Burnout of clinical personnel at Dr J S Moroka District Hospital

by

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(BChD)

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DECLARATION

I declare that the field study hereby submitted for the Master's degree in Business Administration at the UFS Business School, University of the Free State, is my own independent work and that I have not previously submitted this work, either as a whole or in part, for a qualification at another university or at another faculty at this University.

C. H. Wu

Date: 01 October 2014

I also hereby cede copyright of this work to the University of the Free State

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Table of Contents

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
TB	Tuberculosis
ARV	Antiretroviral
ART	Anti retroviral therapy
WHO	World Health Organisation
MBI	Maslach Burnout Inventory
OLBI	Oldenburg Burnout Inventory
SPSS	Statistical Product and Service Solutions
MDR	Multi drug resistance
ANOVA	Analysis of variance

SUMMARY

Over the years the public hospitals had undergone service transformation and were consequently faced with multiple challenges such as the rapid expansion of primary healthcare services and an epidemically demanding profile of patients. The clinical personnel at Dr J S Moroka District Hospital had been subjected to enormous pressure to deliver healthcare services. No formal study had been done to assess the problem of declining personnel motivation and increase in personnel absenteeism which resulted in work overload and the impact of burnout on the clinical personnel, which had been the focus of this field study.

The primary objectives was to determine the level of burnout on clinical personnel and assess the relationship between burnout, work stress and job satisfaction at Dr J S Moroka District Hospital.

The study targeted the clinical personnel who worked in the clinical department during the survey period. A quantitative method was used where the respondents participated by filling out a self-administered questionnaire that included an assessment of burnout, job satisfaction and demographic details.

The response rate was 83.72%, with females making up the majority of the respondents. The clinical personnel experienced a medium level of burnout and were exposed to a moderate level of work-related stress. Among the different departments, personnel at the MDR TB ward were more prevalent to burnout, while at the casualty department, the personnel had the highest

prevalence of work stress. Females with a longer service record were proven to experience a higher level of burnout. Despite the medium level burnout, the majority of the clinical personnel were somewhat satisfied with their job and 28.99% said they will definitely refer a friend for a job at the hospital. Staff motivation was very low, with 34.78% indicated that they were not at all motivated.

This study has illustrated the prevalence of burnout and significant concern on staff engagement at DR J S Moroka district hospital as it proven to exist among the study population. Substantial evident discussed above has proven the importance of employee assistance programs and the need to improve staff engagement so to achieve future sustainability and benefits for the organisation and its staff.

Keywords: burnout, clinical staff, engagement, work-related stress, motivation, job satisfaction, employee assistance program (EAP).

CHAPTER ONE

Research proposal

1.1 Introduction

South Africa has faced a serious shortage of health workers especially in the public sector over the past 20 years. This has an enormous impact on the service delivery and roll-out of healthcare to the population. This shortage is further exacerbated by the escalating number of people living with HIV/AIDS and the resultant morbidity and mortality (Kruse et al., 2009). Statistics South Africa (2013) estimated that the overall HIV prevalence rate is approximately 10%, with approximately 5.26 million people living with HIV. An estimated 15.9% of adults aged 15 to 49 years of age are HIV positive. This places immense pressure on the healthcare system of South Africa to provide care to the increasing number of HIV positive patients.

A major part of the active workforce in South Africa are affected by HIV/AIDS, which not only has a negative impact on labour supply, but is also the leading cause of health workers being absent from their duty as a result of deteriorating health. An increase in the frequency of time taken off work to attend to routine health follow-ups and attending funerals of relatives and colleagues have a negative impact on the productivity of the health workers (Dovlo, 2005). An increase in sick leave of HIV affected personnel members result in additional pressure on the healthy personnel members who have to carry the burden of the extra workload. Thus, in the long run, personnel burnout and poor personnel retention by health institutions further impact on productivity (Bemelmans et al., 2011).

An increase in personnel turnover is evident as HIV/AIDS is known to shorten the working life of the labour force, with new workers requiring intensive skills training that are costly and time consuming. With the present trend, institutions more often encounter the situation that they are not able to retain personnel due to burnout and poor working conditions, or the death of personnel members due to HIV/AIDS. These institutions then need to train new recruits more regularly, which incur additional cost and time off work for training. This may be unsustainable in the long run.

1.2 Background

Dr J S Moroka District Hospital, a level two healthcare facility, situated in the Motheo Metro of the Free State, provides key public health services to the rural community of Thaba ‘Nchu and the surrounding farming communities. The hospital was named after Dr James Sebe Moroka, who was born in this very town and was respected for his participation in the struggle for democratic freedom in South Africa (Ncayiyana, 2007).

Dr J S Moroka District Hospital now has about 200 beds serving inpatients and outpatients, with a casualty unit that attends to emergency situations. The hospital has multiple specialised wards such as maternity, paediatric, and multi-drug resistant tuberculosis, as well as general male and female wards to manage inpatients as prescribed by the National Core Standards of the Department of Health. The outpatients are attended to by a multi-disciplinary team comprised of medical, dental, physiotherapy, occupational therapy, clinical psychology and social welfare professionals. A standalone HIV/AIDS unit for disease education and counselling, operated by specialised

professional nurses to improve and curb high prevalence of HIV in this community, was established in 2002 with the introduction of ARV treatment. The hospital also refers patients who require a higher and more sophisticated level of diagnostic procedures and treatment to the Universitas Hospital in Bloemfontein, which is a level one institution (Mojaki, Basu, Letskokgohka, & Govender, 2011).

The majority of the hospital's personnel are from local areas, while part of the clinical personnel members are from the city of Bloemfontein. Due to personnel shortages, it has become increasingly difficult to ensure comprehensive service delivery at the hospital. Numerous complaints from the local community relating to service issues were raised. Many strict monitoring measures have been implemented to ensure personnel productivity and accountability. However, the results showed no significant improvement, but rather experienced decreasing personnel satisfaction and an increase in personnel absenteeism (Stimie & Fouche, 2004). Thus, it was necessary to investigate the significance of personnel burnout at Dr J S Moroka District Hospital.

1.3 Problem statement

The problem of declining personnel motivation and an increase in personnel absenteeism results in work overload that ultimately results in staff burnout at Dr J S Moroka District Hospital.

If the effect of burnout is not addressed it will negatively impacted the service satisfaction level of both the staff and the patients and could lead to a breakdown in the whole health system.

1.3.1 Research questions

- What is work-related burnout?
- Which factors lead to personnel burnout?
- Does work-related stress contribute directly to burnout?
- Is there a link between burnout, work-related stress and job satisfaction at Dr J S Moroka District Hospital?

1.4 Objectives of research

1.4.1 Primary objective

The primary objective of this study was to investigate personnel burnout at Dr J S Moroka District Hospital.

1.4.2 Secondary objectives

This study also endeavoured to address the following:

- To discuss burnout
- To determine the relationship of work-related stress and burnout at Dr J S Moroka District Hospital.
- To determine the link between burnout and job satisfaction at Dr J S Moroka District Hospital.

1.5 Preliminary literature review

Burnout is a psychological condition characterised by a heavy workload, coupled with an unmotivated and depersonalised attitude which results in emotional exhaustion (Spooner-Lane & Patton, 2007). In contrast to most

depressive conditions, burnout is a syndrome that is work-related, which occurs mainly in personnel who are associated with providing services to individual recipients, specifically in the health service industry. Burnout is, therefore, associated with negative attitudes, reduced personal accomplishment, and the experience of declining motivation in working with people (Spooner-Lane & Patton, 2007). Personnel experienced a loss in their motivational drive, which might hinder their productivity that could lead to depression and ultimately burnout. If it is not addressed in time, it could consequently cause an employee to become frustrated and unwilling to perform efficiently at work resulting in absenteeism.

Public health service delivery is primarily driven by its employees, therefore their needs and physical and mental conditions must be taken into consideration by the management of the institutions. Spooner-Lane and Patton (2007) concluded that extensive demands on the nursing role have a degree of influence on burnout. Supervisor support is important to deal with the effects of depersonalisation and declining personnel satisfaction and moral.

Ndetei et al. (2008) found that healthcare workers are more susceptible to burnout as the nature of clinical work and healthcare services is characterised by the involvement of rapid decision making with intense emotions and tolerance to deal with patient non-compliance to treatment which exacerbates stress. The workload in public healthcare often exceeds personnel capacity due to understaffing, rapid changes in organisational structuring, and consistently changing medical risks, which further aggravate personnel burnout (Ndetei et al., 2008).

Rapid expansion of greatly successful antiretroviral therapy services (ART) has to compete with major personnel shortages and poor service delivery. In South Africa, the shortage of healthcare personnel is becoming a crisis in rural areas, the patient / healthcare personnel ratio is significantly lower than the recommended average set by the World Health Organisation (WHO) (Kruse et al., 2009). The situation places a burden on existing healthcare providers in the public sector to achieve service targets and with immense pressure, when facing the continuous growing patient population. Several approaches have been tabled and implemented to relieve the pressure form healthcare providers, such as the introduction of task shifting where reassignment of clinical roles to other categories of health workers to distribute the responsibility across the multi-disciplinary team (Callaghan, Ford, & Schneider, 2010). But, with the rapid pace of expansion, it is reported that some personnel members are not competent in the tasks that they have been assigned, due to insufficient skills training, resource constraints and generally poor working conditions that further contributes to burnout.

South Africa has a high prevalence of HIV/AIDS, which impacts many healthcare workers who are suffering from the disease. Morbidity and mortality of the disease are contributing to absenteeism of health workers and an increase in personnel turnover. The result of the gradual decrease in healthcare providers, and an increase in the patient population lead to occupational burnout due to work overload and emotional stress. Yassi, O'Hara, Lockhart and Spiegel (2012) had criticised that the wellbeing of the health worker has been overlooked; therefore the implementation of an employee wellness programme, which attends to HIV management, can

provide a support system for personnel members. With all the good intentions of the wellness programme, some have shown positive results and improved the working conditions of the affected individuals (Yassi et al., 2012).

1.6 Research methodology

1.6.1 Research design

The study was based on a quantitative research design.

1.6.2 Data collection method

This study used a questionnaire to gather information objectively to determine the factors leading to burnout and how it affected the healthcare workers. With the target population working in different departments, questionnaires had been distributed in two ways. Respondents with more flexible working hours were asked to gather at a meeting point where the researcher administered the questionnaire personally, and had been able to attend to any questions regarding the questionnaire. Other respondents with more rigid working hours received the questionnaire via email and were requested to complete it in their free time. A correspondence channel was made available to these respondents, should issues with the questionnaire arise. Completed questionnaires were collected by the researcher at the end of the stipulated time frame.

1.6.3 Sampling

The target population consisted of the 86 permanent clinical employees at Dr J S Moroka District Hospital. As the research objectives covered all levels of

personnel working at the institution, all 86 employees were included as part of the sample. The non-probability sampling method, more specifically convenience sampling, was applied to gather information from the members of the target population. This method was used due to the rigid and unpredictable working hours of most of the clinical personnel; therefore, it might have posed an obstacle to have pre-selected subjects who would have been unavailable at the time of data collection (Sekaran & Bougie, 2013).

1.6.4 Data analysis

The raw data collected were processed and computed with the assistance of the statistician at the University of the Free State Business School. Analysed data was used to report the findings.

1.7 Ethical considerations

The researcher had to adhere to all ethical boundaries prescribed by the ethical standards at all times.

1.7.1 Ethical issues that are to be considered

Informed decision, all individuals who were willing to participate in the research study were informed fully of the nature of the study at the beginning and that they had the right to decide in their own capacity to accept or decline participation (Orb, Eisenhauer, & Wynaden, 2000). Respondents were given adequate information to make informed decisions. Respondents were of legal age and no minors participated in the study. Written consent was obtained from respondents before proceeding with the study. All respondents reserved

the right to withdraw at any time without any consequences or penalties. The information obtained from the exiting respondents had been discarded and no part of it was used (Escobedo, Guerrero, Lujan, Ramirez & Serrano, 2007.).

Confidentiality of information was practiced throughout the research; information given by any respondents was kept confidential. Information including the identity of any respondents was not disclosed to any other respondents or member of the public without prior written permission from the relevant respondent. All information was disclosed willingly and the respondents had the right to not disclose any aspect of the information deemed personal (College of Nurses of Ontario, 2009).

Data gathering and interpretation was done by the researcher with close adherence to the ethical boundaries. The researcher adopted a neutral approach to prevent bias and enable the researcher to maximize validity and reliability of these findings. By using the most appropriate data collection methods and techniques, all disjointed data gathered from the sample in the targeted population during the research study were computed and analysed in such a way as to avoid any misinterpretation or misrepresentation and to ensure findings that were truthful because the research had been conducted in a transparent way.

1.8 Demarcation

This study aimed to investigate personnel burnout at Dr J S Moroka District Hospital and the stress factors leading to burnout. The target population was

the employees of the hospital excluding the top management.

This study focus was the field of Human Resources Management.

1.9 Chapter layout

Chapter 1: Research proposal

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: Data analysis and findings

Chapter 5: Conclusion and recommendations

1.10 Conclusion

It is clear that human capital is a vital input in public healthcare. Currently, the importance of employee' wellness is often overlooked by management. The aim of this study was to determine the significance of personnel burnout at Dr J S Moroka District Hospital with contributing factors, and investigated the direct and indirect correlation to productivity.

CHAPTER TWO

Literature review

2.1 Introduction

Healthcare workers are more susceptible to burnout, as the workload in public healthcare often exceeds personnel capacity due to understaffing. The nature of clinical work and healthcare services is characterised by rapid decision making with intense emotions as well as the need to develop tolerance in dealing with patients who are non-compliant to treatment. Combined with exacerbating stress and with rapid changes in organisational structuring, as well as consistently changing medical risks, personnel burnout is aggravated (Ndetei et al., 2008).

South Africa faces severe shortages of well trained and skilled healthcare personnel. The patient to healthcare personnel ratio is significantly lower than the recommended ratio established by the World Health Organisation (WHO). Rapid expansion of essential healthcare programmes such as antiretroviral therapy services (ART) has further aggravated the situation (Kruse et al., 2009).

The objective of this chapter is to highlight the contributing factors within the working situation that leads to burnout - a discussion of burnout in the healthcare industry will give more insight on how it impacts the general health of the personnel affected and the possible outcomes resulting in burnout. The development of the tools used to measure burnout and preventative measures currently in place to assist healthcare personnel to cope with burnout, are also

be introduced.

2.2 What is burnout?

Burnout is described by Schaufeli, Leiter, and Maslach (2009) as a reaction on interpersonal stressors in human services such as health care and psychotherapy. The core requirement of the job is the relation between employee and patient interaction to bring about change in the patient's health. The shift of emotion may lead to excessive emotional demands that in turn lead to exhaustion. If the exhaustion exceeds the coping resources of the employee, over time he/she becomes burned out and will adopt a negative attitude towards work and a detached response to patients, as the employee believes that he/ she is no longer able to function effectively at work.

Schaufeli et al. indicated in their 2009 *Annual Review of Psychology*, that burnout is defined by the three dimensions of exhaustion, cynicism and inefficacy from a long-drawn-out response to chronic, emotional and interpersonal stressors from the work environment (Schaufeli et al., 2009).

Stress is defined as the result of a relationship with the environment that the person appraises as significant for his or her well-being and in which the demands exceed the available coping resources (Krohne, 2002). Coping is a behavioural effort to handle particular internal and external stresses that exceeds the capability of the person. Thus, burnout can be seen as person's response to chronic work-related stress in an attempt to cope with an unfavourable situation. The person is psychologically vulnerable and unable to protect themselves from mental and physical breakdown.

Burnout may also present as an experience where a person perceives a substantial discrepancy between their input efforts and the rewards in return obtained at work. Feelings of this disproportional level often lead to individuals no longer believing that the effort they put in to cope with stress, is justifiable, thus adversely impacting on their attitude towards work (Kreitner & Kinicki, 2007). Burnout, therefore, is a multi-factorial issue and one needs to take various aspects of the work situation into consideration when assessing the problem.

Burnout refers to a psychological condition that is related to long term exhaustion by a heavy workload coupled with an unmotivated and depersonalised attitude, which results in emotional exhaustion in a cyclic manner (Spooner-Lane & Patton, 2007). In contrast to most depressive conditions, burnout is a syndrome that is work-related, which occurs mainly in personnel associated with providing services to individual recipients, specifically in the health service industry.

Farber (2001) was concerned that most researchers consider burnout as a single phenomenon, like a syndrome with relatively predefined causes and outcomes in all individuals. He therefore proposed a definition based on the description of three clinical profiles to differentiate burnout from a syndrome that results in different responses to stress and frustration at work by the affected individual (Monetero-Marin, Garcia-Campayo, Mera & Del Hoyo, 2009). The frenetic type is committed individuals in the workplace; they invest

extensive effort and time into the work they do and work hard progressively due to their need for achievement. Over time, the individual will experience exhaustion and feelings of being overwhelmed due to the neglect of their own personal needs. The under-challenged type, are individuals who have little interest in the work and are not willing to put in effort to progress or to achieve, while work tends to be mechanical and routine procedures. Insufficient self-motivation results in boredom and un-stimulating work conditions, therefore, it does not provide the necessary satisfaction and the individual becomes distressed. The worn-out type is an individual who disregards work responsibility when encountering obstacles; lack of involvement leads to neglected duties and results in reduced satisfaction at work, due to the lack of control over outcomes of actions at work (Montero-Marin & Garcia-Campayo, 2010). With this concept, treatment can be designed on an individual level in relation to the cause, to attend to individual differences with a specific therapeutic approach.

Job burnout is understood as a dynamic cyclic process and is not triggered by one causative factor, but depends on multiple factors that can or may cause stress in the employee's work environment. All definitions given in the literature have various similarities and overlap as individuals differ in their perception of their work situations and they have different tolerance levels to stress. Burnout is, therefore, a process that involves multiple factors; thus, burnout can be better understood and prevented if the causes that trigger burnout are identified in the early stages of the process.

2.3 Burnout in the healthcare industry

South Africa had faced a serious shortage of health workers, especially in the public sector. This had an enormous impact on the service delivery and roll-out of health care to the population. This shortage was further worsened by the escalating number of people living with HIV/AIDS and the consequent morbidity and mortality. An increase in personnel turnover is evident, as HIV/AIDS is known to shorten the working life of the labor force, which requires new workers to receive intensive skills training that are costly and time consuming. With the present trend, institutions more often encounter the situation that they are not able to retain personnel due to burnout and poor working conditions or personnel members dying as a result of HIV/AIDS. These institutions then need to train new recruits more regularly, which incurs additional cost and time off work for training, that may be unsustainable in the long run (Kruse et al., 2009).

Rapid expansion of greatly successful antiretroviral therapy services (ART) has to compete with major personnel shortages and poor service delivery. The situation places a burden on existing health care providers in the public sector to achieve service targets under immense pressure, when facing the continuous growing patient population. Several approaches have been tabled and implemented to relieve the pressure on healthcare personnel, such as the introduction of task shifting, where reassignment of clinical roles to other categories of health workers are implemented to distribute the responsibility across multi-disciplinary teams (Callaghan et al., 2010). However, with the rapid pace of expansion it is reported that some personnel members are not competent in the tasks that they have been assigned. Due to insufficient skills

training, resource constraints and generally poor working conditions, this further contributes to burnout.

The healthcare workers in the rural state institutions are most severely affected, as understaffing and lack of skills and resources are major challenges. An already overburdened work force is expected to carry more responsibility to expand health care services to widen patient coverage in order to meet the goals of the National Department of Health. Support structures are poor in such institutions, because of the lack of funding and the poorly located geographical areas, which means that workers are expected to work away from home for long periods of time, which in turn again is a stressor, as personal demands are not fulfilled while continuous demands from work causes workers to lead an unbalanced life. This leads to the deterioration in their emotions and so they become dissatisfied with their work, thus further worsening their circumstances leading to job burnout (Naveed & Rana, 2013). The consequence of this is that employees will emotionally distance themselves, in order to shield themselves off from the stressors experienced. This detachment hinders them from performing efficiently and moral decay occurs (Schaufeli et al., 2009). Employees will now adapt a negative view on most things and often take leave due to sickness that leaves other colleagues in the institution to carry a heavier workload in order to cover for their absence (Dovlo, 2005; Stimie & Fouche, 2004). The cycle turns continuously, until the individual becomes completely exhausted under the stress and leaves the job, resulting in job turnover and the cycle continues, if no preventative actions are taken to restore coping resources within the work environment (Bemelmans et al., 2004).

Figure 2.1: Cycle of Burnout (nursing as an example) (Redmond & Pegram, 2009).

Public health service delivery is primarily driven by its employees, therefore their needs and physical and mental conditions must be taken into consideration by the management of the institutions. Spooner-Lane and Patton (2007) concluded that extensive demands on the nursing role have a degree of influence on burnout. Supervisor support is important to deal with the effects of depersonalisation and declining personnel satisfaction and moral, in order to eliminate or counter burnout in the work environment, one need to identify the causes and stressors that lead to burnout.

2.4 Causes of burnout in healthcare

Job burnout is an outcome of the inequality between the demands of the job versus the resources that employees have to cope with. When the demands of the work are excessive, it becomes progressively more impossible for the

employee to cope with the stress associated with working conditions. Job burnout is a health and safety issue in the work place, as the negative correlation to the employee's physical and mental wellbeing can be an occupational hazard (Lin, 2013). Job burnout distress is distinguished by the degree of physical and emotional exhaustion experienced by the employee. Signs of socially dysfunctional behavior can be individuals distancing and isolating themselves from other colleagues, actual psychological destruction like depression and decreased work productivity as well as poor morale (Schaufeli et al., 2009). The causes of burnout are further divided into two main aspects, namely environmental and personal factors (De Valk & Oostrom, 2007):

2.4.1 Environmental factors

Organisations, throughout time, have continuously become larger as the global market becomes more accessible. Impersonal work culture is often adopted by these organisations due to their massive personnel population. Employees are now less or even not involved at all in decision making processes. Most employees at base level often experience administrative obstacles due to legal corporate red tape or lack of funds which causes work delay; the frustration experienced will translate into work stress for the employee and result in burnout. Ambiguity and role conflicts refer to the uncertainty of the employee about what they are expected to do at work. Lack of clarity about the job and a discrepancy between the information available to the employee and what is required for successful job performance, result in poor communication and have been associated with low job satisfaction, frustration, and mistrust issues within the workplace. Communication on occupational level is therefore of vital

importance, as employees need to know what exactly is expected of them. Feedback is also needed to develop job motivation, objectives and accomplishments. Lack of information keeps the employees in the dark and will result in distress. Employee participation in decision making will provide communication channels with management, to achieve constructive feedback to motivate employees to gain maximum efficiency (Center for Mental Health in Schools at UCLA, 2008).

Excessive workload and long hours combined with overwhelming responsibilities, rapid changes in workplace culture, dealing directly with difficult customers or crises without sufficient coping resources or relief are classical signs of a work overload. Jobs that require multi-role and interdepartmental supervising are common today, where an employee is responsible for more work and has to carry more responsibility. In essence the continuous input of effort by the employee accumulates into high stress levels and couple with inadequate compensation will lead to employees feeling disproportional to the pay versus his/her effort and become disheartened to perform (De Valk & Oostrom, 2007).

For employees in healthcare, emotional overload occurs daily. These professionals are required to encounter numerous personal emotions such as dealing with death, exposure to infectious diseases, fear of work-related violence and occupational injuries that overall is unpleasant and therefore distressful to their emotions. Often social support at work is lacking, and the stress load is high in comparison with one's work and job satisfaction, thus affecting both negatively (Naveed & Rana, 2013).

Training is vital and is necessary to prevent occupational distress, therefore adequate initial preparation of an employee to gain the confidence and competency in order to perform the expected work is vital. Continuous training is also necessary as advancement in technology occurs constantly in the work environment. No individual is naturally immune to stress, thus they need to be guided on how to cope and deal with stress faced at work. Many institutions nowadays push the objectives to reduce costs, thus no longer provide training for job readiness. This resulted in newly recruited inexperienced professionals being most susceptible to work distress (Naveed & Rana, 2013).

2.4.2 Personal factors

The nature of our personalities defines how we judge and interpret different work situations and gives us different characteristics with regards to coping with stress. Some people will, therefore, be more vulnerable to burnout than others. Obsessive personality characteristics show vulnerability to distress because they are perfectionists and inflexible, who tends to over-commit to work, and they will persist and are unable to relax until the work is done to their liking. Employees with such personality traits, together with the accumulation of excessive work demands and factors such as financial stability, marital satisfaction and poor stress coping skills will have a negative outcome that contributes to job burnout (De Valk & Oostrom, 2007).

Although the various causes identified above, are stressors that may lead to burnout, it is the process that takes place over prolonged periods of time to reach that critical point that much research nowadays focuses on the early recognition of problems to prevent further deterioration of employees' mental

and physical health and more specifically the development of burnout. By understanding the process and the cycle of job burnout, it will be possible to identify the stages of the process and find solutions to prevent it.

2.5 Process of healthcare job burnout

In the previous section causes of burnout are identified, These clearly indicate that healthcare employees are challenged with various resource constraints in terms of lack of time, lack of physical facilities in the workplace, out-dated machinery and equipment and understaffing, especially in the public sector that attends to the rural communities. Urbanisation leads to an increase of patient population combined with rapid expansion of treatment programmes, which result in rapid organisational restructuring that lead to healthcare personnel undertaking more overtime work to cover the excess demand. Healthcare personnel now need to multi-task by adapting to new ways of operating while they still have to face increasing patient numbers with epidemiologically demanding profiles that require demanding interactions, which lead to employees overburdened with work (Rajaram, 2011).

Dependency of patients on healthcare personnel, for the relief of pain and discomfort, creates conflicting demands between personal and job needs. This imbalance between demand and resources creates considerable strain and stress for the employees. Repeatedly dealing with internal conflicting demands exhausts healthcare personnel physically and emotionally (Naveed & Rana, 2013).

The stressors employees' encounter in the work environment, are the starting point of a job burnout process, which begins with emotional exhaustion. According to psychiatrist, Schaufeli et al. (2009), the individual develops a method to deal with exhaustion. Often the employee develops a cynical attitude towards service recipients in order to avoid direct confronting situations (Schaufeli et al., 2009). Lack of work autonomy and social support within the organisational structure; generate negative feelings of emptiness that will lead to healthcare personnel depersonalising from patients, colleagues and supervisors. Decrease in positive feedback in the workplace is the direct result of depersonalisation. An affected employee will experience a drop in self-esteem and will feel that he or she is accomplishing nothing. This will be detrimental for those who have high expectations in their career (Lin, 2013). The process is cyclic, as different individuals can react differently to stress and at different stages the situation may improve or worsen, depending on coping resources and the continuality of the stressor. The decrease in self-accomplishments promotes a depersonalised attitude in the employee, resulting in a sense that the individual can no longer work efficiently and therefore becomes dissatisfied with their work (De Valk & Oostrom, 2007).

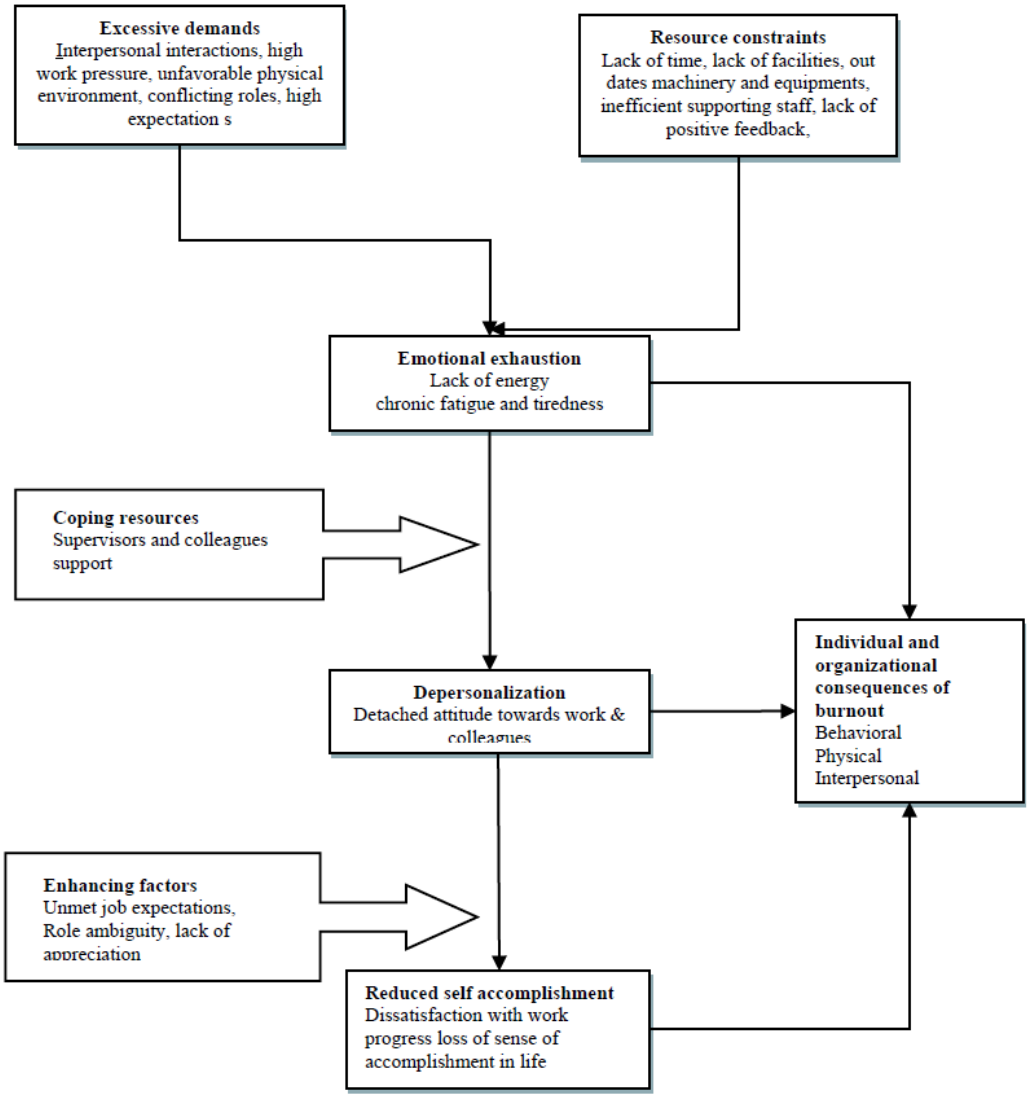

Figure 2.2: Different stages of burnout from the effect of cyclic process and resource loss (Naveed & Rana, 2013).

The process of job burnout among doctors is illustrated in Figure 2.2, based on the consumptions of resources theory, which is important for explaining of the process of job burnout. The various conflicting job demands require significant coping resources. Doctors experience valuable resource losses due to various resource constraints. Continuous repeat of resource losses lead to emotional exhaustion and expose them to burnout which results in negative consequences (Naveed & Rana, 2013).

Hobfoll and Lilly (1993) explained the process of burnout as a long term cyclic process of resource loss, which gradually develops over time. Healthcare personnel who face resource constraints will experience resource losses and may feel that their continuous input does not gain any significant returns. This repeated feeling of unfairness gradually develops into fatigue and leads to emotional exhaustion - the first stage of job burnout (Naveed & Rana, 2013). When severe resource losses occur, the employee is likely to focus on weaknesses and becomes more negative. A diminished sense of self-accomplishment occurs and the individual is no longer able to cope with the high expectation of their job, and ultimately this affects their psychological wellbeing. A supportive work environment is vital at this stage of the process to uplift them by enhancing the perception that they are not alone and other team players will provide the necessary support. Increase in belief that employees are able to cope with the situation is vital to prevent an individual from burning out (Naveed & Rana, 2013). It is important to understand the sequential process of job burnout so to guide the managers to find the medicating strategies to address burnout.

2.6 Medicating job burnout

Burnout is a complex subject matter as it is subject to personality traits and interpersonal reactions which differ from one person to another. Furthermore, it is associated with multiple causes and consequences; therefore, there is no straightforward solution to the problem (De Valk & Oostrom, 2007).

The most relevant approach to burnout is to combine preventative measures with specific individual management plans to counter the cumulative stress

experienced. Implementing regular burnout screening and monitoring tools will assist organisations to identify possible causes and to intervene by means of changes to the work environment and management systems (De Valk & Oostrom, 2007). Introducing programmes such as stress management and relaxation therapy to assist those who are prone to, or already experiencing burnout, to manage stress is becoming an essential aspect of modern management. Burnout can also be dynamic as it is not only stress induced. Lack of motivation and workplace unfairness are also major causes of a reduction in personal feelings of accomplishment due to the influence on intrinsic values that affects one's happiness through perception, family responsibility, self needs, motivation and goals. Well-developed stress management programmes assist employees to recognise their needs to change their way of living to achieve a balanced lifestyle thus preventing burnout (Naveed & Rana, 2013). Motivation and recognition are essential for employees to be encouraged to reach self-actualisation and to progress further (Kreitner & Kinicki, 2007).

The work of healthcare personnel involves numerous challenges in dealing with demanding patients, administrative issues, excessive workload and resource constraints. Team work and a learning-orientation attitude are vital for assisting healthcare professionals to deal with the working conditions in a healthy and adaptive approach. Research has shown that individuals who engage in team work by changing their attitudes towards skills, effort and achievement often have better coping strategies and reported more job satisfaction, better work-related learning, positive engagement and more constructive emotions (De Valk & Oostrom, 2007). Critically, employees

should learn to balance professional and personal life. Maintaining healthy relationships with supporting pillars in their social life can reduce the risk of developing burnout. Institutional support such as frequent feedback and appreciation are important to keep personnel motivated and inspired.

Naveed and Rana (2013), made the following recommendations regarding HR management practices, to deal with the factors that were most commonly reported in their study:

- Stress is caused mainly by work overload. It is important that the average turnover of patient per personnel should be monitored, and used to identify the recruitment of additional personnel accordingly.
- Remuneration policies require appropriate periodic review and should adjust accordingly to maintain the fairness feeling as additional benefits may significantly motivate employees and improve productive outcomes.
- Job descriptions need to be clear to prevent role ambiguity. Continuous revision of job requirements is necessary to accommodate change in circumstances.
- Stress management training is essential to adequately prepare the employee to cope with stressful situations; supervisory support is vital for coping resources to assist in times of high demand stresses and when role conflict occurs.

2.7 Impact and consequences of job burnout

Studies have shown that burnout is linked with several behavioural, attitudinal and interpersonal consequences and may have a few adverse effects on both the individual healthcare professionals and the organisation where they work. Burnout is a condition that occurs commonly within the healthcare service. Professionals such as doctors and nurses succumb to burnout as a great amount of time is spent to support patients in harsh emotional situations and with excessive demands and expectations (Naveed & Rana, 2013). Naveed and Rana (2013) also reported that a deterioration of physical and psychological health is common in burnout. Physical consequences such as fatigue, headaches, insomnia, gastrointestinal disturbances and even cardio-vascular complications have been identified. Psychological deterioration was often presented in forms of depression and anxiety, which inhibit the affected individual to relax and allow the mind to recharge or refocus. Over time it will lead to further medical complications.

According to literature, excessive job demand causes healthcare personnel to take on a depersonalised approach to their work and their patients, due to emotional fatigue, the reduction in self-accomplishment and the combined effect of what is known as burnout. The impact of burnout deteriorates the employee's commitment to the organisation and the job, and simply results in the intention to leave the organisation, which contributes to job turnover and poor personnel retention (Bemelmans et al., 2004; Lin, 2013). Burnout, therefore, is an important contributing factor of medical mistakes, which results in ineffective patient care. The consequence is failure and shame for the employee and the reputation of the institution becomes tainted. Healthcare

professionals can become less focused on their work; combined with a negative attitude that tends to cause errors and often results in medical mistakes, it leads to medical negligence and occupational hazards (Lin, 2013). More serious consequences of burnout are the tendency towards abuse of substance such as alcohol, drugs and pharmaceuticals. Depression is often the outcome of burnout and with the easy access to medication to treat pain or undesired emotion, more healthcare workers become prone to drug addiction and sometimes suicide, as a final disastrous outcome (De Valk & Oostrom, 2007).

By understanding the negative consequences, burnout needs to be a serious concern and it should be prioritised by hospital management, as hospital employees are a professional group predisposed to high burnout risk. It is vital for supervisors to adapt a monitoring measure for burnout on continuous bases to identify possible burnout, thus the need for a reliable tool to measure burnout became clear.

2.8 Tools for measuring job burnout

The most considered method of measuring burnout in professional literature is the Maslach Burnout Inventory (MBI), which is also the recognised standard tool formulated by psychologists Christina Maslach and Susan Jackson. The outcomes related to burnout are associated with three dimensional syndromes, characterised by emotional exhaustion, depersonalisation and reduced personal accomplishment. The MBI has its limitation as the syndromes are restricted to individuals in the service industry, thus, when applied outside the human services, the MBI should be adapted accordingly. In response,

Schaufeli, Leiter, Maslach and Jackson developed the Maslach Burnout Inventory - General Survey (MBI-GS) in 1996, which broadened beyond the interpersonal domain; it refers to more general, non-social aspects of the job (Demerouti & Bakker, 2007).

Alternative to the MBI is the OLdenburg Burnout Inventory (OLBI), which assesses two core dimensions, namely exhaustion and disengagement from work. In the OLBI, exhaustion is defined as “a consequence of intense physical, affective and cognitive strain”, such as a consequence of prolonged exposure to certain job demands over time, different to BMI’s exhaustion which is expressed as operational. The OLBI takes into account the affective aspects, physical and cognitive aspects of exhaustion, therefore making it possible to apply the inventory instrument to workers who perform physical work or those who process information (Demerouti & Bakker, 2007).

Since the study is based on healthcare service professionals, it was decided to use the most considered method of measuring burnout, which is the Maslach Burnout Inventory (BMI), as it takes personal accomplishment into account. Although it is the least contributed aspect in burnout, in this specific occupation it is considered one of the key stressors. An in-depth discussion of the BMI is done in the chapter on methodology (Chapter three) to gain insight in the function of the inventory.

2.9 Conclusion

The above literature has indicated the importance for management teams of healthcare institutions to address the issue of job burnout, as the negative consequences of job burnout may be costly for both the organisation and individuals. Since the transformation of the industrial age to the digital age, the human services industry took centre stage and major emphasis was placed on customer care. Many organisations grew and transformed at a rapid pace, but have neglected the fundamental aspect of caring for their personnel and maintaining employees' wellbeing. Since the service industry is driven by human capital, it will be detrimental if employees frequently experience burnout. Negative attitudes and depersonalised personnel are one of the main complaints that lead to the tainting of the reputation of an organisation. Medical malpractice is on the rise, which may be associated with the effect of job burnout. Increase in personnel turnover and absenteeism may also adversely affect productivity. Understanding the cyclic process of burnout, may prove to be valuable in assisting management identifying critical stages of the problem and taking proactive action by using appropriate strategies to intervene before the problem progresses into burnout.

The next chapter focuses on the research methodology used for the research field study. The sections of the following chapter discuss the research design, the data collection methods, sampling strategy, ethical considerations and data analysis method.

CHAPTER THREE

Research methodology

3.1 Introduction

Research methodology is the fundamental design plan of a research and the approach to systematically solve the research problems. The knowledge of how research is done scientifically is essential for the researcher to obtain evidence that will explain the initial question accurately by utilising the correct methods and appropriate techniques (Rajasekar, Philominathan & Chinnathambi, 2006).

This chapter contains a discussion of the details of the research methodology used during this research field study. Specific focus is on the research design which includes the sampling method, data collection process, demarcations and the ethical considerations applied in this study.

3.2 Research design

The research conducted is based on a survey research which makes uses of a questionnaire to collect data from people to describe, compare and explain the behaviour (Sekaran & Bougie, 2013). A quantitative method was used, which provided a simple and efficient way to investigate the research questions due to the population size. A quantitative method focuses on collecting numerical data and generalising it across groups of respondents to explain a particular trend, and data collected must be converted into numerical form like percentages, which can be statistically compared to deduce a conclusion. Sampling variability reflects the amount of confidence in the study, it is thus

important when considering population and the sample size of the study as it will determine the accuracy of the outcome. The characteristics of a quantitative research require the researcher to have a clearly defined research question and objectives, and that the research should achieve correlation in wide generalisation or investigate causal relationship between the variants (Tewksbury, 2009). Modification by designing research instruments intended to convert data that do not naturally exist in numeric form into quantitative data so that it can be analysed statistically, is known as a questionnaire with a Liket scale (Johns, 2010).

3.3 Sampling

The eligible respondents consisted of the 86 permanent clinical employees at Dr J S Moroka District Hospital as the research objectives covered all levels of clinical personnel working at the institution that are exposed to the same working environment for generalisation. The non-probability sampling method, more specifically convenience sampling, was applied to gather information from the participating respondents. This method was used due to the rigid and unpredictable working hours of most of the clinical personnel, because it posed an obstacle to have pre-selected subjects who would have been unavailable at the time of data collection (Sekaran & Bougie, 2013).

3.4 Research ethics

The researcher needed to adhere to all ethical boundary prescribed by the ethical standards at all times. The following ethical issues had been considered:

3.4.1 Informed consent

Informed decision: all individuals who were willing to participate in this research study were informed fully of the nature of the study at the beginning and that they had the right to decide in their own capacity to accept or decline participation (Orb et al., 2000). Respondents were given adequate information to make informed decisions, and signed consent was obtained from respondents before proceeding with the study. All respondents reserved the right to withdraw at any time without any consequences or penalties.

3.4.2 Confidentiality

Information given by any respondents was kept confidential; information including the identity of respondents was not disclosed to any other respondents or member of the public without prior written permission from the relevant respondent. All information was disclosed willingly and the respondents had the right to not disclose any aspect of the information deemed personal (College of Nurses of Ontario, 2009).

3.4.3 Responsibilities

Researchers should conduct themselves ethically at all times. The researcher adopted a neutral approach to prevent bias, and enable the researcher to maximize validity and reliability of these findings. The most appropriate data collection methods and techniques had been used to collect data from the targeted population during the research study, which was computed and analysed in such a way as to avoid any misinterpretation or misrepresentation, and to ensure findings that were truthful because it had been conducted in a transparent way.

3.5 Data collection

This study used a questionnaire to gather information objectively to determine the factors leading to burnout. The questionnaires were adapted from existing burnout survey questionnaires available, to align with the content of the literature review and the research questions. The questionnaire begins with a short section to gather the demographic details of the participants, followed by short questions with a 6 point Likert scale answers to identify the employees' feelings and experience about their work in order to determine the vulnerability to burnout.

With the participating respondents working in different departments, the questionnaires had been being distributed in two ways. Respondents with more flexible working hours were asked to gather at a meeting point where the researcher administered the questionnaires personally and had been able to attend to any questions regarding the questionnaire. Participants who had rigid work shift or work outside of the normal working hours such as night shift nurses received the questionnaire via email and was requested to complete it in their free time. A correspondence channel was made available to these respondents, should issues with the questionnaire arise. Completed questionnaires were collected by the researcher at the end of the stipulated time frame.

3.6 Data Analysis

The raw quantitative data collected via the survey questionnaires were entered using Microsoft Excel. The demographic data are presented in forms of graphs

to show the different distributions of the respondents. The data was then analysed using the SPSS statistical software program with the assistance of the statistician at the University of the Free State Business School to create reports in tabulated format, together with graphical presentations of distributions and trends. Analysed data were used to report the findings, which were used to conclude the study.

3.7 Conclusion

This chapter focuses on the design methodology chosen for this research field study which was done at Dr J S Moroka District Hospital on the topic of clinical personnel job burnout. The simple and efficient quantitative research method was selected to investigate the research questions due to the population size; a structured questionnaire with a Likert scale was used to obtain the quantitative numerical data to statistically compare and deduct a conclusion. The research study focused on the clinical personnel of the hospital, thus the clinical personnel members were identified as the population. Convenience sampling was applied to gather information from the participating respondents. This allowed using a simpler and more convenient data collection method in which questionnaires were handed out personally to respondents that were available at the time to ensure a fast response time. Respondents such as night shift personnel received the questionnaire via email and completed it in their free time. The data was computerised and results analysed by the SPSS statistical software program which created research reports, including the ‘T-test’ method to establish if noteworthy variances existed. Ethical principles were applied to all aspects of the research; the researcher acted, responded and reported accordingly.

The research methodology is an important part of any research study. The objective of this field study was to systematically solve the identified research problems and to obtain accurate data to formulate credible results by using the correct methods and appropriate techniques. The next chapter focuses on the analysis of the data and the presentation of the research findings acquired from the questionnaires.

CHAPTER FOUR

Results

4.1 Introduction

In this chapter the results gathered from the questionnaires are presented in both tables and figures in order to highlight the key findings from the analysed data. These findings should provide key responses to the research objectives and determine if the findings are supported by the pervious literature.

4.2 Response rate

The data was collected from the 86 permanent clinical employees at Dr J S Moroka District Hospital who were identified as eligible respondents (Table 4.1).

Table 4.1: Response rate

Eligible respondents	Total survey issued	Response	Response rate
86	76	72	83.72%

During the survey period only 76 surveys were issued due to the unavailability of personnel as some were on leave or absent at the time of the study; a total of 72 respondents returned questionnaires. Out of the 72 responses, 3 surveys were incomplete; therefore, they reduce the response rate of the survey to 83.72%. With industry employee surveys averaging around 60% response rate, the 83.72% achieved with this survey is satisfactory.

The data was further classified into the different departments where the clinical personnel were stationed; the response rate of the different departments is shown in Table 4.2.

Table 4.2: Response rate per department

Department	Eligible respondents	Response	Response rate
Dental	6	6	100%
Psychology	2	2	100%
Radiology	5	4	80%
Dietetics	2	2	100%
Pharmacy	8	8	100%
Female ward	10	5	50%
Male ward	11	8	72.73%
Pediatric ward	9	8	88.89%
Maternity ward	11	10	90.90%
Casualty	11	8	72.73%
TB ward (MDR)	10	10	100%

The female ward had the lowest response rate compared to all the other departments with a response rate of 50%, while the response rates from all other departments were between 72.73% to 100%. It is clear that the smaller departments had a better response rate, as it allows better control of survey procedures.

4.3 Demographic profile of respondents

Females make up the majority of the respondents in this study with 84.06%, with the majority respondents represented by personnel in the nursing category which is dominated by the female gender (Table 4.3).

Table 4.3: Gender distribution of the respondents

Gender	Total	Percentage
Male	11	15.94%
Female	58	84.06%

Length of service and work experience within the institution was further broken down into five different scales. This was to determine whether service length indeed contributed to burnout and the accumulative effect of work-related stress on clinical personnel in this study (Table 4.4).

Table 4.4: Service length of the study population responded

Service length	Total	Percentage
Less than 6 month	4	5.78%
6 month to 1 year	5	7.25%
2 years to 3 years	16	23.19%
4 years to 5 years	9	13.04%
More than 5 years	35	50.72%

It is significant that over half of the respondents (50.72%) had been working at the institution for more than 5 years; this information was used to determine the possible correlation of service length with burnout.

4.4 Job satisfaction related results

For the purpose of this study three direct questions had been included in the questionnaire to assess the level of job satisfaction and motivation of the clinical personnel at Dr J S Moroka District Hospital. Cross table methods incorporating these variables reflect the relationship and the degree of influence it had on burnout and job related stress.

Question 1: Overall how satisfied are you with your position at this company?

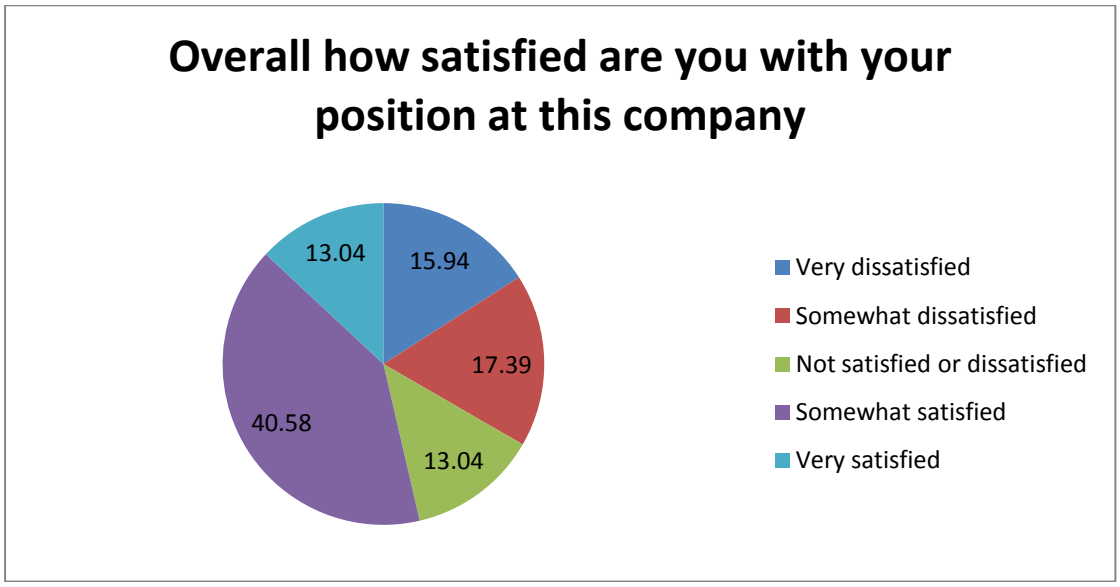

Figure 4.1: Proportion of staff responding to job satisfaction.

From Figure 4.1 can be seen that the majority of respondents (40.58%) were somewhat satisfied; only 13.04% indicated that they were very satisfied, while 13.04% were neutral, 17.39% somewhat dissatisfied and 15.94% very dissatisfied.

Question 2: How motivated are you to see the company succeed?

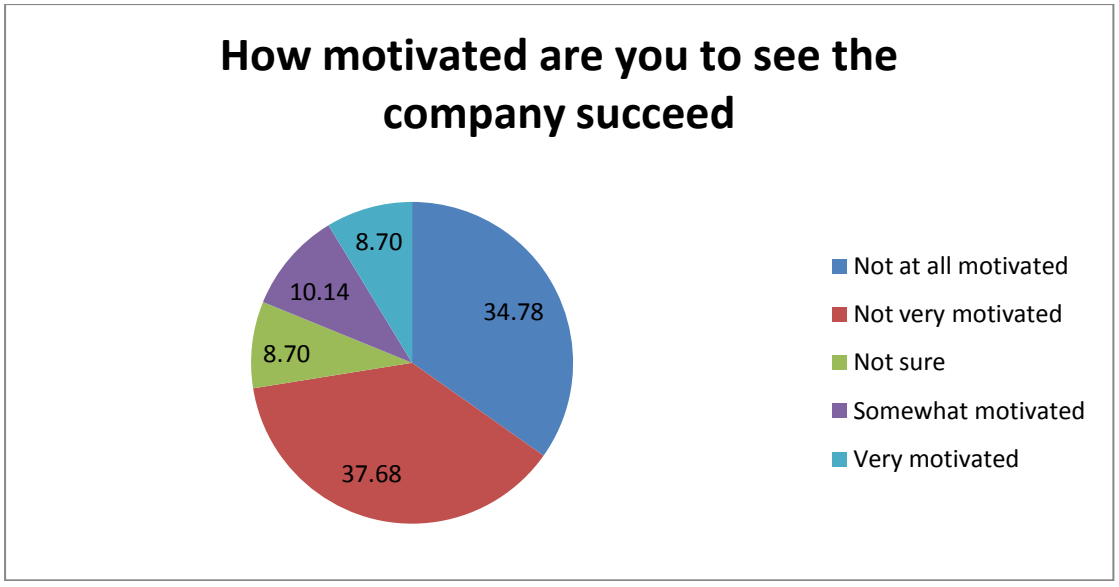

Figure 4.2: Proportion of staff responding to motivation.

It is interesting to see that the result shows that an overwhelming majority of clinical personnel responded not at all motivated (34.78%) and 37.68% indicated that they were not very motivated, 8.7% were not sure while 10.14% said to be somewhat motivated and only 8.7% were very motivated to see the hospital succeed (Figure 4.2).

Question 3: Would you refer a friend to apply for a job at this company?

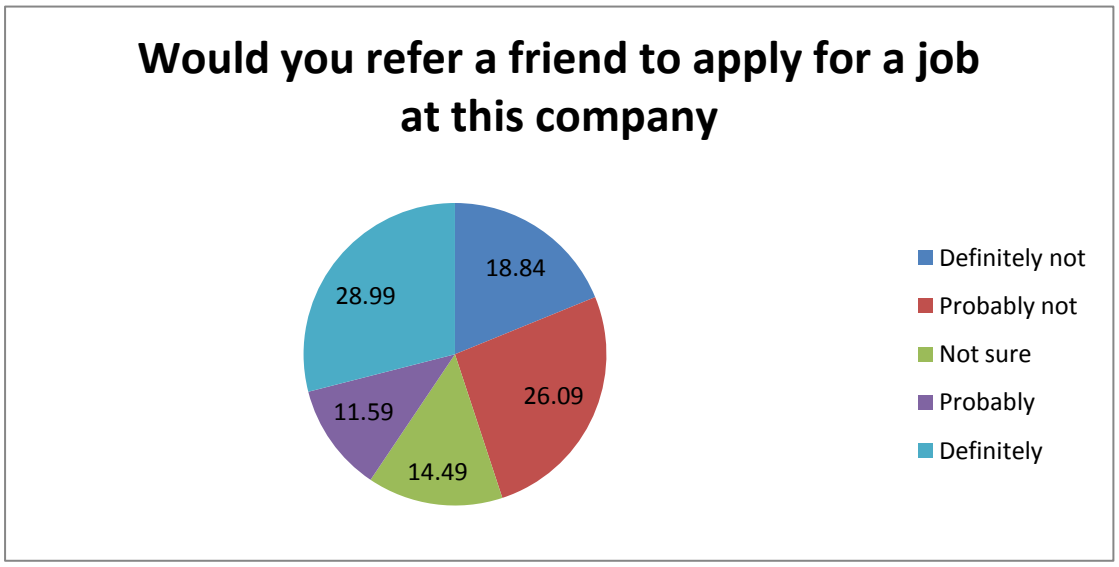

Figure 4.3: Proportion of staff responding to job referral recommendation.

From Figure 4.3 shows strong contrast with 28.99% of the respondents who said they would definitely refer a friend to apply for a job at Dr J.S. Moroka District Hospital while 26.09% of respondents would probably not recommend the job referral, 14.49% were not sure, 11.59% responded probably and 18.84% would definitely not refer. The result indicated a fairly even division between the decisions of refer against not refer. A possible explanation may be acknowledgement of the existing job stress and burnout, but it may outweigh the benefit of job security working for a state institution.

The above results indicated that the majority of the clinical personnel at Dr J S Moroka District Hospital were somewhat satisfied with their work but were not motivated towards organizational success; this clearly indicates signs of employee engagement issues where individuals are not driven by the common interests of the organisation.

4.5 MBI-Human Services Survey results

This survey consisted of 22 statements of job-related feelings that the respondents needed to grade according to a frequency with 0 being never and 6 being an everyday occurrence. The result is divided into two categories: Burnout and Work-related stress.

4.5.1 Burnout related questions

Table 4.5: Results from the MBI-Human Service Survey (Burnout related)

Question	Never(0)	Few times a year(2)	Few times a week (5)	Everyday (6)
I feel emotionally drained from my work.	13.04%	11.59%	23.19%	13.04%
I feel used up at the end of the day.	14.49%	8.70%	15.94%	21.74%
I feel tired when I get up in the morning and have to face another day at work.	15.94%	7.25%	13.04%	21.74%
I feel burned out from my work.	13.04%	18.84%	13.04%	20.29%
I feel very energetic	4.35%	1.45%	26.09%	31.88%
I feel frustrated by my job	23.19%	13.04%	15.94%	11.59%
I feel I am working too hard on my job	15.94%	5.80%	5.80%	42.03%
I feel like I am at the end of my tether with my job.	39.13%	17.39%	7.25%	10.14%

These eight questions from the MBI-Human Services Survey was identified as an indication of burnout, and Table 4.5 shows the contrast of the two opposite ends of the response scale indicating the degree of burnout expressed by the answers given by the respondents. More than 20% (fifth) of the total respondents reported feeling emotionally drained, used up at the end of the

day and feeling tired when getting up in the morning to face another day at work. This indicates that the clinical personnel at Dr J S Moroka District Hospital experienced burnout at the time of the study. The respondents (42.03%) also felt that they were working too hard which might be the result of work overload, which in turn is the main contributor to stress and indicates burnout. A total of 20.29% of the personnel responded to the direct question of feeling burned out form work and indicated that they experienced burnout on a daily basis while only 13.04% had never felt burned out; the rest of the respondent were experiencing burnout at different levels of frequency.

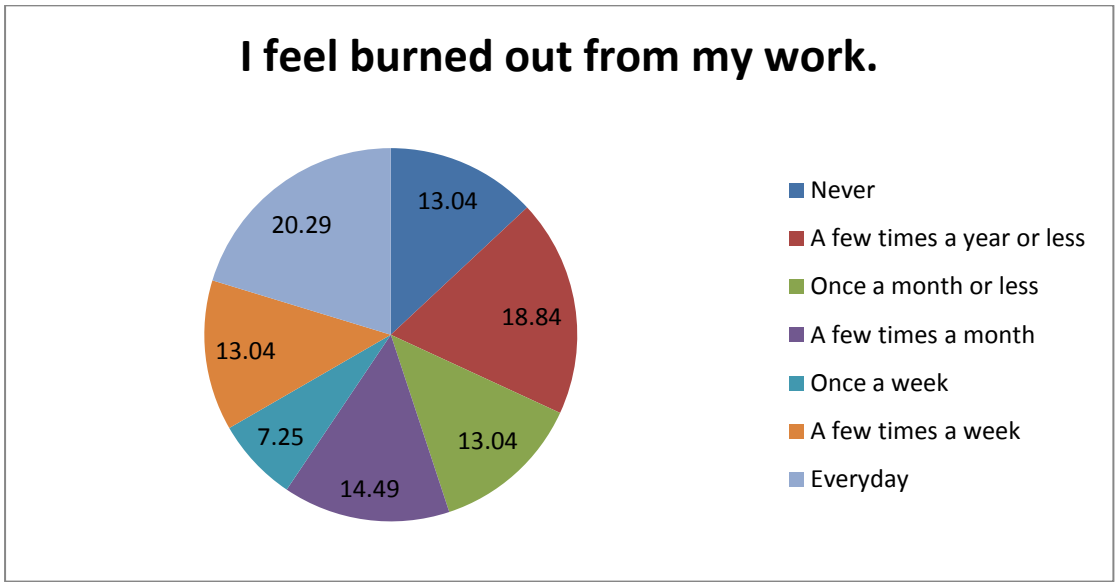

Figure 4.4: Proportion of clinical staff response to burnout at work.

4.5.2 Average score – Burnout

With the questions related to burnout as per Table 4.6, a variable representing burnout was used in the tests to determine whether or not there were significant differences among the different demographic groups. The overall score for burnout was calculated and it ranges from 0 to 1, with 0 being no burnout at all and a value closer to 1 indicating high level of burnout.

Table 4.6: Average burnout scores

Groups	Burnout	Department	Burnout
Overall	0.53	**Dental**	0.50
		Psychology	0.63
Gender		**Radiology**	0.46
Male	0.37	**Dietetics**	0.36
Female	0.56	**Pharmacy**	0.40
Work experience / Service length		**Female ward**	0.50
Less than 6 months	0.33	**Male ward**	0.39
6 months - 1 year	0.30	**Pediatric ward**	0.51
2 - 3 years	0.42	**Maternity ward**	0.47
4 - 5 years	0.56	**Casualty**	0.70
More than 5 years	0.63	**MDR TB ward**	0.80

From Table 4.6, it is clear that the overall burnout score was 0.53. This indicated that there was a medium level of personnel burnout at Dr J S Moroka District Hospital. Females experienced a higher level of burnout with an average score of 0.56, compared to males 0.37. The MDR TB ward scored 0.80 which experienced the highest level of burnout in the different departments followed by casualty with 0.7. Other departments scored between 0.39 and 0.51, which indicated a moderate burnout level, with dietetics scoring the lowest level of burnout at 0.36. The service length category indicated that

the level of burnout increased the longer personnel stayed with the hospital; personnel with a length of service of more than 5 years scored the highest at 0.63, while those who had only worked for 6 months to 1 year scored lowest at 0.30. This was because stressors that led to burnout has an accumulative effect, since the process happens over prolonged periods until it reach critical point.

4.5.3 Work-related stress questions

Table 4.7: Results from the MBI-Human Service Survey (work stress related)

Question	Never(0)	Few times a year(2)	Few times a week (5)	Everyday (6)
Working with people all day is a strain for me	31.88%	21.74%	7.25%	7.25%
I deal efficiently with the problem of patients	1.45%	2.90%	26.09%	55.07%
I worry that this job is hardening me emotionally	28.99%	18.84%	8.70%	24.64%
Working with people directly puts too much stress on me	36.23%	27.54%	4.35%	5.80%
I can easily create a relaxed atmosphere with patient	2.90%	2.90%	14.49%	60.87%
I have accomplished many worthwhile things in this job	5.80%	11.59%	17.39%	42.03%
In my work, I deal with emotional problems very calmly	1.45%	1.45%	30.43%	47.83%
I feel patients blame me for some of their problems	39.13%	11.59%	10.14%	15.94%

From the data collected, it was evident that human interaction with patients was a work-related stressor, since 7.25% of the personnel experienced strain

by working with people on a daily basis, compared to the 31.88% who responded never, 5.80% feel too much stress from dealing directly with patients everyday while more than a third of the respondents never felt to experience too much stress.

More than 55% of the respondents reported that they were able to deal efficiently with the problem, while only 1.45% struggled completely. The majority of the personnel (60.87%) responded positively on easily creating a relaxed atmosphere when working with patients, nearly half of the respondent indicated they achieved worthwhile effects in their job (42.03%) and were able to deal with emotions calmly (47.83%). This gives a clear indication that human interaction and relationships with patients contributed to work-related stress but only to a mild to moderate degree.

With the sound external human interaction pattern seen above, it was interesting to see that the internal reflection of personnel on the question, *I worry that this job is hardening me emotionally* and *I feel patients blame me for some of their problems*, showed a mixed sentiment as those responding never constituted 28.99% and 39.13% respectively, while the opposite end response (everyday) constituted 24.64% and 15.94%, which meant that work-related stress was caused by internal rather than external factors.

4.5.4 Average score – Work-related stress

Table 4.8: Average work-related stress scores

Groups	Work stress	Department	Work stress
Overall	0.33	**Dental**	0.25
		Psychology	0.48
Gender		**Radiology**	0.32
Male	0.27	**Dietetics**	0.15
Female	0.35	**Pharmacy**	0.33
Work experience		**Female ward**	0.31
Less than 6 months	0.23	**Male ward**	0.27
6 months - 1 year	0.19	**Pediatric ward**	0.40
2 - 3 years	0.32	**Maternity ward**	0.31
4 - 5 years	0.35	**Casualty**	0.41
More than 5 years	0.37	**MDR ward**	0.39

From Table 4.8, the overall work-related stress aspect scored 0.33. This indicated that there was a low to medium level of work-related stress at Dr J S Moroka District Hospital. Females experienced a higher level of work stress with an average score of 0.35 compared to males (0.27). The psychology department experienced the highest level of work stress relative to the other departments, (0.48) followed by casualty ward with 0.41; other departments scored from 0.25 to 0.39. Dietetics, however, experienced the lowest level of work stress with a score of 0.15, which was far less than the overall average. The service length category indicated that the level of work-stress increased as personnel accumulated service length, since personnel with a length of service more than 5 years scored highest at 0.37, while those who only had worked for 6 months to 1 year scored lowest at 0.19. Interestingly the new recruits with less than 6 months work experience, experienced noticeable work

stress with an average score of 0.23. This may be because newly recruited personnel still need to adjust to the new work environment and the lack of experience may contribute to work-related stress being experienced.

4.6 Cross Table comparison

A cross table method was applied to the results from the frequency table to further correlate the relevance of other variables such as service length and job satisfaction to see how it affected the response result.

Table 4.9: Cross-table with burnout and working experience variables.

Question	Work experience	0 Never	1 Few times a year	2 Once a month	3 Few times a month	4 Once a week	5 Few times a week	6 Everyday
I feel burned out from my work	Less than 6 months	25.0%	25.0%	50.0%	-	-	-	-
	6 months - 1 year	40.0%	20.0%	40.0%	-	-	-	-
	2 - 3 years	25.0%	31.3%	18.8%	-	-	18.8%	6.3%
	4 - 5 years	11.1%	22.2%	-	22.2%	11.1%	11.1%	22.2%
	More than 5 years	2.9%	11.4%	5.7%	22.9%	11.4%	14.3%	31.4%

Table 4.9 clearly shows that, as service length increases, the more significant the feeling of being burned out. Respondents with working experience varying from 6 months to 3 years showed less frequency of feeling burned out or never at all, with only 6.3% of the respondents in their second to third year of service experiencing a feeling of burned out on an everyday basis and 31.4% of personnel who had more than 5 years of service at the hospital experienced a daily feeling of burnout, which was a significant finding.

Table 4.10: Cross-table with burnout and satisfaction variables.

Question	Satisfaction	0 Never	1 Few times a year	2 Once a month	3 Few times a month	4 Once a week	5 Few times a week	6 everyday
I feel burned out from my work	Very dissatisfied	-	-	18.2%	18.2%	9.1%	27.3%	27.3%
	Somewhat dissatisfied	8.3%	25.0%	-	25.0%	-	16.7%	25.0%
	Not satisfied or dissatisfied	33.3%	33.3%	22.2%	-	-	-	11.1%
	Somewhat satisfied	17.9%	21.4%	17.9%	10.7%	7.1%	7.1%	17.9%
	Very satisfied	0.0%	11.1%	0.0%	22.2%	22.2%	22.2%	22.2%

The results from the above cross table did not show a distinct pattern of relationship between the two variables. With regard to the different satisfaction categories there was a significant degree of burnout experienced beside the neutral and somewhat satisfied group, where the majority of the respondents experienced a lower frequency of feeling burned out. However, the results clearly indicate that respondents who were very dissatisfied with their job experienced burnout more frequently than others.

Table 4.11: Cross-table with work-related stress and work experience variables.

Question	Work Experience	0 Never	1 Few times a year	2 Once a month	3 Few times a month	4 Once a week	5 Few times a week	6 everyday
Working with people is really a strain for me	Less than 6 months	50.0%	25.0%	-	25.0%	-	-	-
	6 months to 1 year	60.0%	40.0%	-	-	-	-	-
	2 years to 3 years	50.0%	18.8%	12.5%	12.5%	-	6.3%	-
	4 years to 5 years	11.1%	44.4%	11.1%	-	22.2%	-	11.1%
	More than 5 years	22.9%	14.3%	5.7%	28.6%	5.7%	11.4%	11.4%

From Table 4.11 above, more individuals in the longer service length category experienced increase frequency of work stress towards moderate to high levels (4 to 5) therefore indicated a positive relationship between the 2 variables. Respondents with working experience varying from 6 months to 3 years showed less frequency of being experiencing work stress or never at all, only 6.3% of the respondents in their 2 to 3 years of service experienced moderate to high frequency of work stress. Eleven point four per cent (11.4%) of the personnel that has more than 5 years of service and 11.1% of personnel that served between 4 to 5 years at the hospital experience daily work stress when working with people, thus indicating that work stress derived from patient interaction may not be the main cause of burnout.

Table 4.12: Cross-table with work-related stress and satisfaction variables.

Question	Satisfaction	0 Never	1 Few times a year	2 Once a month	3 Few times a month	4 Once a week	5 Few times a week	6 everyday
Working with people is really a strain for me	Very dissatisfied	18.2%	9.1%	-	36.4%	18.2%	-	18.2%
	Somewhat dissatisfied	16.7%	8.3%	16.7%	33.3%	-	16.7%	8.3%
	Not satisfied or dissatisfied	44.4%	11.1%	-	22.2%	11.1%	11.1%	-
	Somewhat satisfied	35.7%	32.1%	10.7%	10.7%	3.6%	3.6%	3.6%
	Very satisfied	44.4%	33.3%	-	-	-	11.1%	11.1%

Comparing satisfaction and work stress from working with people showed that a third of the individuals who were very dissatisfied and somewhat dissatisfied were experiencing moderate stress (3) with 36.4% and 33.3% respectively. Only 3.6% of the respondents in the somewhat satisfied category and 11.1% of those in the very satisfied category experience work stress every day, while the majority of the personnel who were neutral, somewhat satisfied and very satisfied, experienced no or relative low stress. This clearly showed that the personnel that were dissatisfied with their job had less tolerance to work stress compared to those who were neutral or satisfied.

4.7 T-test results

This test determined whether or not the level of burnout, work-related stress (working with people) and satisfaction differed between male and female groups. The t-statistics score of burnout, work-related stress and satisfaction were -2.74, -1.71 and – 2.92 respectively. The P-value was 0.01, 0.09 and 0.01 respectively. When compared to the value of 10%, the P-value were all less than 0.1, which indicated a difference in levels of the variables with females having higher burnout, stress and dissatisfaction levels.

Table 4.13: T-test results

T-test for Equality of Means		
Variables	**T statistics**	**P-value**
Burnout	-2.74	0.01
Work-related stress	-1.71	0.09
Satisfaction	-2.92	0.01

4.8 ANOVA results

An analysis of variance is applied to 5 service length groups to determine if the means of interval variables differ from one another. The Welch statistics score for burnout; work-related stress and satisfaction were 6.28, 5.87 and 1.30 respectively. The P-value was 0.00, 0.05 and 0.28 respectively. When compared to the value of 10% the P-value for burnout and work stress were less than 0.1, which indicated a difference in levels of the variables. However, the P-value for satisfaction was more than 0.1 suggesting that the levels of satisfaction were the same among the 5 service length groups.

Table 4.14: ANOVA results

Variables	Welch Statistic	P-value
Burnout	6.28	0.00
Work-related stress	5.87	0.05
Satisfaction	1.30	0.28

4.9 Correlation results

It is important to determine if there was a significant relationship between the three variables, burnout, work-related stress and satisfaction, in order to identify a pattern of correlation.

Table 4.15: Correlation results

Variable 1	Variable 2	Correlation coefficient	P-value
Burnout	Work-related stress	0.534	0.000
Burnout	Satisfaction	-0.300	0.012
Work-related stress	Satisfaction	-0.386	0.001

The test between burnout and work-related stress had a correlation coefficient of 0.534 and a P-value of 0, which is less than 0.1. This indicated that there was a significant positive relationship between the two variables and that when either one increased the other would follow the same trend. Burnout and satisfaction had a correlation coefficient of -0.003 and a P-value of 0.012, which was less than 0.1, and work-related stress and satisfaction had a correlation coefficient of -0.386 and a P-value of 0.001, also less than 0.1. This means that the relationship between the variable for both groups was

significant and that the correlation coefficient was negative, which indicated a negative relationship trend, thus one variable increases while the other decreases.

4.10 Conclusion

A high response rate increases the confidence in the validity of the research data and the findings can be used to impact interventions. The response rate of 83.72% was higher than initially anticipated; interest generated during engagement with the personnel could have contributed to the high response rate. Demographically, females made up the majority of the respondents (84.06%), with the majority respondents represented by the nursing personnel category, which is known to be dominated by the female gender. Over half of the respondents had work experience of more than five years (50.72%), which may be a concern as increased age and length of service experience are known to contribute to burnout in medical personnel.

The result revealed that there was a medium level of burnout, with the MDR TB unit experiencing the highest level as personnel needed to bear the fear of contracting the infectious disease, while pressed to deal with complex procedure and long term patient care. Results also indicated that females had a higher level of burnout than males and an increase in burnout as length of service increases, thus providing evidence that burnout has an accumulative effect. Cross-table and correlation results indicated that the burnout had a negative relation to the satisfaction level of personnel, thus it is evident that female clinical personnel, who have been working for a long time at Dr J S Moroka District Hospital's MDR TB ward, with low job satisfaction, indicated

the highest level of burnout.

The three dimensions of burnout were also assessed. Emotional exhaustion is a main concern with over a third of the respondents indicating that they feel emotionally drained from work, a few times a month to everyday, and 21.74% feeling used up at the end of every work day (Table 4.5). Although 24.64% of the respondents indicated that they feel that the job was hardening them emotionally, which indicates depersonalization, 28.99% responded never, thus making this dimension less significant than emotional exhaustion. Personal accomplishment was the least concern as 42.03% of the respondents said they had had accomplished many worthwhile effects (Table 4.7).

A low to moderate degree of work-related stress was indicated. The casualty department experienced the highest stress level due to the emergency work situation, since being under constant pressure creates a stressful work environment. Females had higher levels of work stress compared to males; the longer the service length the higher the stress level and data result also revealed that respondents with low job satisfaction had a lower tolerance to work stress. In summary, it is evident that female clinical personnel who had been working for a long time in the casualty department at Dr J S Moroka District Hospital and had low job satisfaction, had shown the highest level of work-related stress.

The majority of the respondents (40.58%) were somewhat satisfied with their job position. However, when it comes to motivation for organisational success, it is clear that the majority of the respondents were not very motivated. Only

8.7% of the respondents were very motivated. This phenomenon is often seen in organisations with a lack of quality leadership and possibly a lack of employee engagement, thus leading to individuals creating a functional space within the corporate environment that shields them from the undesirable organisational environment with the subsequent increase in personnel absenteeism. It is also interesting to see respondents opinions divided when it comes to referring friends for job opportunities at Dr J S Moroka District Hospital. A possible explanation may be acknowledgement of the presence of job stress and burnout which might outweigh the benefit of job security.

Theresults have highlighted important information regarding the research objectives, and the subsequent chapter provides a conclusion to the analysed data on the research objectives and recommendations.

CHAPTER FIVE

Conclusion and recommendations

5.1 Introduction

The aim of this field study was to provide a broad and generalised view related to burnout experienced by the clinical personnel at Dr J S Moroka District Hospital, which renders first-line services to the community. The analysed results from the previous chapter are used to draw conclusions related to the research objectives of the study.

5.2 Conclusions on the research objectives

5.2.1 Primary objective: To investigate personnel burnout at Dr J S Moroka District Hospital

The results from the research data showed that the majority of the clinical personnel experienced burnout to different degrees with only 13.04% of the respondents reported not experiencing burnout at all. It is significant that a fifth of the respondents (20.29%) felt burned out from work every day, which indicated a high prevalence of burnout. The data also indicated that clinical personnel experienced a medium level of burnout and females who worked in the MDR TB ward was the most affected. When examining the three dimensions of burnout, the data revealed that the most significant symptom of burnout was emotional exhaustion.

5.2.2 Secondary objective 1: To determine the relationship of work-related stress and burnout at Dr JS Moroka District Hospital

The research data results showed that clinical personnel experienced moderate to medium levels of work-related stress (0.33), with the female personnel stationed at the casualty department most affected by work-related stress. The interpretation of the survey questions revealed that factors such as direct human interaction with patients did not attribute significantly to stress levels. But results showed that the longer the length of service, the more stress and burnout one experiences, thus explaining the accumulation effect of work-related stress leading to burnout. Correlation test also indicated a positive relation between work-related stress and burnout at Dr J S Moroka District Hospital.

5.2.3 Secondary Objective 2: To determine the link between burnout and job satisfaction at Dr JS Moroka District Hospital

The result showed that 13.04% of the respondents said that they were very satisfied and 40.58% were somewhat satisfied; the combined percentage (53.62%) indicating reasonable job satisfaction among the clinical personnel. This may be true as the overall result only showed a medium level of burnout and moderate to medium level of work-related stress. But when it comes to motivation levels, the result showed a very different picture. An overwhelming majority of clinical personnel responded that they were not at all motivated (34.78%) and 37.68% indicated that they were not very motivated to see the organisation succeed. This contrast in the results may highlight a significant engagement issue, namely that employees found themselves in an undesirable work environment and were unable to influence, change or leave

their job, hence individuals were forced to create a functional space that satisfies their needs within the existing environment to shield them from the undesirable work environment, but means that they are not fully engaged in their work duties, which was also the reason for the high absenteeism. Individuals were perusing personal missions rather than driving the organisation's vision. This is often seen in an organisation with a lack of quality leadership and employee engagement.

5.3 Recommendations

The recommendations are based on the findings of this research combined with researcher's interpretation of the data to suggest possible ways to address the issues.

- The researched data clearly point out the evidence of burnout experienced by the clinical personnel at Dr J S Moroka District Hospital. It would be wise for the management of the organisation to conduct further studies to better understand the root cause and direct factors that contribute to burnout. This would give the management the insight to diagnose and identify the key problem areas and where best to focus their attention to implement changes to tackle personnel burnout.

- Management of the organisation should review personnel support structures, redirecting resources to assist staff cope with emotional exhaustion by introducing employee assistance program (EAP) workshops with managers and personnel to inform them about burnout and the factors relating to it. The EAP programme might also increases

personnel's awareness of signs and symptoms of stress and burnout and allow supervisors or co-workers to identify struggling individuals at an early stage in order to provide assistance on how to cope with work stress. Through an integrated assistance programme, the organisation can fulfill its commitments to serve employees, help them overcome challenges and develop potential talent to achieve better performance and productivity.

- Establish an internal support programme involving an in-house psychologist to assist employees to deal with work-related problems affecting personal issues. The in-house psychologist can provide cost-effective and quality orientated mental health services that can provide guidance to employees who need help. The organisation may see a reduction in accidents caused by human error as employee could focus without distraction, and improve organisational trust that will result in employees being more engaged in their work.

- Lack of employee engagement is identified as a significant issue; management leadership should investigate and review management methods to motivate employees and to align the organisation's vision to reengage employees. Performance appraisal is a good motivational tool but in certain cases monetary reward may not be adequate; intrinsic rewards such as recognition and talent management may be an alternative means or supplementary to performance appraisal. Assigning greater responsibility, additional training and task shifting may excite certain individuals as employees may lose interest in repetitive daily tasks and this may be used as a motivational method to reengage them. Further

studies of personnel engagement at DR J S Moroka District Hospital will be beneficial.

5.4 Limitations of the field study

The survey may have a potential bias as the response rate from the questionnaires was less than hundred percent because some of the identified eligible population were not available at the time of the survey. Perceptions of personnel can also influence survey accuracy as it may be possible that clinical personnel at Dr J S Moroka District Hospital does not have the time to participate, and those respondents who were experiencing burnout were more motivated to participate fully compared to others. Thus the research can only be generalised to give a broad perspective on the topics and may not hold true on an individual level. This study had only been conducted at DR J S Moroka District Hospital and was limited to the participation of clinical personnel in clinical departments, thus it will not be possible to generalise the results on departments outside the clinical scope at DR J S Moroka District Hospital or any other hospital. The levels of burnout depicted in this study do not equate to a clinical diagnosis for burnout, but a relative measure of the burden of symptoms according to the Maslach Burnout Index.

5.5 Conclusion

Burnout is an important public health problem that is often overlooked due to poor management insight. State health institutions often fail to provide adequate resources to critically needed sections, which places strain on employees and impose a burden on the entire health system. This study had illustrated the prevalence of burnout and significant concern on personnel

engagement at DR J S Moroka District Hospital to highlight the need for management to review and implement EAP programmes that target burnout and personnel engagement. Doing this will improve the future sustainability and benefits for the organisation and its personnel.

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Appendix A:

Dr C H Wu (Dentist, Section Manager)

Dr J S Moroka District Hospital

Station Road, Thaba-Nchu

Tel: (051) 8739800

30 June 2014

For attention: MR MOJAKI (CEO)

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN DR J S MOROKA DISTRICT HOSPIAL

Dear MR MOJAKI (CEO)

My name is DR CHUN HSIEN WU, and I am a MBA student at the University of the Free State in Bloemfontein. The research I wish to conduct for my field study involves Human service survey to study burnout of clinical staff at Dr J S Moroka District Hospital. This project will be conducted under the supervision of Dr L Massyn at the UFS Business School.

I am hereby seeking your consent to conduct and distribute a Self Administered Questionnaire (SAQ) with standardised Human Service Survey at the above mentioned hospital/institution. I have provided you with a copy of the above mentioned questionnaire which has been agreed and approved by my research supervisor.

Upon completion of the study, I undertake to provide the Hospital with feedback on the research outcome. If you require any further information, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Yours sincerely,

Dr C H Wu

Appendix B: Self-administered Questionnaire

SELF-ADMINISTERED QUESTIONNAIRE FOR CLINICAL STAFF WORKING AT DR J S MOROKA DISTRICT HOSPITAL

INSTRUCTION: This questionnaire is for a study to evaluate burnout of clinical staff at Dr J S Moroka District Hospital. This research is done to establish and assess burnout and work-related stress, as it allows better understanding of how it may impact on clinical staff. Your participation is entirely voluntary. If you chose not to participate there will be no negative consequences for you in any way. Please complete all questions within the questionnaire, if any question is omitted, the particular survey will be invalid. The research is guided by the ethical principles, the researcher will respect, and act according to this guideline at all times.

1. Background Information

1.1 Gender

Male	Female

1.2 Department (select the department / ward that your are stationed)

Dental	Maternity ward	Pediatric ward
Male ward	MDR ward	Pharmacy
Female ward	Radiology	Casualty/OPD
Psychology	Dietetics	Other (specify below)

_____

2. MBI – Human Services Survey

The Purpose of this survey is to discover how various persons in the human services or helping professionals view their job and the people with whom they work closely.

There are 22 statements of job-related feelings, please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write a “0” (zero) in the space before the statement. If you have had this feeling, indicated how often you feel it by writing the number (from 1 to 6) that best describe how frequently you feel that way.

Example: How Often						
0 Never	1 A few times a year or less	2 Once a month or less	3 A few times a month	4 Once a week	5 A few times a week	6 Every day

2.1 ____ I feel emotionally drained from my work.

2.2 ____ I feel used up at the end of the work day.

2.3 ____ I feel fatigued when I get up in the morning and have to face another day on the job.

2.4 ____ I can easily understand how my recipients feel about things.

2.5 ____ I feel I treat some recipients as if they were impersonal object.

2.6 ____ Working with people whole day is really a strain for me.

2.7 ____ I deal very effectively with the problems of me recipients.

2.8 ____ I feel burned out from my work.

2.9 ____ I feel I am positively influencing other people’s lives through my work.

2.10____ I’ve become more callous towards people since I took this job.

2.11____ I worry that this job is hardening me emotionally.

2.12____ I feel very energetic.

2.13____ I feel frustrated by my job.

2.14____ I feel I'm working too hard on my job.

2.15____ I don't really care what happen to some recipients.

2.16____ Working with people directly put too much stress on me.

2.17____ I can easily create a relaxed atmosphere with my recipients.

2.18____ I feel exhilarated after working closely with my recipients.

2.19____ I have accomplished many worthwhile thing in this job.

2.20____ I feel like I am at the end of my rope.

2.21____ In my work, I deal with emotional problems very calmly.

2.22____ I feel recipients blame me for some of their problems.

3 Service length and Satisfaction Section

3.1 How long have you worked at the institution?

- Less than 6 months
- 6 months - 1 year
- 2-3 YEARS
- 4-5 years
- More than 5 years

3.2 Overall how satisfied are you with your position at this company?

- Very dissatisfied
- Somewhat dissatisfied
- Not satisfied or dissatisfied
- Somewhat Satisfied
- Very satisfied

3.3 How motivated are you to see the company succeed?

- Very motivated
- Somewhat motivated
- Not very motivated
- Not at all motivated
- Not sure

3.4 Would you refer a friend to apply for a job at this company?

- Definitely
- Probably
- Not sure
- Probably not
- Definitely not

Thank you for partaking in this self-administered questionnaire.