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**Burnout and Job Satisfaction among Medical Social Workers in Punjab, Pakistan: A Cross-Sectional Survey**

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**ABSTRACT**

*The main aim of this research is to impart better knowledge and perspective to the burnout and job satisfaction among medical social workers' profession in Punjab, Pakistan. This study was an exploratory cross-sectional survey of the relationship between burnout and job satisfaction among medical social workers at medical social services units (MSSU) in public hospitals of Punjab. Simple random sampling technique was used and the sample size was calculated by using the online sample size calculator. From the total population of 136 MSOs, 101 were generated by using online research randomizer. The MBI-General Survey and Job Satisfaction Survey was used to measure the variables. The data was analyzed using the IBM SPSS (Statistical Package for Social Science) program, Pearson Product-Moment Correlation Coefficient was applied to assess the association of all the variables. The study findings have reported the negative relationship among independent and dependent variables of burnout and job satisfaction. This negative association among the variables will directly impact the roles of medical social workers. Consequently, it will impact the clients as well which are being deal by the medical social workers.*

**Keywords:** Burnout, Job Satisfaction, Burnout and Job Satisfaction, Medical Social Workers

**1. Introduction**

**Burnout in Social Work**

In the present era, a significant issue that is being faced among different professions is burnout. Burnout has given rise to expanding attention to this matter. Burnout can take place in any circumstances, but primarily it has been focused in the health-care professions. Different researches have reported that social workers are one of the main targets of burnout because they are directly in contact with a number of workplace events that could have a negative impact on them.

Several recent studies have reported problems faced by social workers that include increased workload, administrative restrictions, power dynamics, work stress, issues with challenging clients, lack of workforce and disconnected supervision (Ashcroft, 2022; Alotaibi, 2020; Ambrose-Miller, 2016). Furthermore, funding limitations, organizational obstacles, and a lack of understanding of and underestimating the role of social work has given rise to the number of incompatible and conflicting challenges to medical social workers (Engen, 2019; Zuchowski, 2023).

In Pakistan, health, education and banking sectors are the main subject of research for burnout in institutions (Ali, 2014; Asghar, 2019; Malik, 2021; Muzafar, 2015; Naz, 2016;). Majority of

these researches have used the burnout definition presented by Maslach and Jackson (1986), and reveals that it has negative impact on the health of service providers and on the quality of client assistance. Although, to researcher's best knowledge, there is no study available on the burnout among Pakistani social workers.

Social work is a helping profession based on the practice and practical work of professionals. Thus, they provide quality service, which is the key factor to achieve external aims, that involves enhancing the social well-being of individuals. Burnout is the reciprocation to extreme stress at workplace and it has negative effects at the individual and institutional level (Llyod et al., 2002). Several definitions have been provided in regards to the process and relative factors of burnout. A process in which the approach and conduct of professionals change negatively as an outcome to job stress is defined as burnout (Cherniss, 1980). Another definition of burnout is, a process of adapting to circumstances of job stress indicated by the feelings of defeat or professional confusion, emotional exhaustion and variable emotions, feelings of guilt due to scarcity of professional achievements, emotional segregation and seclusion (Price & Murphy, 1984). Comparably, burnout arises from the discerned inconsistency among effort and award at workplace which are impacted by institutional, personal and social elements (Farber, 1985). Even though, all these stated definitions have taken a part in the development of the concept, still it remains conceptually unclear. The present research uses the definition of Maslach (1981) "Burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind". The most common instrument used to assess the burnout variable is Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981; Maslach, Jackson, & Leiter, 1996). The three elements which are EE, DP and RPA is categorized by the MBI- Human services Survey (MBI-HSS) and these three subscales are only considerable to those workers who deal directly with humans.

Latest progress in theory and research indicate that workplace burnout is an advancing and multidimensional phenomenon. It refers to an amalgamation of bodily, psychological and relational symptoms associated with employment stress and involves, emotional exhaustion, reduced personal accomplishment and depersonalization (Maslach & Jackson, 1986). Burnout is considered as a reaction to employment stress that demonstrate as a multi-dimensional model distinguished by emotional exhaustion or the lack of psychological means used to deal with work, depersonalization or the evolvment of anti-behavior, lack of concern and skepticism towards the beneficiaries of provided services, and lack of personal accomplishment recognized as an impulse to assess own work negatively and low morale (Maslach, 1982).

Emotional exhaustion is having a sense of being psychologically overburdened and exhausted of one's emotional means. When employees begin to feel fatigued, swamped and mentally worn out by work (Maslach, 1981). Depersonalization is a negative reaction of workers which usually keep their selves distant from other persons. Task uncertainty and dispute, job satisfaction and stress are associated with depersonalization (Lee & Ashforth, 1996). The depletion in state of self-accomplishment and competency in task is defined as reduced personal accomplishment. Job participation and satisfaction is associated with personal accomplishment (Lee & Ashforth, 1996). The predictors of personal accomplishment are personal assets such as managing, coping and institutional commitments (Greenglass & Burke, 2002).

Emotional exhaustion, depersonalization and reduced personal accomplishment are referred for the term burnout. Burnout is mainly referred to the situation of workplace stress frequent among the health-care providers (Bargal, 1984). Medical Social Workers are regarded to be at higher risk of burnout and different researches have centered particularly on burnout in this

profession (De Hert, 2020; Dijkhoorn, Brom, van der Linden, Leget, & Raijmakers, 2021; Sharifi, Asadi-Pooya, & Mousavi-Roknabadi, 2021; Prasad, McLoughlin, Stillman, Poplau, Goelz, Taylor, & Sinsky, 2021). Some of the researchers have identified that burnout is connected with reduced autonomy at work (Dubale, Friedman, Chemali, Denninger, Mehta, Alem, ... & Gelaye, 2019), excessive bureaucratization (Sultana, Sharma, Hossain, Bhattacharya, & Purohit, 2020), role ambiguity (Selamu, Thornicroft, Fekadu, & Hanlon, 2017), reduced professional self-esteem (Leo, Sabina, Tumolo, Bodini, Ponzini, Sabato, & Mincarone, 2021), lack of social support (Chemali, Ezzeddine, Gelaye, Dossett, Salameh, Bizri, ... & Fricchione, 2019) and the intensity of direct-contact with beneficiaries (Chor, Ng, Cheng, Situ, Chong, Ng, ... & Lin, 2021). Despite the fact that several variables are linked with burnout, the main focus of the research was to analyze the association between burnout and the variable of job satisfaction and to assess whether burnout among medical social workers is negatively associated with the variable of job satisfaction or not.

## **2. Job satisfaction in social work**

As a way to elaborate the huge amount of acknowledgement that has been provided to job satisfaction in present times, two aspects are demanded to be contemplated, from one point of view, workplace satisfaction is an extremely important result of the quality of workplace life, from another point of view, satisfaction is an important determiner of significant non-working attitudes, for example, absence from work, switching jobs within and among workplaces (Al-Maqbali, 2015; Haghshenas, Irvani, & Nasrabadi, 2015; Tarcan, Hikmet, Schooley, Top, & Tarcan, 2017). Job satisfaction has been stated as the number of complete positive influence that workers have towards their jobs in regard to a chain of factors like income, betterment chances, the work itself, supervision manner, work environment, and the work class (Arnold & Feldman, 1986). Furthermore, it can be described as an effective feedback or response to a huge number of factors associated to work (Trizner & Vardi, 1984).

Job satisfaction has been extensively discussed in professional researches. Most of these researches have investigated the association between job satisfaction and a huge number of individual and employment variables. These variables have been divided into four categories. The first one involves individual characteristics, the second one involves working conditions, the next one involves work incentives, and the last one involves interpersonal relationships at workplace (Abu-Bader, 1998). Additionally, different researches have associated job satisfaction and burnout in social work (Blanz, 2017; Tarcan, Tarcan, & Top, 2017; Yang, Liu, Liu, Zhang, & Duan, 2017). Most of the researches indicated that there is a negative association between job satisfaction and burnout (Geisler, Berthelsen, & Muhonen, 2019; Lizano & Barak, 2015).

In various agencies, differences among social workers' job satisfaction have been studied for decades and as changes in service delivery continue to occur, a major contributor to employee turnover is job dissatisfaction (Ravalier, 2019). Different reasons reported by workers as job satisfaction includes supervisory support, promotional opportunities, benefits, (Blanz, 2017), salaries and continuing education incentives (Kok, Dieleman, Taegtmeyer, Broerse, Kane, Ormel, ... & De Koning, 2015).

In the public domain, economic changes and funding cuts have been a consistent problem that has become a source of job dissatisfaction for working conditions. Institutional elements such as inadequate administration and salaries are among significant causes of job dissatisfaction (Kumar, Ahmed, Shaikh, Hafeez, & Hafeez, 2013; Lewis, 2018). High turnover rates among workers are contributed by many factors in both agencies but apart from various negative

findings, there are social workers who have long lasting professions in actual (Poso & Forsman, 2013).

### **3. Job satisfaction, burnout and social workers**

As mentioned earlier, different researches have been conducted professionally to investigate the association between job satisfaction and burnout in social work. Literature has verified that the job satisfaction of social workers is notably decreased by false face and is positively related with burnout. Additionally, increase in social workers' job satisfaction is associated to the commitment to public interest significantly (Roh, Moon, Yang & Jung, 2016). Another study reported that majority of the social workers had encountered reduction in job performance in the past six months indicating high stress degrees which will result in burnout. And the respondents who emerged already unoccupied and encountered lower job satisfaction. In other words, social workers tend to feel emotionally drained and unproductive as they encounter stress and burnout as an outcome of their work burden and time organization (Calitz, Roux and Strydom, 2014).

Moreover, BO has a negative influence on work setting assistance, whereas, JS and life satisfaction and that work setting assistance has a positive impact on JS. Between burnout and job satisfaction, work setting assistance acts as arbitrator variable and the negative impacts of BO on JS and life satisfaction are buffered among SWs (Hombrados-Mendieta & Cosano-Rivas, 2013). Job disengagement and exit-seeking attitudes were found to be impacted by work-family dispute, job freedom and job dispute indirectly through burnout. Exit-seeking behaviours, the outcome variable, was positively influenced by work withdrawal and depersonalization at a notable level among social workers (Travis, Lizano & Barak, 2016). In addition, huge case burdens, time restrictions, the classifications of clients with whom they work, constraints of social work strategies, absence of encouragement and prize for their task, absence of assistance from managers and co-workers, the lack of engagement in family life were the main factors that explained burnout. Emotional and physical exhaustion, feeling submerged, sleep issues, frustration, quitting recreational activities, reduced motivation and job satisfaction were the main frequently existing symptoms in the case of social workers who experienced burnout (Marc & Osvat, 2013).

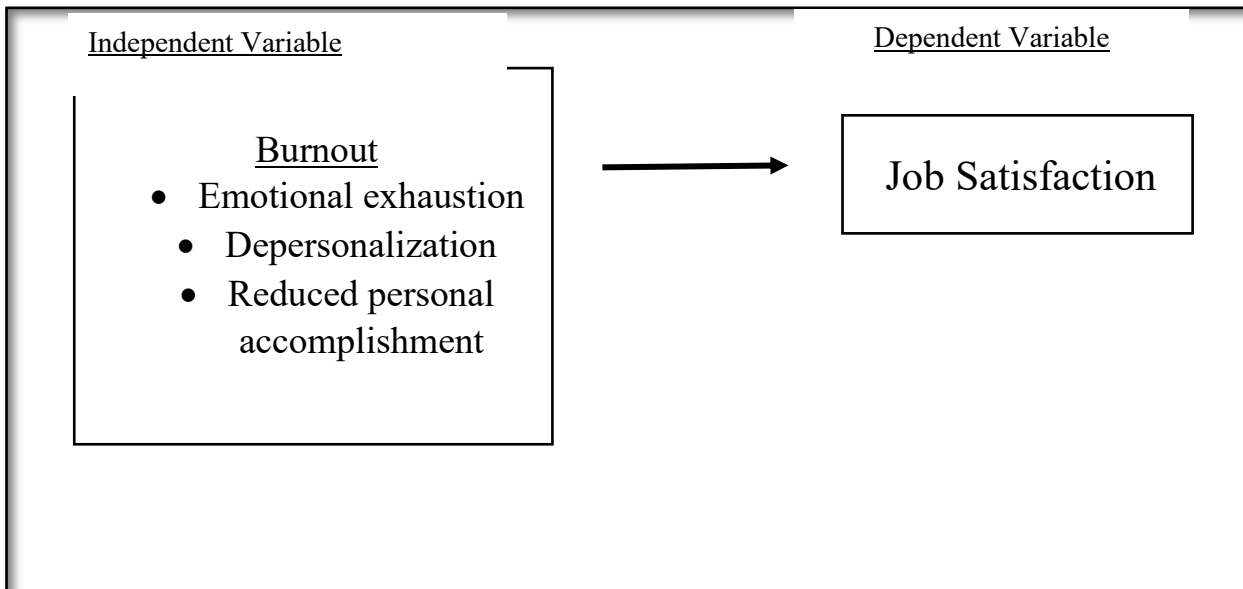
Wagaman, Geiger, Shockley and Segal (2015) recommended that burnout and secondary traumatic stress can be prevented or reduced by the components of empathy while increasing compassion satisfaction, and all over the journey a social worker's profession, empathy should be involved in teaching and learning. Moreover, Social workers agonized the most both from a considerable work burden and job disputes as working within the public sector and with limited experience. Another finding revealed that the level of job stress was associated to social workers' attitudes towards clients to some extent (Blomberg, Kallio, Kroll & Saarinen, 2015).

An overview on job satisfaction, burnout, and the relationship of burnout and job satisfaction among social workers around the globe has been aforementioned. A lot of studies have been done throughout the world on this topic, but in the context of Pakistan there is no study available that examines the burnout and its relationship with JS between medical social workers in health settings. Therefore, this research will explore if the medical social workers in Punjab, Pakistan are also facing the same problems in health settings or not.

### **4. Theoretical framework**

For the study of burnout, different research studies have used different theoretical models like the transactional model (Cherniss, 1980), Job Demands-Resources (JD-R) model (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2007), the Conservation of Resources (COR) model (Hobfoll, & Freedy, 1993), The Areas of Worklife (AW) model (Maslach, Schaufeli & Leiter, 2001). Although

a lot of models have been used in different researches as stated above to address the phenomenon of burnout, three-dimensional conceptualization used by Maslach and colleagues with its various modifications remains as the most popular representation of burnout phenomenon. According to this model, Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment are the three main elements of the burnout disorder. It is the most well-accepted and frequent way of determining burnout phenomenon (Maslach 1982; Maslach & Jackson, 1981).



explains the logical relationship between the selected variables. The primary aim of this study is to investigate the association among burnout and job satisfaction among the medical social workers practicing in health domains. As shown in the figure, the relationship between burnout (IV) and its three-sub measurements, Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment (IV) and Job Satisfaction (DV) were studied in this research. On the basis of the theoretical framework, following hypothesis was developed for this research:

H<sub>0</sub>: There is no significant relationship between burnout and job satisfaction.

H<sub>1</sub>: There is a significant relationship between burnout and job satisfaction.

**5. Methods**

**5.1 Research design**

This was a quantitative study, involving two standardized tools i.e., the MBI-General Survey and Job Satisfaction Survey. This quantitative study used cross-sectional survey to explore the relationship between burnout and job satisfaction.

**5.2 Study setting and participants**

The Government of Punjab, Pakistan has established a Social Welfare Department (SWD), which has established Medical Social Services Units at 113 Hospitals. These projects/units are operated/working under the supervision of respected Social Workers (Medical Social Officers/ Medical Social Workers). The respondents for this study were the designated Social Workers at the MSSUs.

**5.3 Sampling procedure and sample size**

To address the research questions/objectives, simple random sampling technique was used giving every person of the population an equal opportunity of being involved in the sample. A list of the present social workers working at the hospitals was obtained from Social Welfare

Department. Total identified medical social workers were 136. A list of 101 Medical Social Workers was generated through online research randomizer. From the list of 101, 92 Social Workers responded.

**Tool of data collection**

**Demographic characteristics**

The medical social workers who participated in this research were asked to state their gender, age, marital status, family background, family status, monthly income, and working experience.

**Burnout**

The MBI-Human Service Survey (MBI-HSS) version of the Maslach Burnout Inventory scale was used (Maslach and Jackson, 1996) to measure burnout. The MBI-HSS measures emotional exhaustion, depersonalization and personal accomplishment on a five-point scale that ranges from “Strongly disagree” to “Strongly agree” and is composed of 22 items. Cronbach’s Alpha for this scale was 0.924.

**Job Satisfaction**

The Job Satisfaction Survey (Spector, 1994), was included to measure job satisfaction among medical social workers. Employment satisfaction such as salary, promotion, benefits, colleagues, communication, supervisor, organization, work load and responsibilities are assessed by the 36-item scale. A 5-point Likert scale that ranged from “Strongly disagree” to “Strongly agree” was used to measure the items. Cronbach’s Alpha for this scale was 0.716.

**Field strategy**

The data was gathered through a survey technique. In order to obtain the data, researcher visited the office of social welfare department (SWD) at Lahore to get the information of medical social services units (MSSUs) and medical social workers (MSOs) in Punjab. The sampled population was contacted telephonically due to Covid restrictions and an information including the details and purpose of the study was shared with them and a verbal consent was taken from them. After the consent, the link of Google survey form was sent to them via email/WhatsApp.

**Ethical considerations**

Respondents were provided with an informed verbal consent form prior to the collection of data. This assured the respondent anonymity and keeping their identity confidential. Respondents were recognized through an allocated key.

**Data analysis**

The information was analyzed by making use of the IBM SPSS (Statistical Package for Social Science) program. The information gathered from the surveys was transferred to the software, and significance tests of the variance among the means of the groups and mandatory descriptive statistics (Pearson Product Moment Correlation Coefficient) were operated to prove association with the objectives of the research.

**Results**

Sample Characteristics	Frequency	Percentage
Gender		
Male	39	42.40
Female	53	57.60
Age		
20-30	5	5.40
31-40	50	54.30
41-50	34	37

51-60	3	3.30
Marital status		
Single	17	18.50
Married	75	81.50
Family background		
Urban	44	47.80
Rural	48	52.20
Family Status		
Nuclear	42	45.70
Joint	41	44.60
Extended	09	9.80
Monthly income		
1-40,000/-Rs.	01	1.10
40,001-80,000/-Rs.	39	42.40
80,0001-1,20,000/-Rs.	43	46.70
1,20,001/- or above	09	9.80
Working experience		
3-8 years	33	35.90
9-14 years	46	50
15-20 years	11	12
21 years or above	02	2.20

**Table 1. Demographic characteristics of the respondents**

The demographic characteristics of the respondents in table no.1 indicated that 57.60% of the respondents were female and 42.40% were male. 54.30% of the total population belonged to the age range of 31-40 years and 3.30% belonged to 51-60 years of age. 81.50% of the respondents were married and 18.5% were single. The family background of 52.20% of the respondents was rural and 47.80% was urban. 45.70% of the respondents belonged to nuclear family and 9.80% belonged to the extended family system. 46.70 % respondents had monthly income between the range of 80,001-1,20,000/-Rs. and 1.10 %respondent had monthly income between the range of 1-40,000/-Rs. The work experience of 50 % respondents was between the range of 9-14 years and 2.20 % of the respondents had the work experience between the range of 21 years or above respectively.

To verify the hypothesis of the study, Pearson Product-Moment Correlation Coefficient (PPMCC) was applied to evaluate the significant association among all variables that are appropriate for each of interval or ratio variables (Sekaran & Bougie, 2012). The analysis was conducted using the total scores of burnouts and job satisfaction.

		Job Satisfaction	Burnout
<b>Job Satisfaction</b>	Pearson Correlation	1	<b>-.341**</b>
	Sig. (2-tailed)		<b>.001</b>

<b>Burnout</b>	Pearson Correlation	-.341**	<b>1</b>
	<b>Sig. (2-tailed)</b>	<b>.001</b>	

\*\* Correlation is significant at the 0.01 level (2-tailed) n = 92

**Table 2.** Pearson Product-Moment Correlation Coefficient (Correlations between JS and BO)

Table no.2 shows that the relationship between BO and JS is negative. The correlations between the variables BO and JS are -.341. Therefore, this demonstrates that the JS will decrease with the increase in BO.

The correlation coefficient value of -.341 falls under the correlation ranges from ±0.2 to ±0.4 and this demonstrates that the relationship between BO and JS is weak. The p-value of 0.0001 is less than the significance alpha value 0.01.

Accordingly, H<sub>0</sub> is not accepted, on the contrary, H<sub>1</sub> is accepted as the relationship between BO and JS is significant.

**Discussion**

The hypothesis investigated the relationship between BO and JS. On the basis of given findings, the PPMCC value of -.341 indicates that there is a negative relationship between BO and JS. Consequently, JS will decrease with the increase in burnout. This shows that medical social workers’ burnout will impact their job satisfaction. Scarcity of JS is one of the impacts of BO.

As per the study, conducted by Martin, Kalali and Anvari (2012), it was revealed that there was a negative association among job BO and JS amid the workers. Moreover, Spanish social workers experienced low personal accomplishment (54.2%) and depersonalisation (22.1%), and 33.2% experienced high levels of emotional exhaustion. The regression analysis revealed that most significant predictor of changes in emotional exhaustion was having taken sick leave in the previous year. Furthermore, full-time employment status emerged as the strongest predictor of depersonalization, while working in specialized social services was the key factor influencing personal accomplishment (Gómez-García, Alonso-Sangregorio, & Llamazares-Sánchez, 2020).

Additionally, satisfaction with the organizational environment was strongly positively associated with organizational commitment. In contrast, work-related burnout was found to negatively impact organizational commitment (Brown, Walters, & Jones, 2019). Social workers are at a high risk of experiencing burnout. Social worker with the Higher levels of role conflict and role ambiguity were associated with lower job satisfaction, which resulted in higher burnout. Whereas, higher levels of job autonomy were associated higher job satisfaction, which resulted in lower burnout (Zhang and He, 2022). In a nutshell, on the basis of earlier studies that endorse the results of my study, H<sub>1</sub> is accepted.

**Conclusion**

In this study, the association between JS and BO among medical social workers was investigated. According to the findings we can say that majority of the respondents were burned out and were not satisfied with their jobs. It was identified that burnout led to job dissatisfaction. The primary aim to explore this was to identify their BO and JS that were influencing the professional role of medical social workers.

In a nutshell, the results of this research demonstrate the importance of exploring the relationship among the variables that describe JS among medical social workers. In the light of the findings identified among the variables analysed, there is an explicit requirement for more

researches with an application of holistic model concerning to explore the genuine impact of all the factors identified in the job context of medical social workers.

The research on BO, the impact of workplace assistance, and the considerations of JS and life satisfaction in the domain of SW will assist to the growth and enhancement of this occupation. It is significant to explore either there are protecting elements, including workplace assistance, that will cause reduction of burnout in the work setting for medical social workers.

An efficacious intervention plan would advance the elements recognized as effective, and therefore it is necessary to reinforce the origins of work-setting assistance to acquire increased levels of work satisfaction and life satisfaction.

Burnout and job satisfaction are associated with each other among medical social workers. This research has identified the negative relationship among independent and dependent variables of BO and JS. This negative association among the variables will directly impact the roles of medical social workers. Consequently, it will impact the clients as well which are being deal by the medical social workers.

#### **Limitations and recommendations**

Prior to theorizing these findings, some limitations have to be kept into consideration. The information was acquired using standardized tools. In standardized tools, the authors create the suppositions that the respondents' responses perfectly portray their attitudes (Heppner et al., 1992) but it cannot be true in every respondent's case. Additionally, these findings may not be enough to portray job attitudes among medical social workers in different nations and therefore it would be of intrigue to reproduce these findings in different nations. It should also be considered that this current research applied a cross-sectional method, suggesting that we should be careful when making causal deductions based upon the already existing information. For more enlightenment on these relationships, a longitudinal study is recommended with higher confidence as regards to the causal direction of the impacts. It would be helpful in further researches to take a look into the temporary variable and to obtain data at different time intervals during the research. It is suggested that future researches should be directed to examine the role of workplace support on burnout. An amalgamation of both observational and physiological evaluation will be required to additionally confirm our research findings. In this research, only the association of job satisfaction with burnout was explored. For further researches, it is suggested to investigate the relationships between stress and workload. It is recommended, to conduct different trainings in the medical settings for their employees to effectively deal with burnout. Awareness sessions regarding burnout should be conducted for employees in medical settings. It should be made mandatory to provide health-care workers especially medical social workers with easy access to medical and emotional assistance and providing them with explicit guidance which will enhance the client care outcome and health-care workers as well.

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