Burnout, Quality of Work Life and Occupational Self-Efficacy

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Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da Saúde
(2º ciclo de estudos)

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julho de 2021

Abstract

The present study aims to assess the relations between burnout, quality of work-life and occupational self-efficacy. This sample is composed of 1590 participants with an average age of 33 years old. The data was gathered via an online questionnaire with the intent to evaluate occupational health, psychosocial risks, and preventive factors of the acquired sample. For this study, the scales used were a Sociodemographic Questionnaire, the Burnout Assessment Tool (BAT), the Work-Related Quality of Life (WRQoL) Scale, and the Occupational Self-Efficacy Scale (OSES). The results showed that there are differences in burnout considering gender, as well as three of the four factors of burnout. Besides these differences, this study also revealed that a negative association between burnout and quality of work-life is present, as well a negative association between occupational self-efficacy and burnout, and, lastly, a positive association the quality of work-life and occupational self-efficacy.

Keywords

Burnout; Quality of Work-Life; Occupational Self-efficacy

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Introduction

Assessing the potential relations between burnout, quality of work-life and occupational self-efficacy is rather crucial considering the circumstances resulting from the global pandemic, COVID-19. In the Clinical and Health Psychology scientific domain, the aim of this study is to theoretical and empirical describe and explore the interrelations of these variables. The final intent of this study is to be published by *Europe's Journal of Psychology Journal* since it was the most fitting for this research, topic, and methodological approach.

1. *Burnout*: Conceptual Definition

In literature, *burnout* is being characterized as a consequence of fatigue, with an absence of feelings and emotions, a negative attitude when communicating with colleagues, loss of notion about the meaning of life when everything seems indifferent and may create conflicts with the organization's peers (Fesun et al., 2020). In addition to these characteristics, authors define *burnout* as depletion of energy and a mental distance from one's work through cynicism, negativism, and the reduction of professional effectiveness (Raudenská et al., 2020). Thus, some of the symptoms associated with burnout are discomfort, fatigue, cynicism, ineffectiveness, costs of personal, financial, and health systems (Houtrow, 2020), anxiety, depression, low satisfaction and quality of work, and a higher suicide rate (Raudenská et al., 2020).

Burnout is identified by three base dimensions: **exhaustion** - when asking a person what it means what they experience as *burnout*, usually they identify first the feeling of exhaustion, making this dimension the most prominent; **depersonalization** - translates into an attempt of the person to distance himself from their work, actively ignoring their qualities and making their work more impersonal to be able to deal with the tasks in an easier way; **inefficacy -** develops from a situation in which it becomes difficult to gain a sense of accomplishment (Maslach et al., 2001).

According to author García Padilla et al. (2017), established that these dimensions would be **emotional exhaustion,** where there may be a decrease in energy and a feeling of not being able to give more of yourself to your work, thus exhausting all your emotional resources; **depersonalization**, which suggests that the person begins to be more hostile towards others, tending to reveal an emotional distancing, being more cynical, irritable, and ironic, even to the point of using derogatory terms and labels to refer to others, and also trying to blame others for their frustrations and poor performance; **low professional or personal accomplishment**, in which they experience low self-esteem, insecurity and incompetence, with a reduction in

effectiveness in their work and successful ideas, and the sensation of loss of control (Padilla et al., 2017).

Thus, the same author indicates that *burnout* can manifest itself in several different ways. There are always three common effects, the first being the *erosion of engagement*, were situations that were previously pleasurable and significant cease to be, becoming unpleasant, unsatisfactory, and without any meaning for the person; the second is the *erosion of emotions*, in which positive feelings such as enthusiasm, dedication, safety and pleasure with work, become the exact opposite, experiencing feelings such as anger, anxiety, and depression becomes more common; the third, and last, the effect is the *organization problems*, which can affect the structure of the organization itself and manifests itself in various ways including the effectiveness, efficiency, poor implementation of policies and issues among multiple members of the organization (García Padilla et al., 2017).

A work environment that induces high levels of stress can result in the emergence of *burnout* symptoms in some of the organization's employees. Thus, a link is created between the occupational environment, the workplace requirements, and the occurrence of *burnout* (Kupcewicz & Jóźwik, 2020). Furthermore, exposure to this stress, which is often chronic and acute, can be reflected in high levels of burnout, depression, anxiety, and even suicide (Trombka et al., 2018).

Occupational *burnout* derives from a chronic emotional response and interpersonal stressors in the context of social services. Some of the sequelae that can proceed from occupational *burnout* include: professionals who feel emotionally exhausted and who therefore cannot offer the necessary psychological support to their patients; professionals that manifest depersonalization who present negative and cynical attitudes towards their patients to be able to dehumanize them; professionals with reduced personal achievement who suffer from lack of professional satisfaction; it can affect the physical health of professionals with a more significant number of cardiovascular diseases in men and muscle and bone diseases in women; finally, relates with a reduction in professional productivity and, consequently, an increased risk of accidents with patients (Chohan et al., 2020).

As follows, *burnout* is negatively correlated with the quality of professional life and is linked to a worse quality of care, more errors, and even more absenteeism from work (Di Tella et al., 2020). Therefore, people with high levels of *burnout* may manifest depression and anxiety, which reflects in their quality of life (Vojvodić et al., 2019).

The impact of the COVID-19 pandemic - a virus that began to spread throughout the world at the end of 2019 and currently affects the impact that organizations have on people's lives (Vagni et al., 2020) - may have led to an increase in *burnout* levels, especially in health care providers (Khalafallah et al., 2020), that were not prepared to deal with a pandemic and everything surrounding it, causing burnout one of the most significant hazards of frontline health providers (Janeway, 2020).

As a result, the pandemic has exacerbated the stressors in health systems and *burnout* in health professionals as a response to work stress, becoming a mixture between chronic stress and acute and traumatic stress that is imposed by COVID-19 in these professionals, emphasizing an imbalance between their skill set and work requirements (Restauri & Sheridan, 2020).

Several ethical issues have risen for health care providers during this pandemic, namely the conflict between the desire to care for a patient and the fear of self and family contagion, and the responsibility of contacting the family of patients who have died or who are in a terminal phase since visits are not allowed or are restricted (Janeway, 2020).

In addition to the psychological and emotional factors mentioned above, some physical factors can exacerbate *burnout*, namely the prolonged use of Personal Protective Equipment (PPE), the heat caused by it, the way they dress and undress it, lack of hydration, feeding and sleep, as well as the constant changes in work schedules, shifts, and the type of work activities (Dimitriu et al., 2020).

All these factors and aspects can compromise professionals and may lead them to experience trauma that can later develop in *burnout* or even Post-Traumatic Stress Disorder (Janeway, 2020).

2. Quality of Work Life: Conceptual Definition

According to the World Health Organization (WHO), quality of life is defined as the perception that the individual has about his position in life, in the context, culture and value system in which he is inserted, as well as his relationship with the tasks, expectations, and standards conditioned by the environment (The WHOQOL Group, 1995).

The Quality of Work Life (QOWL) can be defined as the creation of a workplace where workers can feel safe and happy, where they do not experience stress, and where their needs – whether vocational or personal – can be satisfied in a way that they feel fulfilled with the work they produce and its integration in all aspects of their personal life (Akar, 2018). It is the physical and mental perception of an employee about the various conditions of their work (Kupcewicz &

Jóźwik, 2020). It's a multidimensional construct with some goals of interest, meaning: keeping a safe work environment, a well-rounded system of rewards, a higher payday, with more opportunities for personal growth, teamwork, and an increase in productivity (Bin Radzuan et al., 2020).

QOWL has an approach focused on humanizing work, investing in workplace conditions, and protecting workers (Akar, 2018). If strategies are being implemented by Human Resources, aimed at magnifying the QOWL to enhance well-being at work, they should be applied with the aim of establishing working conditions that will in the future meet the needs of workers, such as a balanced workplace and an attempt to accentuate personal growth (Ko, 2021). Furthermore, the organization should implement strategies to feel that their QOWL affects them positively and thus becomes a significant element in their lives, both professional and personal (Bin Radzuan et al., 2020).

There seems to be a positive relationship between QOWL and commitment to the organization, motivation, satisfaction with work and life, happiness, effectiveness, performance, and creativity. On the contrary, there seems to be a negative relationship between the alienation of the workplace and stress (Akar, 2018). A favorable QOWL can be achieved by the interaction between organizational and personal characteristics, with the main focus on the satisfaction obtained within the workplace (Ali & Imran, 2020). It helps them to create an organizational identity, so that the employees can present a better work performance, increase satisfaction and initiatives at work, reduce absences, *burnout* levels, and the intention to quit, thus creating an environment conducive to the existence of a more effective and efficient organization (Akar, 2018).

There are also some dimensions related to the workplace that could influence QOWL, namely, growth and development, participation, supervision, the salary and associated benefits, social integration, and, finally, the worker's well-being. If these dimensions are taken into account in how an organization is managed, workers will tend to feel more confident in the work they produce and that there is room to develop their skills (Bin Radzuan et al., 2020). Also, when there seem to exist positive states of spirit in the workplace, they could influence other aspects of life beyond work. This transference can be named *Spillover Effect*. This way, QOWL can impact multiple areas of the individual's life, namely satisfaction with life at work, outside of work, and the employee's general life (Ko, 2021). In such a way, it seems that a greater QOWL can lead to improved satisfaction with work, which can affect other aspects of one's life (Ali & Imran, 2020).

It seems that when there is a lack of QOWL, it can translate to a loss of commitment to the organization in future instances (Bin Radzuan et al., 2020). Both the physical and psychological

health of workers can be negatively impacted due to perpetual adverse organizational conditions that can cause employees to feel excessive concern and experience high levels of stress, leading to a reduction in professional performance, organizational commitment, well-being, and effectiveness in the generality of the individual's life, contributing to an increase in absences from work, interpersonal conflicts and even greater occupational alienation (Akar, 2018).

3. Occupational Self-efficacy: Conceptual Definition

Self-efficacy can be defined as the belief that an individual possesses, that they can achieve a desired goal, in a specific situation in life. It's the conviction that they can continue to carry out an activity until the end, and thus, obtain the result that they desire (Makara-Studzińska et al., 2019), and also, the belief of one self's ability to organize and implement actions towards what is wanted (Chipu & Downing, 2020). It can help determine what to do, how to do it, for how long, and how much effort 'it's used to accomplish a task, enabling motivation, well-being, and personal fulfillment (Ferreira & Azzi, 2010). These characteristics must be met, ensuring that the cognitive, social, emotional, and behavioral abilities can be organized efficiently to achieve the desired goal, making them necessary mechanisms to self-efficacy (Amiri et al., 2019).

With this approach in mind, people´s self-efficacy can be developed in many domains, such as an experienced event, a vicariant experience, social presumptions, and psychological and emotional states (García Padilla et al., 2017). It helps people use their skills to achieve a good performance at work and thus improve their sense of personal fulfillment, therefore improving their overall health and decreasing *burnout* levels (Amiri et al., 2019). Self-efficacy assumes that the individual has a positive assessment of their abilities when dealing with a situation. Thus, their levels of anxiety, uncertainty, and fear will not interfere in their professional performance (García Padilla et al., 2017). Therefore, special attention to the impact of overall health and *burnout* levels is necessary since these dimensions are significant predictors of occupational self-efficacy levels. Considering this, it is fundamental that particular attention is given to occupational self-efficacy when trying to prevent *burnout* in employees (Amiri et al., 2019). Alongside this train of thought, people with high levels of occupational self-efficacy can decide how to solve problems and which strategies are more effective to improve their work performance (Ferreira & Azzi, 2010).

Several resources are linked to a positive development in work commitment, including personal resources such as self-esteem, optimism, and self-efficacy (Rošková & Faragová, 2020). Self-efficacy can act as an essential mechanism to regulate behavior and it can be used to differentiate between people by their cognitive and motivational functioning and, consequently,

from the other workers in the organization. Furthermore, it is an essential component of the self, as it supports more complex, demanding actions that require more persistence. Therefore, this sense of self-efficacy may evoke greater involvement in work and more significant enthusiasm (Makara-Studzińska et al., 2019). More than that, when working in an organization that demands purposeful requirements, it can lead to the acquisition of meaningful experiences, increasing the employees' capabilities, allowing for greater satisfaction and self-effectiveness (Rošková & Faragová, 2020).

On the contrary, employees with a lower level of self-efficacy could mean a threat to their psychological well-being, damage to their mental health (Hu et al., 2020), and a more pessimistic view about their future and personal development. If a job requires that their employees work excessive hours in a long-term contract, self-efficacy can act as a source of prevention of the negative consequences that result from these job characteristics (Rošková & Faragová, 2020). Also, if an employee presents low levels of self-efficacy, it can lead to avoidance and anxiety behaviors that, later on, may develop into *burnout*. This can stimulate the belief that one can change the situation by using dysfunctional strategies to relieve tension (Ferreira & Azzi, 2010).

Social support plays a crucial role in reducing anxiety levels and increasing self-efficacy (Vagni et al., 2020). Individuals inserted in a good family environment may display higher self-efficacy levels that might induce self-confidence, a higher set of skills, and adjusted behavioral and emotional patterns that the individual has concerning stress levels (Hu et al., 2020).

The perceived self-efficacy is an essential psychological variable for motivation, conducive to moving into action and preserving the activities' effectiveness (Makara-Studzińska et al., 2019).

Method and Materials

1. Objectives

The main objective of this study is to understand the most impactful associations and relations between the main components of this investigation, such as burnout, quality of work-life and occupational self-efficacy.

Even though some studies present these variables, it seems that many of the research were focusing on two of the variables instead of the three, even though it is noticeable that they are intertwined, considering that they all can affect the quality of work that is produced by an individual and the organization that the employee is inserted.

Not only is important to understand the influence that burnout has on the other two variables, but it is also relevant to assess the effects that quality of work-life and occupational self-efficacy have on burnout.

In this regard, for this study, a series of hypotheses were formulated accordingly with the necessities revealed by the previous studies and by this study's sample. These hypotheses are:

1. There are differences in burnout considering gender;
2. There are differences in the four factors of burnout considering gender;
3. There is an association between burnout and quality of work-life;
4. There is an association between occupational self-efficacy and burnout;
5. There is an association between quality of work-life and occupational self-efficacy.

2. Procedure

The present study belongs to a project called HEPHAESTUS. This project aims to evaluate occupational health, psychosocial risks, and preventive factors of the acquired sample. It was constructed a questionnaire online so that it was easily assessable to the population, and it could be answered in about 20 minutes, with guaranteed confidentiality and anonymity. This questionnaire is directed to people over 18 years old and that are/were actively working in an organization (e.g., private company, public organization, students).

There was a collective effort between students to share the questionnaire, sharing it through several online media forms.

After the collection of the sample, the data was imported to the Statistical Package for the Social Science (SPSS) program, so that it was executed a statistical analysis, followed by the interpretation of the acquired results.

3. Participants

With a total sample of 1590 participants, the participants of this sample range between 18 and 74 years with an average age of 33.68 years with a deviation pattern of 12.95. This sample includes 931 (62.8%) women, 548 men (37%) and 4 (0.3%) participants who do not identify with any of these labels, answering “Other”. Regarding nationality, the sample consists of 1181 (76.6%) people of Portuguese nationality, 337 (21.9%) people of Brazilian nationality and 23 (1.5%) people with other nationalities. Regarding marital status, 885 (56.7%) answered that they were single, 405 (25.9%) are married, 157 (10.1%) are in a non-marital partnership, 91 (5.8%) are divorced, 13 (0.8%) are widowed, and 10 (0.6%) answer “Other” since none of the above fit the criteria to their current situation. In relation to academic qualifications one person (0.1%) answered that they have none, 52 (3,3%) have until grade 9, 427 (27.3%) completed until grade 12, 524 (33.5%) have a bachelor’s degree, 383 (24.5%) have a master’s degree or postgraduate's degree, 159 (10.2%) have a doctorate’s degree, and for 17 (1.1%) none of this criterion applied to them, answering “other”. Regarding sexual orientation, 1364 (87.6%) are heterosexual, 85 (5.5%) are bisexual, 92 (5.9%) are homosexual, while 16 (1%) are another sexual orientation.

Regarding employment status, 34 (2.2%) are unemployed, 414 (26.5%) are students, 181 (11.6%) are working students, 134 (8.6%) are self-employed, 762 (48.8%) are employees, 21 (1.3%) are retired, and 15 (1%) are another type of employment status or multiple of them. About this sample’s employment bond, 583 (38.8%) have a full-time contract, 214 (14.2%) have a fixed-term contract, 81 (5.4%) have a temporary contract, 103 (6.9%) work on a freelance basis, 464 (31.1%) answered none of this employment bond did not apply to them, and 55 (5.7%) responded “other”. Most of this sample, 1162 (80.1%), indicated that they did not work in shifts, meaning that 288 (19.9%) worked in shifts, with an average weekly workload of 35,43 hours. In the last month, prior to answering, 1239 (87.3%) responded that never or almost never missed work, 119 (8.4%) said they missed work a few times, 42 (3%) sometimes missed work, 10 (0.7%) missed work many times and 9 (0.6%) always or most of the times missed work. In the last year, prior to answering, 876 (64.2%) responded that never or almost never missed work, 351 (25.7%) said they missed work a few times, 103 (7.6%) sometimes missed

work, 24 (1.8%) missed work many times and 10 (0.7%) always or most of the times missed work.

Table 1 – Sociodemographic data

Sociodemographic Characteristics	***n* (%)**
Age, [*M* (*SD*)]	33.68 (12.95)
Gender	
Woman	931 (62.6)
Men	548 (37)
Other	4 (0.3)
Nationality	
Portuguese	1181 (76.6)
Brazilian	337 (21.9)
Other	23 (1.5)
Country Currently Living	
Portugal	1184 (76.7)
Brazil	318 (20.6)
Other	41 (2.7)
Marital Status	
Single	885 (56.7)
Married	405 (25.9)
Non-marital partnership	157 (10.1)
Divorced	91 (5.8)
Widowed	13 (0.8)
Other	10 (0.6)
Family Unit	
1 person	196 (12.5)
2 people	385 (24.6)
3 people	426 (27.3)
4 people	426 (27.3)
5 people or more	125 (8)
Other	5 (0.3)
Academic Qualifications	
Without academic qualifications	1 (0.1)
Grade 9	52 (3.3)
Grade 12	425 (27.3)
Bachelor's	524 (33.5)
Master's	383 (24.5)
Doctorate's	159 (10.2)
Other	17 (1.1)

Place of Residence	
Small rural area	275 (17.6)
Large rural area	148 (9.5)
Small city	655 (42)
Large city	465 (29.8)
Other	17 (1.1)
Socioeconomic Status	
Low	67 (4.3)
Medium-low	376 (24.1)
Medium	903 (57.8)
Medium-high	201 (12.9)
High	15 (1)
Sexual Orientation	
Heterosexual	1364 (87.6)
Bisexual	85 (5.5)
Homosexual	92 (5.9)
Other	16 (1)
Employment Status	
Unemployed*	34 (2.2)
Student	414 (26.5)
Working student	181 (11.6)
Self-employed	134 (8.6)
Employee	762 (48.8)
Retired*	21 (1.3)
Other	15 (1)
Employment Bond	
Full-time contract	583 (38.8)
Fixed-term contract	214 (14.2)
Temporary contract	81 (5.4)
Freelancer	103 (6.9)
Does not apply	467 (31.1)
Other	55 (3.7)
Shifts	
Yes	288 (19.9)
No	1162 (80.1)
Average Weekly Workload (hours), *M* (SD)	35.43 (22.455)
Organization's Nature	
Public	762 (52.7)
Private	637 (44.1)
Other	47 (3.3)
Sector	
Primary	28 (2)
Secondary	132 (9.6)
Tertiary	1209 (88)
Other	5 (0.4)

Organization's Dimension	
Up to 10 people	245 (17.4)
Between 11 and 250 people	386 (27.4)
Between 251 and 500	134 (9.5)
More than 501 people	631 (44.8)
Other	11 (0.8)
Missed Work in the last Month	
Never or almost never	1236 (87.3)
A few times	119 (8.4)
Sometimes	42 (3)
Many times	10 (0.7)
Always or most of the times	9 (0.6)
Missed Work in the last Year	
Never or almost never	876 (64.2)
A few times	351 (25.7)
Sometimes	103 (7.6)
Many times	24 (1.8)
Always or most of the times	10 (0.7)

Note: * Unemployed and retired people gave their answers based on their last job experience.

4. Instruments

This sample was collected from as a research protocol for the HEPHAESTUS project, with the objectives of evaluating occupational health levels, psychosocial risks, and preventive factors. In this investigation, several tests, scales, and questionnaires were used to assess the data. This data was collected from a confidential and anonymous query online. However, for the present study, only a few of those scales will be used, such as the Sociodemographic Questionnaire, the Burnout Assessment Tool (BAT), the Work-Related Quality of Life (WRQoL) Scale, and the Occupational Self-Efficacy Scale (OSES).

Each instrument was verified and analyzed on the internal consistency of its constituent dimensions, according to Pestana and Gageiro (2007) guidelines for the value of Cronbach alpha, that must be higher than .60, so that the instrument is considered satisfactory.

Sociodemographic Questionnaire

The sociodemographic questionnaire was used to collect sociodemographic information about the population that answered the query. For this purpose, questions were designed to gather information about: age, nationality, the country where they currently live, marital status, family unit, academic qualifications, place of residence, socioeconomic status, sexual orientation,

employment status, current function in the exercise of your activity, time of professional experience in the current function, employment bond, if they work in shifts, the average weekly workload, the nature of the organization, the sector of the activity where the organization is inserted, the size of the organization, and, finally, how many times they missed work for health-related issues in the last month and in the last year.

a. Burnout Assesment Tool (BAT)

In this study, it was used the general version of the BAT, which means that it is focused not only on paid employment, but also, on a broader psychological perspective of work. In this version, the tasks of athletes, volunteers and students can also be viewed as work, and therefore, the people involved in this situation can also suffer from burnout (Schaufeli, 2019). This is the reason other criteria, besides the traditional sense of work, were involved in the sampling process.

The main goal of this instrument is to evaluate four core symptoms that embody burnout, in addition to three secondary symptoms. In the four core symptoms it is included **exhaustion** that is associated with an extreme loss of energy that leads to the feeling of physical and mental exhaustion (α = .902); **emotional impairment** results from severe emotional reactions and the feeling of being overpowered by one's emotions (α = .83); **cognitive impairment** derives from a poor cognitive performance, memory problems and attention and concentration deficits (α = .85); and, lastly, **mental distance** leads to a strong aversion to work caused by the psychological distancing of a person from work (α = .84);. Regarding the secondary symptoms, these include psychological distress, psychosomatic complaints, and depressed mood (Schaufeli, 2019). The internal consistency (Cronbach α) of this scale is very good (cf. Pestana & Gageiro, 2007) since the value of the global scale is α = .938.

This instrument incorporates 22 items on a Linkert scale from 1 (Never) through 5 (Always). The 1 in this scale corresponds to never, the 2 to rarely, the 3 to sometimes, the 4 to most of the times and the 5 to always. Of these 22 items, eight, measure exhaustion, four, measure mental distance, five, measure emotional impairment, and the last five measure cognitive impairment (Schaufeli, 2019).

b. Work-Related Quality of Life (WRQoL) Scale

This scale is used to assess the perceived quality of life of employees, measuring it in a series of psychological factors, and the respondents had to answer the questions based on a 5-

point scale beginning in strongly disagree (1), moving to disagree (2), neutral (3), agree (4) and up to strongly agree (5) (Easton, 2018).

There are 23 items in this scale, with an additional item, number 24 ("I am satisfied with the overall quality of my working life"), that is used to measure the reliability and validity of the other items. The items (not including the additional item) are divided in 6 factors including: **General Well-Being (GWB)** that gauges participants' general feelings of happiness and life satisfaction (6 items) (α = .894); **Home-Work Interface (HWI)** focuses on to what extent an employer is supportive of the employee's home life and of the issues related to work-life balance (3 items) (α = .801); **Job and Career Satisfaction (JCS)** measures the level an employee's sense of achievement, high self-esteem and fulfilment of potential provided by the workplace (6 items) (α = .787); **Control at Work (CAW)** assesses if the employee has proper feeling of control in regards to the work environment (3 items) (α = .588); **Working Conditions (WCS)** measures to what extent someone is satisfied by their working conditions such as security at work and level of available resources (3 items) (α = .788); and, finally, **Stress at Work (SAW)** which assesses to what extent an individual identifies excessive pressures or a great amount of stress levels (2 items) (α = .768) (Easton, 2018). The overall internal consistency (for all the 23 items) of the WRQoL Scale is considered very good (cf. Pestana & Gageiro, 2007) since the Cronbach (α) value is > .90 (.919).

c. Occupational Self-Efficacy Scale (OSES)

The purpose of this scale is to assess occupational self-efficacy and its' relation to performance, job satisfaction, commitment, and job insecurity. It is a scale consisting of 6 items that were selected based on their characteristics, such as the effect in the internal consistency, item-total correlation and factor loading. Beside these characteristics, it is a scale with the purpose of being translated to every language and still holds its consistency and validity, making it a transversal scale that can be used in many different cultural and sociodemographic situations, and countries (Rigotti, 2008).

This scale has been tested in 5 countries: Germany, Sweden, Belgium, Britain, and Spain. The internal consistency (Cronbach α) of this scale has been tested in 5 countries: Germany, Sweden, Belgium, Britain, and Spain. In most of the countries this consistency is considered very good, since they have an internal consistency of over .80. The only exception is Britain with an internal consistency > .90 (Rigotti, 2008). For our sample and study, it was found that the internal consistency (Cronbach α) is considered good (cf. Pestana & Gageiro, 2007) since the Cronbach (α) value is between .80 and .90 (.867).

Results

The results in this investigation were found based on the analysis of some hypotheses formulated for this study.

Firstly, to study whether there are differences in burnout considering gender, a *t-test for independent samples* (cf. Table 2), was used to obtain the information necessary to assess this hypothesis. Statistically analyzing, we can indicate that burnout for women (n = 828) has a mean of 2.47 and a standard deviation of .57. Concerning men (n = 496), burnout has a mean of 2.31 and a standard deviation of 0.66. The mean values can confirm that women feel higher burnout levels than men. These differences are statistically significant since $p < .05$. These findings indicate that H0 can be rejected ("There are no differences in burnout considering gender") and H1 is accepted ("There are differences in burnout considering gender").

Table 2. *Differences in burnout considering gender, using a t-test for independent samples.*

		n	*Mean*	*SD*	*t*	*df*	*p*
Burnout	Woman	828	2.4651	0.56636	4.532	1322	.000*
	Men	496	2.3095	0.66327			

Note: *SD* = Standard Deviation; *$p < .05$

Secondly, to identify if there are differences among the four factors of burnout taking in account gender, it was used a *t-test for independent samples* (cf. Table 3) to attain certain results.

- The first factor, exhaustion, in 850 women, it has a mean of 2.77 and a standard deviation of 0.67, and for 514 men, exhaustion has a mean of 2.54 and a standard deviation of 0.75. This signifies that this factor of burnout is more felt by women than men. This difference is also statistically significant in accordance with the value of $p < .05$.
- The second factor, emotional impairment, has a mean of 1.87 and a standard deviation of 0.071 in a sample of 876 women. Regarding 517 men, emotional impairment, has a mean of 1.92 with a standard deviation of 0.81. In contrast with the factor exhaustion, men feel more emotional impairment than woman, even though this is not a statistically significant difference, since the value of p is .304 ($p > .05$).
- The third factor, cognitive impairment, for woman, the mean is of 2.49 with a standard deviation of 0.70 and for men, the mean is of 2.31 with a standard deviation of 0.78. According to the means of woman and men, cognitive impairment is more felt by woman, and this is a difference statistically significant since $p < .05$.

- The fourth, and last factor is mental distance, and for woman, it has a mean of 2.46 with a standard deviation of 0.72. For men, the mean of mental distance is of 2.23 with a standard deviation of 0.79. Once again, this factor is felt more my woman than men with a statistically significant difference since the $p < .05$.

With these results, is noticeable that there are differences that are statistically significant regarding some of the factors (exhaustion, cognitive impairment, and mental distance) considering gender, and with this in mind, it is important to note that in these factors, all of them are more perceived in women than men.

Considering these results, it is possible to imply that the H0 is rejected ("There are no differences in the 4 factors of burnout considering gender").

Table 3. *Differences in the four factors of burnout considering gender, using a t-test for independent samples.*

		n	*Mean*	*SD*	*t*	*df*	*p*
Exhaustion	Woman	850	2.7669	0.66765	5.653	1362	.000*
	Men	514	2.5445	0.74601			
Emotional Impairment	Woman	876	1.8730	0.71229	-1.029	1391	.304
	Men	517	1.9159	0.81333			
Cognitive Impairment	Woman	873	2.4930	0.69791	4.320	1389	.000*
	Men	518	2.3185	0.77649			
Mental Distance	Woman	892	2.4554	0.71616	5.484	1413	.000*
	Men	523	2.2302	0.79332			

Note: *SD* = Standard Deviation; *$p < .05$

To study following hypotheses' associations it was used a *Pearson Correlation Test*. These values of this test range from -1 to +1, meaning if the value of $r > 0$, both variables will vary the same way (positive association), and contrarily, if the value of $r < 0$, the variables vary in opposite ways (negative association). The correlation strength can vary as well depending on the value of the result. In this research we follow Cohen (1988) guideline values.

So, to study the association between burnout and quality of work-life, it was used a *Pearson Correlation Test* (as stated before), to evaluate if this association is significant and if it is a positive or negative association (cf. Table 4). The results obtained using this test, show that there is substantial association between burnout and quality of work-life since $p < .05$. Also, this a negative association since the value of the Pearson correlation is negative ($r = -.62$), indicating

that this association's strength is large (Cohen, 1988). This conveys that when burnout levels are high the quality of work life is affected negatively, and because of this, it is possible to reject H0.

Table 4. *Association between burnout and quality of work-life, using a Pearson Correlation test.*

	r	*p*
Burnout and Quality of Work Life	-.622	.000*

Note: *r* = Pearson Correlation; *p* = significance: *$p < .05$

The same test was used as the last hypothesis (*Pearson Correlation Test*) to study if there is an association (positive or negative) between occupational self-efficacy and burnout (cf. Table 5). According to the results obtained there is a negative significant association between occupational self-efficacy and burnout ($r = -.446$; $p < .05$), implying that the strength of this association is medium (Cohen, 1988). This indicates that when there are high levels of occupational self-efficacy, it has a negative impact on burnout levels (meaning that burnout levels decrease), and contrarily, if are noticeable low levels of occupational self-efficacy, burnout levels are negatively impacted as well (implying that the burnout levels get higher). So, this way, it is possible to understand what the results show: that it is possible to reject the H0 ("There is no association between occupational self-efficacy and burnout").

Table 5. *Association between occupational self-efficacy and burnout, using a Pearson Correlation test.*

	r	*p*
Occupational Self-Efficacy and Burnout	-.446	.000*

Note: *r* = Pearson Correlation; *p* = significance: *$p < .05$

Following the same steps of the last two hypotheses, it was also used a *Pearson Correlation* Test to assess if there is an association, whether it is positive or negative, between quality of work-life and occupational self-efficacy (cf. Table 6). The results of this test show that there is a positive statistically significant association between quality of work-life and occupational self-efficacy ($r = .466$; $p < .05$), meaning that this association's strength is medium (cf. Cohen, 1988). This

association indicates that when levels of high quality of work-life are present, they will influence the levels of occupational self-efficacy in a positive manner. So, it is possible to assume that there is a rejection of H0 ("There is not an association between quality of work-life and occupational self-efficacy)**.**

Table 6. *Association between the quality of work-life and occupational self-efficacy, using a Pearson Correlation test.*

	r	*p*
Quality of Work Life and Occupational Self-Efficacy	.466	.000*

Note: *r* = Pearson Correlation; *p* = significance: **p* < .05

Discussion

Firstly, it is necessary to acknowledge that this study was conducted under the influence of a global pandemic. This pandemic, COVID-19, started with a virus that was transmitted in the end of 2019, continuing its effects until the present day, impacting organizations and people's lives (Vagni et al., 2020), which in turn may have caused an increase in burnout levels in working people and mostly in health care providers (Khalafallah et al., 2020), without any preparation to manage and exercise their profession smoothly, making burnout one of the most significant hazards of frontline health providers (Janeway, 2020). With this in mind, it is important to note that it is possible that the results of this study were probably affected by the global climate created by this pandemic and could, somehow, influence certain answers.

The present study predicted that burnout would influence gender. In accordance with the results obtained previously it is noticeable that this is fair assumption since the results show that general burnout has an influence considering the gender, with greater impact in women than men. This finding was expected because burnout is mainly associated with women, relating to psychological distress, psychological work factors (Amiri et al., 2019), and as well as, gender disparities and gender inequality in organizational contexts (Pereira et al., 2021). However, regarding this fact, that women experience more burnout than man, it may lead to an inappropriate level of attention to men, when they indeed experience burnout, contributing to an unfair disadvantage and lack of proper care when needed (Purvanova & Muros, 2010).

Women are more likely to communicate their feelings of emotional and physical fatigue because, since their early ages they are thought to show their emotions. On the opposite end, men are more likely to shut off and pull back when confronted with stress, because they were taught not to display their emotions (Purvanova & Muros, 2010). Also, females usually tend to perceive events as more negative and uncontrollable and resort to coping strategies with focus on emotions, leading to higher levels of stress (Vagin et al., 2020). This is especially noticeable in the second hypothesis, because in three (exhaustion, cognitive impairment, and mental distance) of the four factors of burnout, as well as general burnout (first hypothesis), it is shown they have a statistically significant impact in women. The only factor that is primarily noticeable more in men than women is emotional impairment, translating in an inability to regulate emotions with success. Note that, even though this factor does not have a statistical significance, it is the only one that is more likely to occur to men.

Organizations with the intention to reduce burnout, anxiety, depression, and somatization symptoms should aim to promote and pursue a better QOWL (Pereira et al., 2021) and when there

is a lack of QOWL, the levels of work-related occupation stress, anxiety, and burnout seem to occur (Leitão et al., 2021). In accordance, the findings of this study show that there is a negative correlation between burnout and quality of work-life, meaning that if burnout levels are high the QOWL will be affected negatively, conveying that if a person suffers from burnout, it is possible that they may feel that their QOWL is feeble. The lack of QOWL can then lead to demotivation in employees causing a breach in commitment to their organization (Radzuan et al., 2020).

If an employee has a sense of high levels of self-efficacy, they are more likely to make an impactful effort to solve complex problems, produce positive results, be more motivated, and be more committed to the organization (Radzuan et al., 2020). Contrarily, employees whose occupational self-efficacy is lower have negative ideas towards their future, success, and personal development, that in a succession of events, can result in burnout. This is clearly exposed by this study findings, since it was shown that occupational self-efficacy does in fact have a negative impact on burnout, meaning that when occupational self-efficacy is higher, the levels of burnout decrease. On the contrary if occupational self-efficacy is low, there is an impact on burnout, increasing its levels. It is possible that occupational self-efficacy can provide as a source of prevention from negative consequences of an extensive workload (Rošková & Faragová, 2020), such as lower job performances, significant cost for organizations (Leitão et al., 2021) and ultimately, burnout. The goal is to improve job and career satisfaction, general well-being, home-work balance, reducing stress at work, giving adequate autonomy, control in their job and, fundamentally, improve the working conditions (Pereira et al., 2021).

Considering the previous findings, it is no surprise that QOWL has a positive association to self-efficacy, meaning that when high levels of QOWL are present it is possible to assume that there are also high levels of occupational self-efficacy. Self-efficacy presumes that someone has a positive assessment of their abilities to deal with a particular situation, and, thus, the levels of anxiety, uncertainty or fear do not hinder with their job performance (Padilla et al., 2017). Furthermore, if workers recognize that their needs are met through their work, it is possible to identify high levels of QOWL (Ko, 2019).

Conclusions, Limitations and Future Implications

Considering the global pandemic, that the world is facing momentarily, and the large number of changes that emerged as a result, it is possible that right now, burnout might be one of the most significant potential threats to the occupational systems, taking into account it hinders productivity and the well-being of workers, taking their efforts to perform normally in a systemic social oriented to collectively retain the spread of the virus to an extreme, and creating a lot of obstacles to the regular human resources productivity. Since burnout is a frequent consequence of the contemporary work (e.g., in health care workers), the pandemic and its ramifications exponentially amplified it potential.

In conclusion, this study was able to indicate the intricate bonds between burnout, QOWL, and occupational self-efficacy. It was shown the women perceive burnout greater than men in global burnout and most of the burnout' factors. Burnout also has a negative association with QOWL, meaning that if the levels of burnout are high, the levels of QOWL will lower, indicating that burnout affects QOWL levels (and vice-versa). We may conclude that they are not independent variables and affect each other in an inverse way. When present, burnout could represent a threat to the QOWL of the individual. Occupational self-efficacy revealed a negative association with burnout, suggesting that if the levels of occupational self-efficacy are high, the burnout levels will, consequently, lower. Considering this, it is possible to assume that occupational self-efficacy is a potential preventive or reducing factor to burnout. Finally, this study acknowledged the positive association between QOWL and occupational self-efficacy, hinting at a connection between the two, showing that they should be thought conjointly.

The study's limitations that emerged were in regard to the first paragraph. COVID-19 is relatively recent and as a result the studies regarding its consequences are scarce. Even if it is a topic of great importance and on everyone's mind, it takes time to understand what kind of ramifications it has in the distant future and it also takes time to produce these studies. Another limitation is the same concept, but adapted to BAT, since it was composed recently. BAT is in dire need of further studies and to be adapted to other languages, even though it is in the process of doing so. Some other limitation, since this study's questionnaire was online, it could bring some bias to the answers given by the participants. Lastly, even though this questionnaire as directed to people with a connection to any organization, it was also distributed to unemployed people (a small percentage), which could have some influence on way some of the questions were answered and implicate some of the results. Although there is a possible bias in their answers (even when the answer was in relation to the last job experience), it is important to acknowledge that the percentage was tiny in comparison to the whole sample.

In the future, it should exist space and effort to further investigate this problematic, since most of the studies found by the investigators were primarily focused on a particular profession, mainly in those with higher risks and higher chances of suffering from these variables, such as firefighters, health care workers and teachers. Indeed, it has its advantages to have a focus on a fixed profession, but it would be of utmost importance to investigate burnout, QOWL, and occupational self-efficacy in its generality and/other professions without the underlying stress and possible burnout.

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