

A Study of Quality of Work Life, Mental Health and Burnout Among the Employees

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Due to contradictory demands of life and work, life in organizations is changing rapidly. Present study makes an attempt to study the Quality of work life, mental health and burnout among employees of Haryana Vidut Prasaran Nigam Limited. For this purpose a data of 100 male professionals was collected. Findings indicate that mental health, and personal accomplishments are positively correlated with quality of work life whereas depersonalisation and emotional exhaustion are negatively related with quality of work life.

Key words: Quality of Work Life, Mental Health, and Burnout.

Life at work is very much a result of the employees' happiness at work, their physical and mental health. Researchers have proved that all these are dependent on each other. Work settings decide very much the perceived quality of work life, employee's physical and mental health and the outcomes of the atmosphere at workplace.

The perception of quality of life at work is completely a subjective feeling. It is the direct indicator of human satisfaction, happiness and adaptability towards work and life both. Quality of work life has been defined as the quality of relationship between employees and the total working environment. It seeks to create those conditions in the organization which promote individual learning and development, provide individuals with influence and control over what they do and how do they do it, make available to the individuals interesting and meaningful work as a source of personal satisfaction and a means to valued personal rewards.

There are numbers of factors, which influence the perception of employees regarding the quality of their life at work. Broadly these factors can be divided in two categories, personal factors and organizational factors. Personal factors affecting quality of work life are related to personal life of employees like their personality, attitudes, attribution styles, mental health, coping styles etc,

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and in the same way organizational factors are mainly related to organizational climate, psychological participation, facilities available at workplace etc.

Mental health has been reported as an important factor influencing individual's behaviour, activities, happiness and performance. It can be defined as the ability to make adequate adjustments to the environment in context to reality. It is one of the ability to face and accept the realities of life (Bhatia, 1982). It is an integral component of health through which a person realizes his or her cognitive, affective and relational abilities with a balanced mental disposition. Mental health and quality of work life are interdependent concepts. To a large extent quality of work life affects the mental health status of employees and vice-versa. Poor mental health may shape the perception towards organizational environments. A positive frame of mind perceives the thing in a more positive way and a person having the tendencies of negative emotions and depressive symptoms are more prone to appraise the quality of work life negatively.

In occupational mental health research, attention has been particularly directed to affective well being factors such as job satisfaction, depressive moods and anxiety. The more chronic mental health disorders, resulting from long-term exposure to stressors and to a greater or lesser extent also related to personality disorders, have a much lower prevalence in the working population. These chronic mental health problems have a multitude of causal factors. Occupational stressors will consequently be only partly responsible for the chronic condition. High levels of workplace stress have been linked to an increased risk of physical injuries at work, high blood pressure,

cardiovascular disease, depression and other mental health conditions, and increase in negative personal health practices such as smoking and drinking (Jackson, 2002). In various studies, levels of job strain have been found to be predictive of a range of health outcomes like mental health, cancer, pregnancy outcomes and periodontal disease (Jones et. al., 1998).

Burnout is a chronic affective state comprised of emotional exhaustion, physical fatigue, and cognitive weariness (Shirom, 1989, 2003). It is an outcome of chronic problems of the individual's coping resources resulting from prolonged exposure to stress, particularly work-related stress. Burnout is defined as a negative psychological experience that is the reaction to job-related stress (Deutsch, 1984; Ratlif, 1988). As a general term, burnout refers to a cluster of physical, emotional, and interactional symptoms including emotional exhaustion, a sense of lacking personal accomplishment, and depersonalisation of clients (Maslach, 1982). It is a state of physical, mental, and emotional exhaustion that often results from a combination of very high expectation and persistent situational stress. It describes a state of depletion of a person's resources, particularly energy due to excessive demands made on him/her as a result of which the individual becomes apathetic and impassive towards his/her work and other aspects of his/her life. It has been found to have dysfunctional repercussions on the individual and adverse effects on the organization. It may reflect in a continued dissatisfaction with the situation, ranging from mild boredom to severe depression, irritation, exhaustion, and physical ailment. The experience of too much pressure and too few sources of satisfaction can develop into a feeling of exhaustion leading to burnout (Golembiewski and Munzenrider, 1988).

Burnout in an individual is inferred to result from job strains, which may lead to maladaptive coping responses and poor work performance (Tang & Yeung, 1999). Other burnout symptoms may include high absenteeism, lack of commitment, abnormal desire for vacations, low satisfaction, self-esteem, and an inability to take work seriously (Leung, Siu, & Spector, 2000). However, while exposure to some level of stressor may help individual performance, the long-term effects of stress on the individual tend to be negative, according to the majority of research looking at prolonged exposure to stress.

Hood and Smith (1994) stated in their research work that quality of work life is not a distinct concept, but can be associated with aspects such as job satisfaction, job involvement, motivation, productivity, health, safety and well being.

Oshagbemi (1999) revealed that relevance of job satisfaction to the physical and mental well being of employees. He sees work as an important aspect of people's lives because a large part of their lives is spent at work. Therefore an understanding of the factors involved in creating work related satisfaction is relevant to improving the well being of a significant number of people.

Lund and Borg, (1999); Lu, et. al., (2000); Hui and Lee, (2000) have found that work-related outcomes such as job satisfaction, intention to turnover, remaining in work, organizational commitment, job performance, absenteeism, and work-related accidents have been significantly predicted by work conditions.

Forsyth and Debruyne (2007) discussed that employees' perception regarding their better work life balance affects their working. In a survey on 1187 employees from New Zealand, they have found that if workers perceive that employers were providing help to assist work-life balance then result was improvement in job satisfaction and reduced work pressure.

Mental health of the employees is an important aspect in the organizations. It is not a static condition but subject to variations, fluctuations of degree, the capacity in an individual to form, harmonious relations with others, and to participate in, or contribute constructively to, changing in his social and physical environment. Narayanana and Prabhakaran (1993) observed the mental health of 128 employees, the results of the study revealed that mental health was poor amongst those who were not satisfied with their job, low income and experiencing deprivation in their life situation.

Gaines and Koppeler (2003) found that over time, work related problems and, poor mental health could dramatically increase employee's proneness to emotional disorders, physical illness, accidents, marital and family problems, excessive drinking drug use, and suicide.

Rau (2006) studied mental health, vocational success, and life satisfaction as healthy atmosphere at work and found that health is associated with the

objectively assessed learning opportunities at work. In same study it was also found that people in jobs without learning opportunities have reduced degrees of freedom and hardly any decision authority. More generally, people in such jobs have less control over their work. That means that the strain potential of those jobs is high. It is well known that high job strain is associated with elevated blood pressure and heart rate as compared to situations with low job strain (Haynes et al., 1991).

Job burnout is a problem in many professions, but it is significantly more prevalent in the helping professions. The term burnout was first described in the literature by Freudenberger (1974), who identified a state of fatigue and frustration arising from unrealistic and excessive demands on the personal resources of health and service workers (Maslach, 1982). Freudenberger suggested that a person attempting to achieve unrealistic expectations, whether imposed socially or internally, may become exhausted both physically and mentally (Miller, 1995). At about the same time, Maslach was studying the ways in which people coped with emotional arousal on the job (Maslach & Schaufeli, 1993). One potential result of an extended exposure to a single or to multiple stressors is burnout, defined by Maslach, Schaufeli, and Leiter (2001) to include exhaustion, feelings of cynicism and detachment, a sense of ineffectiveness, and lack of accomplishment. High stress jobs can lead to more burnout than normal ones. Maslach, Schaufeli, and Leiter (2001) noted that individuals with high burnout scores tend to also exhibit higher levels of job dissatisfaction and lower workplace effectiveness. Work by Lee and Ashforth (1990) supports the argument that high and consistent exposure to stress can lead to burnout. Cropanzano, Rapp, and Bryne (2003) find that long-term exposure to high levels of stressors can lead to emotional exhaustion, which has been shown to degrade organizational commitment and increase turnover intentions. According to Seymour and Black (2002), chronic stress can also lead to physical problems, including cardiovascular disease, muscle pain, stomach and intestinal problems, decreased fertility, and reduced immune system strength. Long-term stress can also lead to feelings of anger, anxiety, fatigue, depression, and sleep problems.

Maslach and Jackson (1996) explored that the distinct predictors of burnout, which include both demands of work and the lack of various resources. The development of depersonalization is related to the experience of emotional exhaustion

(i.e., emotional exhaustion is seen as mediating the environment's relationships with depersonalization); thus, these two aspects of burnout are believed to be correlated. The third dimension of burnout, reduced personal accomplishment, is believed to be separate and independent of the two other burnout dimensions (Maslach, 1993), and may develop in parallel with emotional exhaustion (Maslach et al., 1996).

Keeping in view other previous researches we have made some objectives of the study.

Objectives

1. To study the relationships between quality of work life and mental health.
2. To study the relationships between quality of work life and different dimensions of burnout.

Method

Sample: - For the present study a sample of 368 working professionals was taken from Haryana Vidyut Prasaran Nigam Limited, Haryana. Most of the sample was taken from Hisar (Haryana) and adjoining districts.

Measures

Quality of Work Life Scale:

Jain developed this scale in 1984 and this scale is based on eight conceptual areas identified by Walton (1974). This scale consists of 52 items and subject will have to respond only in 'yes' or 'no' to each item. The maximum possible score is 52 and minimum being zero with increasing scores are indicator of higher degree of quality of working life. The split half reliability and test retest reliability of quality of working life are .32 and .85 respectively.

General Mental Health

General mental health was measured by General health questionnaire (GHQ-12) prepared by David Goldberg and Paul Williams (1988). There are 12 items in GHQ-12. Subject will have to respond to each item on a four-point scale. GHQ-12 is a reliable and valid tool to assess mental health. The split half reliability of this test is 0.95 and test retest reliability is 0.85.

Maslach Burnout Inventory

Maslach Burnout Inventory is used here to measure burnout, which is given by Christina

Maslach and Susan E. Jackson (1996). The purpose of this scale is to measure three components of burnout syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. The reliability coefficients for the subscales are the following: .90 for Emotional Exhaustion; .79 for Depersonalization; and .71 for Personal Accomplishment.

Results and Discussion

Present paper is an attempt to investigate the relationships of perceived quality of work life, mental health and burnout among the employees. For the required result in this study Pearson product moment method of correlation has been applied. All the inter-correlations have been mentioned in the Intercorrelation Matrix Table.

Results revealed a significant relationship (-.39**) between quality of work life and mental health illness. It can be stated that the persons with good mental health also have qualitatively good work life and there exists positive correlation between the two variables. To a large extent quality of work life affects the mental health status of employees and vice-versa. Poor mental health may shape the perception towards organizational environment. A positive frame of mind perceives the things in a more positive way and a person having the tendencies of negative emotions and depressive symptoms is more prone to appraise the quality of work life negatively. These results are in line with other findings like high levels of workplace stress have been linked to an increased risk of, depression and other mental health illness. (Jackson, 2002). These results are also supported by Jones et. al., (1998) and Rau (2006).

Further results indicated a significant negative correlation (-.20**) between depersonalisation (a dimension of burnout) and quality of work life. This shows that persons who feel less depersonalised find their work's quality better and vice-versa. In the same manner there exists a significant correlation (-.038**) between emotional exhaustion and perceived quality of work life. This shows that a person who feels emotionally exhausted perceives poor quality of work life. The present result supported by Davis and Wilson (2000). They explained that teachers' burnout and satisfaction, described the importance of quality of work life programs as a means for reducing or eliminating teachers' burnout. Hart

(1994) examined the positive and negative experiences of teachers and found that psychological distress and morale contributed equally to teachers' overall quality of work life. Lewin's (1951) also provides an important basis for studying teachers' job behaviours and attitudes. It assumes that a person's behaviour is determined by the interaction between his or her personal characteristics and environmental factors, which can influence teachers' satisfaction, thus leading to burnout. Tam and Mong (2005) examined job stress and burnout in social workers in schools and found that the higher the level of job stress, the higher level of emotional exhaustion and depersonalization but the lower the personal accomplishment will be.

There significant positive correlation (.22**) exists between personal accomplishment and perceived quality of work life. This shows that persons who have more feelings of personal accomplishment and effectiveness at work also found their work life more qualitative. It clearly shows that persons who feel themselves competent regarding their work and who have a tendency to evaluate oneself positively also have positive feelings regarding their work. Chatman (1989), Day & Bedeian (1991), and Sommer, et. al (1995) supported these results. They found that organizations and individuals are interdependent and that organizational climate characterized by warmth, friendliness and fair rewards are conducive for high-performance work orientation, useful in promoting motivation and satisfaction in their work and sense of accomplishment, which will ultimately affect their performance. Similarly, employees of organizations characterized by supportive managerial relationships, group decision-making and organization-wide goals experienced less burnout (Vallen, 1993). Sommer et al (1995) also found that Korean employees perceived a more negative organizational climate are seen as detrimental to positive feelings about the workplace (e.g. support, recognition, rewards and responsibility). Anne Marie Berg et. al in a study in 2006 of Norwegian police said that the prevalence of subjective health complaints was relatively high and was mainly associated to job pressure and lack of support. All stress factors on frequency were positively associated to the burnout dimensions depersonalization and emotional exhaustion, except work injuries.

Conclusion

This paper highlights the relationships of perceived quality of work life, mental health and burnout among employees. Results revealed a significant relationship between quality of work life and mental health. Further results indicate a significant negative correlation between depersonalisation and quality of work life, in the same manner there exists a significant negative correlation between emotional exhaustion and perceived quality of work life. There exists significant positive correlation between personal accomplishment and perceived quality of work life. These findings suggests that by improving quality of work life the organization can control the feelings of burnout among its employees which is a major problem in all types of organizations.

References

- Anne Marie Berg et. al, (2006). *Journal of Occupational Medicine and Toxicology*, 1:26 doi: 10.1186/1745-6673-1-26
- Bhatia, B.D. (1982). 'Mental hygiene in education. In Kuppaswamy (ed.), *advanced educational psychology*'. Sterling publishers pvt. ltd.
- Chatman, J.A., (1989). 'Improving interactional organizational research: A model of performance organization fit'. *Academy Management Review*, 14: 333-349.
- Coopanzano, R., D. Rapp, and Z. Byrne, (2003). "The Relationship of Emotional Exhaustion to Work Attitudes, Job Performance, and Organizational Citizenship Behaviors," *Journal of Applied Psychology*, Vol. 88, No. 1, pp.160-169.
- Davis, J.; Wilson, S. M. (2000). 'Principals efforts to empower teachers: effects on teacher motivation and job satisfaction and stress'. *Clearing House*, 73 (6), 349-53.
- Day, D.V. and A.G. Bedeian, (1991). Predicting job performance across organizations: The interaction of work orientation and psychological climate. *Journal of Management*, 17: 589-600.
- Deutsch, C. (1984). 'Self reported sources of stress among psychotherapists', *Professional Psychology: Research & Practice*, 15, 833-845
- Deery, S., & Debruyne, A.P. (2007). The organizational pay-offs for perceived work- life balance support. *Asia Pacific Journal of Human Resources*, 4, (45), 113 -123.
- Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues*, 30, 159-165.
- Gaines, L. K., & Koppeler, V. E. (2003). *Policing in America*, Anderson Publishing Co., Cincinnati, OH.
- Goldberg, D., & Williams, P. (1988). *A user's guide to the General Health questionnaire*. Windsor, UK: NFER-Nelson.
- Golembiewski, R.T., & Munzenrider, R.F. (1988). *Phases of burnout*. New York: Praeger.
- Hart, P. (1994). Teacher Quality of Work Life: Integrating Work Experiences, Psychological Distress, and Morale. *Journal of Occupational and Organizational Psychology*, 67, 109-132.
- Haynes, S.N., Gannon, L.R., Orimoto, L., O'Brien, W.H., & Brandt, M. (1991). Psychophysiological assessment of poststress recovery. *Psychological Assessment*, 3, 356 -365.
- Hood, J. N., & Smith, H.L. (1994). Quality of work life in home care: the contribution of leaders' personal concern for staff. *Journal of Nursing Administration*, 24, 40-47.
- Hui, C., & Lee, C. (2000). Moderating effects of organization-based self esteem on organizational uncertainty: Employee response relationships. *Journal of Management*, 26,215-232.
- Jackson, A. (2002). *The Unhealthy Canadian Workplace*. Paper given at The Social Determinants of Health across the Life-Span Conference, Toronto.
- Jain, S. (1991). *Quality of work life*. Deep & Deep Publications, New Delhi.
- Jones F., Bright, J.E.H., Searle, B., & Cooper, L. (1998). Modelling occupational stress and health: The impact of the demand-control model on academic research and on workplace practice. *Stress Medicine*, 14, 231-236.
- Kristensen, T. (1995). The demand-control-support model: Methodological challenges for future research. *Stress Medicine*, 11, 17-26.
- Lee, R., & Ashforth, B. (1990). On the Meaning of Maslach's Three Dimensions of Burnout. *Journal of Applied Psychology*, 75, 743-747.
- Leung, T., Siu, O., & Spector, P.E. (2000). Faculty stressors, job satisfaction, and psychological distress among university teachers in Hong Kong: The role of locus of control. *International Journal of Stress Management*, 7(2), 121-138.
- Lu, L., Kao, S.F. Cooper, C.L., & Spector, P.E. (2000). Managerial stress, locus of control and job strain in Taiwan and UK: A comparative study. *International Journal of Stress Management*, 7, 209-226.
- Lund, T., & Borg, V. (1999). Work environment and self-rated health as predictors of remaining in work 5 years later Danish employees 35-59 years of age. *Experimental Aging research*, 25, 429-434.
- Maslach, C. (1982). *Burnout: A Social Psychological Analysis*. In J. W. Jones (Ed.), *The Burnout Syndrome: Current Research, Theory, Interventions* (pp. 30-53), Parke Ridge, IL: London House Press.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W.B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19-32). Washington, DC: Taylor & Francis.
- Maslach, C. & Jackson, S. E. (1996). Maslach Burnout Inventory - Human Services Survey (MBI-HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *Maslach Burnout Inventory Manual (3rd ed.)*. Mountain View, CA: Consulting Psychologists Press, Inc.
- Maslach, C., Jackson, S., & Leiter, M. (1996). *Maslach burnout inventory manual (3rd Ed.)*. California: Consulting Psychologist Press.
- Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In W.B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 1-16). Washington, DC: Taylor & Francis.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. In S. T. Fiske, D. L. Schacter, & C. Zahn-Waxler (Eds.), *Annual Review of Psychology*. Vol. 52 (pp. 397-422).

- Miller, D. (1995). Stress and burnout among health-care staff working with people affected by HIV. *British Journal of Guidance & Counseling*, 23(1), 19-31. Retrieved May 24, 2005, from Academic Search Premier database.
- Narayanan, T.R., & Prabhakaran, P. (1993). A study on mental health of industrial employees. *The creative psychologist*, 5, 47-52.
- Oshagbemi, T. (1999). Academics and Their Managers: A Comparative Study in Job Satisfaction. *Personnel Review*, 28, (1/2), 108-123.
- Ratliff, N. (1988). 'Stress and burnout in the helping professions', *Social Casework*, 69, 147-154.
- Rau, R. (2006). Learning opportunities at work as predictor for recovery and health. *European Journal of work and organizational psychology*, 15(2), 158-180.
- Seymour, D. J., and K. Black, "Stress in Primary Care Patients," in F. V. DeGruy III et al., eds., *20 Common Problems in Behavioral Health*, New York: McGraw-Hill, 2002, pp. 65-87.
- Shirom, A. (1989). Burnout in work organizations. In C. L. Cooper & I. Robertson (Eds.), *International Review of Industrial and Organizational Psychology* (pp. 26-48). N.Y.
- Shirom, A. (2003a). The effects of work-related stress on health. In M. J. Schabracq, J. A. M. Winnbust & C. L. Cooper (Eds.), *Handbook of work and health psychology* (2nd ed., pp. 63-83). New York, New York: Wiley.
- Sommer, S.M., S.H. Bae & Luthans, F. (1995). The structure-climate relationship in Korean organizations. *Asia Pacific Journal of Management*, 12: 23-36.
- Tam, S.K., & Mong, L. (2005). 'Job stress, perceived inequity and burnout among school social workers in Hong Kong'. *International Social Work*, 48, 4, 467-483.
- Tang, T., & Yeung, A. (1999). Hong Kong teachers' sources of stress, burnout, and job satisfaction. (Report No. SP038450). Hong Kong: Paper presented at the International Conference on Teacher Education. (ERIC Document Reproduction Service No. ED429954)
- Vallen, G.K., 1993. Organizational climate and burnout. *Cornell Hotel and Restaurant Administration Quarterly*, 34: 54-9.
- Walton, R.E. (1974). Improving the Quality of work life. *Harvard Business Review*, pp.12.

Table No. 1 (Inter Correlation Matrix)

	Mean	S.D.	Mental Health	Depersonalisation	Emotional Exhaustion	Perceived Accomplishment	Quality of Work Life
Mental Health	9.91	4.84	1.00	-0.37	0.46**	-0.08	-0.39**
Depersonalisation	12.61	10.01		1.00	0.11	-0.69**	-.20**
Emotional Exhaustion	14.32	9.21			1.00	-0.06	-0.38**
Perceived Accomplishment	29.53	11.58				1.00	0.22**
Quality of Work Life	34.67	6.57					1.00