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Burnout and Psychological Distress among Medical Resident Doctors in India and Its Correlation with their Job Performance

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ABSTRACT

Physicians and other clinicians may be at significant risk for burnout and psychological distress in the healthcare industry due to the long workdays, rigorous pace, deadline constraints, and intense emotional demands. At any one time, one in three doctors is suffering from burnout. This could affect not just one's health but also how well treatment is provided ultimately affecting their job performance. Research has depicted the presence of a high level of burnout in Medical resident doctors. Few research studies have shown that burnout can have a significant impact on job performance.

On the contrary, few research studies state that there is no significant relationship between burnout and job performance when concerned with medical professionals. This study aims to measure the correlation of burnout and psychological distress with the three elements of job performance: task performance, contextual performance and counterproductive work behaviour. 30 resident doctors working in different hospitals across different cities in India namely, namely, Pune, Nagpur, Delhi, Wardha, Belgaum, Jabalpur, Tirupati and Amravati, participated in the study. The scales used for the study are; Oldenburg Burnout Inventory Scoring was used to measure burnout, The Kessler Psychological Distress Scale K10 was used to measure psychological distress and The Individual Work Performance Questionnaire is used to measure job performance. The result depicts the presence of a negative correlation between burnout and contextual performance and a positive correlation between burnout and counterproductive work behaviour. Similarly, a negative correlation is seen between psychological distress and contextual performance and a positive correlation between psychological distress and counterproductive work behaviour. No significant correlation is present between task performance with burnout and psychological distress. For the next generation of doctors to be successfully educated, personal well-being must be given serious consideration.

Keywords: Burnout, psychological distress, job performance, task performance, contextual performance, counterproductive work behaviour, medical resident doctors.

Introduction

To develop maturity-related skills, postgraduate medical training is a time of life when adaptability to various stressful conditions, both at a professional and personal level, is required. Although it is well known that a career in medicine is stressful by nature, the stress residents experience during their training because of the long hours is amplified by a complex interaction of challenges in balancing time spent with personal and family pursuits, living on a relatively low income, immense workload and lack of sleep. As compared to the general population, physicians have been shown to have a higher chance of experiencing burnout symptoms than the general population, with 45% of physicians having at least one burnout symptom. Up to 69% of general surgery residents have at least one burnout symptom, making that percentage considerably higher (Cofer et al., 2018). In several studies, stresses during residency training have been observed. High patient workloads, unfavourable working conditions, remote accommodations, and an absence of leisure activities are a few of them.

Debt, the amount of time spent in training, a lack of social support, moving-related concerns, challenging patients, and gender-related issues are other considerations. During residency training, psychological symptoms including sensations of being less humanistic, more pessimistic, and "burning out" have been linked to these pressures along with anxiety and depression. All these factors can also contribute towards psychological distress among resident doctors. Over the years, in India, the conditions of medical resident doctors have deteriorated especially during the pandemic which can have an impact on their job performance. Various correlation studies on medical professionals like nurses finding the relationship between burnout and job performance have been conducted. There is no significant study specific to medical resident doctors. Additionally, studies have shown the presence of psychological distress among doctors, but no significant research has been done on finding the correlation between psychological distress and job performance. Hence, there is a need to find whether there is any significant relationship between burnout, psychological distress and job performance.

Burnout

Burnout is a multifaceted condition of overwhelming exhaustion, interpersonal detachment or cynicism toward one's job, and a sense of reduced

professional efficacy, driven by long-term workplace stress (Mihai et al., 2020).
Burnout is also described as a pathological syndrome in which emotional depletion and maladaptive detachment develop in response to prolonged occupational stress (Thomas, 2004).
Researchers have also described burnout as a combination of emotional exhaustion, depersonalization, and low personal accomplishment caused by the chronic stress of medical practice.
"Overall" or "aggregate" burnout is often quantified in the research literature by examining some combination of three subcomponents (Rotenstien et al.,2018).
Burnout has received a lot of attention in the medical field because of its link to physician attrition, mental and physical health, and self-reported medical errors (Hewitt, 2020).
Georgi et al. (2017), conducted a study on 315 shift-work nurses across 39 wards in seven central Italian hospitals. to investigate the relationship between sleep disorders, burnout and job performance. It was revealed that there was a significant negative association between patient-related burnout and job performance.
A study conducted by Hosseini et al. (2016) on 150 nurses in Shiraz Shahid Rajaei hospital revealed that there is a negatively significant and direct relationship between job burnout and job performance of nurses and a high rate of job burnout can lead to a reduction in job performance.

Psychological distress

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression e.g., lost interest; sadness; hopelessness and anxiety e.g., restlessness; feeling tense (Mirowsky & Ross 2002). These symptoms may be tied in with somatic symptoms e.g., insomnia; headaches; lack of energy that is likely to vary across cultures (Kleinman 1991, Kirmayer 1989).

A cross-sectional study conducted by Ismail et al. (2020) on 431 medical interns at 26 Malaysian Ministry of Health hospitals revealed that the prevalence of stress, anxiety, and depression was 29.7%, 39.9%, and 26.2%, with a significantly higher prevalence among female and younger interns.
Houston and Allt (2011) conducted research on 30 graduates of medicine/junior house officers from a university medical school in the UK. The study revealed the presence of a significant increase in reported levels of anxiety, insomnia and somatic symptoms. There were also considerable increases in the frequency of errors reported by respondents in everyday life. These commonplace errors were shown to be highly linked to the reported frequency of errors committed in a medical setting.

Job performance

Job performance is defined as the behaviours of an employee that contribute directly, or indirectly, to the achievement of an organization's objectives (Borman & Motowildo, 1993; Rich et al., 2010).
Job performance has also been defined as behaviours or actions that are related to the organization's goals. Individual performance research has typically focused on task performance, which is defined as the proficiency with which individuals do the core substantive or technical duties of their profession. However, research has subsequently agreed to define job performance in a way that includes contextual performance and counterproductive work behaviours in addition to individual job performance. Contextual performance is defined as actions that complement the organisational, social, and psychological environment in which the technical core must operate. Counterproductive work is described as activity that is detrimental to the organization's well-being (Sanchez-Gomez & Breso, 2020).
A study conducted by Braun et al. (2017) in which 39 resident doctors from Virginia Commonwealth University (VCU) suggested performance may improve on some domains of resident evaluations like "system-based practices" while compromising performance on other domains like "patient care" due to Burnout.
Another research on 60,556 full-time employees of 58 large employers revealed that the odd ratio of workplace accidents and workplace failures increased when there was a presence of moderate to high psychological distress among employees. Similarly odd ratio of workplace success decreased with an increase in psychological distress (Hilton & Whiteford, 2010).

Purpose

The purpose of this study is to measure burnout and psychological distress among medical resident doctors in India and its relationship with the elements of job performance namely, task performance, contextual performance and counterproductive work behaviour.

Hypothesis

- There will be a negative correlation between burnout and task performance
- There will be a negative correlation between burnout and contextual performance
- There will be a positive correlation between burnout and counterproductive work behaviour
- There will be a negative correlation between psychological distress and task performance

- There will be a negative correlation between psychological distress and contextual performance
- There will be a positive correlation between psychological distress and counterproductive work behaviour

Method Sample

A total of 30 medical resident doctors practising in different colleges and hospitals participated in the study from different cities and towns in India namely, Pune, Nagpur, Delhi, Wardha, Belgaum, Jabalpur, Tirupati and Amravati. All respondents were over 21 years of age.

Measures

- **Oldenburg Burnout Inventory Scoring**, Demerouti & Bakker, (2008). OLBI has two dimensions (exhaustion and disengagement from work) evaluated by 16 items: 8 items measure exhaustion, and 8 items measure disengagement from work. Both dimensions were evaluated by four positively worded items and four negatively worded items. Items were scored by using a scale ranging from 1 to 4 (Strongly agree – Strongly disagree)
- **The Kessler Psychological Distress Scale K10**, Kessler and Mroczek, (1992) is used as a simple measure of psychological distress. It involves 10 questions about emotional states each with a five-level response scale.
- **The Individual Work Performance Questionnaire** (Koopmans, 2015) is an 18-item scale developed in The Netherlands to measure the three main dimensions of job performance: task performance, contextual performance, and counterproductive work behaviour. All items have a recall period of three months and a 5-point rating scale (0 = seldom to 4 = always for the task and contextual performance, and 0 = never to 4 = often for counterproductive work behaviour)

Procedure

The purpose of the study was explained to the participants, and the surveys were completed using Google forms. Each participant was thanked for their assistance. The subjects were given Standardized Psychological Tests.

Analysis

The responses of participants were analysed using a correlation matrix to see the correlation between burnout and psychological distress with job performance subscales (task performance, contextual performance and counterproductive work behaviour). Mean and Standard deviation data are depicted in table 1. Tables 2 show the correlation between burnout and psychological distress with task performance, contextual performance and counterproductive work behaviour respectively.

Table 1 shows the mean and standard deviation of the data

Descriptives

	Burnout	**Psychological Distress**	**Task Performance**	**Contextual performance**	**Counterproductive work behaviour**
N	30	30	30	30	30
Mean	38.7	21.5	2.68	2.33	1.58
Standard deviation	6.59	8.90	0.686	0.895	1.03

Table 2 shows the correlation of Burnout and psychological distress with task performance, contextual performance and counterproductive work behaviour

Correlation Matrix

	Burnout	**Psychological Distress**	**Task Performance**	**Contextual performance**	**Counterproductive work behaviour**
Burnout	—	0.656 ***			
Psychological Distress		—			
Task Performance	-0.342	-0.271	—	0.688 ***	
Contextual performance	-0.644 ***	-0.436 *		—	
Counterproductive work behaviour	0.633 ***	0.534 **	-0.173	-0.474 **	—

Note. * p < .05, ** p < .01, *** p < .001

Discussion

The results of the study depict the presence of a significant negative correlation between burnout and contextual performance (r=-0.644, p<.001) and a significant positive correlation between burnout and counterproductive work behaviour (r=0.633, p<.001). The result also shows the presence of a significant negative correlation between psychological distress and contextual performance (r=-0.436, p<.05) and a significant positive correlation between psychological distress and counterproductive work behaviour (r=0.534, p<.001). The result found no significant correlation between burnout and psychological distress with task performance. Hence the hypothesis that there will be a negative correlation between burnout and contextual performance and a positive correlation between burnout and counterproductive work behaviour is accepted. Along with this the hypothesis that there will be a negative correlation between psychological distress and contextual performance and a positive correlation between psychological distress and counterproductive work behaviour is accepted as well.

According to a study with a sample of 100 mental health professionals from Raazy Psychiatric Center, Tehran, Iran it was revealed that there was a significant negative correlation between job burnout and the inability to job performance (Ashtari et al., 2009).

Research conducted by Ugwu (2017) on 401 nurses drawn from various hospitals within South-eastern Nigeria revealed the presence of a positive correlation between the three dimensions of burnout and counterproductive work behaviour.
Another study done on Bank managers investigated the relationship between job burnout and counterproductive work behaviour among 307 employees drawn from various banks within Jordan. The study results suggested that there is a significant positive relationship between job burnout two dimen-sions and counterproductive work behaviour (LUBBADEH, 2021).

Conclusion

The purpose of this study was to assess the correlation between burnout and psychological distress and three aspects of job performance: task performance, contextual performance, and counterproductive work behaviour. The study included 30 resident doctors working at several hospitals across India, namely, Pune, Nagpur, Delhi, Wardha, Belgaum, Jabalpur, Tirupati, and Amravati. Oldenburg Burnout Inventory Scoring was used to measure burnout, The Kessler Psychological Distress Scale K10 was used to measure psychological distress, and The Individual Work Performance Questionnaire was used to measure work performance. The findings indicated a negative correlation between burnout and contextual performance and a

positive correlation between burnout and counterproductive work behaviour. Likewise, there was a positive association between psychological distress and counterproductive work behaviour and a negative correlation between psychological distress and contextual performance. Task performance did not significantly correlate with burnout or psychological distress.

An increase in burnout and psychological distress is likely to affect the job performance of resident doctors. Hence it is advised to focus more on psychological well-being by taking appropriate breaks. The hospitals can focus on better time management and increase in the strength of doctors to reduce workload. Proper nutrition should also be provided to the doctors. This can be done with the help of hospital cafeterias. The development of a better training programme and improvement of medical resident well-being should become part of the action plan for preventing resident burnout and causing psychological distress.

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