

Impact of Job Burnout on Performance: A Study Among Hospital Employees of J&K, India

BIMTECH Business Perspectives
1–17
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Abstract

This study aims to examine the impact of job burnout on work performance in the hospitals of Jammu and Kashmir (J&K). A total of 304 employees from various hospitals in J&K provided data for the study. Analysis was carried out based on the questionnaire responses. Various statistical tools and techniques were used to understand the perceptual aspects of data and analysis using PLS-SEM. Further convergent and discriminant validity was established, leading to reliable hypothesis testing using structural equation modelling for testing causal relationships among the constructs. The intricacy among job burnout dimensions (independent variable) and employee performance (dependent variable) reveals that antecedents of job burnout are negatively associated with employee performance. In other words, emotional exhaustion, depersonalisation and reduction in personal accomplishment hamper employees' performance at the workplace. However, emotional exhaustion was found to be the most important dimension of job burnout, affecting employees' performance.

Keywords

Burnout, depersonalisation, reduced personal accomplishment, emotional exhaustion, and work performance.

Introduction

Healthcare is a people-centric service industry not just for improving inhabitants' living conditions, but also for providing economic prospects to the public industry (Lim et al., 2022). Healthcare personnel management occurs in a complex environment involving a wide range of professionals, extensive use of materials and equipment and various services that go beyond standard organisational practices (Xu &

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Geng, 2019). With its extremely unstable organisational changes, the current environment affects most industries, including the healthcare industry (Rudolph et al., 2021). Furthermore, healthcare workers are expected to have limitless time for patients, patience and energy without fatigue and to be available to sick people at all times, whether day or night. This initiates negative psychological attitudes among the employees at their workplace (Bernales-Turpo et al., 2022). Hospitals' employees are expected to work longer hours to meet job demands and work deadlines, putting even more pressure on them to produce more in a short period of time.

Stress is naturally unavoidable when working in a dynamic setting that is not entirely under one's control. Stress can be of many types. Work-related stress has been found to be the most important factor for burnout (Suwiknyo, 2022). Burnout has become common in modern life, particularly among employees in the healthcare industry at all levels. According to Maslach (1978), burnout is a behavioural state in which people cannot cope with additional professional pressure and are completely dissatisfied with their workplace. People experiencing such sensations are on the verge of burnout as they shift from a just-pleasant state to one where they are experiencing burnout. Once they become accustomed to it, they act inappropriately in the same situation. Employee burnout has been linked to prolonged exposure to such stressful work environments, which has ramifications beyond an employee's efficiency and productivity (Maslach & Leiter, 2016). Almost all jobs involve some stress level, but some are more likely to cause burnout. At work, a person is exposed to various stressors that directly impact their performance. It is thought to be a catalyst for poor employee performance, especially in the service industry. Employees who work beyond normal working hours face a significant risk of burnout. Over time workers may experience fatigue, mood swings, irritability and a decrease in productivity due to overwork (Batilmurik et al., 2022). To add to the historical context of the issue, professionals in the human-service sector are more prone to burnout, negatively impacting their performance as they are critically responsible for their patient's health (Lizano, 2015).

Employee attitudes and behaviour, such as burnout and workplace deviance, have recently been the subject of a growing body of research (Liao et al., 2004; Neubert & Roberts, 2013). Employees who do 'people work' have been shown to have the most of these attitudes and behaviours (Mitchell & Ambrose, 2007). Employees like these are likelier to break the rules necessary for effective performance (Mayer et al., 2009; Bhat et al., 2021). However, the psychological sensitivity of each profession creates an ideal environment for stress and workplace accidents. Therefore, preventing job burnout is a top priority in public health organisations. To ensure continuity and survival, it has been forced to upgrade and develop its services in the light of current challenges and advancements in the healthcare sector. As a result of these demands, hospital personnel have been subjected to increased tensions and stress. As a result, the accumulation and consistency of such increased burdens in a tense environment prevent any attempt to renovate and innovate, productivity, causing psychological problems, performance setbacks and unhappiness among the workforce. Despite the overwhelming demand for effective growth, the healthcare sector in the state of Jammu and Kashmir (J&K) is confronted with the outflow of efficient diagnosticians and other paramedical staff to other parts of the world. The state already suffers from an acute shortage of doctors and paramedics who do 'people's work'. The most prestigious hospitals in J&K cannot effectively use human resources, such as trained doctors and consultants (Bhat, 2013). The problem has only magnified and become more complicated with time. Prime hospitals in the state observed the greatest influx of patients. The increased demand for healthcare services, combined with a shortage of healthcare professionals, makes it difficult for hospitals and other healthcare providers to deliver high-quality care consistently. Also, the healthcare industry's work environment is characterised by long working hours, excessive workload and low pay, all of which demoralise employees' morale and lead to negative feelings about their organisational membership (Abbas & Firdous, 2017). As a result, healthcare executives are increasingly

confronted with the complex interrelationship between healthcare professional recruitment and retention, as well as the quality of care and patient satisfaction (Huhtala et al., 2021). The current study, against this background, intends to determine job burnout and its relationship to job burnout components in the performance of healthcare workers. Furthermore, the research investigates the linkages between burnout and performance among healthcare workers across J&K's hospitals.

Literature Review

Job Burnout

According to Freudenberger (1947), burnout is characterised by physical and emotional exhaustion due to excessive demands on one's energy and mental strength. According to the literature, burnout is a multidimensional construct with three distinct but interconnected components. The Maslach Burnout Inventory (MBI) was developed to assess burnout (Maslach & Jackson, 1981). Exhaustion is the most common domain of burnout, characterised by a lack of energy and a sense of being completely depleted of emotional and physical strength. Emotional exhaustion (EXE), or emotional depletion of energy, is measured by MBI. This could lead to 'compassion fatigue', defined as feelings of dissatisfaction when employees realise, they may not be able to perform as before. Employees' enthusiasm has been replaced by emotional and physical exhaustion. Depersonalisation is defined as 'negative, cynical attitudes towards the recipient of one's services and is characterised by a dysfunctional kind of detached concern' (Maslach et al., 1996; Dar et al., 2012., p. 92), which represents feelings of unresponsiveness in the workplace. An employee who has depersonalised becomes estranged from his job and has a casual and uncaring attitude towards it and his co-workers and customers. The employee may develop cynicism and show emotional detachment in his interactions with co-workers and clients. He may experience feelings of meaninglessness and identity loss. Reduced personal accomplishment (RPA), on the other hand, refers to 'feelings of incompetence, reduced ability to do the job, and a lack of accomplishment', as well as the perception of personal achievement. Individuals feel that their contribution to the organisation no longer matters because they feel ineffective and useless at work. As a result, they tend to criticise their work, believing that it lacks skill and ability to perform. These feelings are frequently accompanied by low self-esteem (Maslach, 1993). Job burnout has become ingrained in everyone's lives, which is both astonishing and surprising, and is emerging as a subject that has received a lot of attention in clinical, health and organisational behaviour studies. Job burnout, which denotes a state of fatigue, is one of the psychological consequences of substantial stress. This problem is followed by pessimism about the worth of other people's labour and a loss of self-worth. Freudenberger used the term 'burnout' in 1947 to characterise a state of physical and mental tiredness among young social workers working in substance misuse treatment programs. He found employment to be too difficult and time-consuming, and he is involved in far too many problems. During the last two decades, many organisational members and employees have experienced job stress and pressure at the same time. They have experienced job burnout as a result of these ongoing and chronic stresses. People behave as a result of their emotional investment in their profession, which is also marked by a fondness for high expectations. When people are subjected to prolonged periods of stress at work, they develop a state of physical and mental exhaustion (Alarcon et al., 2009). Job burnout is a psychological condition resulting from the cumulative and long-term negative effects of job stress. Teachers, doctors, nurses, lawyers, social workers, police officers and firefighters are among those who are vulnerable to job burnout. Job burnout has been interpreted in various ways by the general population. Absenteeism, performance, organisational citizenship behaviours

and turnover are all linked to burnout on both the organisational and individual levels (Halbesleben & Buckley, 2004; Taris & Schreurs, 2009).

Work Performance

‘An individual employee’s level of productivity, as compared to his or her peers, on a variety of job-related behaviours and outcomes’ is how work performance is defined (Babin & Boles, 1998). Work performance is defined as employee behaviours linked to specific expected organisational targets (Jex & Britt, 2014; Pradhan & Jena, 2016) or core tasks tied to reward systems (Rainayee et al., 2013). It refers to the skills, knowledge and other competencies and qualities required to perform well (Sonntag et al., 2008). Work performance refers to a worker’s ability to complete job-related tasks and the quality of those tasks. However, critics have criticised the concept for being limited to core task activities based solely on job analyses (Bhat, 2019). According to Jex and Britt (2014), work performance cannot be limited to behaviours directly related to task performance. As a result, task performance was named after work performance primarily associated with the tasks described in job analyses. Many business owners and managers assess each employee’s performance annually or quarterly to identify potential development areas. Work performance can be influenced in both positive and bad ways. Managers should conduct work performance appraisals more frequently, establish training and development programs and decide whether to promote and transfer staff to achieve good employee performance. Work performance review, also known as performance appraisal, is intended to directly impact organisational performance (Murali et al., 2021). A performance appraisal evaluates an employee’s work using a set of criteria or standards. The performance review examines an employee’s performance during the previous year and includes the development of new plans and goals for the coming year. This type of performance review improves employee performance since the employee is more aware of his or her expected work and, as a result, seeks to do better to meet his or her performance expectations. Employees exposed to a stressor, such as a role conflict or role ambiguity, have been found to have a significant impact on their job performance (Akgunduz, 2015). As Jex (1998) concluded in the study, high stress reduces job performance.

Burnout and Work Performance

Job burnout is work-related stress that causes physical or emotional exhaustion in an employee, which can result in deep depression, reduced productivity and susceptibility to serious illnesses, among other things. Employees who are stressed at work become cynical, irritable and short-tempered with their co-workers, customers or clients. According to studies, these circumstances promote a negative experience that can lead to burnout (Brisson & Bianchi, 2017; Maslach et al., 2001). Burnout occurs when people stay in stressful situations for long periods. Individuals and organisations both suffer from burnout. Negative behaviours related to professional responsibilities, a lack of interest, declining performance, leaving organisations, etc., are some of the effects of burnout on an organisation (Kanwar et al., 2009; Debala et al, 2022).

One of the most widely accepted (and intuitively appealing) consequences of burnout is decreased job performance (Halbesleben & Buckley, 2004). According to studies, job stress is linked to poor job performance, strained family relationships and various health problems; the findings of job burnout were also similar to those of job stress (Maslach, 2017). Researchers found a link between job burnout and physiological stress, as well as their direct impact on project manager performance in the construction

industry (Demirkesen & Ozorhon, 2017). Identifying and analysing the factors that contribute to employee burnout, as well as developing a model to interact with those factors, is one of the most important aspects for management. A system that displays the causes, consequences and preventive measures and actions could be beneficial. Employees' performance and job satisfaction will improve once they have overcome job burnout (Hassan et al., 2020). Furthermore, job burnout is a problem with the organisation rather than the employee. When employees are not as productive as they could be, the organisation, not the employees, is usually to blame. According to previous studies, high job burnout rates are caused by an excessive workload, poor time management and overloading the most capable employees with too much work. According to Schaufeli and Enzmann (1998), each burnout dimension explained about 4% of the variance in task performance. Taris (2006) examined 16 studies and found consistent empirical evidence for the link between burnout and job performance, citing a strong meta-analytic correlation between exhaustion and supervisors' performance reports. In a more recent meta-analysis, Swider and Zimmerman (2010) found that job burnout moderates the effect of job resources on job performance. In particular, employees with high levels of burnout lack the resources to manage personal and work demands effectively, resulting in poor job performance.

The COR model of stress may best explain the link between burnout and job performance (Bhat and Dar, 2013; Prapanjaroensin et al., 2017). According to the COR theory, employees' job performance begins to deteriorate when they are exposed to high levels of emotional exhaustion, depersonalisation and diminished personal accomplishment. Employees no longer have enough resources to deal with the problems brought on by the three components of burnout. The results of the few empirical studies on the aforementioned relationships are generally mixed. According to the COR theory, emotionally exhausted employees lack certain resources needed to improve job performance because these resources have already been depleted (Sun & Pan, 2008). Employees can reduce the loss of emotional resources by implementing strategies that help them use and conserve their limited resources (Wright & Hobfoll, 2004). According to the COR model, burnout occurs when resources are depleted or threatened with depletion. As a result of a loss or threat of loss, employees tend to take steps to protect their resources. Employees may try to save money by putting in less effort at work, which results in poor job performance. According to Taris (2006), who also uses the COR model, burnout is a sign that workers lack the resources to deal effectively with the demands of their jobs. Burnout reduces employees' ability to control their work environment, resulting in poor performance.

H1: Employee burnout is negatively related to work performance.

H1a: Depersonalisation positively impacts employees' burnout.

H1b: Reduced personal accomplishment positively impacts employees' burnout.

H1c: Emotional exhaustion positively impacts employees' burnout.

H2: Employees' emotional exhaustion negatively impacts work performance.

H3: Depersonalisation negatively affects work performance.

H4: Reduced personal accomplishment is negatively related to work performance.

Research Methodology

Research Instrument

As discussed in the preceding sections, emotional exhaustion, depersonalisation and diminishing personal accomplishment are all domains of burnout. Maslach and Jackson (1981) used eight measures

to assess emotional exhaustion, five items to measure depersonalisation and eight to measure impaired personal accomplishment. On a five-point scale ranging from '5 = strongly agree' to '1 = strongly disagree', participants' responses to the items in emotional exhaustion, depersonalisation and impaired personal accomplishment were elicited.

To operationalise job performance, five items from the study of Babin and Boles (1998) were adopted. Although using a self-report measure may produce inflated results, Churchill et al. (1985) convincingly argued that using a self-report scale to assess job performance does not always result in systematic bias. Several empirical studies have used self-report measures to operationalise work performance (Babin & Boles, 1998; Babakus et al., 1999). Each job performance issue was graded on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

Sampling and Database

The study's target audience was limited to hospital staff working in various hospitals across J&K, India. Doctors, paramedical workers, and management staff make up the sample for this study. The main data source was a survey of hospital personnel operating under the National Rural Health Mission system in J&K. The survey was conducted in two divisions of the Union Territory of J&K. For the survey, a convenience sample was followed. According to Newman et al. (2021), an attention-check item was included in the instrument halfway through the survey to ensure data quality and reduce variance. Participants' responses were excluded from the data set if they did not correctly answer the attention check question. This precaution was taken to protect the data's quality. Most researchers believe that a sample size of 200–500 people is enough (Chen et al., 2019; Bridges & Holler, 2007). The sample size can also be calculated based on the number of items in the questionnaire, with 5–10 respondents sufficing for each item (Hair et al., 2010). A total of 350 questionnaires were distributed, with 327 being returned (93% response rate). All responses with missing data were also eliminated, leaving 304 responses eligible for further analysis (86% completion rate).

Analysis and Interpretation

Table 1 shows that males account for about 52% of the total population of 354 people. The majority of respondents (36%) are in their first to fifth year of employment. The majority of employees (27.63%) have a Doctorate, and the majority of the respondents (42.11%) work as doctors.

Smart PLS confirmed the scale's measurement model fit. MBI was created by Maslach and Jackson (1986) and is the most widely used and validated instrument for measuring burnout. The MBI was

Table 1. Description of the Respondents.

Demographic variable	Score	%
<i>Gender</i>		
Males	160	52.63
Females	144	47.36
<i>Education</i>		
Diploma	42	13.82
TDC plus diploma	22	7.24
Graduation	34	11.18
Graduation plus diploma	42	13.82

(Table 1 continued)

(Table 1 continued)

Demographic variable	Score	%
Postgraduation	36	11.84
Doctoral degree	84	27.63
MD	44	14.47
<i>Employment tenure</i>		
<1 (6 months–1 years)	60	19.74
1–5 years	112	36.84
6–10 years	86	28.29
11–20 years	46	15.13
<i>Area of work specialisation</i>		
Doctors	128	42.11
Nurses	50	16.45
Technician	60	19.74
Managerial and clerical	66	21.71

Table 2. Convergent Validity.

	BO	EXE	PEP	RPA	WEP	Mean	SD	CA	rho_A	CR	AVE
BO1	0.749										
BO2	0.844					3.48	0.93	0.769	0.784	0.867	0.686
BO3	0.885										
EXE1		0.796									
EXE2		0.783									
EXE3		0.784				3.87	0.99	0.791	0.794	0.864	0.613
EXE4		0.769									
PEP1			0.761								
PEP2			0.735								
PEP3			0.801			2.56	0.87	0.861	0.872	0.901	0.643
PEP4			0.861								
PEP5			0.845								
RPA1				0.712							
RPA2				0.825							
RPA3				0.783		4.01	0.76	0.842	0.846	0.888	0.614
RPA4				0.763							
RPA5				0.828							
WEP1					0.693						
WEP2					0.822						
WEP3					0.831	3.77	0.89	0.764	0.784	0.849	0.587
WEP4					0.708						

Abbreviations: PEP, depersonalisation; RPA, reduced personal accomplishment; EXE, emotional exhaustion; BO, burnout; WEP, work performance; SD, standard deviation; CA, Cronbach's alpha; RA, rho_A; CR, composite reliability; AVE, average variance extracted.

developed for human care occupations and assesses three main dimensions: depersonalisation, lower personal accomplishment, emotional exhaustion and job performance. To evaluate measurement models, we looked at factor loadings, composite reliability (CR), average variance extracted (AVE), convergent validity and discriminant validity. The measurement model was first put to the test for convergent validity. Factor loadings, CR and AVE were used to assess this (Hair et al., 2010). Table 2 shows that all

Table 3. Discriminant Validity and Goodness-of-Fit Index.

	Depersonalisation	Emotional Exhaustion	Overall Burnout	Reduced Personal Accomplishment	Work Performance	AVE	R ²
Depersonalisation	0.802					0.643	0.339
Emotional exhaustion	0.714	0.783				0.613	0.503
Overall burnout	0.769	0.709	0.828			0.686	
Reduced personal accomplishment	0.712	0.717	0.704	0.783		0.614	0.596
Work performance	0.654	0.692	0.663	0.714	0.766	0.587	0.594
Average scores						0.785	0.523
AVE * R²							0.410
(GOF =							0.640
$\sqrt{AVE \times R^2}$)							

Abbreviations: AVE, average variance extracted; GOF, goodness of fit.

items have higher factor loadings of 0.70 (Hair et al., 2010). Items with higher factor loadings are retained, whereas those with lower factor loadings are deleted (BO = 0.867, EXE = 0.864, PEP = 0.901, RPA = 0.888, WEP = 0.849). As desired, CR values for each construct were greater than 0.7 (Field, 2013). Furthermore, each of the constructs' AVE estimates exceeded the required threshold of 0.5 (BO = 0.686, EXE = 0.613, PEP = 0.643, RPA = 0.614, WEP = 0.587) (Field, 2013). Cronbach's alpha values for each construct were also above the 0.7 thresholds (BO = 0.769, EXE = 0.791, PEP = 0.861, RPA = 0.842, WEP = 0.764) (Hair et al., 2010).

Standardised loadings for all items, as well as CR and AVE for all constructs met the desired criteria, confirming convergent validity and reliability. The reliability and convergent validity of the items are highlighted in Table 2. Convergent validity was determined using the AVE. The AVE values were greater than 0.50, indicating that the constructs were convergent (Suseno, 2020). The factor loadings, AVE, Cronbach's alpha and CR of the all-understudied variables show that the overall measurement scale is reliable enough. As a result, it could be considered valid and trustworthy.

The discriminant validity of the constructs was tested using the Fornell and Larcker (1981) criterion. The 'degree to which a construct is truly distinct from other constructs by empirical standards' is referred to as discriminant validity (Hair et al., 2010). Table 3 shows that all squared correlation to AVE (in bold) values were higher than the correlations between constructs, and the average variance value is larger than the squared correlation for all constructs, indicating discriminant validity (Hair et al., 2010; Malhotra & Dash, 2011).

Analytical Methods: Results

To test the hypotheses of this study, a partial least squares-based structural equation modelling tool was used. The statistical software used was Smart PLS 3.0, in which structural models and hypotheses were tested (Wong, 2013). Despite its detractors, PLS-SEM is gaining popularity and is now used to estimate structural models, mainly in management research studies (Ali et al., 2018). The statistical significance of the weights of sub-constructs and the path coefficients was investigated using a bootstrapping procedure with 5000 iterations (Chin et al., 2008). R^2 is the primary way to evaluate the model's explanatory power because PLS does not generate the overall goodness of fit (GoF) indices (Chin et al.,

Table 4. Hypotheses Testing: Bootstrapping Direct Effect Results.

Hypothesis	Relationship	Std Beta	Std Error	(t-Value) [^]	2.5%CILL	97.5%IUL
H1	BO→WEP	-0.309	0.143	2.172***	0.533	0.773
H1a	BO→DEP	0.969	0.003	293.499***	0.962	0.975
H1b	BO→EXE	0.709	0.047	15.067***	0.607	0.793
H1c	BO→RPA	0.705	0.038	18.357***	0.625	0.775
H2	DEP→WEP	-0.108	0.154	0.76 (not significant)	-0.428	0.185
H3	EXE→WEP	-0.293	0.094	3.077***	-0.107	-0.474
H4	RPA→WEP	-0.362	0.112	3.319***	-0.144	-0.579

Note: $P \leq 0.001$, significant at 99% confidence level; $P \leq 0.005$ ***, significant at 95% confidence

Abbreviations: DEP, depersonalisation; RPA, reduced personal accomplishment; EXE, emotional exhaustion; BO, burnout; WEP, work performance.

2020). Tenenhaus et al. (2005), however, present the GoF index as a diagnostic tool for evaluating model fit. The geometric mean of average communality and average R^2 are used in the GoF measure (for endogenous constructs). For evaluating the results of the GoF analysis, Hoffmann and Birnbrich (2012) reported the following cut-off values: GoFsmall = 0.1; GoF medium = 0.25; and GoF large = 0.36. A GoF value of 0.640 calculated for the model used in this study indicates a good model fit as shown in Table 4. The first model was evaluated using the Standardized Root Mean Squared Residual (SRMR) value. A good fit is defined as a value of less than 0.08 (Ali et al., 2018). The SRMR value for both the saturated and estimated models in this study was 0.067, indicating that the proposed model fits the data well. Also, d ULS and d G were less than 95% bootstrapped quantiles, with values of 0.107 and 0.109, respectively. As a result, consistent PLS was chosen as the best method for this study.

Table 4 shows the complete results of the structural model and hypotheses testing. All four of the study's hypotheses are strongly supported by the findings. The hypothesis that burnout would have a significant negative impact on work performance was supported by the results (H1: $b = -0.309$, $t = 2$, sig 0.05). These findings are corroborated with Virgã et al. (2019) that burnout has a negative impact on work performance. Similarly, H1a, H1b and H1c hypothesised that burnout would have a significant impact on depersonalisation (H1a: $b = 0.969$, $t = 293.499$, sig 0.05), emotional exhaustion (H1b: $b = 0.709$, $t = 15.067$, sig 0.05) and RPA (H1c: $b = 0.705$, $t = 18.357$, sig 0.05). These findings confirmed that the burnout dimension has a strong link to the overall burnout construct (Irfan et al., 2021). H3, which predicted that depersonalisation has no effect on work performance, was also accepted (H3: $b = -0.108$, $t = 0.154$, sig 0.05). Similarly, H3 predicted that emotional exhaustion would significantly impact work performance, which was supported by the findings (H4: $b = -0.293$, $t = 3.077$, sig 0.05). Similarly, the findings supported H4 ($b = 0.362$, $t = 3.219$, sig 0.01), which proposed that low personal accomplishment significantly impacts work performance.

Conclusion and Discussion

Burnout, a psychological strain, occurs in response to prolonged exposure to stress at work and often results in adverse consequences, both individual and organisational. Today, burnout can be seen as alarming and crucial, with a high occurrence among human service professionals. Many studies have been conducted in general; however, these lack focus and attention to healthcare organisations. Employee

performance on the job and what is expected of them are critical in the service industry (Totawar & Nambudiri, 2012). This mismatch between given and expected deliverables could lead to huge job burnout because the employees might not be able to meet the performance requirements in some situations. Employees are also under great pressure to meet customer demands while maintaining corporate standards.

The data analysis reveals that hospital employees experience excessive work, which requires lots of mental and physical effort. This consequently leads to employees' emotional exhaustion which comes to a halt as poor interaction between employees and their patients (Atanasoff & Venable, 2017). In fact, as the emotional exhaustion of employees increases, the performance of such employees gets reduced proportionately. Besides their emotional exhaustion, such employees also feel depersonalised by treating patients like impersonal objects and having less concern towards their superiors, which in turn results in employees feeling alienated from the top management and insensitive towards their co-workers (McFadden et al., 2018). Depersonalization, however, has a detrimental impact on employee performance; this link is amplified in the service industry since people create larger, spanning units that engage with the environment more often.

The study's findings, on the other hand, show a link between job burnout and work performance. The findings are similar to previous research on the relationship between job performance and burnout (Maslach, 2017). As a result, increased job burnout will negatively impact work performance. According to this viewpoint, employees and workers who experience excessive fatigue, stress, tiredness or burnout may appear detached from the world around them, exhausted, and under stress on personal and professional levels. Burnout is caused by too much stress, and it significantly impacts the productivity and performance of an organisation's team (Ho et al., 2009; Brisson & Bianchi, 2017; Wu et al., 2020).

Existing research suggests that work performance cannot be enhanced just through job design, and those psychological and other elements significantly impact employee performance (Sonnentag et al., 2008). As previously said, burnout is a condition of hopelessness, frustration, exhaustion and carelessness in persons affecting him/her on behavioural, emotional and psychological levels (Korunka & Vartiainen, 2017). Recent burnout research documented decreased association work performance (Bang & Reio, 2017).

In a nutshell, the intricacy among the job burnout dimension as independent and employees' performance as dependent reveal that antecedents of job burnout are negatively associated with work performed. The results reveal that emotional exhaustion, depersonalisation and reduction in personal accomplishment hamper employees' performance at the workplace. However, in comparison, emotional exhaustion was found to be the most important dimension of job burnout, which greatly affects work performance.

Implications of the Study

Practical Implications

This study looked into the issue of burnout and poor work performance in hospitals, which must be addressed to ensure adequate quality care and a future workforce. The findings can aid in understanding the physical, psychological and emotional environment of the workplace, as the nature of healthcare work is rapidly changing and becoming more demanding. However, the role of human resource professionals and industrial/organisational psychologists can create and construct training modules that increase employees' self-stimulation and intrinsic motivation, hence promoting positive characteristics and work-related flow. Organisations should investigate and assess employee burnout and respond to their needs as they arise.

Organisations should take steps to improve the psychosocial well-being of their employees, which can be accomplished by instilling healthy work ethics and stress-reduction techniques. Hospitals must redesign their work environments so that employees feel more recognised and valued. It is rightly said that 'a healthy employee is a productive employee'. Furthermore, hospital employees advocate the use of appropriate intervention strategies to prevent burnout among healthcare workers. Burnout interferes with an employee's personal life and impedes effective patient care. According to research, burnout among healthcare workers reduces the quality of patient care and increases medical errors.

Managerial Implications

By giving clear instructions and preventing burnout in the workplace, the company can limit and avoid these negative effects on the environment. Organisations can act proactively to manage job stress as one of the most common approaches to combat burnout. The most basic quality in any endeavour should be organisational structure; moreover, managers might act as key catalysts in this quest. Managers, for example, might address the issue by clarifying their workers' organisational and job duties. Thus, managers can proactively prevent job burnout by being explicit in their communication of role expectations. This will help to mitigate the conditions that may lead to burnout. The findings are of concern and show the need to take cognizance of job burnout amongst health professionals and consider strategies for dealing with the problem. Hospital management can restructure tasks and roles as follows to reduce the potential job demands and the burnout at the workplace to retain health workers for a longer period.

- i. More attention should be paid to take measures for employees' health and safety in health care because of being overloaded with job demands.
- ii. The request of hospital employees should be considered during their assignment to different units.
- iii. Working conditions should be improved to reduce the job stress level and burnout among the employees working in these units.
- iv. Psychological/emotional support should be provided to all healthcare workers and nurses.
- v. Hospitals at the village site must be equipped with adequate resources to care for patients locally. This, in turn, would reduce the number of references to the city-site hospitals, which consequently will be a rational measure to tackle the undue flow of patients to city-site hospitals.
- vi. The patients must be given the knowledge to understand the doctors politely and to respect their efforts at the workplace. This would ensure a healthy patient and doctor relationship and will help in combating depersonalisation among doctors.
- vii. Encourage participative management and include employees in carrier development by establishing fair employment policies.

Research Implications

This research will aid healthcare professionals in fostering a positive work environment and cooperative attitudes among their staff. The study's findings are noteworthy and the sample size is large enough to generalise the findings. The data utilised to evaluate this research model was a single point with the potential for common method bias (Figure 1). It is difficult to claim causality due to the cross-sectional

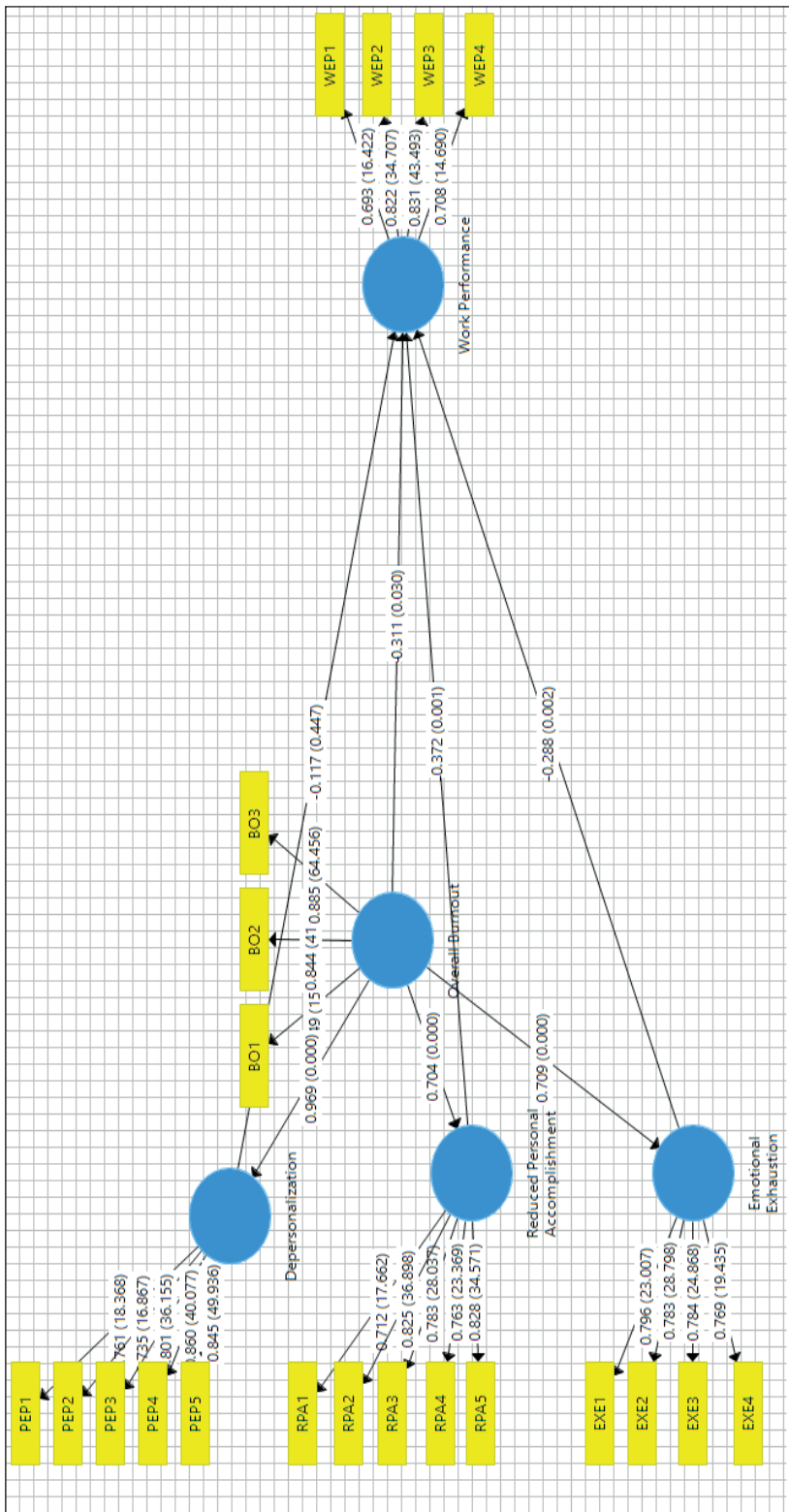


Figure 1. Research Model: Relationship Between Employees' Burnout and Work Performance.
Abbreviations: PEP1–PEP5, the manifest variables of depersonalisation; RPA1–RPA5, the manifest variables of reduced personal accomplishment; EXE1–EXE4, the manifest variables of emotional exhaustion; WEP1–WEP4 are the manifest variables of work performance.

character of the data set. Numerous psychological variables, such as psychological environment, occupational stress, quality of work life, professional efficacy, work-life balance, personal effectiveness, work politics, leadership style and so on, could be used to assess people in the context of their workplace. It is always ideal for including as many variables as possible because the interactions between them can disclose important information regarding employee performance. It would have been more constructive if more factors had been included in the current research project. Another possible issue in the present study could have been health workers who might be reluctant to reveal honest information due to the insecurities associated with their job.

The future study will also include mental health departments to acquire more information about the organisation's personnel, such as how frequently they consult mental health professionals for their emotional and psychological requirements and sufferings. This can provide useful information on healthcare workers and how these attended and treated experts can improve healthcare productivity. A comparison can be made between healthcare workers who touch patients daily and those who work for the organisation exclusively and have no physical contact or connection with the patients.

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