



RESEARCH ARTICLE

MEDIATING ROLE OF BURNOUT ON PSYCHOLOGICAL CONTRACT BREACH AND COMPASSION FATIGUE: A STUDY OF NURSES IN SIALKOT

¹Muhammad Atif Sheikh, ^{2,*}Madiha Khalid, ³Sidra Munir, ⁴Iram Rahmat, ⁵Mahum Malik and ⁶Aqsa Ijaz

¹Assistant Professor University of Sialkot, Pakistan

²Lecturer University of Sialkot, Pakistan

³M.Phil (HRM), UOG Sialkot Sub-Campus

^{4,5,6}Lecturer University of Sialkot, Pakistan

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ABSTRACT

This study is aimed at finding the effects of psychological contract breach on compassion Fatigue with mediating role of burnout among nurses specifically in Sialkot region. It is exploratory and descriptive in nature, an attempt to figure out the possible outcomes of Psychological contract breach and burnout on compassion fatigue. Data for this study is gathered via opinions of 306 participants from Public and private sector using convenient sampling technique. Data is analyzed and interpreted via employing statistical tools of SPSS using reliability analysis, descriptive statistics, correlation analysis and regression analysis. 7 Hypotheses were postulated for this study where first six are tested via linear regression while the seventh is tested using Barron and Kenny mediation analysis model 1986. Results of this study showed a significant partial mediation of burnout on Psychological contract breach and compassion fatigue.

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INTRODUCTION

Promotion of health could be made possible by adopting proper methods of care and prevention of illness techniques. Persons suffering from illness, dealing with any sort of disability or fighting against deadly diseases can be nursed back to health by the provision of safer and secure environment. Taking care of the wounded persons is not an easy task. In past caregivers were not very well aware of treating disfigurements, injuries and traumas. (Louise C. Selanders, 2012). Florence Nightingale, born in Italy in 1820, was the first person to introduce the concept of professional/occupational nursing in the history of medical sciences (D'Antonio & Buhler-Wilkerson, 2008). Through her motivation and enthusiasm she revolutionized the medical history. She was not encouraged by her family to work in a hospital as back in nineteenth century nursing was not considered an honorable job in society. (Alavi, 2015). She desperately wanted to bring about positive changes in the society about the care giving profession and introduced the

concept of applying pie chart for pictorial view of data assimilation. Present day "Person Death Certificates" are also a developed form of Nightingale's model of death certificate (Horsley, 2017). Since then a lot of work has been done in making the standards and working procedures of nursing better day by day. The basic aim of all these laws is the betterment of patients along with standardization of professionalism of nurses on job. In Pakistan PNC (Pakistan nursing council) regulates the rules about nurses' academic and professional training. More than 160 nursing colleges with an approximate average of forty students per institute are registered in PNC. The number of trained registered nurses in Pakistan is very small when compared with the demand. On an average a single nurse looks after fifty patients at a time whereas the PNC's prescribed nurse-patient ratio is 1:10 for general wards and 1:2 for intensive care units (Chauhan, 2014). Working environment and working conditions in hospitals should be standardized for the well-being of the society. Hundreds and thousands of precious lives could be saved by avoiding malpractices and adopting safety measures (Stone, 2004). Work overload exhausts nurses and reduces their work efficiency. Nursing is all about care. In order to improve the working and efficiency of nurses in Pakistan PNC (Pakistan Nursing

*Corresponding author: Madiha Khalid

Lecturer University of Sialkot, Pakistan

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Counsel) has governed rules regarding work demands and working hours as well. The stereotypical attitude of Pakistani culture towards nursing profession that it is reserved for under privileged only has curtailed the supply of nurses in the country hence registered nurses are forced to work even more than their standard job hours in order to balance the shortage and to meet the work demands. Depending on their experience and qualification, working hours of Registered Nurses varies from 3-4 hours/day to 8-10 or more hours/day (Chauhan, 2014). Work life conflict arises when it becomes difficult for persons to manage family demands and job demands, causing stress which can have serious physical and psychological effects on person's health. This exhausting situation results in professional burnout among the nurses which not only deteriorate their own physical health but also has bad consequences on their ways of handling patients and results in poor methods of patient treatments. Moreover, the lack of exciting and challenging work could gradually decrease the motivational level and interest factor in their jobs. They might start feeling that their psychological contracts are not fulfilled. Chris Argyris (1960) was the first person to introduce the term of psychological (Coyle, 2008). PC is a set of expectations developed between employers and employees about job performances and outcomes (Morrison, 1997). The unmet expectations results in psychological contract breach. Psychological contract breach can further lead to lack of motivation among employees and they might start feeling undervalued.

A healthy and supportive environment, with the opportunities of growth and development encourages the workers to accept challenges and helps building their motivation level. If working conditions are not supportive it will result in higher rates of absenteeism, turnover and poor or substandard work practices. The day to day exposure to the first-hand information of tragedies faced by other people often results in Secondary Traumatic Stress (STS) or Compassion Fatigue in the care takers. Initially they get occupied with the stress and sufferings of others but later on they get used to of it and slowly it decreases their interest and passion in the job. Prolonged exposure to suffering of others can have negative impacts on psychological and physical aspects of humans' lives. Not much research has been done to analyze the effect of care giving jobs on care givers. Nurses suffer from psychological pain and trauma while taking care of the patients resulting in compassion fatigue and secondary traumatic stress. The unmet expectations along with job stress resulted in poor methods of patient handling that caused increased rate of health issues and patient dissatisfaction. This situation is very much alarming. The aim of this study is to find out the effect of working conditions and psychological contract breach on compassion fatigue with mediating role of burnout. Moreover this study can be used to educate the new nurses that how to deal with their emotional stress and fatigues. Awareness should also be created among the in service nurses about how they could protect themselves.

Literature Review

Working Conditions includes the environment and conditions that affects the workers in workplace, their job hours, tangible features, legitimate rights and responsibilities. It has been observed by knowledge seekers that effective environment for work results in positive impact on the behavior patterns of people working there (Matthew D. McHugh, 2014). The

standards of supervision of patients in hospitals might cause alarming situation if the professionals quit their jobs in order to restore their own health. And the number of evidences suggests that one main reason of employee exhaustion is the nerve-racking atmosphere they had to face (Mol, 2015). Thus we proposed the first hypothesis:

H1: There is a significant relationship between working conditions and burnout.

Different studies describe the frequency of burn-out, exhaustion, devastating pressure and serious emotional trauma in healthcare experts. The notified prevalence of burnout in ICU varied from 0-70.1% (Mol, 2015). Bacaksiz and Yildirim (2016) aimed to study the level of satisfaction and vigilance in working of the employees when the organization provides them with the supportive environment and encourage and acknowledge their employees. Thus we proposed the second hypothesis:

H2: Working conditions have significant impact on psychological contract breach among nurses.

A good strategy can be implemented to resolve role conflicts among nurses and develop a sense of harmony among workers with helping them not to develop the compassion fatigue henceforth lowering the chances of job burnout and psychological contract breach in the health care institutes (Takase, 2006). Rousseau (1976) firstly explained the concept of unuttered contracts in his book "The Social Contracts". When a person works somewhere he/she naturally develops some sort of expectations about their jobs and working environment. When these expectations are not met the situation is perceived to be as psychological contract breach. Psychological Contract Breach could lead to negative behavioral changes in workers (Ballou, 2013). Thus we proposed the third hypothesis:

H3: There is a significant relationship between psychological contract breach and burnout.

A research conducted to investigate the levels of contravention in the commitments made to the employees and to find out whether contravention of psychological contracts leads to job burnout experiences showed that 33% of the employees assumed that their employers had poorly fulfilled their promises. This contravention is also related with exhaustion, depression, pressure and depersonalization (Ghani, 2015). Freudenberg (1974) used the term burnout in early nineteen seventies for describing the condition of employees whose interests in job decreased due to psychological contract breaches. It is a condition or state of a person where he feels tired and exhausted and loses interest in his job due to ineffectiveness (Juha Liira, 2015). Bevan Taylor (2004) identified professional problems related to work load in health care professionals to get access to their mental condition in order to find out the burnout causes. It was all because they were experiencing job insecurity, un resolved issues with management and higher authorities, issues with doctors and colleagues, aggressive nature of patients, lack of information about nature of work, patient dealing issues, work pressure, inadequate counseling, lack of interest, underestimating nurse-nurse relationship all these leading to the professional fatigue. Russell (2010) studied on the reasons of burnout among nurses and results of his study show that when nurses are not given

proper environment they exhaust and burnout. Mughal(2016) carried out a study to find out the effect of job satisfaction on the long term physical health of the employees in government sector universities in Pakistan. Results gave 65.6% job satisfaction rate. Rafique (2017) explored the directing part of employment fulfillment between authoritative learning and work execution among nurses and collected a specimen of 110 medical caretakers from open healthcare centers in Lahore. The results showed that “Education” has a positive association with organizational learning. Age and pay of the nurses have positive relationship while number of youngsters had negative association with counterproductive work conduct. These results can help in understanding the elements engaged with work execution. In view of the consequence of this investigation applicable arrangements can be proposed to enhance the work execution of medical attendants. It is also known as sympathy weariness or secondary traumatic stress. The persons who face compassion fatigue feel less empathy towards the distressed and suffered people. It can mostly be observed in service sector professionals (Day, 2011). Compassion Fatigue could be very problematic if not dealt with care at right time. It can have negative impact on the ways patients being treated by their care givers(Flint, 2011). According to Newell and McNeil (2010) compassion fatigue is a combination of symptoms that cause extreme levels of stress and depression.

Shorter and Stayt (2010) led subjective meetings with nurses about how they deal with their despondency after a patient’s passing away. Mak Chiang and Chui (2013) researched that many nurses think that it is hard to express this pain and deal with these feelings, especially during job hours. A few nursing staff revealed that they feel awkward indicating feelings, picking rather to introduce their feelings as a cool lack of interest towards their patients keeping in mind the end goal to shield themselves from separating at work. Brain E. Bride (2007) provided a key to recognize evaluating tools for compassion fatigue. The keys of measurement of assessment of compassion fatigue were first described and then evaluated on the basis of their reliability and their validity. Three components were discussed in the measurement of compassion fatigue: the evaluation domain, part of compassion fatigue to be measured, continuous or periodic, and timeframe of what is being assessed. Coetzee and Klopper, (2010) conducted a detailed research on the compassion fatigue among practicing nurses. The results of the study indicated that dealing with patients continuously affects the caring and sensitivity abilities of the nursing. Hence the fourth hypothesis is proposed as:

H 4: There is a significant relationship between working conditions and compassion fatigue.

Baird (2002) find out that compassion fatigue can be minimized by providing greater level of organizational support. Stress is a component of burnout and it has a strong connection to the reasons of gradual lessening of compassion among oncology nurses(Potter, 2010). Hence the fifth hypothesis is proposed as:

H5: There is a significant relationship between burnout and compassion fatigue.

(Elizabeth, 2008), have researched about the compassion fatigue in nurses, the triggering factors and the coping strategies.

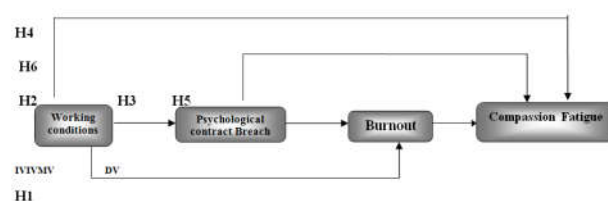
The care giving professions demand a peace of mind and complete concentration on job but that is not possible for nurses for a longer period of time. Hooper (2008) conducted a research on nurses from three departments’ i.e. emergency department, ICU, oncology and nephrology. The study indicated that the nurses have to face challenges on daily bases to maintain their caring attitude towards the patients.

Relationship between Variables: A research study done by Jennifer (2004) showed that the symptoms of compassion fatigue can be observed predominantly among those nurses who work with patients having persistent and long term diseases. Sambrook (2013) studied the impact of psychological contracts on the job devotion among nurses. Results showed that various factors within a work setting influence nurses’ dedication to their jobs. These factors include professional acknowledgement, acceptance and supportive behavior of peers, and appreciation by the employers. The nature of psychological contract under study was rather relational instead of transactional. A general perception exists in the minds of employees that it is an obligation of their organization to provide them professional assistance and reinforcement (Nelson, 2007). With the change of technology, economic trends and unsaid expectations of employees e.g. the psychological contracts have also been changed that costs frustration and burnout among employees(Pines, 2002) whereas burnout causes Compassion fatigue which is often considered an exalted situation of burnout where the person became indifferent or less concerned to others sufferings among health workers (Portnoy, 2011). Hence the sixth and seventh hypotheses are proposed as:

H6: There is a significant relationship between psychological contract breach and compassion fatigue.

H7: Job burnout mediates the relationship between psychological contract breach and compassion fatigue among nurses.

Conceptual Framework



Hypotheses

- ▶ **H1:** There is a significant relationship between working conditions and burnout.
- ▶ **H2:** Working conditions have significant impact on psychological contract breach among nurses.
- ▶ **H3:** There is a significant relationship between psychological contract breach and burnout.
- ▶ **H4:** There is a significant relationship between working conditions and compassion fatigue.
- ▶ **H5:** There is a significant relationship between burnout and compassion fatigue.
- ▶ **H6:** There is a significant relationship between psychological contract breach and compassion fatigue.
- ▶ **H7:** Job burnout mediates the relationship between psychological contract breach and compassion fatigue among nurses.

METHODOLOGY

Following methodology has been used for conducting this research.

Population and Sampling Design: The population of this research comprises of nurses working in different public and private hospitals in Sialkot city. The study used the convenient sampling technique. Cross-Sectional approach has been applied for the purpose of collection of data.

Data collection mode: Collection of data is done in the form of questionnaire using 5-point Likert scale. Data for this study is gathered via opinions of 306 participants from Public and private sector using convenient sampling technique. 340 questionnaires were initially distributed for data collection process. 23 questionnaires were not returned whereas 11 questionnaires were not properly filled so omitted while entering data in SPSS

Analysis techniques and tools: SPSS is used in this study in order to analyze and interpret the data collected from respondents. Simple linear regression has been used to test hypotheses whereas the mediation effect of burnout on psychological contract breach and compassion fatigue has been checked by adopting Barren and Kenny Model 1986.

Measures: For the measurement of Working conditions and Psychological contract Breach questions from previous researches by Robinson and Rousseau (1994), Rousseau (2000), Freese and Schalk (1997) Robinson and Morrison (2000) Psycones (2005) were taken. For Burnout measurement questions were taken from ProQoL by Hudnal Stam (2009) and Freudenberger (1981). Questions for Compassion fatigue (CF) were also taken from ProQoL by Hudnal Stam (2009).

RESULTS AND DISCUSSION

Demographic information of respondents: The table is showing the number of nurses working in govt. and private hospitals along with their age groups. It can be observed from the data that in the range of (20-29 years), (30-39 years) and (above 50) the number of nurses working in govt. hospitals is greater than the nurses working in private hospitals. While in the range of (40-49 years), the number of nurses working in private hospitals is greater than those of working in government hospitals.

Descriptive and reliability analysis: Chronbach's Alpha has been used to check the reliability and fitness of the data. The reliability analysis of measures used in this study ranges from 0.763 for working conditions to 0.856 for compassion fatigue

Analysis of correlation: In order to find out the correlation among the variables Pearson's Correlation Coefficients has been used. In the present study it can be observed from the tabular data that a significant negative correlation of -0.389 exists between Compassion Fatigue and Working Conditions. And a significant positive correlation of 0.660 exists between Compassion Fatigue and Psychological Contract Breach. The correlation between Compassion Fatigue and Burnout is 0.625 which shows a significant positive correlation between Compassion Fatigue and Burnout.

Hypotheses testing: Hypotheses are tested by using linear regression. The mediation analysis is done by using Barron and Kenny model (1986).

Working conditions and burnout: R square (R^2) value of 0.037 for the dependent variable "Burnout" depicts that 3.7% change in dependent variable "Burnout" is caused by independent variable "Working Conditions". 0.00 p value (significance) ensures the acceptance of hypothesis, so we accept H1.

H1: There is a significant relationship between working conditions and burnout.

Working conditions and psychological contract breach: 0.000 p value (significance) ensures the acceptance of hypothesis, so we accept H2.

H2: Working conditions have significant impact on psychological contract breach among nurses.

Psychological Contract Breach and Burnout: 0.00 p value (significance) ensures the acceptance of hypothesis, so we accept H3.

H3: There is a significant relationship between psychological contract breach and burnout.

Working Conditions and Compassion Fatigue: 0.00 p value (significance) ensures the acceptance of hypothesis, so we accept H4.

H 4: There is a significant relationship between working conditions and compassion fatigue.

Burnout and Compassion Fatigue: 0.000 p value (significance) ensures the acceptance of hypothesis, so we accept H5.

H5: There is a significant relationship between burnout and compassion fatigue.

Psychological Contract Breach and Compassion Fatigue: 0.000 p value (significance) ensures the acceptance of hypothesis, so we accept H6.

H6: There is a significant relationship between psychological contract breach and compassion fatigue.

Mediation Analysis: Mediation analysis is done by utilizing the four step model of mediation analysis by Barron and Kenny 1986. The first three steps show significant results and let us move to the final step. In the final step the relationship between the independent variable Psychological Contract Breach (PCB) and dependent variable Compassion fatigue (CF) has been checked with the mediating role of Burnout. The reduced value of beta (β) from 0.660 to 0.482 shows the partial mediation done by mediating variable and supports our hypothesis.

H7: Job burnout mediates the relationship between psychological contract breach and compassion fatigue among nurses.

Table 1. Age and hospitals of respondents

Age		Govt. Hospitals		Private Hospitals		Total	
f	% f	%	f	%			
20-29 years		97	45.75	40	42.5	137	44.8
30-39 years		103	48.58	43	45.7	146	47.7
40-49 years		8	3.77	11	11.7	19	6.2
Above 50 years		4	1.9	0	0.0	04	1.3
Total		212	100	94	100	306	100

Table:2 Respondents Demographic Information

Demographics	Respondents Percentage (%)
1.Age	
20-29 years	44.8
30-39 years	47.7
40-49 years	6.2
50 and above	1.3
2.Education	
Matric	27.8
F.A	24.5
B.A	41.8
M.A	5.9
3.Gender	
Female	97.4
Male	2.6
4.Marital Status	
Unmarried	33.7
Married	66.3
5.Experience	
Less than 3 years	28.4
3-10 years	35.6
10-15 years	23.5
15 years and above	12.4
6.Hospital	
Government	69.3
Private	30.7

Table 3. Descriptive & Reliability Analysis

Variables	Valid cases	Mean	S.D	Reliability
Working Conditions	306	4.2	0.53	0.763
Psychological Contract Breach	306	2.1	0.65	0.837
Burnout	306	2.9	0.45	0.764
Compassion Fatigue	306	2.9	0.78	0.856

Table 4. Correlation Analysis

		CF	WC	PCB	BO
CF	Pearson Correlation	1	-.389**	.660**	.625**
	Sig. (2-tailed)		.000	.000	.000
	N	306	306	306	306
WC	Pearson Correlation	-.389**	1	-.683**	-.193**
	Sig. (2-tailed)	.000		.000	.001
	N	306	306	306	306
PCB	Pearson Correlation	.660**	-.683**	1	.423**
	Sig. (2-tailed)	.000	.000		.000
	N	306	306	306	306
BO	Pearson Correlation	.625**	-.193**	.423**	1
	Sig. (2-tailed)	.000	.001	.000	
	N	306	306	306	306

** . Correlation is significant at the 0.01 level (2-tailed).

Table 5. Linear Regression Analysis of Working conditions & Burnout

Independent Variable	R ²	ΔR ²	β	t	Sig.
Working conditions	0.037	0.034	-0.193	-3.425	0.001

*Dependent Variable: Burnout

Table 6. Linear Regression Analysis of Working conditions & Psychological Contract Breach

Independent Variable	R ²	ΔR ²	β	t	Sig.
Working Conditions	0.466	0.465	-0.683	-16.3	0.000

*Dependent Variable: Psychological Contract Breach

Table 7. Linear Regression Analysis of Psychological Contract Breach & Burnout

Independent Variable	R ² Δ	R ²	β	t	Sig.
Psychological Contract Breach	0.179	0.176	0.423	8.145	0.000

*Dependent Variable: Burnout

Table 8. Linear Regression Analysis of Working conditions & Compassion Fatigue

Independent Variable	R ²	ΔR ²	β	t	Sig.
Working Conditions	0.151	0.148	-0.389	-7.352	0.000

*Dependent Variable: Compassion Fatigue

Table 9. Linear Regression Analysis of Burnout & Compassion Fatigue

Independent Variable	R ²	ΔR ²	β	t	Sig.
Burnout	0.391	0.389	0.625	13.962	0.000

*Dependent Variable: Compassion Fatigue

Table 10. Linear Regression Analysis of Psychological Contract Breach & Compassion Fatigue

Independent Variable	R ²	ΔR ²	β	t	Sig.
Psychological Contract Breach	0.435	0.434	0.660	15.314	0.000

*Dependent Variable: Compassion Fatigue

Table 11. Mediation Analysis of Burnout among Psychological Contract Breach & Compassion Fatigue

Steps	R ²	ΔR ²	β	t	Sig.
Step:1 PCB →CF	0.435	0.434	0.660	15.314	0.000
Step:2 PCB →BO	0.179	0.176	0.423	8.145	0.000
Step:3 BO →CF	0.391	0.389	0.625	13.96	0.000
Step:4 PCB + BO →CF	0.581	0.578	0.482	11.736	0.000

PCB: Psychological Contract breach

BO: Burnout

CF: Compassion fatigue

Conclusion and Recommendation

Conclusion

The phenomenon of compassionate fatigue can be seen in emergency workers, volunteers and in the nurses. A good strategy can be implemented to resolve role conflicts among nurses and develop a sense of harmony among workers by helping them not to develop the compassion fatigue henceforth lowering the chances of job burnout and psychological contract breach in the health care institutes (Takase, 2006). Results of this study can be used by hospital administration to improve the overall performance and retention of nursing staff by reducing the burnout among nurses due to unfavorable working conditions and unmet perceived employer obligations. It was observed by Clark (2012) that if the job responsibilities are not clearly mentioned and employees are not given a certain level of self-governance freedom and appreciation it all collectively affects the job stress levels. Research studies about the concept of compassion fatigue among nurses showed that the adverse impacts the job only but health also. Care givers should take care of their own selves too while healing the pain of suffered ones. Research work done by Crystal Hooper (2010) on nurses working in different wards depicted that a large number of nursing staff working in ICU are badly

suffering from both the burnout and compassion fatigue. Strategies should be devised by the HR manager to provide peer support and recognition to their staff to reduce employee turnover and also to safe their employees from becoming a victim of emotional exhaustion, burnout and compassion fatigue. The episodic compassion fatigue and burnout can be reduced by adopting effective preventive measures. The need of the hour is to understand, identify and locate symptoms and develop strategies accordingly to nip this evil from the bud. Lashenger (2006) concluded that better working environment and effective managerial roles played by managers reduces and minimizes the existence and prevalence of burnout among nursing staff.

Limitation: The study used the cross sectional time horizon approach for data collection so results are the depiction of short time period only. Stratified sampling technique was supposed to be used for the sample selection but due to lack of cooperation from respondents, convenient sampling technique was used instead of stratified random sampling. The data has been collected, by employing cross-sectional time horizon strategy, from Sialkot city only so the results may not be applicable to other cities of the country.

Recommendation: Though a comprehensive range of interceding studies proceed from literature about various

intensives' work schedules, educational campaigns on overcoming emotional distress and improving communication skills and relaxation methodologies but the true prevalence of burnout, distress, fatigue, devastation, exhaustion, trauma in healthcare experts still remains open for discussion. A thorough investigation of this emotional discomfort in association to communication skills, moral rounds and attentiveness might provide a significant start for the development of preventive strategies (Mol, 2015). A research can also be done on comparison of behaviors of public and private nurses finding out the other reasons that could have a significant impact on job performance and retention of nurses in a hospital due to factors like age, youthfulness, frustration due to household responsibilities and low salaries for their own wellbeing, to escape from anxiety related to working environment, low salary, or needing a profession change. Such components incorporate intellectual, statistic, relevant to working environment and issues related to profession.

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