

Relationship between Burnout and Career Satisfaction

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Contributor: Marcello Nonnis, Mirian Agus, Francesca Corona, Nicola Aru, Antonio Urban, Claudio Giovanni Cortese

Burnout is one of the most studied psychosocial syndromes in the workplace in recent years, typically shouldered by service professionals. Its best known and most studied definition includes three degenerative dimensions. The first is that of psychophysical exhaustion of the operator. The second is that of depersonalization (or cynicism) towards users and colleagues. The third and final stage is the reduction of professional effectiveness.

Keywords: career satisfaction ; work-related stress ; disillusion ; burnout

1. Burnout Syndrome

Originally, burnout was defined as a form of work overload that can afflict so-called helping professionals, in which the main source of stress is dealing with people either in distress or in need of help ^{[1][2][3]}. In the past 20 years, burnout has been framed as an organizational pathology in the broader field of services (thus relating not only to the helping professions), within the Job Demands-Resources (JD-R) model of stress ^{[1][4]}. In this definition of the syndrome, which is more appropriately named job burnout, job demands (e.g., time pressure, an inadequate physical environment, or excessive workload) and job resources (e.g., being able to decide, perceiving support from the organization) are present in organizational contexts. According to the JD-R model, job burnout is the outcome of excessive demands and insufficient job resources. This combination determines the attrition and depletion of psycho-physical resources, job disengagement, and negative symptoms and consequences to mental health (cognitive and emotional), physical health, work motivation, the quality of workers' interpersonal relationships, business performance, and productivity ^[3].

In the broader framework of the JD-R theory of organizational well-being ^{[5][6]}, job burnout is the opposite of work engagement. The latter is a positive and fulfilling work-related state of mind (cognitive and affective) ^{[7][8]}, characterized by three dimensions ^{[9][10][11]}. Vigor consists of high mental energy and resilience during work. Dedication is connoted by attribution of meaning, inspiration, and pride in one's work. Finally, absorption concerns being focused on one's work. Work engagement and job burnout, in the JD-R theory, are considered opposing constructs, as these counter-polarities are identifiable: vigor opposed to exhaustion, dedication opposed to cynicism, and absorption opposed to professional ineffectiveness ^{[9][11][12][13][14]}.

Recently, burnout syndrome has been included as a nonmedical condition in the 11th revision of the International Classification of Diseases (ICD-11) ^{[2][15]}, and its definition basically adheres to that of a three-dimensional model originally formulated by Maslach and colleagues ^{[1][4][16]}. The symptoms and consequences of burnout syndrome can also be traced back to the three stages previously described. Psychophysical exhaustion involves the depletion of personal energy and resources, with symptoms related to anxious-depressive states: resistance to engage in work activity, apathy, demoralization, difficulty concentrating, sleep disturbances, mood alterations, feelings of inadequacy, guilt, and a sense of frustration and failure ^[17]. In depersonalization (or cynicism), there is a drastic decrease in work motivation and commitment. In addition, emotional alienation from work, hostility toward colleagues and patients, and pessimism are found ^[18]. Finally, professional ineffectiveness is marked by a sharp decline in self-esteem and feelings of inadequacy toward work ^[19].

2. Burnout in Healthcare

Regarding the healthcare context specifically, several studies ^{[20][21][22]} have highlighted the importance of job burnout in situations in which healthcare workers are called upon to manage work commitments and demands. For example, in a study of physicians and nurses in intensive care units ^[23], mental and physical exhaustion due to excessive work demands was highlighted, with the ability of work engagement to counteract it and promote job satisfaction. Another study, a longitudinal design conducted on dentists ^[12], found the depressive symptoms associated with burnout and the ability of work engagement to counteract burnout and promote the life satisfaction of healthcare workers.

Studies conducted during the recent COVID-19 pandemic, which is known to have put considerable strain on healthcare workers worldwide, have highlighted several facets of burnout. Poelmann et al. [24] found a significant increase in burnout in a sample of healthcare workers in a surgical setting due to the pandemic. Conversely, Liu and colleagues [25] showed that the work engagement of medical staff in an intensive care unit with patients in critical situations, was negatively affected by their perception of the strength of the virus. In a recent meta-analysis involving 29 studies (including a total of more than 16,000 subjects) on the impact of the COVID-19 pandemic on healthcare professionals in emergency departments [26], higher levels of burnout emerged in all investigated dimensions (emotional exhaustion, depersonalization, and professional inefficiency) than those recorded before the pandemic. In particular, a higher level of burnout was shown among nurses than among physicians.

Other systematic reviews of empirical studies on burnout have documented high anxiety, stress and depression among frontline health workers who cared for COVID-19 patients, particularly among physicians. For example, Salari et al. [27] indicated the need for regular mental health monitoring, interventions, and preventive education on the topic of burnout, in order to avoid delayed diagnoses and long-term impacts on the well-being of healthcare workers. In addition, the stigma associated with COVID-19 patient care can significantly increase physicians' burnout compared to other groups of healthcare workers [28]. Another study [29] of U.S. healthcare workers (nurses, physicians, and social workers with a sample size of more than 20,000), revealed considerable stress and burnout, especially among women and racial/ethnic minority employees. Anxiety, depression, and work overload correlated with higher rates of stress and burnout. This study also found that workers who felt valued reported lower levels of stress. Similar findings have emerged from other studies [30] that highlighted the positive role of social support and psychological capital [31] in counteracting worker burnout.

3. Fulfilment, Disillusion, and Burnout in Healthcare

Several authors [32][33][34] have taken up the importance of the self-actualizing, values, and vocational aspects of work with respect to burnout. Specifically, on the negative side of distress, a failure to fulfil one's expectation of one's work motivations and values can lead workers into a condition of disillusion. This dimension of burnout was originally proposed by Edelwich and Brodsky [35] and Pines et al. [36] and has been operationalized (and made measurable) by Santinello and colleagues [32] and taken up in some recent studies [34][37][38][39]. On the positive side of job well-being, at the opposite end of the spectrum, fulfilment is an important dimension of work engagement, distinct from job satisfaction. According to several authors [40][41], the term fulfilment describes the sense of engagement and eudemonic gratification. In fact, while the term satisfaction refers to a condition of sufficiency, fulfilment implies completion and the full realization of a worker's potential, in reference to and consistent with the person's expectations, values, and personal existential motivations. The two considered dimensions, therefore—disillusion (in the negative sense) and fulfilment (in the positive sense)—emphasize the importance of the meaning that work has for the person in society and for their very existence.

In healthcare, several scholars have emphasized the importance of values, motivations, and satisfaction of job expectations in relation to burnout syndrome [42][43]. Some of the most well-known vocational motivational drivers for fulfilment of healthcare workers are: being able to help others, contributing to the betterment of society, empathy for the suffering of others, having the opportunity to do useful work for others, having had other healthcare workers in the family, or other people to look up to as role models [44][45][46][47].

Nonnis et al. [34] pointed out that working excessively (one of the two defining dimensions of workaholism [48]), in addition to exhausting their psychophysical resources, forced the nurses to focus on the more urgent and practical matters of their work, which could undermine the vocational ideals that drove them to the healthcare profession, leading them to experience disillusion.

Concerning the COVID-19 period, Martínez-López and colleagues [49], studying healthcare workers in Spain in facilities for the elderly, highlighted the importance of fulfilment for counteracting burnout and for the sustainability of the work environment. Jung et al. [50] highlighted the relationship between workload and burnout on the one hand, and work engagement and fulfilment on the other hand, in a sample of (approximately 1000) Danish healthcare workers. Lyubarova and colleagues [51], through a literature review, highlighted the gender differences present in the relationship between fulfilment and burnout, workload, and organizational task complexity. In healthcare, therefore, disillusion and its “bright side”—represented by fulfilment—are important motivational, vocational, and value dimensions related to the job satisfaction of healthcare workers. However, the literature on this issue, in such a sensitive and socially relevant work domain, is scarce.

4. Satisfaction with a Career in Healthcare

According to a classic definition, job satisfaction is related to the dimension of pleasure that arises from the accomplishment of something coveted ^[52]. Even in healthcare settings, job satisfaction involves two components: expectations and perceived performance. Expectations are based on declarations from peers, colleagues, and the organization to which one belongs ^[53]. Thus, job satisfaction is a condition in which expectations have been met with respect to the perceptions that healthcare professionals have of their work context, and it implies a positive attitude of the working professional and the sincerity and credibility of their healthcare organization.

More specifically, a healthcare worker's satisfaction with their career is one component of job satisfaction that refers to their career pathway, their cumulative satisfaction and its relationship to the quality of their overall life ^[54]. Career satisfaction is the health worker's attitude toward their chosen profession, which is derived from their long-term sedimented work experiences related to their career choices.

Several studies have investigated the job satisfaction of health workers in relation to burnout before the pandemic ^{[55][56]} and during and after ^{[57][58]}, but few have investigated the relationship between burnout and career satisfaction among healthcare workers. Kuhn et al. ^[59] found that among physicians in emergency medicine, those who self-reported high scores on the emotional exhaustion dimension were also less satisfied with their career choice. However, there were no studies in the literature on the effects of disillusion (and its opposite, fulfilment) on the relationship between burnout and the career satisfaction of healthcare workers.

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