Challenge means seeing problems or stressors as challenges and opportunities. Individuals with this trait accept change as part of life and don't expect life to be easy. People who have a sense of challenge regard life changes to be the norm and are not threatened by them they anticipate and welcome life change as an opportunity for personal growth. They are open and flexible in their ways of thinking, and they can tolerate ambiguous situations.

#### **LITERATURE REVIEW**

Burnout and Hardiness are significantly related [10] and there is a significant negative correlation between hardiness and other mental disorders [11]. Findings suggested that personality hardiness provides a resistance source in the perception of adverse job stressors, thus preventing or reducing burnouts [12]. Research has established that doctors suffer from burnout more than any profession [13, 14]. Many factors contribute to burnout like duration of service [15]. Other researchers studied common features in people with hardiness and these include: higher self-ruling, independency, sympathy, job commitment, endeavor, good problem-solving skills and good relationships with colleagues [8]. Various studies have shown that hardiness has a positive relationship with mental health [12], it decreases stress and that hardiness has a positive relationship with physical and mental health [16]. In addition, people with hardiness undergo less physical erosion in stressful conditions [17].

#### **Sample description**

The present study was carried out on a sample of 200 doctors in various hospitals of Kashmir valley which include Jawahar Lal Nehru Memorial Hospital (JLNM); SMHS, Sheri Kashmir Institute of Medical Sciences (SKIMS); Jhelum Valley College (JVC); UNANI hospital Habbak; Dental Hospital; Bone and Joints Hospital Barzulla; Govt. District Hospital, Ganderbal; Govt. District Hospital, Budgam; Govt. District Hospital, Baramulla; Govt. District Hospital, Bandipora; Primary Health Center, Habbak; Primary Health Center, Kashmir University.

#### **TOOL DESCRIPTION**

The psychological tools that were used to gather the responses of the subjects are as follows:

#### **Maslach Burnout Inventory (MBI)**

The Maslach Burnout Inventory (MBI) was developed by Maslach, Jackson & Leiter, [18, 21]. The Maslach Burnout Inventory (MBI) is 22 item scales with three subscales: Emotional Exhaustion (reliability 0.90); Depersonalization (reliability 0.76); and Personal Accomplishment (reliability 0.76). The answers to the

questions are expressed in numbers according to a Likert's scale.

The detailed sample description is given in the table below.

**Table-1:**

Demographics	Groups	Frequency	%age	Total
Gender	Male	125	62.5	200
	Female	75	37.5	
Marital Status	Married	136	68	200
	Unmarried	64	32	
Living Status	Joint	112	56	200
	Nuclear	88	44	
Date of joining	1995-2006	66	33	200
	2007-2017	134	67	

**Psychological Hardiness**

For the measurement of psychological hardiness, Bartone [19, 22] Psychological Hardiness Scale (reliability 0.70) was used. The questionnaire consists of 10 items. The answers to the questions are expressed in numbers according to the Likert's scale ranging from 1 to 7, 1 represents never and 7 represents always; the sum of which provides a measurement of psychological hardiness.

**Operational Definition**

**Burnout**

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by three dimensions of exhaustion, cynicism and inefficacy [18].

**Psychological Hardiness**

Hardiness is a set of specific attitudinal characteristics, to have the emotional and mental toughness to get the job done well [19].

**Procedure**

Before administering the questionnaires, the rapport was established with the doctors, they were motivated verbally. They were assured that their responses will be kept confidential and will be used for research purpose only. The data was analyzed using SPSS version 20.0. The frequencies of the two variables: Job burnout and Psychological hardiness were computed to find the distribution of the sample in three ranges (low, medium, high). Furthermore, the bivariate correlation was used to find the correlation of Emotional exhaustion, Depersonalization and Personal achievement with Psychological hardiness. Finally, t-test was used to find the differences between demographic characteristics across two variables.

**Table-2: Presenting Pearson's correlation between burnout and psychological hardiness**

Psychological Hardiness	Burnout		
	Emotional Exhaustion	Depersonalization	Personal Achievement
	.391	-.456**	.606**

\*\* Correlation is significant at .001

Table 2 reveals the correlation between burnout and Psychological Hardiness. No significant correlation was found between emotional exhaustion and psychological hardiness. A significant negative

correlation was found between depersonalization and psychological hardiness (-.456\*\*). While a significant positive correlation was found between personal achievement and psychological hardiness (.606\*\*).

**Table-3: comparison of mean scores on emotional exhaustion, depersonalization personal achievement and psychological hardiness between male and female doctors**

Variable	Gender	N	Mean	Sd	df	t
Emotional Exhaustion	Male	125	15.40	8.982	198	.280
	Female	75	15.05	8.135		
Depersonalization	Male	125	11.29	8.335	198	.433
	Female	75	11.82	8.465		
Personal Achievement	Male	125	42.32	4.681	198	1.586
	Female	75	41.21	5.022		
Psychological Hardiness	Male	125	52.25	10.524	198	1.241
	Female	75	50.28	11.503		

As indicated in the table it is evident that no significant difference was found between male and female doctors.

**Table-4: Comparison of mean scores on emotional exhaustion, depersonalization, Personal achievement and psychological hardiness between doctors living in joint and nuclear family**

Variable	Living Status	N	Mean	Sd	df	t
Emotional Exhaustion	Joint	112	15.32	8.40	198	.085
	Nuclear	88	15.21	9.01		
Depersonalization	Joint	112	11.06	8.25	198	.824
	Nuclear	88	12.04	8.52		
Personal Achievement	Joint	112	41.86	4.92	198	.145
	Nuclear	88	41.96	4.74		
Psychological Hardiness	Joint	112	51.83	11.15	198	.473
	Nuclear	88	51.10	10.65		

Table no. 4 gives an overview of t values, of emotional exhaustion, depersonalization, personal achievement and psychological hardiness between joint and nuclear doctors. As indicated in the table it is

evident that no significant differences were found between doctors living in joint and nuclear family on emotional exhaustion, depersonalization, personal achievement and psychological hardiness.

**Table-5: comparison of mean scores of burnout and psychological hardiness among doctors with respect to marital status**

Variable	Marital Status	N	Mean	Sd	df	T
Emotional Exhaustion	Single	64	15.37	8.486	198	.112
	Married	136	15.22	8.764		
Depersonalization	Single	64	13.45	8.460	198	2.295**
	Married	136	10.57	8.192		
Personal Achievement	Single	64	41.85	4.77	198	.101
	Married	136	41.93	4.87		
Psychological Hardiness	Single	64	50.35	9.864	198	1.027
	Married	136	52.05	11.370		

\*\* Significant at 0.001 level

Table no.5 gives an overview of t value of emotional exhaustion, depersonalization, personal achievement & psychological hardiness between single and married doctors. As indicated in the table it is evident that a significant difference was found on the

dimension of depersonalization between single and married doctors (2.295\*\*), however no significant difference was found on emotional exhaustion, personal achievement, and psychological hardiness between single and married doctors.

**Table-6 comparison of mean scores of burnout and psychological hardiness between those doctors who joined between 1995 – 2006 & 2007 – 2017**

Variable	Date of Joining	N	Mean	Sd	Df	T
Emotional Exhaustion	1995- 2006	66	15.93	8.219	198	.761
	2007 -2017	134	14.94	8.873		
Depersonalization	1995 -2006	66	11.92	9.072	198	.508
	2007 – 2017	134	11.28	8.024		
Personal Achievement	1995 – 2006	66	41.03	4.835	198	1.818
	2007 – 2017	134	42.34	4.785		
Psychological Hardiness	1995 – 2006	66	48.12	48.12	198	3.155**
	2007 – 2017	134	53.18	12.34		

\*\*significant is 0.001 level.

Table 6 gives an overview of t values of emotional exhaustion, depersonalization, personal achievement & psychological hardiness between those doctors who joined hospital between 1995- 2006 & 2007- 2017. As indicated in the table it is evident that no significant difference was found between those doctors who joined hospital earlier than those who

joined after them. However, a significant difference was found on psychological hardiness in those doctors who joined hospital between 1995- 2006 and those who joined between 2007- 2017.

**CONCLUSION AND DISCUSSION**

The present study was aimed to study the burnout, psychological hardiness among doctors in Kashmir valley. After following methodological and analysis procedures the findings that came to the forefront are presented as follows: As far as the various dimensions of the burnout are concerned, in case of emotional exhaustion 16.5% of respondents scored low, 67% scored average and 16.5% scored high. In case of depersonalization, 26.5% scored low, 53.5% scored average and 20% scored high. In case of personal achievement 38.5% scored low, 47.5% scored average and 14% scored high. As far as psychological hardiness is concerned 17.5% of respondents scored low, 65% scored average and 17.5% were found to have high psychological hardiness. No significant correlation was found between emotional exhaustion and psychological hardiness. A significant negative correlation was found between depersonalization and psychological hardiness (-.456\*\*). While a significant positive correlation was found between personal achievement and psychological hardiness (.606\*\*). No significant difference was found between male and female doctors on burnout and psychological hardiness. This result is in line with the study conducted by Grassi and Magnani [20] in which it was found that there is no significant difference between male and female physicians, except higher levels of emotional exhaustion. No significant difference was found between those doctors living in joint and nuclear families on burnout and psychological hardiness. No significant difference was found between married and unmarried doctors on burnout and psychological hardiness. However, a significant difference (2.295\*\*) was found on the dimension of depersonalization with respect to marital status among doctors. No significant difference was found between those doctors who joined the hospital between 1995-2006 and 2007-2017. However, a significant difference (3.155\*\*) was found on psychological hardiness in those doctors who joined hospital between 1995-2006 and those who joined between 2007-2017.

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