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Work stress and turnover intentions among hospital physicians: The mediating role of burnout and work satisfaction



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ABSTRACT

Work stress has extremely significant consequences to the individual and to the organization (Barling, Kelloway, & Frone, 2005). This study examined the relationship between perceived work stress, burnout, satisfaction at work, and turnover intentions. We hypothesized that a positive relationship would be found between work stress and burnout, and negative relationships would be found between burnout and satisfaction, and between satisfaction and turnover intentions. The sample included 124 hospital physicians. As expected, all our hypotheses were corroborated. Structural Equation Modeling (SEM) found that beyond the assumed direct relationships, burnout partially mediated between work stress and work satisfaction, and work satisfaction partially mediated the relationship between burnout and turnover intentions. The paper reviews the theoretical consequences and suggests ideas for future research.

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Estrés laboral e intención de abandono en médicos hospitalarios: el papel mediador del agotamiento y la satisfacción laboral

RESUMEN

El estrés laboral tiene consecuencias muy importantes para la persona y para la organización (Barling, Kelloway y Frone, 2005). Este estudio analiza la relación entre estrés laboral percibido, agotamiento (*burnout*), satisfacción laboral e intención de abandono. Planteamos las hipótesis de que habría una relación positiva entre estrés laboral y agotamiento y negativa entre este último y satisfacción y entre esta y la intención de abandono. La muestra estaba compuesta por 124 médicos de hospital. Según lo esperado, se corroboraron todas las hipótesis. El modelo de ecuaciones estructurales demostró que más allá de las supuestas relaciones directas, el agotamiento mediaba parcialmente entre el estrés laboral y la satisfacción laboral y esta mediaba parcialmente la relación entre agotamiento e intención de abandono. El trabajo revisa las consecuencias teóricas y propone ideas para la futura investigación.

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Palabras clave:

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Work stress

Job stress has received extensive theoretical and research attention. Work stress occurs when a person appraises external demands

from work as taxing or exceeding his or her resources (Lazarus, 1999). Once employees perceive any work situation as presenting demands that threaten to exceed their capabilities and resources for meeting them – or as being too costly if not met – they are expected to assess the situation as stressful. These perceptions are, of course, very subjective; stress is in “the eye of the beholder”.

Physicians, specifically, deal with numerous and varied stressors: long work hours, unreasonable work conditions, and work environment (many patients and too little time for each patient), sleep disorders because of night shifts, loss of autonomy (the

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physician is forced to cope with the economic, social, and legal implications of his/her decisions; patients are better informed due to exposure to the internet), lack of balance between work and personal life, isolation (a physician cannot discuss patients with colleagues because of confidentiality issues), relatively low pay in comparison to what is expected in return for the long years of training and long work hours, low promotion options, professional responsibility, dealing with illness and death on a daily basis, a sense of failure (when a patient is not cured), fear of lawsuits for medical malpractice, and more (Burbeck, Coomber, Robinson, & Todd, 2002; Klein, Frie, Blum, & Von dem Knesebeck, 2011). It is, therefore, not surprising that physicians experience work stress.

Work stress, burnout, work dissatisfaction, and turnover intentions

Stress at the workplace has become an important issue because its consequences can take a heavy toll on organizations and their employees (Barling, Kelloway, & Frone, 2005). High levels of stress can impair workers' performance and result in negative behavioral and attitudinal work outcomes (Barling et al., 2005; Gilboa, Shirom, Fried, & Cooper, 2008). Of interest, recent studies have shown that chronic work pressure conduces a feeling of overconsumption of energy that undermines wellbeing. It occurs when job-relevant personal resources are constantly exceeded by work demands (Urien Angulo, & Osca, 2012).

The Conservation of Resources Theory (COR) is a general stress theory that is based on the premise that individuals seek to preserve, renew, and enhance their resources – and when they cannot do so, they experience stress. In other words, stress occurs when resources are perceived as unstable, threatened, or lost, or when individuals are unable to attain or preserve resources with available means (Hobfoll, 2001). Resources are defined as objective personal characteristics, conditions, or energies that are valued in themselves or because they contribute to achieving or preserving valued resources. COR theory has been suggested as an integrative stress theory, which includes both the worker's subjective processes (i.e., personality attributes such as locus of control and flexibility, which might exert influence on the perception of stress at work) and objective or external environmental sources of stress (e.g., inherent extreme or noxious stimuli such as risk of physical harm or extreme temperature work conditions). Based on this theory, it may be claimed that as work demands exceed the bounds of the official job, they rob the worker of many resources that are required to fulfill the formal job, thus leaving the worker with fewer resources to devote to regular tasks, which, in turn, increases the sense of stress. This depletion of resources leads over time to burnout (Crawford, LePine, & Rich, 2010). Employee burnout is a progressive psychological response to chronic work stress involving emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment (Maslach & Jackson, 1981). For doctors, burnout is an occupational disease that impairs both quality of healthcare and physicians' health. It is associated with medical malpractice (Chen et al., 2013), emotional distress, absenteeism, reduction in personal effectiveness, and increased risk of health problems (Kushnir & Cohen, 2006). A comprehensive study examining burnout among physicians in Israel (in the years 1994–2001) indicated that many suffered high levels of burnout, with burnout levels rising significantly throughout the years of the study (Kushnir, Levhar, & Cohen, 2004). These findings coincide with a study that examined burnout among American doctors in various specialties (Shanafelt et al., 2012), and found that burnout is more common among physicians than among other US workers. Of the physicians, 45.8% reported at least one symptom of

burnout compared to 23% of the general population. Furthermore, physicians in specialties at the front line of care access (family medicine, general internal medicine, and emergency medicine) seem to be at the greatest risk. Lower levels of burnout were found among dermatologists, pediatricians, and pathologists¹. Burnout, as it increases, has been shown to result in lower work satisfaction and subsequently increased levels of turnover intentions (Cropanzano, Rupp, & Byrne, 2003; Moreno-Jiménez, Hernández, Carvajal, Gamarra, Ramón, 2009; Smith & Tziner, 1998; Urien Angulo, & Osca, 2012). Job satisfaction refers to one's cognitive (evaluative), affective (or emotional), and behavioral responses to one's job, as assessed by one's evaluation of job features or characteristics, emotional responses to events that occur on the job, and job-related behavioral intentions (Locke, 1976). Individuals suffering from unrelenting depletion of resources perceive little or no chances to change this reality. Thus, understandably, they experience dissatisfaction with their work, a state that is psychologically taxing. Moreover, the avenue to extract themselves from this unpleasant situation is by considering leaving their present work, the source of their pain (i.e., they develop turnover intentions) (Moreno-Jiménez et al., 2009).

The following hypotheses are based on the above literature review and derived from it.

Hypothesis 1: Work stress will positively relate to burnout.

Hypothesis 2: Burnout will negatively associate with work satisfaction.

Hypothesis 3: Work satisfaction will negatively relate to turnover intentions.

In the present study, we intended to examine so-far insufficiently investigated links between work stress, burnout, work satisfaction, and turnover intentions of physicians, whose work is allegedly strenuous. Although previous studies have examined the stress-burnout-turnover relationship, we believe that replication of these studies in a different culture (Israel) and among doctors employed in a specific framework (hospitals) can contribute to better understanding physicians' burnout and turnover processes. The literature certainly indicates a need to continue research in this area (Zhang & Feng, 2011). This recommendation is consistent with the contention of eminent scholars that the ultimate test for validity of findings is their recurrence in numerous replications (James, Mulaik, & Brett, 1982).

Method

Participants

The data were collected from 124 hospital-employed physicians as respondents, of whom 50% were men and 50% women. Their mean age was 39.86 years. Their tenure in the present organization was 53.22% in the range of 1–10 years, 24.19% in the range of 11–20 years, 15.32% in the range of 21–30 years and 7.25% in the range of 30 years and above; 68.3% were married, 22% were single, 8.9% were divorced, and 0.8% widowed; 32.8% of the physicians that participated in the study were dermatologists, 32.8% internists, 33.6% pediatricians, and 0.8% interns. About half of the respondents (47.5%) were senior physicians, 42.5% were interns, 9.2% were chief physicians, and 0.8% were deputy chief physicians. Most of the respondents (58.5%) were specialists, 33% were level-one residents, and 8.5% were level-two residents. The study was conducted in six hospitals in Israel. One-hundred seventy questionnaires were handed out, of which 124 were filled out and returned. The return rate was 72.94%.

¹ Respectively, this study examined doctors from both ends of the burnout scale: internists on one hand and pediatricians and dermatologists on the other hand.

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