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Faculty of **Economics and**
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Postgraduate Programme of Study *Enterprise Risk Management*

Master's Dissertation

Burnout Syndrome Occurrence in Cyprus: A study of certain employees

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Supervisor

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Master Thesis

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Executive Summary

Workplace stress and burnout are global concerns, with work-related stress recognized worldwide as a major threat to workers' health and the productivity of their organizations. Over the last two decades, employees have been experiencing widespread burnout. Evidence suggests that employee's burnout has important consequences for both their personal and professional lives. Through an analysis of the literature and a case study methodology, this Master's Dissertation will investigate how organization with emphasize in the health sector are facing challenges, showing the state of art about the actual use of the techniques of data collection and management (e.g., Burn-out syndrome) in supporting the risk management process.

The research will concentrate on how important burn-out syndrome for businesses is and how it can be used in order to protect their employees and make better management decisions. It will also analyse the challenges that organizations are facing and through a presentation of specific case study. In the Master's Dissertation, 267 participants were asked to respond to a variety of questions. Based on the Likert scale, responses are compiled. Specifically, each of the relevant questions is related to one of three user attitudes: 1) emotional exhaustion; 2) depersonalization; and 3) personal achievement.

This research will explore and give us a deeper understanding of the importance of widespread burnout among personnel especially from health sector and what are associated risk factors of burnout among financial workers. Theoretical analysis of the subject will be used and presentation with a case study methodology.

Keywords: Burnout syndrome, MBI, strategies, symptoms, work industry, private sector, public sector, age group, sex.

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Table of Contents

List of Figures

List of Tables

BLANC PAGE

Chapter 1

1 Introduction

An important objective of this Master's dissertation is to discover how people's attitudes are influenced by the three components of burnout syndrome (emotional exhaustion, depersonalization, and personal achievement) and to utilize data science in order to analyse employee burnout and job satisfaction in both the public and private sectors according to gender, age group, and industry.

1.1 Background Analysis

Burnout is a serious issue facing organizations today. Researchers have found that burnout leads to exhaustion, absenteeism, a decrease in productivity, a decrease in effectiveness at work, a reduction in commitment to one's job, turnover intentions, as well as turnover itself (Maslach & Goldberg, 1998) (Maslach, Schaufeli, & Leiter, 2001). An individual who has experienced burnout may suffer from anxiety, depression, self-esteem issues, substance abuse, and increased health problems. A person's personal life can be negatively impacted by burnout, which is considered contagious at work (Maslach, Schaufeli, & Leiter, 2001). Shortly, burnout is one of the most significant stress factors at work.

The concept of burnout refers to a loss of energy, identification, and effectiveness in the workplace (Schaufeli & Bakker, 2004). A moderately correlated relationship can be observed in the three stages of the burnout process: emotional exhaustion, cynicism, and reduced achievement (Maslach, Schaufeli, & Leiter, 2001). Burnout results from this erosion process. Recent research has examined engagement as a concept that contrasts with burnout.

A fundamental tenet of engagement theory is that it describes engagement as the strengthening of energy, identification, and efficacy at work, rather than their erosion. In contrast to burnout (Maslach, Jackson, & Leiter, 1997), engagement is known for its vigour, dedication, and absorption (Schaufeli &

Bakker, 2004). (Hakanen, Bakker, & Schaufeli, 2006) argue that engagement in the workplace can lead to increased organizational commitment as well as an increase in personal investment in work. A person's engagement with their career refers to their emotional response to their work, similar to that associated with burnout according to (Maslach & Leiter, 1999).

Burnout and engagement are hypothesized to be influenced by several latent constructs: energy, identification, and effectiveness (Schaufeli & Bakker, 2004). The energy dimension refers to a person's emotional energy at work. The degree of connection people has with their work is an extremely important aspect of identification. The belief that one can effectively perform a task determines the efficacy of a person at work (Gecas, 1989). The latent constructs of burnout and engagement have been hypothesized to be related.

An individual's energy level at work is determined by their level of vitality. Mental perseverance is the ability to persevere with a particular task (Chun & Rainey, 2005). Besides contributing to cognitive demands, energy also enables a person to focus their attention on a particular task. By following this approach, it is possible to achieve successful performance and constructive accomplishment. A low level of energy may manifest as difficulty making decisions, feeling overwhelmed, delaying activities, and a lack of interest (Fehnel, Bann, Hogue, Kwong, & Mahajan, 2004).

The degree to which individuals identify with their work is determined by their relationship to it. Engagement with work is influenced by a variety of factors, including values assessment, emotions, goals, and perceptions of work. Based on reputation, mannerisms, and popularity, it is an expression of how people perceive a relationship between work and themselves (Luhtanen & Crocker, 1992). A sense of self-worth may also be gained through identification with work. In the absence of identification with the work, individuals may not perceive its value. Other than the fact that it provides them with a livelihood, they may not perceive a relationship between themselves and the work.

An individual's effectiveness in the workplace can be defined as their perception of the extent to which they can perform their duties effectively. Theory of cognitive efficacy focuses on people's perceptions of their abilities, rather than their actual capabilities (Gecas, 1989). The efficacy expectations of an individual were assessed, or the degree to which the individual believes he or she is capable of accomplishing a particular task. A measure of efficacy is not concerned with whether a particular action will achieve a particular objective. People's expectations of their ability to accomplish a task are determined by their

11

confidence in their ability to accomplish it successfully. Low efficacy expectations may lead an individual to believe that they are incapable of performing a particular task.

It was the goal of this Master's Dissertation to determine whether burnout and engagement are at opposite ends of the energy, identification, and efficacy continuums. If burnout and engagement measure the same three constructs, then a comprehensive understanding of burnout and engagement will be possible. Research on second-order latent constructs will also contribute to a better understanding of burnout and engagement. A more precise definition of burnout and engagement is necessary to better understand how they function in the workplace. Based on this understanding, theories that promote engagement and prevent burnout can be developed.

1.2 The Need and Opportunity for the Research

A major aspect of workplace stress is burnout. In nursing, law enforcement, and other helping professions, burnout has been extensively studied due to the high demands of the workplace and a shortage of personnel (Maslach, Schaufeli, & Leiter, 2001). A career in the helping professions is characterized by a loss of idealism and extreme fatigue. The Maslach Burnout Inventory Human Services Survey (MBI-HSS) was developed in response to several of these issues (Maslach, Jackson, & Leiter, 1997), which measures burnout in human service professionals. Understanding burnout requires the development of a comprehensive theory of stress.

1.3 Research Questions

The Master's Dissertation key objectives are as follows:

(1) To emphasize the importance of burnout syndrome among different age groups and genders when working in a private or public institution

(2) To examine the three components of burnout syndrome and their role as independent variables in this Master's dissertation

(3) To determine employees' attitudes regarding burnout symptoms and who burnout persons can turn to for assistance presently

(4) To describe and illustrate the most effective coping strategies in relation to burnout

(5) To analyse employee attitudes in relation to their current employment

1.4 Research Plan

In this Master's dissertation, both primary and secondary data were used. An online survey with at least 150 respondents will be used to collect primary data. Participants will not be required to meet specific criteria, except that they must be at least 18 years of age. As a general matter, familiarity with burnout syndrome will be an important selection criterion. Google forms will be used to collect information from respondents. Appendix A contains a list of questions that will be used to collect data. Journal articles are used as secondary sources of information.

After the responses have been collected, Microsoft Excel will be used as a statistical software package for data analysis. The main findings of the analysis will be presented in the results section, and the remaining results will be presented in the appendix, along with the regression analysis used to analyse the data. Based on a literature review, there are three dimensions of burnout syndrome: emotional exhaustion, depersonalization, and personal achievement. A category and a mean have been assigned to each attitude above. Based on the scores associated with each question, an average will be determined for each category based on a 6-point Likert scale.

Chapter 2

2 Literature Review

A number of congresses and symposia are organized about burnout, since it has been a widely studied academic subject for many years (Schaufeli, Leiter, & Maslach, 2009). It has sparked research into job stress, particularly in areas such as helping professions, which previously received little attention. It stimulated theorizing, especially in the area of emotional labour, symptom contagion, and social exchange. Among some European countries with elaborate social security systems, burnout is an established medical diagnosis in the occupational medical setting - particularly in Sweden and the Netherlands. Burnout assessments and treatments are included in handbooks, and physicians and other health professionals are trained in their assessment and treatment (MacDonald, Kelly, & Christen, 2019).

2.1 What is a Burnout Syndrome?

A number of definitions of burnout syndrome exist, but they all share some similarities. A burnout response on the job is defined by three dimensions: exhaustion, cynicism, and inefficiency. A burnout response is characterized by four symptoms: distress, reduced effectiveness, a sense of diminished motivation, and dysfunctional attitudes and behaviours (Schaufeli & Enzmann, 1998). (Maslach, Schaufeli, & Leiter, 2001) describe burnout as a prolonged response to chronic emotional and interpersonal stress. As early as the 1970s in the United States, burnout began to be used regularly, especially among workers in human services. Several researchers have speculated that burnout is fundamentally characterized by exhaustion (Paine, 1982), it comprises feeling worn out, feeling depleted, feeling debilitated, feeling fatigued, feeling concerned, losing trust, losing interest, and losing spirit. As (Maslach, Schaufeli, & Leiter, 2001) hypothesized, in terms of individual stress dimensions, exhaustion is the most significant component of burnout. Indifference or a detached attitude toward work in general is a manifestation of interpersonal burnout, which manifests as a negative, callous, or detached approach to work in general (Schaufeli & Bakker, 2004).

According to (Missouridou, et al., 2021), burnout syndrome occurs when someone feels stressed, emotionally tidy, frustrated, or exhausted after a summary of certain events concerning their relationships, their mission, their lifestyle or their jobs does not result in the expected outcome. Employee burnout is often associated with disengagement and exhaustion (Maslach, Schaufeli, & Leiter, 2001).

An effective work environment refers to the self-evaluation dimension of burnout and describes a feeling of competence, productivity, and achievement (Maslach, Schaufeli, & Leiter, 2001) (Rothmann, 2008). Burnout manifests in a number of ways, including depression, low morale, withdrawing, decreased productivity and abilities, and an inability to cope with oneself and one's personal accomplishments (Paine, 1982) (Rothmann, 2008).

In accordance with (Maslach, Schaufeli, & Leiter, 2001), burnout is caused by a mismatch between six aspects of organizational life: workload, control, rewards and recognition, community and social support, and perceived fairness and value. For instance, according to (Koekemoer & Mostert, 2006), nurses suffer from a high level of workload, which increases their likelihood of burnout. (Bakker & Demerouti, 2007) argue that burnout occurs when a person is exhausted from work due to high job demands. Coupled with the lack of job resources, this leads to withdrawal and disengagement from work. Employees who burn out experience negative effects, especially those working in emotionally demanding environments, such as doctors or nurses (Bezuidenhout & Cilliers, 2010). As a result of (Nayeri, Negarandeh, Vaismoradi, Ahmadi, & Faghihzadeh, 2009)'s research on Iranian nurses and burnout, emotional exhaustion and depersonalization were significantly negatively correlated with productivity, resulting in nurses who are burned out distancing themselves from their patients and performing poorly. As (Ryland, et al., 2020) reported, the effects of chronic burnout can lower nursing employees' work engagement and performance due to the disruption of the cycle of resource acquisition and the reinforcement of the cycle of loss associated with everyday demands, exhaustion, and self-undermining.

(Chang, 2009) states that burnout is caused by emotional exhaustion, depreciation efficiency, and depersonalization of individuals who work with others. In psychology, burnout is characterized by emotional exhaustion, depersonalization, and reduced performance levels (Maslach & Goldberg, 1998).

While all of these definitions of burnout differ, there is one thing that all of these definitions have in common: burnout is negatively oriented and negatively affects employee performance.

In (Schaufeli & Enzmann, 1998) defined burnout as a condition characterized primarily by exhaustion in 'normal' individuals. Among the symptoms of burnout are distress, reduced effectiveness, decreased motivation, dysfunctional attitudes and behaviours at work, and a sense of exhaustion. Among individuals who do "people work" of some kind, this syndrome is often associated with emotional exhaustion and cynicism (Maslach & Jackson, 1981). As a three-dimensional syndrome, burnout encompasses emotional exhaustion (drainage of emotional resources due to demanding interpersonal interactions), depersonalization (one's attitude toward the beneficiaries of one's care or services is cynical, callous, and negative), and a lack of accomplishment (meaning that one tends to think negatively about one's own work) (Maslach & Jackson, 1981). An illness that is commonly described as mental weariness is known as burnout, according to (Schaufeli & Bakker, 2004). Burnout is referred to as a loss of values, dignity, spirit, will, and engagement in the work because people are dislocated from what they are and what they must accomplish (Maslach, Jackson, & Leiter, 1997).

2.1.1 Emotional Exhaustion

It is common for people to experience emotional exhaustion as a result of being overextended and depleted of their emotional resources. Several factors contribute to this exhaustion, including excessive work and personal conflicts at work. There is no source of replenishment available to them, so they feel depleted and exhausted. Often, employees who are emotionally exhausted feel powerless or helpless over their lives. They may feel "trapped" or "stuck" in a situation. Having little energy, not getting enough sleep, and lacking motivation can make it difficult to overcome emotional exhaustion. Symptoms of this condition and chronic stress can result in permanent damage to your health. Having employees who experience long-term stress can lead to fatigue and emotional overload, which can reduce their productivity. Companies should pay more attention to this aspect of their business. Essentially, emotional exhaustion represents the basic stress dimension of burnout, as it is the only component of burnout that can be overcome (Maslach & Goldberg, 1998).

2.1.2 Depersonalization

As the name implies, depersonalization refers to the loss of an idealistic attitude toward other people, which is often accompanied by a negative, callous, or excessively detached attitude toward those around us. The act of dehumanization is often prompted by excessive emotional exhaustion as a means of self-preservation, acting as an emotional buffer of "detached concern," but it may also result from an overreaction to stressful events. (Maslach & Goldberg, 1998) indicate that depersonalization is a component of burnout that affects interpersonal relationships. The interpersonal component of burnout,

according to (West, Dyrbye, Satele, Sloan, & Shanafelt, 2012), is depersonalization in which individuals actively ignore their unique qualities in order to put distance between themselves and service recipients. (Bezuidenhout & Cilliers, 2010) suggests an important relationship exists between exhaustion and depersonalization. Individuals who depersonalize attempt to distance themselves from work as a reaction to exhaustion (Maslach & Leiter, 2008). (Paine, 1982) describes depersonalization as a change in how one responds to others, an attitude toward clients that is inappropriate, irritability, and loss of ideals.

2.1.3   Personal Accomplishment

An individual who feels competent and productive at work is said to have reduced personal accomplishment. When an employee feels they have little personal accomplishment at work, they feel as if they are not accomplishing anything worth their time. In turn, this can lead to low motivation and poor performance by the employees themselves. Depression and inability to cope with the demands of his or her job can contribute to this reduced sense of self-efficacy. The reason for this is related to a lack of capacity and effectiveness of individuals that are related to their job (Zellars, Perrewe, & Hochwarter, 2000). Furthermore, it can be further exacerbated by the absence of social support and a lack of opportunities for professional growth. As a result of this feeling of inadequacy, staff may feel that they have failed to meet the needs of clients. Among the five dimensions of burnout, the personal-accomplishment dimension represents self-evaluation (Maslach & Goldberg, 1998).

2.2 History of the Burnout Syndrome

For decades, burnout has been documented as a risk factor among workers. Research in the past has focused largely on the unique characteristics of workers rather than addressing the entire individual (Arches, 1991).

It has taken the research Job Burnout (Maslach, Schaufeli, & Leiter, 2001) several phases to reach the present state:

2.2.1   Pioneering Phase

A major contribution of theirs was to describe the basic phenomenon, give it a name, and demonstrate that it was not an uncommon reaction. Articles on the topic first appeared in the United States during the mid-1970s. A number of people working in human services and health care have shared their experiences with this early writing (Maslach, Schaufeli, & Leiter, 2001), an occupation in which people in need are

provided with assistance and services, but which is also characterized by emotional and interpersonal stress.

Psychiatrist (Freudenberger, 1975), who worked for an alternative health care agency, wrote the initial articles, while (Cox, Tisserand, & Taris, 2005) , (Maslach C. , 1976), a social psychologist who studied workplace emotions. Burnout is a term often used colloquially to refer to the effects of chronic drug abuse, and it describes how Freudenberger and others experienced emotional depletion, motivational loss, and lack of commitment. According to (Bakker, Demerouti, & Schaufeli, 2002), when workers are emotionally stressed, their coping strategies have important implications for their professional identities and behaviour on the job.

Initial articles emphasized the clinical and social psychological aspects of burnout research in the first phase. On the clinical side, they focused on burnout symptoms and mental health issues. (Maslach, Schaufeli, & Leiter, 2001) focused on the social context of service occupations and the relationship between the provider and the recipient.

A strong applied orientation was also characteristic of this first phase, resulting from the unique socioeconomic, historical, and cultural circumstances of the 1970s. In addition to influencing the professionalization of the human services profession in the United States, these factors also made it more challenging to find fulfilment and satisfaction in these careers (Cherniss & Cherniss, 1980) (Farber, 1983).

2.2.2 Empirical Phase

During the 1980s, burnout research began to move away from theoretical contributions and toward systematic empirical research. In the early 1990s, this empirical phase was followed by several new directions in which burnout was considered a form of job stress that influenced job satisfaction, organizational commitment, and turnover. It was first necessary to extend the concept of burnout beyond the human service and educational sectors to other occupations (such as clerical, computer technology, military, and management). Additionally, burnout research methodology and statistical tools need to be improved. Lastly, longitudinal studies evaluated the relationship between a person's feelings and thoughts at the time of employment and the characteristics of the work environment at a later point in time (Maslach, Schaufeli, & Leiter, 2001).

2.2.3 Burnout in the Twenty-first Century

Young, idealistic, naive service professionals in the early 20th century was considered dangerous to their careers because they had been serving entitled, unresponsive clients with intractable problems within cold bureaucratic systems, which left them tired, cynical, and discouraged. Several years have passed since then. Today, young professionals are less likely to be naive than they used to be when they were in their 20s and 30s. Even though most people have little illusions about the working world, there is still a risk of burnout (Cho, Laschinger, & Wong, 2006) (Gellert & Kuipers, 2008). As both an experience and a matter of social importance, burnout persists as a focus of scientific inquiry, due to two distinct contributions to the experience of work life. As cited in (Schaufeli, Leiter, & Maslach, 2009), the first contributor is a persistent imbalance in demands over resources (Aiken, et al., 2001) (Bakker & Demerouti, 2007). There is a lack of staff, equipment, supplies, or space to meet the demand - e.g., when more service recipients have more intense requirements. (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002), Motives rather than energy are the second contributor. A twenty-first century employee views organizational missions, visions, and values with scepticism (Hemingway & Maclagan, 2004). It is possible for employees to hold values that differ from the organizations. When organizations and employees lessen their commitment to each other, value conflicts are more likely to occur (Martin & Siehl, 1983).

A conflict may also exist between the stated values and the values implemented by an organization (Argyris, 1982). Employees often attribute shortfalls to hypocrisy in the organization rather than market conditions or bad luck when they observe a disconnect between organizational intentions and reality. There is the possibility that employees might use their authority to enrich themselves at the expense of the company, or that the entire executive level may be used for this purpose. When employees are faced with these situations, they accept the organization's values, but they are conflicted about the values they attribute to the shortcomings of the organization (Schaufeli, Leiter, & Maslach, 2009).

In twenty-first century, organizations, ideals are often much higher than their resources (Cho, Laschinger, & Wong, 2006). Exhaustion and reduced professional efficacy are caused by a systematic imbalance between demands and resources, whereas alienation from corporate values reduces providers' involvement with their clients (Schaufeli & Bakker, 2004).

2.3 Burnout Syndrome in Public and Private Sector

Based on a literature review of burnout, it is evident that multiple factors contribute to burnout among employees in both the public and private sectors (judges, clinicians, paediatricians, university teachers). Therefore, employee dissatisfaction is high, absenteeism is common, and turnover is high (Sajid, 2014) (Maslach & Leiter, 1999). Besides a lack of authority over administrative decisions, a lack of adequate support from colleagues, long hours spent directly interacting with clients, and a lack of timely performance feedback, burnout can also arise in the workplace (Pines & Maslach, 1978). In a study published in 2006 by (Tsigilis, Zachopoulou, & Grammatikopoulos, 2006), early educators were found to be experiencing moderate levels of emotional exhaustion. Compared to their counterparts in the private sector, executives in the public sector were more satisfied with the job itself and their immediate supervisors.

Researchers have extensively examined the attitudes, values, motivations, risk assessment, risk aversion, job satisfaction and dissatisfaction, reward preferences, and organizational commitment of both private and public sector employees (Lyons, Duxbury, & Higgins, 2006) (Bellante & Link, 1981) (Barton Jr & Waldron, 1978) (Houston, 2000) (Bogg & Cooper, 1995). Compared with other occupational sectors, little research has been done on factors such as occupational stress, job involvement, hardiness, and burnout. In Rainey and Chun's comprehensive framework, which has been slightly revised over the years (Rainey, 1989) (Chun & Rainey, 2005), the focus was primarily on organizational characteristics and environments as opposed to individuals. The lack of attention to the individual level of analysis is particularly noteworthy in light of the fact that most of the research has focused on macrolevel organizational dynamics in the public sector as opposed to the private sector.

Although some preliminary research has been conducted on job stress, work experience, and working conditions among public and private sector employees in specific occupation groups, as well as some research focused on organizational size and workplace health promotion services, more research is required. While few studies have been conducted in both the public and private sectors on the differences in the characteristics of work, job instability, and work stress, considering a variety of work-related and non-job-related factors, few have been conducted on the differences in job characteristics, job instability, and work stress among these employees (Riaz & Nawaz, 2022).

Developing a global perspective on job stress literature and providing background data on general workforce including public and private sector employees may contribute to the advancement of job stress research.

A two-fold purpose was pursued in the present Master dissertation. A Master's dissertation of a sample of employees across two different workplaces, public and private, was undertaken. This Master dissertation had the primary aim of examining their perceived levels of burnout and job satisfaction. A second purpose was to identify what combination (if any) of job satisfaction facets is most influential on the three components of burnout among early professionals.

Chapter 3

3 Methodology

An exploratory mixed-methods study explored burnout syndrome among employees from a variety of industries through a convergent parallel design. The design of this study involves collecting quantitative and qualitative data simultaneously, analysing them separately, and then combining their findings during interpretation. During this phase, the researcher seeks out possible convergences, divergences, contradictions, or relationships between the qualitative and quantitative findings. Combining quantitative and qualitative methods allows for a more robust analysis when they are applied in combination. A complementarity between qualitative and quantitative data was intended to enhance and elaborate on the quantitative findings through the use of qualitative data (Amaratunga, Baldry, Sarshar, & Newton, 2002).

In order to conduct this research quantitatively to achieve the results I desired, data has been collected through primary sources, such as a questionnaire. Each participant will be recruited voluntarily, and their personal information will not be disclosed without their permission. To ensure proper completion of the survey, data were collected by means of online forms. In comparison with in-person interviews, online surveys are relatively inexpensive and do not disrupt respondents. Among its disadvantages, this survey has a lower response rate than personal surveys. The second reason is that it allows for in-depth thought before answering, thus making it impossible to answer unhesitatingly. The third, there is no guarantee that the intended recipient has completed the questionnaire.

A total of 25 items were included, eight of which had a demographic component. Likert scale of six points was used for the development of the scale. Using the Maslach Burnout Inventory Questionnaire, an online survey was developed. At the beginning of the questionnaire, respondents are provided with a brief overview of the research. In the anonymous questionnaire, only closed-ended questions are included, ranging from zero (never) to six (everyday). By using the scale, employees are able to indicate how frequently they experience the feeling and how intense it is.

3.1 Goal of the study

In this Master's Dissertation, the purpose was to examine the levels of employee burnout and job satisfaction for both public and private sector employees across genders, age groups and industries of work. We observed and evaluated groups of participants working in different sectors of the economy. Almost three hundred (267) participants were involved in the Master's Dissertation. An examination of the three components of burnout syndrome (emotional exhaustion, depersonalization, and personal achievement) among personnel employed in various sectors of the public and private sectors was conducted in this Master's Dissertation. The results of this Master's Dissertation were interpreted, the research questions answered, and solutions for the selected sample were proposed based on quantitative and qualitative analysis. As much data and information as possible regarding burnout syndrome will be collected from both state and private sector employees for the purpose of this Master's Dissertation.

3.2 Measures

The Maslach Burnout Inventory (MBI) is divided into three "sub-scales" based on the degree of burnout measured. In the literature review, these three dimensions are described as "emotional exhaustion", "depersonalization", and "personal accomplishment". It is of note that all instruments in this Master's Dissertation contain items rated on a Likert scale. These items, when summed and averaged, result in high scores reflecting high levels of the construct. A negative orientation is present in two of these, whereas a positive orientation is present in the third. A key point to be noted is that burnout refers to a multi-dimensional construct; therefore, the subscales cannot be summed up to provide a single measure of burnout. As burnout is considered to be a continuum, the MBI measures burnout levels in each of the dimensions at high, moderate, or low levels. In both the dimension of emotional exhaustion and the dimension of depersonalization, higher mean scores are associated with an increased sense of burnout. On the other hand, a lower mean score on the accomplishment dimension is indicative of a higher degree of burnout. Originally, people's feelings were assessed either by their frequency (the frequency with which they felt) or by their intensity. As both indicators vary erratically among respondents, it is undesirable to consider them both at the same time.

(1) Frequency: 0 1 2 3 4 5 6
(2) Intensity: from 0 (never) to 6 (everyday)

The first four questions ask respondents to categorize themselves based on their sex, age, occupation, and sector of employment (private vs. public). In addition, respondents were asked to select one or more answers from a list using tick boxes to describe what describes their current employment status, which symptoms a burnout individual experiences, who they believe can provide help to a burnout individual at the present time, and which of the following strategies they believe to be the most effective in treating burnout.

Three thematic dimensions were used to categorize respondents: EE (Emotional Exhaustion), DP (Depersonalization), and PA (Personal Accomplishment). Thematic areas and research questions are interconnected.

All questions from the questionnaire were assigned to each category in the appendix for a more accessible presentation of the findings. In order to assign questions, it is necessary to consider the attitude or meaning of a statement. For the purpose of enhancing the quality of the analysis, attitudes were treated as dependent variables, while privacy knowledge was treated as an independent variable. Table indicates that there are different numbers of questions assigned to each variable. Using the traditional method, the average score for each question is 0 equals "Never", 2 equals "Few times per year", 3 equals "Few times per month", 4 equals "Once a week", 5 equals "Few times per week", and 6 equals "Everyday". A person's level of privacy knowledge is determined by how comfortable and confident they are that their personal information will not be misused. Correlation analysis includes calculating the mean frequency for each of the attitudes and the independent variable.

Variable Name	Variable Type	Assigned Questions
Emotional Exhaustion	Dependent	9, 10, 11, 12, 13 and 14.
Depersonalization	Dependent	15, 16, 17, 18, 19
Personal Achievements	Dependent	20, 21, 22, 23, 24 and 25

Table. Allocation of Questions to Each Variable

3.2.1   Evaluation of the Questionnaire

There are several psychological factors involved in burnout syndrome. This is why the subscales are combined to provide a broad overview and not focus on a single total score. It is recognized that feelings of burnout are a continuum. MBI measures the level of burnout on each scale in three categories - high, medium, and low. When it comes to emotional burnout and depersonalization, high numbers correspond to a high level of burnout. However, when it comes to personal accomplishment, low numbers correspond to a low level of burnout. The evaluation involves adding all points within each dimension.

3.3 Data Analysis

A descriptive analysis was conducted to identify the characteristics of the sample, the frequency of each variable and the correlations across them. Then we have employed regression tools to estimate various relationships across the variables. An array of methods was available to investigate the possible effects of personal and work-related characteristics on burnout levels. For testing the correlations between the two groups of burnout and socio-demographic variables, a stepwise multiple regression model was chosen using only significant variables from the univariate logistic regressions. The statistical significance of variables was determined by a p-value of 5% or less.

3.4 Data Collection Method

Two types of data were collected during the conduct of this Master's Dissertation, which are primary data and secondary data. During the research process, primary data is collected from questionnaires distributed to respondents. In this way, they will be able to provide direct responses to the questionnaire. A secondary data set will be compiled from books or other publications that contain information regarding the research theory.

3.5 Operational Definition of Research Variables

A research variable's operational definition explains each variable in terms of the indicators that shape it. This Master's Dissertation uses burnout as a variable. Using the Maslach Burnout Inventory (MBI), the researcher assessed three components: depersonalization, emotional exhaustion, and low personal achievement. Three indicators of emotional exhaustion exist: temper tantrums, frustration, and depression. These indicators reflect feelings that are triggered by excessive workloads and interpersonal conflict. Among the three indicators of depersonalization are the following: Cynicism, negative attitudes

toward others, and negative attitudes towards the work environment; these aspects of their behaviour reflect negative attitudes that separate them from their clients or anything else in their line of work. Two factors contribute to an individual's inability to achieve personal goals: dissatisfaction with their performance and dissatisfaction with their employment. Neither of these indicators indicates satisfaction with the results of one's efforts. This Master's Dissertation utilized the operational definition of variables in order to gain a deeper understanding of the variables.

3.6 Research Questions

The following research hypotheses were used in order to achieve the project's objectives.

(1) H1: There is sex effect between people who suffer from burnout syndrome.

(2) H1-0: There is no sex effect between people who suffer from burnout syndrome.

(3) H2: Age has important influence on the level of stress and burnout syndrome.

(4) H2-0: Age has not important influence on the level of stress and burnout syndrome.

(5) H3: There is significant difference in job burnout level among employees in the healthcare industry between the public and private sector.

(6) H3-0: There is no significant difference in job burnout level among employees in the healthcare industry between the public and private sector.

Chapter 4

4 Results and Discussion

This section examines and analyses the results of the questionnaire in order to provide answers to the research questions posed. A thorough qualitative research approach was used to answer the above questions by preparing and distribution a questionnaire and analysing the results, on one hand, and performing a thorough quantitative study using a variety of data collected, on the other hand.

4.1 Quantitative Data

The purpose of this quantitative grounded theory Master's Dissertation was to determine whether gender and age are associated with burnout syndrome. The Master's Dissertation also evaluated whether federal and state health care employers experience job burnout differently.

4.1.1 First Set of Hypothesis

The relationship between burnout and gender is not as straightforward as one might expect. Despite some studies showing that females experience burnout at a higher rate than males e.g., (Maslach & Jackson, 1981) (Poulin & Walter, 1993), the opposite is found as well e.g., (Price & Spence, 1994). Depersonalization tends to be higher among males than females in general, while emotional exhaustion tends to be higher among females (Schaufeli & Enzmann, 1998). Stereotypes based on gender play a significant role in explaining this. Women are generally thought to be more emotional and more willing to discuss personal concerns with their loved ones than men, for instance (Ogus, Greenglass, & Burke, 1990). Due to additional responsibilities at home, working women may also be faced with a higher overall workload than working men. Workload, particularly emotional exhaustion, is positively correlated with burnout (Schaufeli & Enzmann, 1998). Based on the MBI-HSS, females are predicted to score higher on exhaustion and lower on cynicism. Below you will find a graph illustrating the average emotional

exhaustion, depersonalization, and achievement of both females and males according to the Master's Dissertation questionnaire.
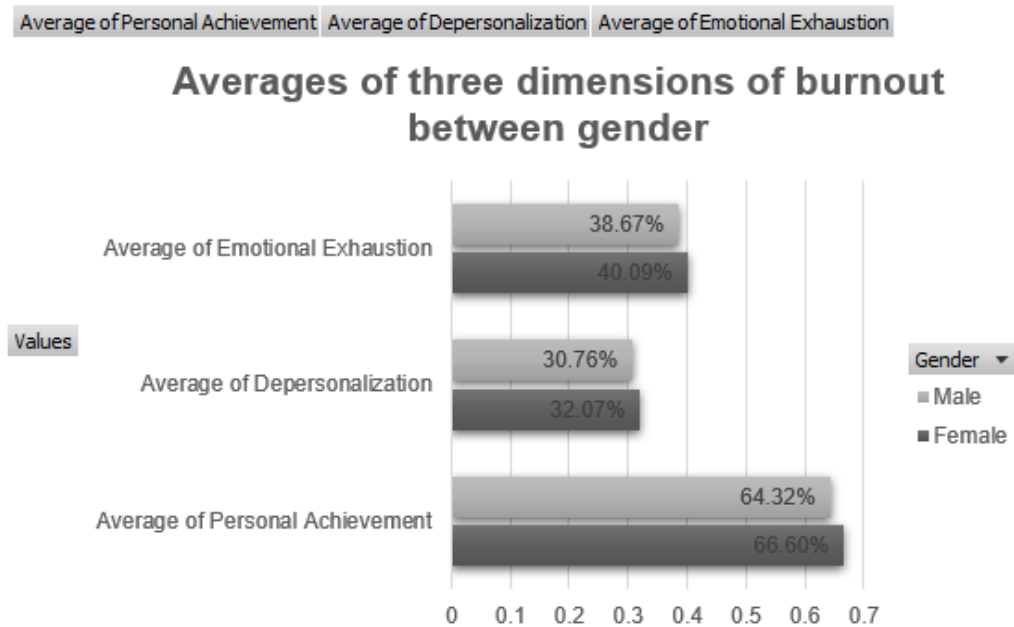
Figure 1. Averages of the three dimensions of burnout between gender.

In light of the results, various conclusions can be drawn. The first hypothesis assumes that there is sex effect between people who suffer from burn-out syndrome. The results in Figure 1 above indicate that 40.09% and 32.07% of females respectively suffer significantly more in terms of the dimensions of emotional exhaustion and depersonalization than males do. In contrast, men failed to achieve in the dimension of personal achievement, with an average percentage of 64.32% as opposed to 66.60% for women.

Traditionally, women are expected to work at the bottom of the pay scale, making them more stressed and under more pressure. In addition, the researchers found that women were more likely to be the heads of single-parent families, experience child-related stress, devote more time to household chores, and have lower self-esteem. Due to this, depersonalization and emotional exhaustion are common outcomes (Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011). Women suffering from this condition suffer from poor mental health, and many are unaware of what they are dealing with. In the event of burnout, life becomes chaotic and there is no apparent way to manage mental and emotional balance. This leads to extreme emotions such as anger, dread, and fatigue. Among women, burnout is more likely to occur due to

differences in job conditions and progression rates based on gender. In relation to personal achievement, females report greater job satisfaction than males, and in turn, they have higher expectations regarding their personal achievement status (Bogg & Cooper, 1995).

Using Data Analysis Regression tool, the following were computed for the entire dataset of 267 observations with gender as an independent variable. Based on regression analysis, Figure 2 illustrates the three-dimensional view of burnout levels.

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (E)	0.386650083	0.014234997	27.1619359	1.50253E-78	0.358621996	0.41467817	0.358621996	0.41467817
Gender	0.014268881	0.020169132	0.707461357	0.479901513	-0.025443257	0.053981019	-0.025443257	0.053981019
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (D)	0.307607794	0.014897416	20.64839964	4.10612E-57	0.278275434	0.336940155	0.278275434	0.336940155
Gender	0.013131554	0.021107692	0.622121736	0.534396716	-0.028428569	0.054691677	-0.028428569	0.054691677
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (PA)	0.643221393	0.013383027	48.0624735	7.3345E-133	0.616870797	0.669571989	0.616870797	0.669571989
Gender	0.022735165	0.018962001	1.19898552	0.231604601	-0.014600187	0.060070517	-0.014600187	0.060070517

Figure 2. Regression Analysis with gender as explanatory variable.

Based on the data, it appears that there are no significant differences between males and females (p-value>0.05) in all the three dimensions of burnout.
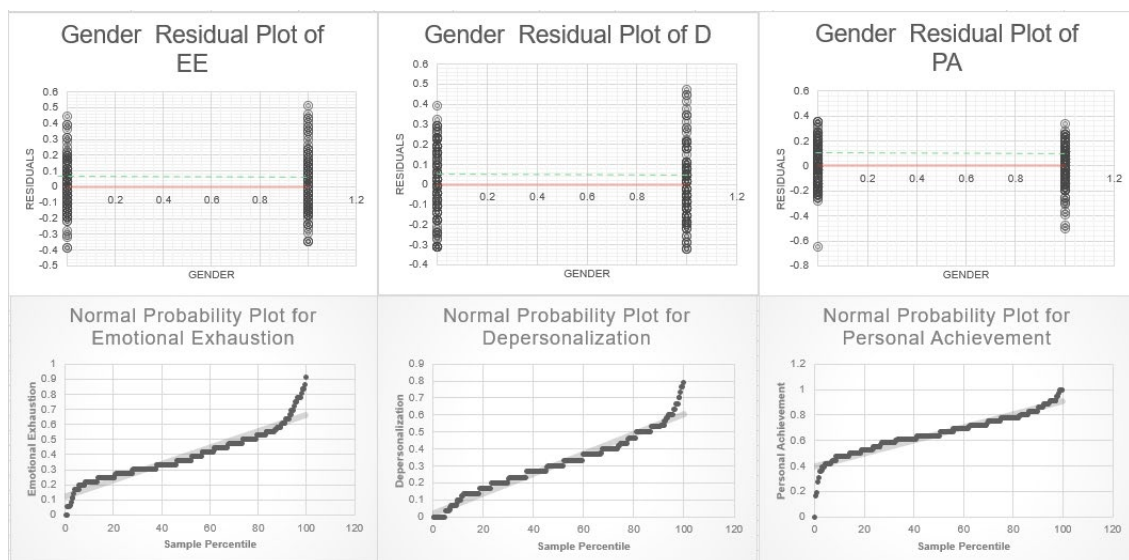

Figure 3. Residuals and Normal Probability Plots for each of the three components.

The idea behind the normal plots is to see if the Normal Distribution is a good model to explain the data sets and their impact on emotional exhaustion, depersonalization and personal achievement accordingly. Basically, to check the assumptions of the regression model that it's built. The assumption of regression is that errors should be normally distributed and they should be independent. An analysis of the relation between the predictor and residuals is represented by the red line (residual line). Line of best fit is depicted by the green dashed line (component line). It indicates that there is no linear relationship between a predictor and an outcome when there is a significant difference between the two lines. This kind of inconsistency cannot be seen on any of the residual plots. No major heteroscedasticity problems appear in the residual plots and the conditions for normality of residuals is satisfied and no violation of homoscedastic is noticed.

As shown in Figure 3, the residuals are plotted according to their normal probability. The following example illustrates how a normal probability plot looks when the residuals are normally distributed, but there are just a few outliers. Except for a few data points, the relationship is approximately linear. Once the outliers have been removed from the data set, we might be able to assume that the error terms are normally distributed.

That is evident also in the residual plots, where there is no problem with heteroscedasticity but we can notice higher positive residuals – although fewer in number - than negative residuals. Further, there are no patterns in the residuals that suggest that another explanatory variable should be considered.

Considering the overall information and the results shown in Figures 1 and 2, it is reasonable to reject the null hypothesis. Figure 1 indicates that the percentages of males and females do not differ significantly and that most of them perceive their feelings in all three dimensions in a similar manner. According to the p-value, Figure 2 does not demonstrate any significant relationship between any of the three dimensions based on gender, therefore there is no gender effect among people who suffer from burnout.

4.1.2   Second Set of Hypothesis

The respondents were divided into five age groups (Table 1). The age group between 25-34 was the most numerous, 110 people, 41.20% cumulative. Personnel who participate in the survey between the age group of 35-44 years old was 64, which accounted for 23.97%, 10.86% women and 13.11% men. The number of people older than 45 but younger than 54 years old was 58 (21.72%). From the youngest

group, 29 people answered the questionnaire, which accounted for 10.86% women and men. The smallest number of respondents (6 i.e., 2.25%) was older than 55 years old.

Row Labels	Gender	N (number)	% (percentage)
⊟18-24	Female	19	7.12%
	Male	10	3.75%
⊟25-34	Female	53	19.85%
	Male	57	21.35%
⊟35-44	Female	29	10.86%
	Male	35	13.11%
⊟45-54	Female	31	11.61%
	Male	27	10.11%
⊟>55	Female	1	0.37%
	Male	5	1.87%
Grand Total		**267**	**100.00%**

Table 1. Count and Percentage for females and males by age group.

We have observed that burnout patterns were correlated with age. A high level of emotional exhaustion was reported by the largest and smallest number of respondents in the group between the age of 18-24, and older than 55 years old respectively, according to Figure 1. The Conservation of Resources Theory (COR) recognizes that individuals' age influences their perception of stress. Since young employees may lack the necessary resources to cope with stressful situations, COR theory suggests that they are more likely to experience stress. (Grandey & Cropanzano, 1999) argue, for example, that middle-age employees possess more valuable work resources, such as seniority and experience, which can assist them in managing work stressors more effectively. Middle-aged workers generally experience fewer negative emotions at work than their younger counterparts, according to research (Kim & Kang, 2017). However, between ages 45-55, there was a sharp increase in emotional exhaustion levels. As far as the score of depersonalizations is concerned, this is similar between the age group of 18-24, 25-34, 35-44 and 45-54 with the highest score being mostly in the respondents older than 45, but younger than 54 years old, while the lowest level was reported by those aged over 55 years. The highest level (69.6%) of personal satisfaction/accomplishment was reported by the respondents between 18-24 years old and approximately equally by the respondents from the other two groups, 25-34 and 45-54 years old at 65.7% and 68.2% accordingly. A U-shaped relationship was found between age and life satisfaction. According to our sample, people between the ages of 35 and 44 were the least satisfied with their lives on average. The relationship between age and life satisfaction has been found to follow a U-shaped pattern in previous studies in English-speaking high-income countries, with the lowest levels of well-being typically found

between the ages of 45 and 54. However, this pattern is not universal, and lower- and middle-income countries have shown declining life satisfaction with increasing age (Blanchflower & Oswald, 2008) (Deaton, 2008) (Steptoe, Deaton, & Stone, 2015). Despite the lack of a precise explanation for this U-shaped pattern in high-income countries, Socioemotional Selectivity theory has been found to contribute to some explanation of the higher well-being of older individuals. The theory states that as people grow older, they accumulate emotional wisdom that leads them to choose events, friendships, and experiences that are more emotionally satisfying (Steptoe, Deaton, & Stone, 2015). In Cyprus as well as in English-speaking countries with high incomes, age and life satisfaction have a similar relationship.
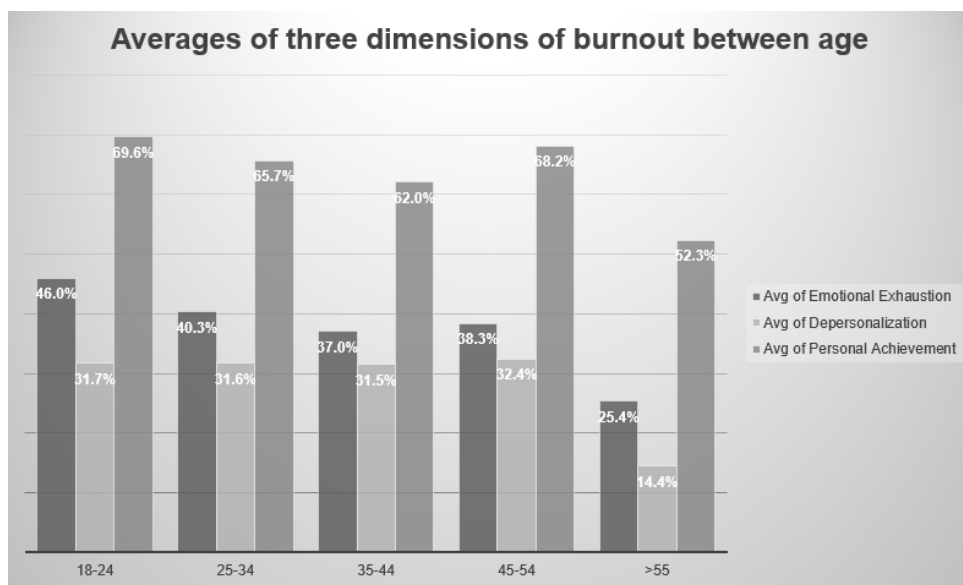
Figure 4. Averages of the three dimensions of burnout between age group.

Older people scored higher on Personal Accomplishment compared to Depersonalization and Emotional Exhaustion. Meanwhile, among all age groups, younger persons scored the highest amount of Emotional Exhaustion. In the modern world, young people have an overwhelming number of requirements placed on themselves, and they are overburdened with energy, which leads to burnout much more quickly than in previous generations (Gellert & Kuipers, 2008). In the midst of rapid technological advancement, many jobs will be lost, but at the same time, new ones will be created as firms shift their focus to complementary work. However, the required skills and locations of these jobs may not match the abilities of the labor force, which will place additional pressure on governments who are already stretched to accommodate these new conditions. Older employees may retire sooner due to unanticipated changes in the rate of technological change, since retraining would be an unattractive option (Yashiro, Kyyrä, Hwang, &

Tuomala, 2020). At the age of 18-24 years old, emotional exhaustion is higher, and it decreases until the age of 44 years old. Then, above 55 years old emotional exhaustion is at its lowest. In this situation, welfare programs or accelerated retirements may be necessary so that the social security system is not burdened with inefficient workers. The same pattern was seen for personal achievement. Depersonalization levels tend to be low among workers between the ages of 18 and 44, and then increase until the age of 54. It appears that personal achievement levels decline between 25 and 44 years of age, but increase sharply after 45 years of age. As a result of these findings, it appears that burnout symptoms vary among workers at various life stages. Different ways in which individuals master the demands and requirements of their jobs, as well as different ways in which they deal with work-family conflicts, may arise at different stages in their lives (Schaufeli & Bakker, 2004). For employers to keep their staff and not to observe the phenomenon of young scientists migrating abroad, they must address the burden that is prevalent among the young ages. A company's human resources department must take extra care to retain, support, and guide new employees without causing the employee to burn out during their employment (Schneider, Gunnarson, & Niles-Jolly, 1994).

Using Data Analysis Regression tool, the following figures (Figure 5, Figure 6 and Figure 7) were computed using the whole dataset of 267 observations with age groups as the explanatory variables. We can observe that age groups as explanatory variables have positive effect with all of the coefficients and all variables are significant for depersonalization and for personal achievement as dependent variables at the 5% level except the dummy coefficient of the age group of 35-44 (p-value > 0.05). Also, for emotional exhaustion, the only significant variables are the age group 18-24 and 25-34 years old. In this regression model, 4.08% of the variation in emotional exhaustion can be explained by (it is due to) the original price of the variables involved. For depersonalization and personal achievement, the regression model explains 2.27% and 4.26% respectively. The standard error of the expenses value for the average "emotional exhaustion", "depersonalization" and "personal achievement" is 0.1625, 0.1716 and 0.1529 accordingly.

SUMMARY OUTPUT								
Regression Statistics								
Multiple R	0.202109992							
R Square	0.040848449							
Adjusted R Square	0.026204914							
Standard Error	0.162455878							
Observations	267							
ANOVA								
	df	SS	MS	F	Significance F			
Regression	4	0.294483177	0.073620794	2.789521011	0.02692029			
Residual	262	6.914681062	0.026391912					
Total	266	7.209164239						
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (EE)	0.253703704	0.066322335	3.825313222	0.000163329	0.123111066	0.384296341	0.123111066	0.384296341
Age 18-24	0.206066411	0.07286095	2.828214723	0.005042472	0.06259885	0.349533973	0.06259885	0.349533973
Age 25-34	0.149326599	0.068107111	2.192525823	0.029221233	0.015219631	0.283433568	0.015219631	0.283433568
Age 35-44	0.116782407	0.069361558	1.683676247	0.093435277	-0.019794642	0.253359457	-0.019794642	0.253359457
Age 45-54	0.12962963	0.069668393	1.860666267	0.063911559	-0.007551597	0.266810857	-0.007551597	0.266810857

Figure 5. Regression Analysis of emotional exhaustion with age as explanatory variable.

SUMMARY OUTPUT								
Regression Statistics								
Multiple R	0.150910958							
R Square	0.022774117							
Adjusted R Square	0.007854638							
Standard Error	0.171573426							
Observations	267							
ANOVA								
	df	SS	MS	F	Significance F			
Regression	4	0.179741322	0.04493533	1.526468658	0.194802645			
Residual	262	7.712609443	0.029437441					
Total	266	7.892350765						
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (D)	0.144444444	0.070044558	2.062179398	0.04017666	0.006522527	0.282366362	0.006522527	0.282366362
Age 18-24	0.172796935	0.076950141	2.245570076	0.025565545	0.021277511	0.324316358	0.021277511	0.324316358
Age 25-34	0.172045455	0.071929502	2.391862181	0.017468646	0.030411971	0.313678938	0.030411971	0.313678938
Age 35-44	0.171006944	0.073254352	2.334427093	0.020329418	0.026764751	0.315249138	0.026764751	0.315249138
Age 45-54	0.179837165	0.073578408	2.444156766	0.015178985	0.034956885	0.324717445	0.034956885	0.324717445

Figure 6. Regression Analysis of depersonalization with age as explanatory variable.

SUMMARY OUTPUT								

Regression Statistics	
Multiple R	0.206569445
R Square	0.042670936
Adjusted R Square	0.028055225
Standard Error	0.152856696
Observations	267

ANOVA

	df	SS	MS	F	Significance F			
Regression	4	0.272860799	0.0682152	2.919525147	0.021772151			
Residual	262	6.121674389	0.023365169					
Total	266	6.394535187						

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept (PA)	0.523148148	0.062403485	8.383316262	3.19301E-15	0.40027196	0.646024336	0.40027196	0.646024336
Age 18-24	0.173212005	0.068555747	2.526586224	0.012107158	0.038221646	0.308202364	0.038221646	0.308202364
Age 25-34	0.133367003	0.064082802	2.081166847	0.038389856	0.007184139	0.259549868	0.007184139	0.259549868
Age 35-44	0.096947338	0.065263126	1.48548412	0.138617853	-0.031559655	0.225454331	-0.031559655	0.225454331
Age 45-54	0.158365262	0.065551832	2.415878511	0.016381781	0.029289791	0.287440733	0.029289791	0.287440733

Figure 7. Regression Analysis of personal achievement with age as explanatory variable.

The study by (Bezuidenhout & Cilliers, 2010) has found that female students experienced burnout more frequently than male students. Even though this is contrary to the main findings of this piece of research regarding gender, it may be the case that gender plays a different role at different stages in different careers. In student years, male gender may protect against burnout (Freudenberger, 1975). However, as a career progresses, that protective effect may disappear. Additionally, women can equip themselves with effective ways of combating burnout as their careers progress (Bezuidenhout & Cilliers, 2010). The impact of other lifestyle differences, such as familial pressures and pregnancy, on burnout would need to be explored further. Studies of burnout's long-term effects could be further investigated using longitudinal studies, since burnt-out personnel may leave their jobs, artificially skewing the results.

Line charts in Figures 8, 9 and 10 demonstrate the change in the median of the three burnout components between gender and age.
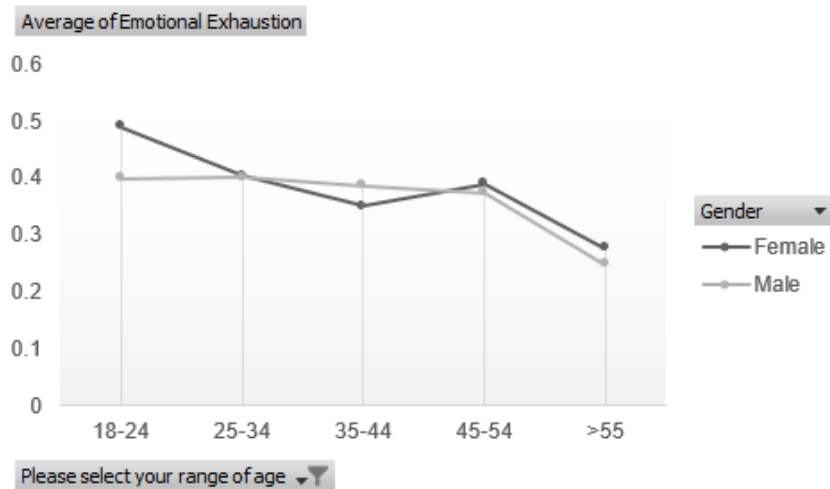
Figure 8. Average Emotional exhaustion between females and males by age group.

In terms of emotional exhaustion, there is a significant non-linear relationship for women, while for men, the relationship tends to be linear until they reach an age range between 45 and 54. It has been found that men with a higher age were less likely to experience emotional exhaustion. At the ages of 18 to 34, women's levels of emotional exhaustion are higher than those of men, but this level decreases between the ages of 25 and 54. It appears, however, that the level of emotional exhaustion increases rapidly as individuals age beyond 55 years of age. As for depersonalization, the same pattern was observed, but older women had lower levels of depersonalization than older men. When women reach the age of 45-54, depersonalization increases dramatically.

Figure 9. Average Depersonalization between females and males by age.

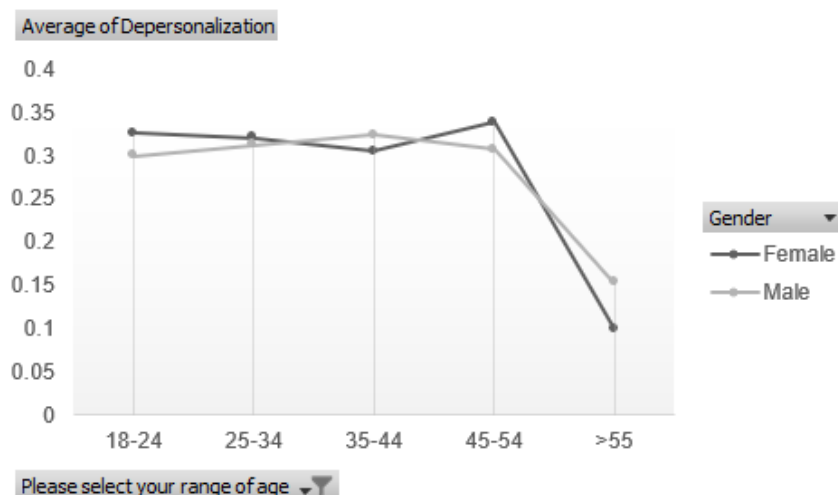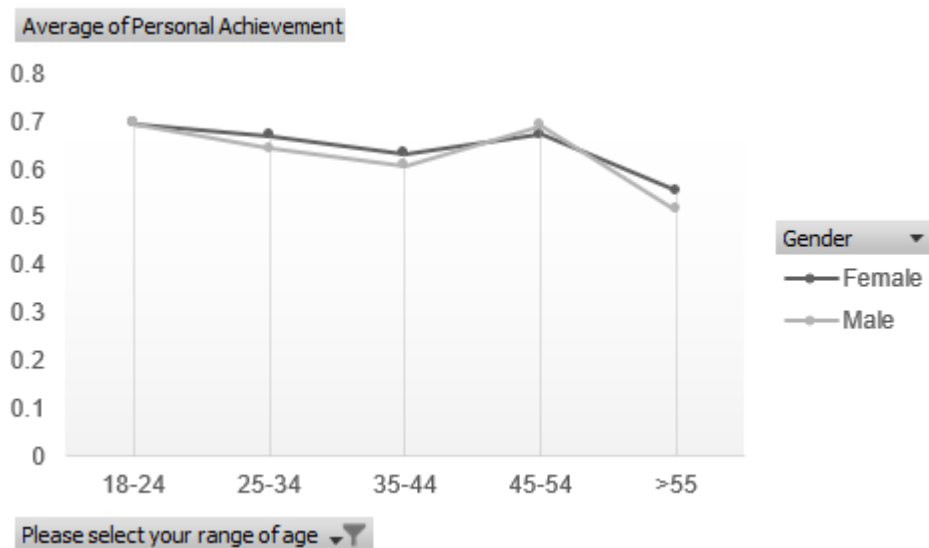**Figure 10.** Average Personal Achievement between females and males by age.

Among women, there is a significant linear relationship between personal achievement and education. Since the graph shows that as the age variable values increase, the average amount of personal achievement for each gender appears as a straight line either rising or falling. Nearly all age groups exhibit higher levels of personal achievement, except those between 45 and 54. Between 45 and 54 years old, it seems that men's personal achievement levels are below those of women. Both genders were associated with greater levels of professional efficacy, but women were statistically more likely to be associated with greater levels of efficacy than men. As a final point, the association between age and total burnout closely resembles that described for the depersonalization component of burnout.

However, it appears that over the age of 55, women's ability to cope and adapt to work stressors decreases, resulting in an increase in burnout symptoms. The symptoms of burnout can be similar to those of depression experienced by some women over the age of 55, including perimenopausal and menopausal symptom. It is also possible that at this point in life, more complex forms of conflict between work and family may emerge (Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011). There may be a greater need for support for workers' elderly relatives, and more women than men are responsible for caring for their aging relatives. There may be additional pressure placed on young women to participate in joint activities with their retired spouses. Burnout and early retirement have been associated with this phenomenon in women (Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011). The employment conditions

of women may not improve as quickly as those of men, despite taking on more unpaid responsibilities than men.

In all dimensions, age plays a significant role in the development of burnout syndrome. When one is young, one sets very high standards for oneself and puts a great deal of pressure on oneself. However, it is midlife crisis time where one is looking for a sense of meaning in life. When one is 50, one becomes well adapted (Gellert & Kuipers, 2008).

The results from this Master's dissertation confirm those found in earlier interviews (Maslach C. , 1976) concerning burnout in the first several years of a person's career. In the event that a person is not able to cope effectively with burnout at this stage, he or she may be forced to leave their profession entirely. Consequently, older individuals are more likely to have survived the early stresses of their careers and achieved success. The findings of this Master's dissertation are also consistent with the commonly reported positive correlation between age and job satisfaction as documented in the literature (Weaver, 1980). It is therefore reasonable to conclude that age influences both stress levels and burnout symptoms.

4.1.3   Third Set of Hypothesis

Overall, burnout was linked to elements of the work environment, such as high workload, insufficient personnel, challenging work conditions, and having a low degree of job satisfaction. Services in the health care sector require special attention. Work in health care requires a great deal of responsibility. This has led to the fact that people in this profession are very susceptible to burnout through their employment (Zellars, Perrewe, & Hochwarter, 2000).

Physicians are among the world's highest-paid professionals, but it comes with a price: it's also one of the most burnt-out jobs. People who work with people are at risk of burnout. Doctors' anxiety is heightened by the fact that these people are ill and maybe even dying. This emotional toll is made worse by the fact that physicians often work long hours with hardly any sleep (Zellars, Perrewe, & Hochwarter, 2000). There is also a high burnout rate among nurses. Similarly, to doctors, they spend long hours dealing with sick and anxious patients. They may, however, feel underappreciated for their work and burn out as a result (Cho, Laschinger, & Wong, 2006).

Furthermore, there are other factors that contribute to burnout, including individual factors and work environment factors. Different types of work environments can be distinguished according to ownership

status, including the hospital environment. According to Regulation of the Minister of Health in 1988 No.159b / Men-Kes / Kes / II / 1988 Chapter II Article 3, hospitals are classified as either public or private in terms of their ownership status. These ownership considerations may have a variety of implications depending on the institutional environment in which those working in the health care sector provide their services. As (Yesilada & Direktör, 2010) points out, the differences between public hospitals and private hospitals relate to the complexity of bureaucratic regulations, tool equipment, salaries, and workloads. Implementation difficulties can affect personnel's performance if there is an obstacle in the way. Health care professionals, such as doctors and nurses, especially public hospital nurses, may experience emotional exhaustion as a result of these four factors. In this Master's Dissertation, however, no significant differences were found between public hospitals and private hospitals when it came to job-related burnout.

The following table (Table 2) illustrates the percentage amount of each of the three components of burnout syndrome based on the number of respondents.

Employment Sector ▼	Emotional Exhaustion	Depersonalization	Personal Achievement
Private	61.27%	59.46%	62.42%
Public	29.46%	30.85%	29.03%
Both	9.27%	9.70%	8.55%
Grand Total	**100.00%**	**100.00%**	**100.00%**

Table 2. Average percentage of the three components of burnout syndrome.

In addition, individuals who worked in the private sector contributed more to the factor "Personal achievements," resulting in a lower level of Burnout Syndrome than those who worked in the public sector. This might be attributed to the fact that employees in the private sector are expected to maintain continuous vigilance in addition to having realistic goals, ambitions, and expectations. In contrast, those in the public sector often experience decreased satisfaction with their personal relationships and burnout due to their daily professional duties and reliance on others (Barton Jr & Waldron, 1978).

The following results – Table 3 and 4 were produced using the Descriptive Statistics routine in Excel Data Analysis tool. Table 3 indicates that the mean value of Burnout in the Private Health Care Sector is 0.62 and that in the Public Health Care Sector it is 0.28. Based on these values, Private Health Care Sector burnout is slightly higher than Public Health Care Sector burnout.

Group	N	Mean	Std. Deviation	Std. Error Mean
Private Sector	165	0.617977528	0.48679444	0.029791336
Public Sector	76	0.284644195	0.452092217	0.027667594
Both	26	0.097378277	0.297028927	0.018177875

Table 3. Group Statistics.

Private		Public		Both	
Mean	0.617977528	Mean	0.284644195	Mean	0.097378277
Standard Error	0.029791336	Standard Error	0.027667594	Standard Error	0.018177875
Median	1	Median	0	Median	0
Mode	1	Mode	0	Mode	0
Standard Deviation	0.48679444	Standard Deviation	0.452092217	Standard Deviation	0.297028927
Sample Variance	0.236968827	Sample Variance	0.204387373	Sample Variance	0.088226183
Kurtosis	-1.774846069	Kurtosis	-1.0867938	Kurtosis	5.501997494
Skewness	-0.4883701	Skewness	0.959897666	Skewness	2.731453677
Range	1	Range	1	Range	1
Minimum	0	Minimum	0	Minimum	0
Maximum	1	Maximum	1	Maximum	1
Sum	165	Sum	76	Sum	26
Count	267	Count	267	Count	267
Confidence Level(95.0%)	0.058656826	Confidence Level(95.0%)	0.054475344	Confidence Level(95.0%)	0.035790824

Table 4. Descriptive Statistics of personnel working in the Public, Private or both sectors.

Using the Data Analysis Regression tool, the following were computed for the entire dataset of 85 employees working in the healthcare industry, with current employment sector as an independent variable. An analysis of regression was conducted in terms of each of the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment), as depicted in Figure 11.

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Emotional Exhaustion	0.319444444	0.06312193	5.060752192	2.51415E-06	0.193874818	0.445014071	0.193874818	0.445014071
Private	0.073222222	0.066801971	1.096108703	0.276239977	-0.059668179	0.206112624	-0.059668179	0.206112624
Public	0.073467433	0.069345022	1.059447827	0.29250667	-0.064481906	0.211416772	-0.064481906	0.211416772
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Depersonalization	0.277777778	0.066897259	4.152304354	8.01337E-05	0.14469782	0.410857736	0.14469782	0.410857736
Private	0.035388889	0.070797404	0.499861393	0.618511408	-0.1054497	0.176227478	-0.1054497	0.176227478
Public	0.08802682	0.073492555	1.19776514	0.234459227	-0.058173283	0.234226923	-0.058173283	0.234226923
	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Personal Achievement	0.637037037	0.060408856	10.54542462	6.30153E-17	0.516864579	0.757209495	0.516864579	0.757209495
Private	0.008518519	0.063930724	0.133246082	0.894325225	-0.118660057	0.135697094	-0.118660057	0.135697094
Public	0.047733078	0.066364471	0.719256516	0.474027733	-0.084286995	0.179753151	-0.084286995	0.179753151

Figure 11. Regression Analysis with gender as explanatory variable.

Figure 11 column p-value obtained significance values of 0.276 and 0.292 for emotional exhaustion as dependent variable in private and public sectors, respectively. As p = 0.276> 0.05 and p = 0.292> 0.05,

we can say that the data come from a homogeneous group. Regression analysis using depersonalization as the dependent value yielded a t-value of 0.49 with a significance level of p = 0.61 for the private sector and a t value of 1.197 with a significance level of p = 0.32 for the public sector. According to the p-value for personal achievement, the private sector obtained a significance value of 0.894, while the public sector obtained a significance value of 0.474. A p-value greater than 0.05 is observed in these results (p > 0.05). In other words, the level of burnout among employees in the private health care sector is not significantly higher than the level of burnout among those in the public health care system. Data analysis results indicate that the public and private sector sample data are normally distributed based on the results of the Master's Dissertation.

In this hypothesis, a chi-square test was also used to examine if a statistically significant relationship exists between the categorical variables between the employment sectors (public or private) and the employment industries (health care, finance, economics, education, hospitality, agriculture, entertainment, etc.). Using a chi-squared test, it is possible to determine whether there is a significant relationship between two or more groups of categorical data from the same population. An alternative hypothesis is that there is a relationship between the two variables in this test. The null hypothesis is that there is no relationship between the two variables in this test.

Contigency table: Test of independence

Observed Frequencies

Employment Sector	Work Industry							Grand Total
	Health Care	Finance and Economic	Education	Hospitality	Agriculture	Entertainment	Other	
Private	50	31	36	8	2	5	33	165
Public	29	9	17	3	2	1	15	76
Both	6	1	14	0	0	0	5	26
Grand Total	85	41	67	11	4	6	53	267

Expected Frequencies

Employment Sector	Work Industry							Grand Total
	Health Care	Finance and Economic	Education	Hospitality	Agriculture	Entertainment	Other	
Private	52.528	25.337	41.404	6.798	2.472	3.708	32.753	165.000
Public	24.195	11.670	19.071	3.131	1.139	1.708	15.086	24.195
Both	8.277	3.993	6.524	1.071	0.390	0.584	5.161	8.277
Grand Total	85	41	67	11	4	6	53	197.4719101

Using Excel's CHISQ.TEST function:
x^2= 0.086753306 >0.05

Figure 12. Contingency table.

Figure 12 presents the results of the Chi-square test (p = 0.0867), which revealed that there is insufficient statistical evidence to support the assumption that employment sector depends on industry of employment.

41

As a result of this Master's Dissertation, the results support the findings of another study by (Windayanti & Prawasti, 2007). According to (Windayanti & Prawasti, 2007), The scores of nursing staff at government hospitals are lower than those at private hospitals due to emotional exhaustion, depersonalization, and low personal accomplishment scores. Nursing staff from both hospitals have the same feel of competence in carrying out their duties. Furthermore, (Windayanti & Prawasti, 2007) explain that nurses in two different hospital statuses both felt burnout at the same level of intensity; they felt appreciation, sensitivity, and competency at the same level in meeting their responsibilities. In this sense, a nurse working in a public hospital and one working in a private hospital will encounter the same level of burnout. There may be insignificant differences across hospitals due to factors unrelated to their status.

Based on the results of this Master's Dissertation, there are no significant differences between health care workers in the public and private sectors when it comes to job burnout levels. Therefore, it would seem reasonable to conclude that there is no significant difference between the public and private sectors in terms of the degree of job burnout among healthcare workers.

4.2 Qualitative Data

An aim of this qualitative grounded theory Master's Dissertation was to identify the symptoms of burnout and what resources are available to help those individuals. In addition, the most effective strategies for overcoming burnout will be discussed. The qualitative data include the following qualitative variables: symptoms a burnout person experiences, Resources Available to Burnout Individuals and how to overcome Burnout with the most Effective Coping Strategies.

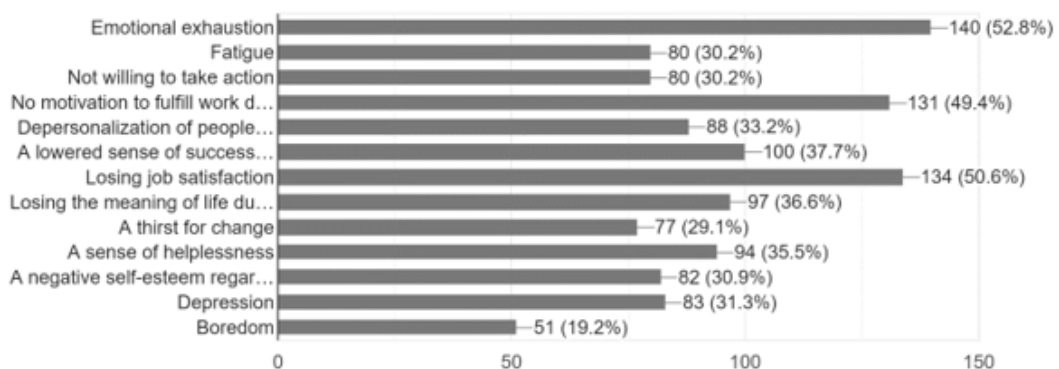### 4.2.1 Symptoms a Burnout Person Experiences

Figure 13. Symptoms that affect a burnout person.

42

Figure 13 indicates a burnout person's beliefs regarding which of the following symptoms they are likely to experience. According to the number of respondents, a percentage is also shown.

The most common symptom of a burnout person is emotional exhaustion (52.8%), for more than half of both female and male respondents. Anyone can experience emotional exhaustion, especially if they have experienced a significant change recently or have lived with long-term stress. However, some people are more at risk than others, such as those who work in demanding or stressful jobs. People in these positions are more likely to suffer from burnout and emotional exhaustion than other people (Freudenberger, 1975). A study by (Tijdink, Vergouwen, & Smulders, 2014) taking place in Netherlands has found that medical professors in their early careers are more likely to suffer from emotional exhaustion and burnout. There is evidence suggesting that people with a high level of work demands, and those preoccupied with thoughts about work during their leisure time, are more likely to be at risk. Teachers, police officers, nurses, and social workers may also be more at risk (Tijdink, Vergouwen, & Smulders, 2014).

The second most popular symptom according to 134 respondents, which adds to 50.6%, is losing job satisfaction. Occupational stress and job satisfaction were generally relevant predictors of burnout syndrome. Recent studies have found that social workers and nurses report lower job satisfaction than other mental health care professionals. Therefore, improving the quality of mental health care for workers in the helping professions should be based on job satisfaction (Cho et al., 2006). (Cho, Laschinger, & Wong, 2006).

Furthermore, 131 out of 267 employees perceived no motivation to fulfil work duties and this sentiment appears as one of the key symptoms of burnout (49.4%). Emphasis on motivation and enthusiasm seems reasonable since burnout is characterized by lack of motivation and loss of enthusiasm (Bianchi et al., 2014) (Bianchi, Truchot, Laurent, Brisson, & Schonfeld, 2014).

A burned-out employee, as shown in Figure 13 above, is most likely to have lowered feeling of success at work, according to 100 respondents (37.7%), while 97 respondents (36.6%) agree that losing the meaning of life due to one's work is a symptom as well.

The feeling of helplessness is also considered significant by 35.5% (94 respondents). The feeling of helplessness is characterized by feelings of trappedness, perplexity and despair. An experience of burnout may have resulted in helplessness and low self-esteem, rather than caused them. Caregiver

burnout is merely explained in this way as a pervasive problem among caregivers (Cherniss & Cherniss, 1980).

The survey also revealed that 33.2% of respondents (88 respondents) believe the depersonalization of people that a person works with is another significant predictor of a person's burnout. The three-component model of job burnout developed by Maslach and Jackson suggests that depersonalization is a component of job burnout (Maslach & Jackson, 1981). An indifferent or distant attitude towards work is referred to as depersonalization. People who are depersonalized often behave negatively, callously, and cynically, or interact with colleagues and patients in an impersonal way. Unprofessional comments may be directed towards co-workers, patients may be blamed for their medical conditions, or expressing grief when a patient dies may be signs of depersonalization. A high degree of depersonalization is observed among physicians and police officers (Yesilada & Direktör, 2010).

According to respondents, burnout is associated with a greater likelihood of depression as a symptom than with low self-esteem regarding one's work, at a percentage difference of 0.4%. Although burnout and depression have similar physical symptoms, they are not the same. Depressive episodes can be triggered by burnout, but burnout cannot trigger depression. Although external factors contributing to burnout can cause depression, depression does not cause burnout, and people living with depression will not always suffer from burnout. A study published in 2021 found that people experiencing burnout are more likely to experience depression symptoms, but not necessarily clinical depression (Parker & Tavella, 2021). It is critical to screen employees for all three factors in order to ensure higher levels of productivity, as a low level of self-esteem coupled with high stress levels may result in burnout at work. There is a constant risk of stress and burnout for health care workers, and depending on their job description and position within the medical hierarchy, even low self-esteem can be a problem. Doctors, however, have significantly higher self-esteem than the rest of the health care workforce (Zellars, Perrewe, & Hochwarter, 2000). A possible explanation is that doctors are generally deferred to by nurses and other members of the health care team due to their qualifications as the most senior members in the hierarchy of decision-making in patient care (Aiken, et al., 2001).

According to results from the same Master's Dissertation, 30.2% of 267 respondents identified fatigue and unwillingness to act as symptoms of burnout. An important symptom of burnout is fatigue, which can affect all facets of your life. There might be a feeling that one needs to sleep all the time, or that completing even the simplest tasks takes much longer than usual. In a study by (Schaufeli & Taris, 2005), they have

posited that burnout is the result of both the inability and unwillingness to dedicate the necessary time and effort to one's work (Schaufeli & Taris, 2005). Rather than manifesting itself as a lack of energy, "inability" can be characterized as a lack of commitment, disengagement, and disinterest. At the heart of the burnout concept are two inseparable components, fatigue and unwillingness, which represent the energetic and motivational aspects that make up the phenomenon. There are inherent links between the two, which can be seen as two sides of the same coin (burnout).

Based on responses in this survey, 77 people (29.1%) believe that burnout is characterized by a thirst for change. Finally, there were 51 respondents identified as having boredom as a burnout symptom, which is 19.2% of the total.

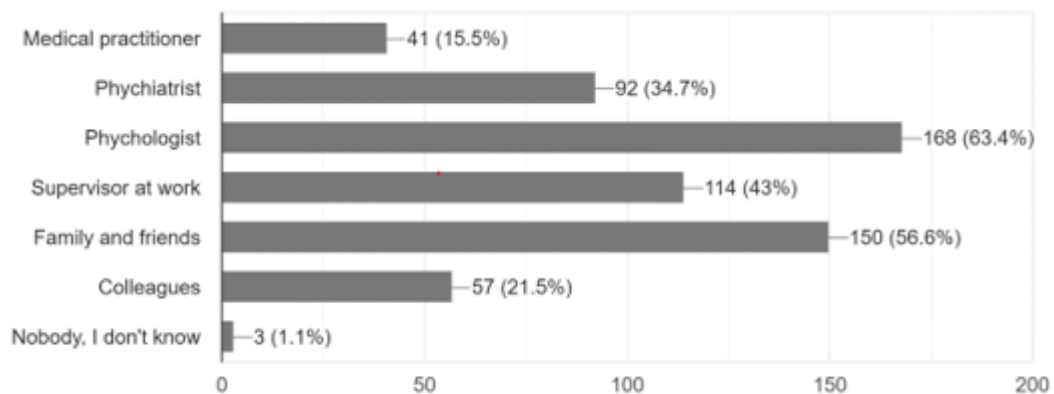### 4.2.2   Resources Available to Burnout Individuals

Figure 14. Resources can burnout victims' access for assistance.

As demonstrated in Figure 14, the X-axis represents the counts as well as the percentage of employees. On the Y-axis, the value for each of the seven categories to whom, people who feel burnt out, can currently turn to for support.

In Figure 14, it can be seen that 168 (63.4%) respondents indicated that they regard the psychologist as the person they think a burnout person could most likely turn to for help at that point in time. An individual who is burned out or wants to avoid burnout can benefit greatly from a therapy under the expertise of a psychologist who can assist them in understanding how to decompress from stressful environments and make space for themselves (Poulin & Walter, 1993). Psychology is dedicated to assisting, guiding, and empowering personnel, so they are able to gain insight and understanding into how to navigate and

manage their thoughts and feelings more efficiently and in a healthy manner. One of the things therapists suggest is to find stressors that you can reduce, even if you are limited in your capacity to change things in the short-term, and to make sure that you have space for yourself to rest so you can be at your best (Ryland, et al., 2020).

Additionally, 150 employees, which adds up to 56.6% of the total number of employees surveyed, believe that family and friends are the second most important group of people to whom an individual suffering from burnout can express their concern and seek support because of their condition. Some individuals' success in battling burnout can be attributed to the support of their families and friends, an avenue that is often obvious, but all too often overlooked when dealing with burnout. There is a paramount importance for these honourees 'lives to be filled with positive interactions between them and their loved ones. The presence of reliable relations within the family and friendships between the members represented a place of stability and understanding. The purpose of these kinds of activities is to relax through a change of focus, as well as to help you put things into perspective. There is a general consensus that personnel set aside chunks of time each week to spend with friends and family, and that their time together enables them to appreciate the people closest to them in positive ways. A lot of people also found it useful to have relationships with people who are willing to get them "down to earth" when they need to be.

There are also 43% (114 respondents) of employees who believe that supervisor at work is the third most significant person to whom you can turn for assistance. When a manager proactively checks in with employees and looks for tell-tale signs of exhaustion, such as irritability, lack of focus, and unusual mistakes - and gives them the space to manage their stress and manage their pain - he or she will be able to avoid burnout. It is not necessary for managers to delve into the personal histories of their employees, but by keeping an open-door policy and speaking with them, managers may be able to detect when team members are experiencing personal problems (Hemingway & Maclagan, 2004).

As shown in the Figure 14 above, 92 respondents (34.7%) believed that a burnout person would most likely seek help from a psychiatrist in this situation while fifty-seven respondents (21.5%) believe that burned out employees would likely look for medical assistance from a psychiatrist in such a circumstance.

In addition, a small number of respondents (41 out of 267) showed a relatively low percentage (15.5%) of believing that medical practitioner may help someone who is suffering from burnout. Overall, only 3 respondents who constitute the 1.1% of the sample, don't know anyone that can currently turn for help.

4.2.3   How to overcome Burnout with the most Effective Coping Strategies

According to Figure 15, the number of people participating in the survey indicates which is the most effective burnout solution based on their belief. A percentage is also shown based on the number of respondents.
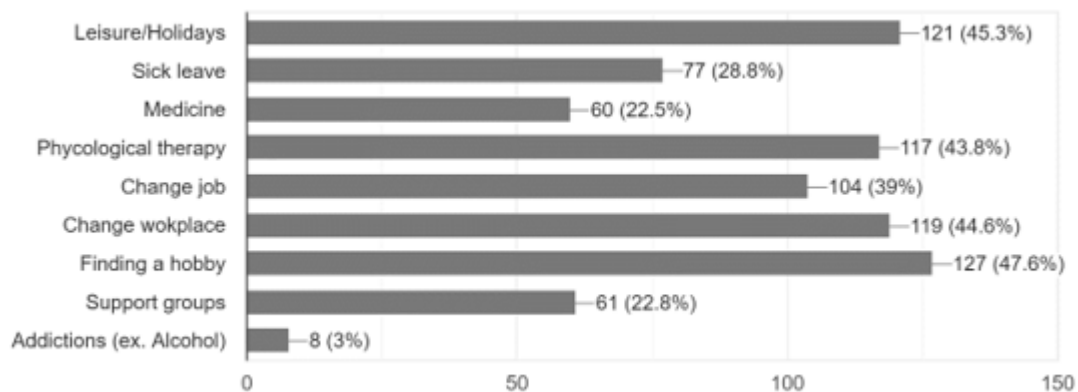

Figure 15. Most effective coping strategies for overcoming burnout.

Finding a hobby was the most popular strategy for preventing burnout, 127 (47.8%) female and male participants across different age groups working in different work industries agree on that. Stress management strategies, such as engaging in hobbies, are associated with reduced burnout. The maintenance of hobbies and interests appears to reduce the risk of burnout (Zwack & Schweitzer, 2013).

Additionally, 45.3% of employees believe that leisure and holidays are the second most effective preventative measure. A significant direct link was identified between leisure behaviour and leisure satisfaction and personal achievement using regression analysis according to Figure 15. The results indicated that leisure behaviour and leisure satisfaction independently reduced burnout rates and increased personal achievement levels. Therefore, the greater the level of personal achievement, the greater the level of leisure behaviour and leisure satisfaction.

Leisure activities provide individuals with a means of distracting themselves from stressful circumstances, in addition to increasing or reducing their positive and negative modes of thinking (Iwasaki & Mannell, 2000). Therefore, individuals are able to cope better with stress and have a more enjoyable life as a result (Iwasaki & Mannell, 2000). In addition to vacations and other forms of detachment from the normal routine that may provide respite, workers become less susceptible to what we refer to as the "burnout

atmosphere", which is the workplace stress that takes place across the organization and leads to a diffuse feeling of fatigue. Burnout may be alleviated by escaping from this atmosphere.

Also, 119 out of 267 employees showed a relatively high percentage (44.6%) of considering that changing work environments can be an important element in reducing burnout. Workplace, team, and organizational changes are often effective in resolving burnout. Healthy workplaces are essential at all times, but especially during crisis times when job demands have intensified and resources have been depleted (Cho, Laschinger, & Wong, 2006).

Psychological therapy also regarded by 43.8% of employees (117 respondents) as an effective method in preventing burnout. In order to decompress from stressful environments and create space for oneself, people who are burnt out or want to avoid burnout can benefit greatly from a therapy session with a psychologist. The treatment of burnout has been shown to be effective with a particular type of cognitive behavioural therapy (CBT) (Ahola, Toppinen-Tanner, & Seppänen, 2017) (Perski, Grossi, Perski, & Niemi, 2017). Therapy can be provided one-on-one, in groups, or in conjunction with career counselling or employer assistance. In cognitive behavioural therapy for burnout, it is essential to assess and monitor the symptoms you are experiencing as well as to come up with a 'formulation' for understanding what is keeping you from feeling burnout. Therapy can be an effective way to treat emotional exhaustion. Depression, anxiety, and stress can all be dealt with by a therapist (Ahola, Toppinen-Tanner, & Seppänen, 2017). Individuals can acquire new coping strategies and overcome negative thoughts with their help. In recent years, a number of companies have developed health and wellness initiatives to promote physical activity and encourage healthy behaviours at work and at home (Harrison & Dawson, 2016).

Furthermore, 104 employees, which add up to 39% of the total number of people surveyed, believe that changing jobs is an appropriate coping strategy against burnout.

A sick leave, according to 28.8% (77) of respondents, is an effective way to combat burnout. Working less generally can contribute to preventing burnout. Burnout is caused by a combination of six major factors, according to psychologists Michael P. Leiter and Christina Maslach, who have researched burnout for decades (Maslach & Leiter, 2008). Other research has shown that health-care workers who take more days off a month are less likely to suffer from burnout. According to a study conducted in 2014, doctors in Japan who take two to four days off per month are much more likely to suffer from burnout than those who take eight or more days off every month (Saijo, et al., 2014). As a general rule, doctors

recommend taking time off for physical illnesses. However, some are hesitant to do so due to stress and other reasons. Perhaps taking some time off will give you some breathing space to recover.

As shown in Figure 15, 61 respondents (22.8%) believed that an efficient solution in dealing with a person who suffers from burnout is to participate in support groups. Students' distress can also be reduced through interventions like peer-facilitated support programs. Burnout has been linked to a poor relationship between the individual and the workplace in the literature (Cho, Laschinger, & Wong, 2006). In this situation, the individual may experience role conflict or moral distress as a result of the mismatch between their work environment and their values or beliefs. In situations where the individual perceives work environment fairness or justice to be lacking, their work attitude is negatively affected, which results in burnout (Saijo, et al., 2014).

A relatively small number of respondents (60 out of 267) indicated that medicines could be a coping strategy for burnout (22.5%). Medical treatments are not typically prescribed for burnout. There are, however, some instances in which they are used to treat problems associated with it, such as depression (Kakiashvili, Leszek, & Rutkowski, 2013).

Overall, there is a clear downward trend in people, 8 respondents (3% of the sample size), who believe that burnout could be effectively managed with the method of "Addictions".

Based on a systematic review conducted by (Marine, Ruotsalainen, Serra, & Verbeek, 2006), intervention strategies against burnout can be divided into person-directed strategies (cognitive behavioural therapy, relaxation, music making, massage, and multicomponent programs) and work-directed strategies (changing attitudes, communicating with colleagues, participating in problem solving and decision making, and reorganizing the work environment). Based on the findings of that study, there is only limited evidence supporting the effectiveness of person- or work-based interventions in reducing burnout among healthcare workers, although the benefits may not become evident for up to two years following the intervention. A high-quality intervention study for burnout is urgently needed, as revealed by this review.

It is difficult to address many of the factors contributing to doctor burnout through intervention strategies because they are static in nature or are difficult to manipulate (Marine, Ruotsalainen, Serra, & Verbeek, 2006).

Chapter 5

5 Epilogue

The term "job burnout" refers to a situation in which a person becomes so stressed out that he or she is not able to value their job anymore, so the only solution is to move to another one (MacDonald, Kelly, & Christen, 2019). Although burnout does not only mean that you dislike your job or find it difficult. Rather, it's a perpetual feeling of exhaustion and dissatisfaction with your job - and a cynicism or irritation that results.

Burnout syndrome is a topic of extensive debate nowadays particularly with the increased concern that sustainable businesses should have for the welfare and health of their employees. Successful organizations place a high value on the image they have in front of their employees. While the problem has existed decades ago, there were not as many studies dealings with this topic as there are today. Perhaps this is due to the changing lifestyle. In their personal lives as well as in the workplace, there are many requirements placed upon individuals. People place significant value on themselves, their children, and the managers/owners/bosses of their organizations. The pressure is high and it leads to stress, depression and last but not least to burnout syndrome.

Contrary to what has been consistently reported up to this point, burnout seemed to increase slightly with age. As in the present Master's Dissertation, the Cypriot sample showed the same trend. The observed positive relationship between aging and burnout may be explained by at least two factors. The first aspect to note is that burnout develops slowly, and the symptoms, especially exhaustion, persist over time (Kalimo, Pahkin, Mutanen, & Topipinen-Tanner, 2003). Burnout may be partly explained by this phenomenon. Psychosocial factors have also been demonstrated to increase the probability of health impairments when they are exposed for a prolonged period of time (Johnson, Stewart, Hall, Fredlund, & Theorell, 1996) (Kivimäki, et al., 2002). Even though age and work experience may not necessarily be contributing factors to burnout, these findings emphasize the cumulative impact of stress problems in

modern work environments. The nature of work in Western countries has undergone rapid change over the past decade. In the early stages of employment, age and work experience often served to raise a worker's status and proficiency. As the workplace continues to evolve, the demands for continuous learning and flexibility may become a burden, particularly for older workers who, on average, have a lower level of education.

Although burnout occurs in almost all occupations, it is most prevalent among professions that involve personal relationships with people, specifically in the health care field due to constant interaction with people's problems and expectations (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002) (Tijdink, Vergouwen, & Smulders, 2014). Stress and tension are caused by a number of factors, including handling a high workload, providing care for seriously ill patients, and supporting patients and their families emotionally (Canbaz, Sünter, Dabak, Öz, & Pesken, 2005). The intense emotional demands of the health care industry can result in employees losing sensitivity to those they serve, resulting in negative feelings toward themselves and those they serve. They are less efficient, less satisfied at work, and render fewer effective services as a result of the negative emotions they experience (Maslach & Leiter, 1999).

In summary, based on the results of this Master's Dissertation it appears that more than half of the personnel exhibited symptoms of burnout syndrome. Several studies have examined employee burnout around the world, and these results support the findings of our survey. Through the identification of relationships between burnout, coping behaviours, and self-defence among employees, it was possible to gain a comprehensive understanding of burnout phenomenology and its role in its manifestation among employees. This, in turn, highlights the need for employers to provide tools and resources to help personnel cope with burnout. Ultimately, the results of this Master's Dissertation will be used to guide the development of burnout prevention interventions in Cyprus, and serve as the basis for the emerging discussion on employee well-being. Increasing the level of compassion and satisfaction among employees will improve service quality, increase job satisfaction, and reduce health errors.

Our results are useful for policy making in the design of human resource programs and labour legislation that will enable employees to secure their health rights and safety at work. Fear for losing reputation at work or for being judged as faible should be removed from employees and the HR departments or labour unions should guide all stakeholders towards a sustainable work behaviour.

Burnout can be effectively addressed through organizational interventions that focus on root, systemic causes. A few of these are the workload, control and professional autonomy, reward and recognition, sense of community, fairness, and organizational values (Leiter & Maslach, 1999). The implementation of such policies and programs on an organization-level can successfully reduce burnout. As an example, practices that are multifaceted, evidence-based, and address burnout's multiple facets and pervasive nature. The interventions in this area address issues such as leadership, culture change, and policies and practices that are applicable to the organization at large or only to a particular department. Behavioural health professionals or other health professionals who participated in such programs demonstrated statistically significant improvement in burnout outcomes. A prime example is Availability, Responsiveness, and Continuity (ARC), a team-based, manual-guided intervention aimed at encouraging innovation within organizations and communities (Glisson, et al., 2012). Statistically significant improvements have been observed in morale, job satisfaction, organizational commitment, customer satisfaction, personalization and growth and advancement after 18 months following program implementation. Several small-scale interventions may also be possible to address one aspect of burnout. Managers may be educated about the effects of burnout on their employees as part of this kind of intervention. Instead of eliminating burnout, interventions are designed to change practices to reduce burnout. The goal of these interventions was to improve components of burnout, such as workplace civility.

An overview of burnout syndrome was provided in the theoretical portion. An overview of the history of burnout was provided, including when and how it occurred. There was a brief description of each phase of the burnout syndrome. Also included is information on how to prevent burnout. It is also discussed what the difference is between burnout, depression, stress, and tidiness. During the second empirical part of the Master's Dissertation, a comparison was conducted between gender, different age groups, and people working both in private and public health care organizations. This Master's dissertation was conducted based on the Maslach Burnout Inventory (MBI), in which three dimensions of burnout syndrome are examined: EE = Emotional exhaustion, DP = Depersonalization, and PA = Personal accomplishment.

This Master's Dissertation main strength is the large sample size, the inclusion of physicians and medical students from a variety of practice settings, and the remarkable consistency of results across samples.

Undoubtedly, our research has limitations that need to be taken into consideration. Firstly, all information provided by Master's Dissertation participants was self-reported. Secondly, there was no geographical or cultural diversity among the participants. A balanced composition of participants from other parts of the world would be necessary in order to achieve results that can be comfortably generalized to the entire world. The validity of the findings may also be verified in the future using some models. In order to ensure the usefulness of the information obtained from respondents, such a step should be implemented. Generally speaking, such modifications would enhance the validity of the Master's dissertation.

As part of the future revisions to the Master's Dissertation, various changes may be made to improve the quality of the results. Among the most important changes is the increase in both the number of questions and the type of questions. Respondents could, for example, be asked how often they feel like not going to work when contemplating their current position. As well, more questions should be added to the questionnaire than those provided. Instead of 25, more than 30 questions may be included. More questions would contribute to more conclusive results in the Master's Dissertation.

Last but not least, it is important to emphasize that the present analysis does not aim to create a new measure of burnout, but rather to examine the correlation between the characteristic's questions from the MBI and the full overall MBI domain score.

Despite its limited scope and generalizability, this Master's dissertation focuses on stress, burnout and performance among employees within project groups. It also focuses on the ways in which social support affects these relationships. For a more comprehensive Master's Dissertation of this topic, it is recommended that a qualitative research approach be used rather than a similar quantitative approach. To cross-validate the findings of this Master's dissertation and uncover the reasons behind them, interviews or focus groups are recommended in some specific cases.

There may also be an interest in examining people in the same company and comparing the levels of stress and burnout between those employed in projects and those employed in permanent organizations, as well as determining whether social support has a different impact on these individuals. Various levels of performance could potentially be linked to this. As an alternative, one could conduct the same research as that conducted in this Master's Dissertation, not only on an individual level, but also on a team or department level. This would enable one to determine whether the results would be affected by this.

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Appendix A

A Questionnaire

A.1 Questionnaire Structure

A complete copy of the Master's Dissertation questionnaire is provided below.

Employee Burnout Syndrome

Please take a few minutes to complete this questionnaire as part of the Master of Enterprise Risk Management (ERM) student project at the Open University of Cyprus (OUC).

All responses will remain confidential, and the findings will be used solely for the ERM701 - Master's Thesis course at OUC. It is an anonymous survey.

Thank you very much for your time

A.1.1 Section 1: Demographics

1. Please select your gender.

- ☐ Male
- ☐ Female
- ☐ Other

2. Please select your range of age

- ☐ 18 – 24
- ☐ 25 – 34

□ 35 – 44

□ 45 – 54

□ 55 and above

3. What is your work industry?

□ Agriculture (Food inspector, Farmer, Agronomist, etc.)

□ Finance and Economic (Accountant, Financial analyst, Investment banker, etc.)

□ Entertainment (Actor, Photographer, Film crew, etc.)

□ Education (Professor, Special education teacher, Teacher, etc.)

□ Health care (Doctor, Nurse, Dietitian, Physiotherapist, Pharmacist, Dentist, etc.)

□ Hospitality (Hotel manager, Event specialist, Travel agent, etc.)

□ Other

4. In which employment sector are you currently working?

□ Public

□ Private

□ Both

A.1.2 **Section 2: Work status, burnout symptoms and coping strategies against burnout**

5. To what extent each of the following describes your current work.

Options:

□ High emotional stress

□ Great physical strain

□ I am mostly responsible for my work results

□ My work involves contact with others

□ A stressful relationship with a supervisor

□ Stressful relationship with co-workers

□ Too much bureaucracy

□ A dynamic environment with necessity to adapt

- [ ] An adequate remuneration at work
- [ ] I feel that my work suits me
- [ ] I maintain a work life balance
- [ ] I am satisfied with my work
- [ ] I would like to change my job
- [ ] I wish I could take some time off work
- [ ] I can influence the way I do my work

6. Which of the following symptoms affect a burnt-out person in your opinion?

Options:

- [ ] Emotional exhaustion
- [ ] Fatigue
- [ ] Not willing to take action
- [ ] No motivation to fulfil work duties
- [ ] Depersonalization of people that a person works with
- [ ] A lowered sense of success at work
- [ ] Losing job satisfaction
- [ ] Losing the meaning of life due to one's work
- [ ] A thirst for change
- [ ] A sense of helplessness
- [ ] A negative self-esteem regarding work
- [ ] Depression
- [ ] Boredom

7. Who do you think a burn-out person can currently turn to for help?

Options:

- [ ] Medical practitioner
- [ ] Psychiatrist
- [ ] Psychologist

□ Supervisor at work

□ Family and friends

□ Colleagues

□ Nobody, I don't know

□ Once a week,

8. Which of the following coping strategies do you find most effective regarding the burnout solution?

Options:

□ Leisure/holidays

□ Sick leave

□ Medicine

□ Psychological therapy

□ Change job

□ Change workplace

□ Finding a hobby

□ Support groups

□ Addictions (ex. Alcohol)

A.1.3 **Section 3: Intensity of Emotional Exhaustion, Depersonalization and Personal Achievement**

Each item is scored using a 7-point Likert scale, from 0-never, 1-a few times per year, 2-once a month, 3-a few times per month, 4-once a week, 5-a few times per week, and 6-everyday.

	Never	Few times per year	Once a month	Few times per month	Once a week	Few times per week	Everyday
9. I feel emotionally							

drained by my work.						
10. I feel that working with people all day long requires a great deal of effort.						
11. I feel frustrated by my work.						
12. I feel I work too hard at my job.						
13. It stresses me too much to work in direct contact with people.						
14. I feel like I'm at the end of my rope.						
15. I feel I look after certain patients/clients impersonally, as						

if they are objects.						
16. I have the impression that my patients/clients make me responsible for some of their problems.						
17. I am at the end of my patience at the end of my work day.						
18. I really don't care about what happens to some of my patients/clients.						
19. I have become more insensitive to people since I've been working.						
20. I accomplish						

many worthwhile things in this job.						
21. I am easily able to understand what my patients/clients feel.						
22. I look after my patients'/clients' problem very effectively.						
23. In my work, I handle emotional problems very calmly.						
24. Through my work, I feel that I have a positive influence on people.						
25. I am easily able to						

create relaxed atmosphere with my patients/clients.						

References

Ahola, K., Toppinen-Tanner, S., & Seppänen, J. (2017). Interventions to alleviate burnout symptoms and to support return to work among employees with burnout: Systematic review and meta-analysis. *Burnout research*, 1-11.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., Busse, R., Clarke, H., & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health affairs*, 43-53.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Jama*, 1987-1993.

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Jama*, 1987-1993.

Amaratunga, D., Baldry, D., Sarshar, M., & Newton, R. (2002). Quantitative and qualitative research in the built environment: application of "mixed" research approach. *Work study*, 17-31.

Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social work*, 202-206.

Argyris, C. (1982). The executive mind and double-loop learning. *Organizational dynamics*, 5-22.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of managerial psychology*, 309-328.

Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2002). Validation of the Maslach burnout inventory-general survey: An internet study. *Anxiety, Stress & Coping*, 245-260.

Barton Jr, M. F., & Waldron, D. G. (1978). Differences in risk preference between the public and private sectors. *Human Resource Management*, 2.

Bellante, D., & Link, A. N. (1981). Are public sector workers more risk averse than private sector workers? *ILR Review*, 408-412.

Bezuidenhout, A., & Cilliers, F. V. (2010). Burnout, work engagement and sense of coherence in female academics in higher-education institutions in South Africa. *SA Journal of Industrial Psychology*, 1-10.

Bianchi, R., Truchot, D., Laurent, E., Brisson, R., & Schonfeld, I. S. (2014). Is burnout solely job-related? A critical comment. *Scandinavian Journal of Psychology*, 357-361.

Blanchflower, D. G., & Oswald, A. J. (2008). Is well-being U-shaped over the life cycle? *Social science & medicine*, 1733-1749.

Bogg, J., & Cooper, C. (1995). Job satisfaction, mental health, and occupational stress among senior civil servants. *Human relations*, 327-341.

Canbaz, S., Sünter, T., Dabak, S., Öz, H., & Pesken, Y. (2005). Burnout syndrome, job satisfaction and work-related strain among nurses. *Nurs Forum*, 30-34.

Chang, M. L. (2009). An appraisal perspective of teacher burnout: Examining the emotional work of teachers. *Educational psychology review*, 193-218.

Cherniss, C., & Cherniss, C. (1980). Staff burnout:Job stress in the human services.

Cho, J., Laschinger, H. S., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Leadership-Academy of Canadian Executive Nurses*, 43.

Chun, Y. H., & Rainey, H. G. (2005). Goal ambiguity and organizational performance in US federal agencies. *Journal of public administration research and theory*, 529-557.

Cox, T., Tisserand, M., & Taris, T. (2005). The conceptualization and measurement of burnout: questions and directions.

Deaton, A. (2008). Income, health, and well-being around the world: Evidence from the Gallup World Poll. *Journal of Economic perspectives*, 53-72.

Farber, B. A. (1983). Stress and burnout in the human service professions. *Wypalenie zawodowe. Przyczyny i zapobieganie. Warszawa*.

Fehnel, S. E., Bann, C. M., Hogue, S. L., Kwong, W. J., & Mahajan, S. S. (2004). The development and psychometric evaluation of the Motivation and Energy Inventory (MEI). *Quality of Life Research*, 1321-1336.

Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, 73.

Gecas, V. (1989). The social psychology of self-efficacy. *Annual review of sociology*, 291-316.

Gellert, F. J., & Kuipers, B. S. (2008). Short-and long-term consequences of age in work teams: An empirical exploration of ageing teams. *Career development international*, 132-149.

Glisson, C., Hemmelgarn, A., Green, P., Dukes, D., Atkinson, S., & Williams, N. J. (2012). Randomized trial of the availability, responsiveness, and continuity (ARC) organizational intervention with community-based mental health programs and clinicians serving youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, 780-787.

Grandey, A. A., & Cropanzano, R. (1999). The conservation of resources model applied to work–family conflict and strain. *Journal of vocational behavior*, 350-370.

Hakanen, J. J., Bakker, A. B., & Schaufeli, W. B. (2006). Burnout and work engagement among teachers. *Journal of school psychology*, 495-513.

Harrison, J., & Dawson, L. (2016). Meeting the challenges of the next 20 years. *Safety and health at work*, 143-149.

Hemingway, C. A., & Maclagan, P. W. (2004). Managers' personal values as drivers of corporate social responsibility. *Journal of business ethics*, 33-44.

Houston, D. J. (2000). Public-service motivation: A multivariate test. *Journal of public administration research and theory*, 713-728.

Iwasaki, Y., & Mannell, R. C. (2000). Hierarchical dimensions of leisure stress coping. *Leisure sciences*, 163-181.

Johnson, J. V., Stewart, W., Hall, E. M., Fredlund, P., & Theorell, T. (1996). Long-term psychosocial work environment and cardiovascular mortality among Swedish men. *American Journal of Public Health*, 324-331.

Kakiashvili, T., Leszek, J., & Rutkowski, K. (2013). The medical perspective on burnout. *International journal of occupational medicine and environmental health*, 401-412.

Kalimo, R., Pahkin, K., Mutanen, P., & Topipinen-Tanner, S. (2003). Staying well or burning out at work: work characteristics and personal resources as long-term predictors. *Work & Stress*, 109-122.

Kim, N., & Kang, S. W. (2017). Older and more engaged: The mediating role of age-linked resources on work engagement. *Human Resource Management*, 731-746.

Kivimäki, M., Leino-Arjas, P., Luukkonen, R., Riihimäi, H., Vahtera, J., & Kirjonen, J. (2002). Work stress and risk of cardiovascular mortality: prospective cohort study of industrial employees. *Bmj*, 857.

Koekemoer, F. E., & Mostert, K. (2006). Job characteristics, burnout and negative work-home interference in a nursing environment. *SA Journal of Industrial Psychology*, 87-97.

Leiter, M. P., & Maslach, C. (1999). Six areas of worklife: a model of the organizational context of burnout. *Journal of health and Human Services administration*, 472-489.

Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and social psychology bulletin*, 302-318.

Lyons, S. T., Duxbury, L. E., & Higgins, C. A. (2006). A comparison of the values and commitment of private sector, public sector, and parapublic sector employees. *Public administration review*, 605-618.

MacDonald, P., Kelly, S., & Christen, S. (2019). A path model of workplace solidarity, satisfaction, burnout, and motivation. *International Journal of Business Communication*, 31-49.

Marine, A., Ruotsalainen, J. H., Serra, C., & Verbeek, J. H. (2006). Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews*.

Martin, J., & Siehl, C. (1983). Organizational culture and counterculture: An uneasy symbiosis. *Organizational dynamics*, 52-64.

Maslach, C. (1976). Burned-out. *Human Behavior*, 16-22.

Maslach, C. (1976). Burnout:The cost of caring. *Burned-out. Human Behavior*, 16-22.

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and preventive psychology*, 63-74.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 99-113.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 99-113.

Maslach, C., & Leiter, M. P. (1999). Teacher burnout:a research agenda.

Maslach, C., & Leiter, M. P. (1999). Teacher burnout:A research agenda.

Maslach, C., & Leiter, M. P. (2008). The truth about burnout: How organizations cause personal stress and what to do about it. *John Wiley & Sons.*

Maslach, C., & Leiter, M. P. (2008). The truth about burnout:How organizations cause personal stress and what to do about it. *John Wiley & Sons.*

Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach burnout inventory. *Scarecrow Education*.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 397-422.

Michel, J. S., Kotrba, L. M., Mitchelson, J. K., Clark, M. A., & Baltes, B. B. (2011). Antecedents of work–family conflict: A meta-analytic review. *Journal of organizational behavior*, 689-725.

Missouridou, E., Mangoulia, P., Pavlou, V., Kritsotakis, E., Stefanou, E., Bibou, P., & Fradelos, E. C. (2021). Wounded healers during the COVID-19 syndemic: Compassion fatigue and compassion satisfaction among nursing care providers in Greece. *Perspectives in Psychiatric Care*, 1421-1432.

Nayeri, N. D., Negarandeh, R., Vaismoradi, M., Ahmadi, F., & Faghihzadeh, S. (2009). Burnout and productivity among Iranian nurses. *Nursing & health sciences*, 263-270.

Ogus, E. D., Greenglass, E. R., & Burke, R. J. (1990). Gender-role differences, work stress and depersonalization. *Journal of Social Behavior and Personality*, 387.

Paine, W. S. (1982). Job stress and burnout: Research, theory, and intervention perspectives . *SAGE Publications, Incorporated.*

Parker, G., & Tavella, G. (2021). Distinguishing burnout from clinical depression: A theoretical differentiation template. *Journal of Affective Disorders*, 168-173.

Perski, O., Grossi, G., Perski, A., & Niemi, M. (2017). A systematic review and meta-analysis of tertiary interventions in clinical burnout. *Scandinavian Journal of Psychology*, 551-561.

Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Psychiatric services*, 233-237.

Poulin, J., & Walter, C. (1993). Social worker burnout: A longitudinal study. In Social Work Research and Abstracts. *Oxford University Press*, 5-11.

Price, L., & Spence, S. H. (1994). Burnout symptoms amongst drug and alcohol service employees: Gender differences in the interaction between work and home stressors. *Anxiety, Stress and Coping*, 67-84.

Rainey, H. G. (1989). Public management: Recent research on the political context and managerial roles, structures, and behaviors. *Journal of Management*, 229-250.

Riaz, S., & Nawaz, S. (2022). Development of the Attitude Atonement Scale for Adults. *Journal of Behavioural Sciences*, 165.

Rothmann, S. (2008). Job satisfaction, occupational stress, burnout and work engagement as components of work-related wellbeing. *SA journal of industrial psychology*, 11-16.

Ryland, H., Costa, M. P., Baker, L., Elkholy, H., Melapi, T. A., Santos, M. P., & Runciman, R. (2020). Unmet needs during residency training programmes in psychiatry. *New directions in psychiatry*, 157-179.

Saijo, Y., Chiba, S., Yoshioka, E., Kawanishi, Y., Nakagi, Y., Itoh, T., & Yoshida, T. (2014). Effects of work burden, job strain and support on depressive symptoms and burnout among Japanese physicians. *International Journal of Occupational Medicine and Environmental Health*, 980-992.

Sajid, H. (2014). A comparison of organizational commitment and job burnout among teachers in private and public institution with moderating effect of job satisfaction. *Journal of Business and Management*, 29-33.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 293-315.

Schaufeli, W., & Enzmann, D. (1998). The burnout companion to study and practice: A critical analysis. *CRC press*.

Schaufeli, W., & Enzmann, D. (1998). The burnout companion to study and practice: A critical analysis. *CRC press*.

Schaufeli, W., & Taris, T. (2005). The conceptualization and measurement of burnout: Common ground and worlds apart. *Work & Stress*, 256–262.

Schaufeli, W., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career development international*, 204-220.

Schneider, B., Gunnarson, S. K., & Niles-Jolly, K. (1994). Creating the climate and culture of success. *Organizational dynamics*, 17-29.

Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet*, 640-648.

Tijdink, J. K., Vergouwen, A., & Smulders, Y. M. (2014). Emotional exhaustion and burnout among medical professors; a nationwide survey. *BMC medical education*, 1-7.

Tsigilis, N., Zachopoulou, E., & Grammatikopoulos, V. (2006). Job satisfaction and burnout among Greek early educators: A comparison between public and private sector employees. *Educational Research and Reviews*, 256.

Weaver, C. N. (1980). Job satisfaction in the United States in the 1970s. *Journal of applied Psychology*, 364.

West, C. P., Dyrbye, L. N., Satele, D. V., Sloan, J. A., & Shanafelt, T. D. (2012). Concurrent validity of single-item measures of emotional exhaustion and depersonalization in burnout assessment. *Journal of general internal medicine*, 1445-1452.

Windayanti, & Prawasti, C. (2007). Burnout in government hospital nurses and private hospital nurses. *Journal of Psychology*, 127-140.

Yashiro, N., Kyyrä, T., Hwang, H., & Tuomala, J. (2020). Technology, labour market institutions and early retirement: evidence from Finland. *VATT Institute for Economic Research Working Papers*, 136.

Yesilada, F., & Direktör, E. (2010). Health care service quality: A comparison of public and private hospitals. *African Journal of business management*, 962.

Zellars, K. L., Perrewe, P. L., & Hochwarter, W. A. (2000). Burnout in health care: The role of the five factors of personality. *Journal of applied social psychology*, 1570-1598.

Zwack, J., & Schweitzer, J. (2013). If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Academic Medicine*, 382-389.