

# Optimism & Self Efficacy As Predictors Of Burnout In Health Professionals

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**Abstract:** The study aimed to investigate spirituality and self efficacy as predictors of burnout (dimensions) in clinical psychologist and general physicians. 100 health professionals from Delhi and NCR were taken as a sample of the study with 3-5 years and 6-9 years of practice experience. The tools used were Maslach Burnout Inventory (MBI) by Scheier and Carver, (1985) consists of 8 items. General Self Efficacy Scale Schwarzer and Jerusalem (1995) consists of 10 items and Daily Spirituality Experience Scale Underwood and Teresi (2002) consists of 16 items. Obtained scores were analysed with the help of multiple regression. Although, the value of F is significant, (4.297 <.000) but the effect size (.08) falls under low category, To find out the predictions more concrete, individual contribution of the two predictors undertaken. Optimism emerged as the most important predictors of emotional exhaustion. Whereas Self efficacy influencing the emotional exhaustion in the insignificant manner. Regarding depersonalization the F value was 1.03 which was found to be insignificant. As far the effect size is concerned, it falls under low category which indicated that optimism, and self efficacy produced very less influence on depersonalization. Although the value of F is significant, the effect size falls under the medium category as suggested by Cohen, (1988). accomplishment scores of clinical psychologists. To make the predictions more concrete individual contribution of the 2 predictors undertaking self efficacy emerged as the important predictors of personal accomplishment. Whereas the optimism influencing personal accomplishment in insignificant manner. The significant F value (7.70, <.000) (6.59 <.001) depicted that that the two variables are the significant predictors of emotional exhaustion and depersonalization among general physician. Regarding individual contribution self efficacy emerged as the important predictor of depersonalization for general physician group. Whereas optimism does not have a significant contribution to the criterion variable. F value (6.52 <.001) also explains that the two variables are the significant predictors of personal accomplishment among general physician.

**Keywords:** Self Efficacy, spirituality, burnout and health professionals.

## I Introduction

Health Professionals have viewed optimism/pessimism primarily as an individual difference variable describing people's general positive or negative expectations about the future. People vary in their degree of optimism and these differences are potentially important to a wide assortment of life activities and choices, (Baumgardner and Crothers, 2009).

Self efficacy is the belief in one's capability to organize and execute the causes of action required to produce given attainments is constructed on the basis of the four most influential sources: Enactive attainment, vicarious experiences, verbal persuasion and physiological as well as emotional factors. (Bandura, 2001).

Stress and burnout are inevitable probes for the highly committed, highly involved individuals who work in health care services, as they deal with the physical & emotional problems of seriously ill and sometimes emotionally disturbed patients, while also having to cope with running effective teams, dealing with complex management structures and conflicting demands at all hours of the day and night. Anyone working in such conditions will inevitably become stressed if enough such pressure is placed upon them, (McManus, 2007).

## II. Review of Literature

**Marisa**, **Peiró**, and **Schaufeli**. (2010). Research on self-efficacy beliefs shows that the more specific the self-efficacy beliefs, the more predictive they are. In the current study, two levels of self-efficacy beliefs are introduced as moderators (i.e., generalized and computer self-efficacy). Based on data collected from 405 workers using information technology in their jobs, the expected Job Demand Control Interaction effect was found in both burnout dimensions (i.e., exhaustion and cynicism) as predicted by the JD-C model. In addition, the more specific level of self-efficacy (i.e., computer self-efficacy) moderated the relationship between job demands and control and levels of burnout dimensions as expected.

Chin, (2010) worked on “The moderating effects of Self efficacy between job demand-control model and Psychological well-being”. It was found that efficacy positively correlated with job satisfaction and affective commitment and negatively related with emotional exhaustion.

Johns and Ossoff (2009) investigated Burnout in the physicians of the scholastic chairs of rhinology and revealed that increased depersonalization and emotional tiredness were associated with low level of Self efficacy, little partner’s assistance, the disagreements with the dean, work burden at weekends and serving at night times and important faculty loss.

Brouwers, Evers & Tomic (2001) investigated specialized health experts serving in residences for the elderly in the Netherlands. Their investigation confirmed that perceived Self efficacy positively correlated with the individual achievement factor of Burnout. There is obviously a need of information concerning the association between Burnout and Self efficacy in caregivers.

### Objectives:

- To investigate the optimism and self efficacy as predictors of burnout (sub dimension) among clinical psychologists.
- To study the optimism and self efficacy as predictors of burnout (sub dimension) among General Physicians.

### Hypotheses:

- Burnout (sub dimension) would significantly be predicted by optimism and self efficacy among clinical psychologists.
- Burnout (sub dimension) would significantly be predicted by optimism and self efficacy among general physicians.

### III. Method.

#### 3.1. Participants:

100 health professionals were selected on the basis of purposive sample. Participants were equally divided in 2 groups i.e. clinical psychologist (N-50) and general physician (N-50) from various hospitals like Vimhans, AIIMS, Safdarjung, IHBAS, Fortis (Gurgaon & Shalimar bagh), Max (Saket & Noida) and Asian hospital (Faridabad) and private clinics from Delhi and NCR. The practice experiences of all the participants were 3-9 yrs. The minimum qualifications of the General Physicians were MD and Clinical Psychologists were M.Phil/ Ph.D

#### 3.2. Measures

**The Life Orientation (or Optimism) Test (LOT)** developed by Scheier and Carver, (1985). It consists of 8 items and designed to measure optimism in relation to dealing with daily life as well as one’s ability and belief that one can cope. The reliability of the scale was measured as .67 and .76. Scoring was based on the 0-3 for the first 4 items and reversed on the least.

#### General Self Efficacy Scale

Self efficacy was measured by Schwarzer and Jerusalem (1995). This test consists 10 items. The reliability and validity of the test was checked after conducted this scale on 14 different cultures in an appropriate interval of the time. This test is applicable for both, in adults and adolescent population.

#### Maslach Burnout Inventory

Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (1996). This scale consists of 22 items and divided into three ‘sub-scales’, which independently measure levels of burnout. The three subscales are ‘emotional exhaustion’, ‘depersonalization’, and ‘personal accomplishment’. Burnout is a multidimensional construct; therefore, the subscales are not combined to reveal one ultimate burnout score. Because burnout is viewed on a continuum, the MBI measures level of burnout as either high, moderate or low for each of the three subscales. The reliability of the scale was found to be .71 to .84.

#### 3.3. Procedure

#### Ethical Considerations:

- ⊙ Informed personal consent be sought from each prospective subjects .
- ⊙ Only willing respondents were selected and
- ⊙ Ensuring Confidentiality

For the purpose of proposed research data was collected from different hospitals and private clinics Delhi and NCR. After rapport formation all required scales were administered to each participant.

**IV. RESULTS AND DISCUSSION:** Obtained scores were analysed with the help of multiple regression analysis.

**Table 4.1: Mean and SD of optimism, self efficacy and burnout (sub dimensions) scores of general physicians and clinical psychologist.**

Variables	Clinical Psychologists (N=50)		General Physicians (N=50)	
	Mean	SD	Mean	SD
Optimism	22.80	8.332	26.52	7.16
Self Efficacy	38.18	15.19	39.34	10.21
Emotional exhaustion	32.50	9.800	32.22	6.86
Depersonalization	22.56	8.512	23.56	5.587
Personal accomplishment	32.98	8.384	35.32	8.145

**Table 4.2a: Results of multiple regression analysis optimism and self efficacy as predictors of emotional exhaustion of clinical psychologists.**

R	R square	Adjusted R Square	Std. Error	F	Level of sig.	F2
.287	.082	.063	9.48	4.29	.044	.08

Cohen (1988) < 0,02, <0.15 and< 0.35 represent small, medium, and large effect sizes, respectively.

**Table 4.2a:**

	Standardized coefficient B	T	Level of significance
Optimism	.28	2.07	.04
Self efficacy	.15	1.10	.27

The perusal of the table 4.2a shows that multiple co- relation were found to be .287, indicating all the 3 variables are interacted to each other. Adjusted R square was found to be .06, indicating that 6% of the variance in emotional exhaustion could be attributed with help of the three predictors used in the study which was shown by the significant F value (4.297 <.000). Although, the value of F is significant, the effect size (.08) falls under low category as suggested by Cohen, (1988), Therefore it can be said that Optimism emerged as the important predictors of emotional exhaustion. Whereas self efficacy influencing the emotional exhaustion in insignificant manner.

To find out the predictions more concrete, individual contribution of the two predictors undertaken. Optimism emerged as the most important predictors of emotional exhaustion. Whereas Self efficacy influencing the emotional exhaustion in the insignificant manner.

**Table 4.2b: Results of multiple regression analysis for depersonalization (dimension of burnout) as criterion variable while optimism and self efficacy as predictors for clinical psychologists.**

R	R square	Adjusted R Square	Std. Error	F	Level of sig.	F2
.252	.063	.002	8.50	1.03	.385	.06

**Table 4.2b:**

	Standardized coefficient B	t	Level of significance
Optimism	.043	.295	.769
Self efficacy	.253	1.744	.088

Above table (4.2b) shows that the multiple correlation among all the three variables were.25 which is interacting only 1% with each other. Adjusted R square was found to be .002 which indicates that a very small amount of depersonalization could be attributed to the two predictors which was used in the study. The F value was 1.03 which was found to be insignificant. As far the effect size is concerned, it also falls under the low category as indicated that optimism, and self efficacy produced very less influence on depersonalization.

**Table 4.2c: Results of multiple regression analysis for personal accomplishment (dimension of burnout) as criterion variable while optimism and self efficacy as predictors for clinical psychologists.**

R	R square	Adjusted R Square	Std. Error	F	Level of sig.	F2
.432	.187	.134	7.80	3.52	.022	.21

**Table 4.2c:**

	Standardized coefficient B	T	Level of significance

<i>Optimism</i>	.131	.958	.343
<i>Self efficacy</i>	.303	2.248	.029

The finding of the study indicated that self efficacy emerged as the important predictors of personal accomplishment. Whereas the optimism influencing personal accomplishment insignificant manner. Adjusted R square was found to be .13, indicating that 13% of the variance in personal accomplishment could be attributed with help of the two predictors used in the study which was shown by the significant F value (3.52, <.000). Although the value of F is significant, the effect size falls under the medium category as suggested by Cohen, (1988). accomplishment scores of clinical psychologists. To make the predictions more concrete individual contribution of the 2 predictors undertaking self efficacy emerged as the important predictors of personal accomplishment. Where as the optimism influencing personal accomplishment in insignificant manner.

**Table 4.3a: Results of multiple regression analysis for emotional exhaustion (dimension of burnout) as criterion variable while optimism and self efficacy as predictors for general physician.**

<i>R</i>	<i>R square</i>	<i>Adjusted R Square</i>	<i>Std. Error</i>	<i>F</i>	<i>Level of sig.</i>	<i>F2</i>
.57	.33	.29	5.78	7.70	.000	0.50

**Table 4.3a**

	<i>Standardized coefficient B</i>	<i>T</i>	<i>Level of significance</i>
<i>Optimism</i>	-.25	-1.71	.093
<i>Self efficacy</i>	.70	4.17	.000

Table 4.3a shows that multiple correlation was found to be .57 indicating all the two variables were highly interacted to each other. Adjusted R square was found to be .29 indicating that 29% of the variance in emotional exhaustion could be attributed with the help of the two predictors used in the study. The significant F value (7.70, <.000) also explains that the two variables are the significant predictors of emotional exhaustion among general physician.

The individual contribution of the predictors were undertaken. Optimism influenced the emotional exhaustion in a negative manner, although it did not have the significant contribution. Self efficacy emerged as the important predictor of emotional exhaustion for general physician group.

**Table 4.3b: Results of multiple regression analysis for depersonalization (dimension of burnout) as criterion variable while optimism and self efficacy as predictors for general physician.**

<i>R</i>	<i>R square</i>	<i>Adjusted R Square</i>	<i>Std. Error</i>	<i>F</i>	<i>Level of sig.</i>	<i>F2</i>
.54	.30	.25	4.75	6.59	.001	0.43

**Table 4.3b:**

	<i>Standardized coefficient B</i>	<i>T</i>	<i>Level of significance</i>
<i>Optimism</i>	.28	1.81	.076
<i>Self efficacy</i>	.48	2.79	.008

The above table 4.3b shows that multiple co- relation was found to be .54 indicating all the variables were highly interacted to each other. Adjusted R square was found to be .25 indicating that 25% of the variance in depersonalization could be attributed with the help of the two predictors (optimism and self efficacy). The significant F value (6.59 <.001) also explains that the two variables are the significant predictors of depersonalization among general physician.

To make the predictions more concrete individual contribution of the predictors were undertaken. Self efficacy emerged as the important predictor of depersonalization for general physician group. Whereas optimism did not have a significant contribution to the criterion variable.

**Table 4.3c: Results of multiple regression analysis for personal accomplishment (dimension of burnout) as criterion variable while optimism and self efficacy as predictors for general physician.**

<i>R</i>	<i>R square</i>	<i>Adjusted R Square</i>	<i>Std. Error</i>	<i>F</i>	<i>Level of sig.</i>	<i>F2</i>
.54	.29	.25	7.04	6.52	.001	0.42

**Table 4.3c:**

	<i>Standardized coefficient B</i>	<i>T</i>	<i>Level of significance</i>
<i>Optimism</i>	.10	.67	.504
<i>Self efficacy</i>	.54	3.16	.003

The above table 4.3c shows that multiple co- relation was found to be .54 indicating the two variables are highly interacted to each other. Adjusted R square was found to be .25 indicating that 25% of the variance in depersonalization could be attributed with the help of the two predictors (optimism and self efficacy). The significant F value (6.52 <.001) also explains that the two variables are the significant predictors of personal accomplishment among general physician.

Above table 4.3c made the predictions more concrete individual contribution of the predictors were undertaken. Optimism influenced depersonalization in insignificant manner. Self efficacy emerged as the important predictors of personal accomplishment for this group.

Table ( 4.2, 4.3 ) for the group of Clinical Psychologists showed that only optimism emerged as the most important predictor of emotional exhaustion (burnout). Regarding depersonalization, it was observed that a very small amount of depersonalization could be attributed by the two predictors. Hence, optimism, and self efficacy as predictors could not produce significant impact on the

depersonalization in clinical psychologists. Lastly, all the two variables were highly interacted with each other on personal accomplishment. Whereas self efficacy emerged as the important predictors of criterion variable.

Optimism is related to psychological and physical adjustment but when and where it is required, is a challenge. Hence it can be said that being a optimistic is not a solution of a problem, sometimes it reduces the effect of being stressed/burned out or sometimes it can indulge you into it as one can expect the best and possible outcome of any problem but when the over expectation reached at this point, leads to severe stress. It has already been pointed out, that optimism as one of the explanatory arguments of the three facets of burnout. In any case, it has been observed that, seeing life 'positively' cushions burnout.

The findings of the present research has supported by some other studies, Chang, Rand and Strunk (2000) examined the relationship between optimism and risk for job burnout in 225 working college students while also examining stress as a mediator. Results showed that optimism and stress were significantly correlated with risk for job burnout. Moreover, path-analytic results indicated that optimism remained a strong predictor of risk for job burnout, independent of stress. Hence, stress did not fully mediate the link between optimism and risk for job burnout.

Grau, Suner and Garcia (2005) studied high rates of professional burnout syndrome have been found among health service professionals. The results revealed that to reduce professional burnout in hospitals, optimism and a sense of self-worth among individuals should be encouraged and the organizational environment should be improved.

Rothmann and Essenko (2007) assessed the relationships between job characteristics, burnout, optimism, and ill health. The results of the study showed that job demands (overload) and a lack of job resources contributed to burnout. Burnout, in turn, mediated the effects of job demands and a lack of job resources on ill health. Dispositional optimism had a direct effect on exhaustion and cynicism. However, dispositional optimism did not interact with job demands or job resources in affecting exhaustion and cynicism.

Farber and Louis (1982) conducted two hour semi-structured interviews with a heterogeneous group of 60 psychotherapists to investigate their experiences of therapeutic practice. According to the interview, professional satisfaction derives from the ability to promote a helpful therapeutic relationship; dissatisfaction stems primarily from lack of therapeutic success; and burnout is primarily a consequence of the non reciprocated attentiveness, giving, and responsibility demanded by the therapeutic relationship. Other reasons for burnout included overwork, isolation, and discouragement as a function of the slow pace of the work. Most subjects felt that support systems were essential to resisting burnout. The data suggest that although therapists expect their work to be difficult and even stressful, they also expect their efforts to be rewarding. Burnout is not only psychologically debilitating to therapists, it also critically impairs the delivery of mental health services.

The hypothesis, “**burnout would significantly be predicted by optimism and self efficacy of clinical psychologists**” was **partially proved**. It is important to note that optimism and self efficacy interacted in different ways to only with the two dimensions of burnout i.e., emotional exhaustion and personal accomplishment in the group of clinical psychologist.

The results of multiple regression analysis, indicated the insignificant relationship between optimism and burnout (dimensions), One of the reasons behind the rejection of this hypothesis might be the surrounding environment where people are not supportive and sympathetic towards ones situations and incapability of performing the job e.g. disobeying subordinates, de-motivating peers, autocratic and authoritative seniors. So, we can say that this is not the optimism that predicts the commitment with the work at work place and reduces the amount of burnout. At times people are not optimistic but still they are performing well, on the other hand they are optimistic yet not performing well. There are lot other factors within control and not within control of a professional to predict his/her give their best with the job.

The nature of the predictive relationship between self efficacy and the three dimensions of burnout was shown to be significant among general physician's group. It has been stated that health care providers are assumed to be at a high risk to suffer from burn-out syndrome, because of their taking part in intense collaboration with patients and in emotionally stressful situations that could present pains, disabilities, terminal diseases, tetchiness, suicidal thoughts, violent behavior and lack of compliance to treatment or litigation. Burnout should be observed among the physicians, utilizing definite procedures of Self efficacy according to the major responsibilities they perform, Noman, Shah and Mehmood (2012).

Bandura (1986), stated that Self-efficacy has been shown to both reduce the perception of a given stressor as a threat and the amount of sickness and health problems in a given occupation. It directly influences the perception of controllability and resulting stress reaction to a specific situation.

Leiter (1991) also found burnout was the result of a crisis in self-efficacy. He found that those using control oriented coping techniques tended to have less emotional exhaustion. In summary, self-efficacy seems to be related to burnout. When someone feels self efficacious there is reduced burnout. However, when someone is unable to gain self-efficacy but expects it, then frustration sets in and burnout follows. Therefore, the desire to gain self-efficacy and actually obtaining it are both essential components in the onset of burnout.

Cherniss (1993) also supports the view that organizational self-efficacy, especially in the early part of one's career, is particularly important in combating burnout. He found that workers' feelings of competence greatly affected their feelings about their work, both in a positive and negative direction. Those who could personally impact their work settings were almost immune to burnout, while those who did not were soon frustrated with their work and became detached.

Thus, the hypothesis, “**burnout would be predicted by optimism and self efficacy of general physician**”, were partially accepted by the findings of the study.

Hence, the present finding of the research suggested that the concept of burnout emerged from the study of human service professionals; it seems natural that the initial dominant antecedents to burnout would revolve around the helping relationship. In an effort to assist people in finding resolution to their problems providers immerse themselves to some degree in the issues their clients face; they share the emotional burden. The frequency of involvement, the depth of engagement and the nature of these interactions defines the client-centered demands required of the helping professional (Maslach, 1982).

It has also been observed that, if a person is optimizing their future with inner peace can cope with any emotional disturbance of their life, which could lead to a better life satisfaction and efficacy in work. This finding was supported by Simpson (2005) work, those who have more spiritual experience a greater sense of well-being and life satisfaction, cope better with burnout, and are less likely to commit suicide.

On the basis of the above discussion it was concluded that being a health professional is physically and emotionally demanding. There is good evidence to show that doctors are at higher risk of burned out than the general population. There needs to be a culture change within the profession for doctors and their employers to pay closer attention to how doctors deal with the demands of the job, how they look after their own mental health and attain wellbeing and a sense of balance between their working and personal lives. At last it can be quoted as, getting things right for patients' means first getting things as good we can for those who deliver their care, Firth-Cozens, (2003).

**CONCLUSION:** These professionals every day deals with the problems and fades the interest in helping individual. Workers who have frequent intense or emotionally charged interactions with others are more susceptible to burnout. The reason for the arisen problems in their life could be because of the work pressure. Optimism is very important ingredient in life of professionals. Optimism in health profession plays the most important role in their carrier because optimistic attitude and hope motivate them to do the required job. Similarly self efficacy relates to a person's perception of their ability to reach a goal. Self-efficacy beliefs are the most influential arbiter of human activity.

#### **IMPLICATIONS:**

The findings of the study will serve as the reference material for all the health professional.

#### **V. Acknowledgment:**

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