

Task Identity and Job Autonomy as Correlates of Burnout among Doctors in Jos.

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ABSTRACT

This study examined task identity and job autonomy as correlates of burnout among doctors in Jos. It made use of 57 participants that responded to, Job Diagnostic Survey and Maslach Burnout Inventory. Three hypotheses were posited and were tested using Pearson's Correlation Statistics. The results indicated that task identity had negative significant relationship with doctors' experience of burnout ($r(1)=-0.34$, $P<.01$) and job autonomy also had negative significant relationship with doctors' experience of burnout ($r(1)=-0.45$, $P<.00$). No significant relationship was observed between task identity and job autonomy. Findings were discussed in light of the literature on moderating factors on burnout. Implications of these results were given and recommendations made on how to tackle burnout phenomenon among doctors.

KEY WORDS: Task Identity, Job Autonomy, Burnout, Doctors, Jos.

INTRODUCTION

One of the major challenges of human service organizations is high staff turnover. This is very important because it goes a long way to determine the quality of service they render to their clients. Researchers have however identified burnout as one major factor that poses problem as this group of workers tries to meet up with job demands (Leiter & Harvie, 1996; Cox & Leiter, 1992; Adebayo & Ezeanya, 2010; Adekola, 2010). Researchers have indicated that the consequences of burnout are potentially serious for health workers which doctors are one of them (Maslach & Jackson, 1986). Traditionally, the nature of their job which has high physical, mental and emotional challenges has been indicted to be the cause of this phenomenon (Cordes & Dougherty, 1993; Ashforth & Kreiner, 1999; Daisy, 2009).

Burnout is a concept that researchers have been dealing with for past years. Models of burnout revealed that burnout has three important dimensions of emotional exhaustion, cynicism and inefficiency (Leiter, 1991; Maslach, Schaufeli & Leiter, 2001; Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002; Colman, 2003). Exhaustion refers to general fatigue and strain associated with working Cynicism is an indifferent or distant attitude towards work or clients; and inefficiency represents an individual perception of how successful he/she is at accomplishing both social and non social work objectives. Although most researchers agree with these three dimensions, they still believe that one aspect is not inevitable consequence of another (Schwab & Iwanicki, 1982). This implies that one does not necessarily progress from emotional exhaustion through cynicism to inefficiency.

Researchers have defined burnout as "a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform (Maslach, Jackson & Leiter, 1996; Schaufeli, Leiter, & Maslach, 2009). It is also reported to be correlated with numerous self-reported measures of personal distress such as depression, apathy, tension, fatigues and anxiety (Burke & Greenglass, 2001). Other researchers observed that burnout is a crisis with work in general and is characterized by negative attitudes or effects towards the self, others at work, or one's job. It is a response to the belief that one's work-related goals have not been achieved (Golembiewski, Munzrider & Carter, 1983; Burnout is associated with a myriad of negative outcomes such as reduced mental health and psychological well-being, low job satisfaction, poor work quality and performance, and withdrawal behaviour (Bovier, Arigoni, Schinider & Gallacchi, 2009; Rabin, Matalon, Maoz & Shiber, 2005). Efforts of researchers are however geared towards findings practices to reduce causes and consequences of work burnout.

This study is trying to contribute in ameliorating the effects of burnout, adopts job demands-resources (JD-R) model of burnout (Demerouti, Bakker, Nachreiner & Schaufeli, 2001) to explain how some job characteristics correlate and their correlation with burnout. The JD-R model posits that burnout develops through two distinct processes. In the

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first process, extreme job demands overtax the employee and lead to exhaustion. Job demands are the physical, social, or organizational aspects of a job that require an employee to exert sustained physical or mental effort that lead to burnout. The second process involves a lack of job resources. Job resources are the physical, psychological, social, organizational aspects of a job that may do one or more of the following, reduce job demands, assist in achieving work goals, or stimulate growth and development. Lack of job resources is more likely lead to experience of burnout (Demerouti *et al.* 2001).

The two job characteristics to be tested in the current study, job autonomy and task identity can be considered as job resources (Bakker & Demerouti, 2007). When employees lack autonomy, they may not be equipped to meet the demands that are placed upon them. Furthermore, depending on an individual's work goals, autonomy may be a necessary resource to achieve these goals. Task identity is job characteristic that stimulates personal growth and development (Hackman, Oldham, Janson & Purdy, 1975) and can help employees achieve their work goals. When employees are given the opportunity to maximize the use of their talent and ability for pursuing a clearly identifiable and worthy outcome or goal, they are more likely to consider their job as one that helps them meet their own personal goals and aspirations. If the aforementioned job characteristics are considered to be resources, their presence should reduce burnout through the second process specified in the JD-R model (Bakker & Demerouti, 2007). Due to the highly demanding nature of healthcare work like that of doctors, lack of these job characteristics affects job resources and in turn experience of burnout. This study will also consider relationship between the two job characteristics job autonomy and task identity as these help infer whether the interaction of the two will have effect on experience of burnout.

Empirical studies however have revealed that there is link between these two job characteristics and burnout. Job autonomy has been found to moderate burnout. In this light, workers with high level of job autonomy also experience lower degree of burnout (Burke & Richardson, 1993; Cordes & Dougherty, 1993; Nekoei-Moghadam, Poor & Sadeghi, 2008; Ito & Brotheridge, 2003; Adebayo & Ezeanya, 2010). In a similar fashion, workers with high level of task identity also experience lower degree of burnout (Chiu, 2000, Tummers, Janseen, Land weed & Honkes, 2001; Grandy, Fish & Steiner, 2005, Nekoei-Moghadam, Poor & Sadeghi, 2008; Adebayo & Ezeanya, 2010; Bremner & Carriere, 2011). These job characteristic have for past decades been found to be related to job burnout (Abraham, 1997; Pizam & Nenmann, 1999). In addition the two job characteristics have been found to relate to each other (Handricks, 2011). However their interaction does not moderate the experience of burnout (Adebayo & Ezeanya, 2010).

It is on the basis of the above findings that the present study intends to investigate relationship between job autonomy, task identity and burnout.

The following hypotheses are put forward for testing:

1. Job autonomy will be negatively related to doctor's experience of burnout.
2. Task identity will be negatively related to doctors' experience of burnout.
3. Job autonomy will be negatively related to task identity among doctors.

METHOD

Participants

A total of 57 doctors participated in the study. The sample was drawn from four hospitals (Jos University Teaching Hospital, Plateau Specialist Hospital, Our Lady of Apostles Hospital and Evangelical Church of West Africa Hospital) all located in different parts of Jos metropolis. The four hospitals were chosen above other hospitals because they are where qualified doctors can be found. A simple random sampling of yes and no was adopted in selecting the sample. Those who picked yes participated in the study.

Instrument

Two instruments were used for this study.

- (1) Job Diagnostic Survey (JDS)
- (2) Maslach Burnout Inventory (MBI)

The Job Diagnostic Survey (JDS) is a 21 items scale with seven subscales. The scale has been standardized in Nigeria by Omoluabi (2000 a). Two sub-scales which measure task identity and job autonomy were adopted. The abridged scale have 7-items in which 1, 2, 3 which were items 4,3,6, in the original scale measure task identity while items 4,5,6,7, which were items 10,11,12,13, measures job autonomy. The scoring key ranges from "very inaccurate" (1) to "very accurate" (7). Items 1,3,4,6,7, were scored directly while items 2,5, were scored in a reverse order. The psychometric property revealed that it has internal consistency alpha reliability coefficients of 0.68 for task identity and 0.63 for job autonomy while the validity coefficients ranges from 0.16 to 0.51.

The Maslach Burnout Inventory is a 22-items scale developed by Maslach & Jackson (1986) and was designed to measure three components of burnout. Items 1,2,3,6,8,13,14,16,20, measure emotional exhaustion, items 5, 10, 11,15,22, measure depersonalization and items 4,7,9,12,17,18,19,21 measure reduced personal accomplishment. The scoring key

ranges from “a few times a year” (1) to “everyday” (6). All the items that measure emotional exhaustion and depersonalization were scored directly while those of reduced personal accomplishment were scored in a reverse order. This scale has been standardized in Nigeria by Omoluabi (2000b). The psychometric property revealed that it has internal consistency alpha reliability coefficient of 0.86 and validity coefficients rang of 0.01 to 0.36.

Procedure

A total of 65 copies of and burnout scales were administered to doctors at the four hospitals. This was achieved with the aid of hospital personnel officers. The participants were only doctors on permanent employment with the organizations. Out of 65 copies distributed, 60 copies of the scales were completed and returned. This represented a percentage return of 92.31. of this number that we returned, 3 copies (5%) were discarded as a result of improper and incomplete responses leaving 57 (95%) properly filled copies. The data generated from these properly completed scales were used for the statistical analysis.

Design/Statistics

The study was carried out by means of field study. Based on the fact that we have three factors that seek to determine relationship against the other, correlational design was used. Also Person Moment Correlation Statistics was also used.

RESULTS

The study made use Pearson's product Moment Correlation Statistics. Based on this analysis, the following findings were made.

Table 1: Correlation between Task Identity and Burnout among Doctors in Jos.

N	FACTOR	MEAN	STA. DEVIATION	df	r cal	P
57	Task Identity	5.33	1.19	55	-0.34	.01
	Burnout	51.26	10.48			

From the table, mean score of 5.33 and standard deviation of 0.19 on task identity and mean score of 51.26 and standard deviation of 10.48 on burnout were observed. Task identity had significant negative correlation to burnout ($r(55) = -0.34, P < .01$).

Table 2: Correlation between Job Autonomy and Burnout among Doctors in Jos.

N	FACTOR	MEAN	STA. DEVIATION	df	r cal	P
57	Task autonomy	4.98	1.47	55	-0.45	.00
	Burnout	51.26	10.48			

From the table above, means score of 4.98 and standard deviation of 1.47 on job autonomy and mean score of 51.26 and standard of 10.48 on burnout were observed. Job autonomy had significant negative correlation to burnout ($r(55) = -0.45, P < .01$).

Table 3: Correlation between Task Identity and Job Autonomy among Doctors in Jos.

N	FACTOR	MEAN	STA. DEVIATION	df	r cal	P
57	Task Identity	5.33	1.19	55	-0.16	.23
	Job Autonomy	4.98	1.47			

From the table above, mean score of 5.33 and standard deviation of 1.19 on task identity and mean score of 4.98 and standard deviation of 1.47 were observed. Task identity did not shown any significant correlation with job autonomy ($r(55) = -0.16, P > .05$).

DISCUSSION

The study investigated correlations of task identity, job autonomy and burnout, which can have serious consequences on both individual worker and health service organization in general. The results revealed that the two job characteristics have significant negative correlation with burnout.

Task identity was found to have a significant negative relationship with burnout. This implies that when the level of doctors' task identity was increasing their experience of burnout was then decreasing. This result suggests that creating a working condition in which doctors will have opportunity to perform a task from beginning to end with a visible outcome will help reduce their experience of burnout. This result corroborated with the findings of Chiu (2000), Tummers, Janseen, Landweed & Houkes (2001); Bermner and Carriere (2011); and Adebayo and Ezeanya (2010). This shows that creating opportunity for doctors to grow and develop will reduce the incidence of burnout.

Job autonomy was also found to have a significant negative relationship with burnout. This also implies that when the level of doctors' sense of autonomy was increasing their experience of burnout was decreasing. This result suggests that when doctors exercise discretion on their job, their experience of burnout will be minimal. This study was supported by the findings of Ito & Brotheridge (2003) and Adebayo & Ezeanya (2010). It shows that burnout experience among doctors can be reduced through autonomy.

However the relationship between these two job characteristics was found not to be significant. This fails to support an earlier finding by Handricker (2011). This implies that doctors' task identity does not have much to contribute to their job autonomy. This may possibly suggest that the two cannot affect each other in moderating the experience of burnout.

These results have implications for strategies on the prevention of burnout among Nigerian doctors. Just as the second process specified in the JD-R model, when these doctors are given opportunity to maximize the use of their talent and ability for pursuing a clearly identifiable and worthy outcome or goal, they are more likely to consider their job as one that helps them meet their own personal goals and aspirations. This will however help moderate and reduce the experience of burnout thereby promoting productivity. Working out measures to prevent incidents of burnout among this category of healthcare workers will at long run raise the quality of health care delivery. The findings of this research provide some vital ingredients that can help our policy formulators to create a system that encourages job enrichment. This is very important since creating a less hazardous work atmosphere will encourage quality of work life of these professionals. When such atmospheres that guarantee growth and development have been created, burnout among employees will be reduced to minimal level.

Conclusively, both individual employees and the organization are affected by the negative impact of burnout. When burnout sets in, individuals experience feelings of reduced professional efficiency while the organization begins to fall short of their productivity level. To see that this ugly incidence is avoided, work should be designed in a way that individuals are enriched in their job. A situation like this not only reduces job demand but will help ameliorate the experience of burnout. Although this study provided some important findings, the sample size is small to make a general statement on doctor burnout experience. Further research in this direction is advocated to understand more on how burnout can be eliminated in the work place.

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