

PSYCHOLOGICAL CONSTRUCT & HUMAN RESOURCE DETERIORATION: HOW BURNOUT STRESS AND JOB INSECURITY TRIGGER TURNOVER INTENTION? A CROSS SECTIONAL STUDY FROM PAKISTAN

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ABSTRACT

Purpose:-This study examines the impact of job burnout, occupational stress and perceived job insecurity which has been termed as a psychological construct; on turnover intention of the employees working in private healthcare sector of Pakistan. The psychological construct consists of bunch of variables which have not been measured so far in the proposed combination in any study conducted in Pakistan. This study examines the phenomenon in healthcare sector where under the influence of perceived job insecurity, working for long hour in consecutive shifts under chronic pressure for a long time causes occupational stress and burnout which leads to turnover intention that ultimately results in deterioration of human resource.

Methodology/Sampling:- This is cross-sectional, hypothesis testing research based on primary data collected from 5 renowned private sector healthcare institutions. The data was gathered through convenient sampling technique from 141 respondents comprising of doctors, nurses, administrative & allied-health staff.

Findings:-The results suggest that the turnover intention is significantly positively influenced by job burnout, occupational stress and perceived job insecurity. Results also support that these conditions may lead loss of potential talent and hence failure in attainment of organizational long term objectives. Practical Implications:-Excessive workload, long working hours, intense working environment and demanding job tasks are the key factors that contribute to occupational stress and burnout. These conditions become more severe when accompanied by perceived job insecurity due to economic instability or elevated unemployment rate. This study can also be helpful to devise strategies to prevent or attenuate long term psychological and physical disorders of incumbents which ultimately affect the entire society.

Key Terms: Job burnout, Occupational stress, perceived job insecurity, Turnover intention

JEL Classification: I31, M10, M11

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1. INTRODUCTION

Retention of crucial talent has been regarded as a key ingredient of long term organizational success. Just like other resources, potential talent is the significant source of core competency for many organizations which ultimately leads to gain and maintain competitive advantage. Loss of potential talent results in the form of failure of long term goals' achievement and hence the ultimate vision gets blurred and goes more far away. Psychological resources of an employee get deteriorated gradually during the burn out process which results in prolonged workplace stress. Disequilibrium between the available resources and expected outcome by senior management produces the work burnout when employees are unable to cope with prevailing differences. It has been argued by many researchers that employees who can possibly become victim of burnout show impaired job performance and simultaneously are prone to serious health problems. Factors that trigger turnover intention are of significant concern and have captured attention of many management practitioners. The turnover intention ultimately leads to leaving the jobultimately; subject to availability of job opportunities in market. However this phenomenon varies from industry to industry or even organization to organization but its presence is likely to occur in the organizations hiving long working hours and consecutive shifts that disturb work-life balance of employees. Hospital industry especially in mega city like Karachi has huge burden of patients across the country. In spite of limited increase in medical facilities, health facilities are still insufficient to cater the need of both patients and medical staff including doctors, nurses and paramedical staff in Karachi. Tough schedule, intense environment and demanding job generate occupational stress and burnout and uncertainty about job prospects because of scarcity of employment opportunities trigger perceived job insecurity and thus these conditions may lead to turnover intention. The turnover intention may result in organizational malfunctioning in terms of loss of talent and unaccomplished objectives in long run. This study examines the causality of proposed independent variables (i.e. Occupational Stress, Job Burnout, and Perceived Job Insecurity) on the dependent variables (i.e. turnover intention) in healthcare sector of Karachi.

1.1 Problem Statement

Healthcare is a vastly growing sector yet the turnover of employees is on the higher side. Availability of trained workforce and lingering vacancy rates are the major challenges facing by the health care organizations. The impact is evident in workflow inefficiencies, dissatisfaction level among patients & staff and delays in patient care, all these elements can cause substantial negative effects on patient safety and quality of care. In addition, the astounding administrative costs created by an ephemeral work force have shown signs of threats to financial viability of any health care organizations. At a glance the problem is correlated with the extremely low availability of talented resources as oppose to the aggressive headhunting amongst competing healthcare organizations. However, the real cause is annexed to the said problem; the available / onboard human resource needs to work rigorously to fill the human supply gap which is resulting in burnout, stress and at some place as job insecurity. Many healthcare organizations do not recognize that the high turnover is because of psychological and physical exhaustion and occupational stress. The motive of this study is to find out the

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impact of job burnout, occupational stress and perceived job insecurity on turnover intention.

1.2 Research Objectives

- 1. To find out the impact of occupational stress on turnover intention.
- 2. To determine the impact of burnout on turnover intention.
- 3. To examine the effect of perceived job insecurity on turnover intention.

2. LITERATURE REVIEW

2.1 Burnout

Many employees experience the great deal of job strain that may include exhaustion, job-detachment, disengagement and health complaints due to demanding job and higher expectations (Schaufeli&Greenglass, 2001). Burnout is considered as an outcome resulting from inability to deal with work-related stress, degenerated social relations, long-term exhaustionand diminished decreased interest in job (Sacco, 2011). The concept of "Burnout" has been in spot light of numerous researchers in the context of organizational psychology since last decade. The concept or construct has been conceptualized through three components in profuse literature. These components include "emotional exhaustion" which refers to feelings of depletion or loss of physical and emotional resources which includes (1) job control (2) access to information (3) supervisory support (4) innovative school climate and (5) social climate (Hakanen et al., 2006), "Cynicism or depersonalization" which pertains to de-motivation, distant and insensible attitude towards one's job and "Lack of professional efficacy or reduced personal accomplishment" which is developed in response to chronic occupational stress (Maslach et al., 2001).

Long-term mismatch with between job-demand and worker's resources or capacity has been found to be contributory factor of burnout (Hobfoll&Shirom, 2001), therefore the concept of burnout is not supposed to be confused with job-related stress as the burnout is the result of enduring adaptive failure (Schaufeli&Buunk, 2003). High work load, as well as lack of participation and social support at work also increases the risk of burnout (Ahola et al., 2006). The Job-demand and resource (JD–R) model proposes that burnout and reduced work engagement are fostered by high job demands and a lack of job resources (Hakanen et al, 2006).

2.2 Occupational stress

Occupational stress is defined as "A disruption of the equilibrium of the cognitive-emotional-environmental system by external factors" (Lazarus &Folkman, 1984). It is evident that occupational stress stems from two sources, (1) job demand and (2) lack of job resources (Pienaar and Rothmann, 2003). Occupation stress is also descried as "The experience of negative emotions such as anxiety, frustration, tension, anger, or depression, in response to the demands and pressures they face in their work" (Kyriacou, 2015). Similar concept has been framed previously through another definition which defines job-related stress as "The experience by an employee of unpleasant, negative emotions, such as anger, anxiety, tension, frustration or depression" (Kyriacou, 2001). Depression, in response to the demands and pressures they face in their work Occupational

stress has a significant impact on job performance, job satisfaction and turnover intention. The findings have demonstrated same significant results irrespective of the country origin whether developed or under developed countries (Minget al, 2015). Stress occurs when individual realizes that the amount of pressures or whatever the situation demands is broader that he or she can cope with; and if this situation prevails for a long time without any breaks than that individual might face behavioural, physical and mental problems. Work environment, management support and workload are the key variables to determine how much the employee is physically and mentally stressed (Bashir &Ramay, 2010).

2.3 Job Insecurity

The concept of job insecurity has been subject to changes in meanings in last decades. Job insecurity was taken as motivator rather than as a stressor during the mid 1960s and 1970s (Hackman & Oldham, 1975). In the mid-1980s, Greenhalgh and Rosenblatt (1984) were among the firsts who pointed job insecurity in a larger hypothetical context who, with their hypothetical model, summarized the meanings of job insecurity and explained on the potential causes, effects, also hierarchical outcomes of the phenomenon. They characterized job insecurity as "perceived powerlessness to maintain desired continuity in a threatened job situation and that job insecurity is based on the individual's interpretation of the immediate work environment and perception regarding that environment" (1984, p. 438).

Subjective or perceived job insecurity has been linked to negative behavior towards one's job and organization, and hesitance to remain attached with the organization (Näswall and De Witte, 2003; Sverke et al., 2002). It has been proposed by many researches that subjective job insecurity is more prone to mental health illness as compared to biological and physical negative consequences (Mohr, 2000). There are evidences that the anxiety as the result of job insecurity may give rise to family conflicts (Westman et al., 2001). Organizational cynicism instigates job insecurity perception and turnover intention along with moderating role of demographic characteristics. This issue is however debatable as different finding have supported or disproved their moderating role (Çinar et al, 2014).

Employees tend to move from insecure work environment to secure work environment. Threat to job, just like any stressor, is associated with higher level of turnover intentions (Burke & Nelson, 1998). Significant relationship between job insecurity and turnover intention has been observed which is partially mediated by Occupational well-being. Further, at the individual level the lower level of well-being creates stronger negative effect of job insecurity (Mauno et al, 2014). Further Cynicism (distrust) influences turnover intention (Shahzad&Mehmood, 2012). Similar findings have been reported in a study proposing that subjective job insecurity cab be induced by lower well-being and unemployment rate (Scwarz, 2012).

2.4 Turnover intention

Meyer & Allen (1984) defined turnover intention as "an employee's intention to quit his or her present job or organization". According to Carmeli& Weisberg (2006) "It starts thinking about leaving an organization, finding another alternative, and finally having turnover intent". Employees may involuntarily stay in their job in the absence of available job opportunities but change in attitude and decreased job performance

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may occur in the form of unfavorable outcome (Lingard et al, 2003). Even if employees stay within organization, their productivity and effectiveness at work suffers because of burnout (Maslach et.al, 2001).

Turnover intention has been found to be significantly associated with burnout (Ducharme& Roman, 2006). Similar findings support this argument in another research conducted in Pakistan where results suggest that job-burnout triggers turnover intention (Jamal, 2007). Another study conducted in Turkey investigated the relationship between burnout and turnover intention on top, middle and lower level managers revealed that employees who reported that they were more exhausted, more cynical, feel less professional efficacy had more turnover intention their organization (Özbag a et al, 2014). Depression, anxiety, memory impairment, sleep disturbance, and neck pain are the most commonly observed health problems amongst the employees who are facing the high level of job burnout and in some cases a risk factor for cardiovascular diseases as well (Bakker & Costa, 2014). Subsequently, lateness, absence, or turnover are expected behaviours by burn the burned-out employees (Maslach et al., 2001). Supporting evidence has also been reported in a study measuring the impact of jobburnout and job satisfaction on turnover intention on Chinese nurses in healthcare sector. Moderate level of emotional exhaustion, depersonalization and elevated levels of reduced personal accomplishment has been reported by nurses leading to turnover intention (Zhang et al, 2014).

2.5 Statement of hypothesis

H1: There is a significant impact of occupational stress on turnover intention.

H2: Job burnout significantly affects turnover intention.

H3: Perceived job insecurity significantly impacts turnover intention.

2.6 Conceptual framework

See Fig. in Appendix

3. RESEARCH METHODOLOGY

The current study is cross-sectional, hypothesis testing primary research conducted at Karachi. Regression analysis has been performed to measure causal relationship between proposed independent and dependent variables. All statistical tests including reliability analysis to assess internal consistency and reliability of the data and simple linear regression have been performed on SPSS v17. All the assumptions of causal relation including "Temporal sequence", "Concomitant variation" and "non-spurious association" are supported by the data.

3.1 Participants

Five organizations were identified from private healthcare sector in Karachi to conduct this study. A sample of 141 staff from different cadres like doctors, nursing, administrative and allied-health staff were drawn as a sample from the identified organizations. All the data was gathered through convenience sampling technique due to access and availability of subjects. A questionnaire consisting of 53 questions addressing all proposed variables was developed and was distributed amongst respondents of all

3.2 Measures

Occupational Stress(OS) was assessed through questionnaire developed by American Institute of Stress (AIS). Subscale of stress as comprised of ten items (e.g. Most of the time I feel I have very little control over my life at work.) All the items were scored on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Reliability analysis (a) was 0.92 on all ten items.

Job burnout (JB) was measured through MaslachRevised Burnout Inventory – MBI-GS (Maslach& Jackson, 1996). Three subscales (exhaustion, cynicism and efficacy) were used to determine the level of burnout. Subscales of exhaustion and cynicism were comprised of four items each and effectiveness at work place (efficacy) was comprised of 6 items. All the items were scored on a five-point Likert-scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The reliability (a) of the variables were 0.91 (exhaustion &cynicism) and 0.93 (efficacy).

Perceived Job Insecurity (PJI): Subjective approach has been used to measure job insecurity (De Witte, 2003; Mohr, 2000). Job insecurity has been measured by using five items on five-point Likert scale (from 1 = strongly disagree to 5 = Strongly Agree). (a=89.6).

Turnover intention (TI) was measured on five point Likert scale (from 1 = strongly disagree to 5 = Strongly Agree) by two items proposed by Schalkwyk et al, 2010, (a = 75.2).

4. DATA ANALYSIS

Regression analysis has been performed to measure cause and effect among proposed dependent and independent variables as results depicted in Table 1 to Table 3 (see Appendix).

4.1 Discussion

The regression results reported in the table above indicates that all of the independent variables are positively related to the dependent variableand all of the estimated parameters are statistically significantly different from zero. Since the criterion for model fits the data well is the difference between models's predicted values and observed values should be small and unbiased. In our case the goodness of the model fit is significant (R2 = 0.653). It can also be concluded from correlation coefficient (R=0.808) that Turnover intention is positively related to JB, OS and PJI. Since the value of p = 0.000 in ANOVA table, the relationship between proposed IV (JB, OS, PJI) and DV (ITL) is highly significant. Values of Beta-Coefficients show that ITL is being explained 45% through OS, 33% through PJI and 17% through JB. So, all the null hypotheses have been rejected through the statistical analysis. It has been proved through the interpretation of the above data analysis, higher levels of JB, OS and PJIcreate significant positive impact on ITL.

5. CONCLUSION

Based on the data collected from 141 respondents consisting of doctors, nurses,

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administrative and allied-health staff from five different private healthcare organizations in Karachi, we conclude that the results support the findings of previous studies conducted in different countries other than Pakistan. The phenomenon of turnover intention (ITL) has been proved to be valid in the case of healthcare sector of Karachi as well. The impact of JB, PCI and OS has positive significant impact in ITL. Thus all three null hypotheses (H0) against the proposed alternative hypothesis (HA) have been rejected. The findings support the validity of the phenomenon irrespective of the level or department of the staff of healthcare sector and prevalence of ITL impacted by JB, OS and PJI.

5.1 Recommendations

- Rescheduling of working hours and shift scheme amendment should be made to maintain work-life balance of employees of healthcare sector to avoid job burnout, occupational stress and perceived job insecurity.
- Job insecurity perception should be eliminated by encouraging supportive environment where employees feel secure with respect to their jobs in order to retain potential talent to achieve long term organizational objectives.
- Occupational stress not only affects the job performance but also the psychological and physical well-being of employees, leading to work-family conflicts and increased economic cost for both employees of healthcare sector and their customers (patients).
- Occupational stress and job burnout particularly in doctors and nurses can result disastrous and catastrophic effects on patients, so drastic steps should be taken to avoid these unwanted outcomes.

5.2 Future Scope of the study

Further evidence from different provinces can be helpful to apprehend the concept more precisely and to determine intervening effect of extraneous variables such as age, gender and other demographic factors as moderator to establish whether these moderators either change the direction or strengthen or make relationship weaker between IV(OS, JB, PJI) and DV (ITL). I addition, mediating role of variables such as organizational commitment, organizational citizenship behavior can be more supportive to encompass all related aspect of the present research.

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APPENDIX

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.808a	.653	.645	.386	

a. Predictors: (Constant), Perceived Job Insecurity, Burnout, Occupational Stress

Table 2 ANOVAb

Model	Sum of Squares	df	Mean	Square	F	Sig.
1	Regression	38.292	3	12.764	85.883	.000a
	Residual	20.361	137	.149		
	Total		58.652	140		

a. Predictors: (Constant), Perceived Job Insecurity, Burnout, Occupational Stress b. Dependent Variable: Turnover intention

Table 3 Coefficientsa

	Unstandardized Coefficients		Standardized		
			Coefficients		
Model	В	Std. Error	Beta	t	Sig.
(Constant)	.183	.290	.630	.530	
Burnout	.173	.056	.163	3.107	.002
Occupational Stress	.449	.075	.459	6.004	.000
Perceived Job	.328	.075	.341	4.368	.000
Insecurity					

a. Dependent Variable: Turnover intention

Descriptive Analysis

Statistics

		Ins_Name	Job_Cattegory	Gender	Age
N Valid		141	141	141	141
	Missing	0	0	О	0
Mean					30.43
Percentiles	10				25.00
	20				26.00
	30				27.00
	40				28.00
	50				29.00
	60				31.00
	70				32.00
	80				35.00
	90				37.00

Job Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative	30	21.3	21.3	21.3
	Allied Health	47	33.3	33.3	54.6
	Doctor	27	19.1	19.1	73.8
	Nurse	37	26.2	26.2	100.0
	Total	141	100.0	100.0	

Gender

		Frequency	PercentValid	Percent	Cumulative Percent
Valid	Female	64	45.4	45.4	45.4
	Male	77	54.6	54.6	100.0
	Total	141	100.0	100.0	

Frequency Table

Ins_Name

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Aga Khan	35	24.8	24.8	24.8
	University Hospital				
	Mamji Orthopedic	27	19.1	19.1	44.0
	& General Hos				
	Patel Hospital	25	17.7	17.7	61.7
	Trauma & Orthopedic	25	17.7	17.7	79.4
	Center				
	Ziauddin Medical	29	20.6	20.6	100.0
	University				
	Total	141	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	23	4	2.8	2.8	2.8
	24	7	5.0	5.0	7.8
	25	16	11.3	11.3	19.1
	26	7	5.0	5.0	24.1
	27	13	9.2	9.2	33.3
	28	17	12.1	12.1	45.4
	29	8	5.7	5.7	51.1
	30	7	5.0	5.0	56.0
	31	10	7.1	7.1	63.1
	32	12	8.5	8.5	71.6
	33	5	3.5	3.5	75.2
	34	4	2.8	2.8	78.0
	35	11	7.8	7.8	85.8
	36	1	.7	.7	86.5
	37	6	4.3	4.3	90.8
	38	2	1.4	1.4	92.2
	39	1	.7	.7	92.9
	40	3	2.1	2.1	95.0
	41	1	.7	.7	95.7
	42	1	.7	.7	96.5
	43	2	1.4	1.4	97.9
	44	2	1.4	1.4	99.3
	49	1	.7	.7	100.0
'	Total	141	100.0	100.0	

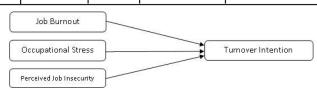


Figure No. 1