Analysis of burn-out syndrome of top and middle management

Zuzana Brúnaiová1, Mária Šajbidorová2
Slovak University of Agriculture in Nitra1,2
Faculty of Economics and Management, Department of Management
Tr. A. Hlinku 2, 949 76
Nitra, Slovak Republic
e-mail1: zuzana.brunaiova@uniag.sk

Abstract
Disappointment from initial working ignition, working with other people and long term stress can cause serious problems, leading up to burn out syndrome. The aim of this study was to evaluate the relationship between the rate of burn-out syndrome and the length of professional experience of managers. As the object of the research, the managers from middle and top management in middle age from selected economy areas were chosen. For the collection of underlying data, the technique of questionnaire was used. The sample of respondents, 75 persons with return of 62 questionnaires, consists of representatives from areas of banking, construction and health care sector. We observed groups of respondents with the length of professional experience to 5 years, from 5 to 10 years, from 10 to 15 years, from 15 to 20 years, from 20 to 25 years and over 25 years. For primary data processing, the methods of quantitative statistics were used. The observed values of BM were increased in respondents in groups with the length of professional experience to 5 years and over 25 years in BQ range 3-4.The burn-out syndrome in these groups was not significantly confirmed. The observed results will be used within the frame of scientific activities and prevention.

Key words: burn-out syndrome, manager, professional experience, prevention

JEL classification: E240 0180

1. Introduction
Our constantly dynamically evolving society, extensive social and economic changes force people to permanently higher performances. Unfulfilled initial expectations at the point of integration to working process, similarly, long term dissatisfaction and overloading in work and in personal life as well and lack of ability of individuals to adapt to instant changes can lead up to the state referred to as burn-out syndrome.

The effect of excessive work-related stress ends in burn-out, as the employee feels mental and emotional exhaustion caused by long-lasting exposure and is involved in emotionally difficult situations (Maslach, 1993). Organizational stress is one of the main problems faced by organizations that affect job satisfaction (Kumar, Fisher, Robinson, Hatcher & Bhagat, 2007). In the development of burn-out the presence of undesirable organizational factors is more significant than other related factors (Schaufeli & Enzmann, 1998). It is important not only to deal with particular behavioural changes of an individual, but also to choose a reasonable approach of an employer to improve working conditions of employees. A person suffering from emotional exhaustion will have some degree of cynicism. Emotional exhaustion has been identified as the central quality of burnout (Maslach, Schaufeli & Leiter, 2001).

Cynicism refers to lack of self-esteem and employees becoming impersonal to co-workers. Cooper, Dewe and O’Driscoll (2001) suggested that it is a way of coping with draining emotions. Each of us has a different self-preservation capacity and a different ability to adapt to given
circumstances. In the process of burning out the personality of an individual as one of the substantial factors should be pointed out. Each personality is unique and each of us reacts to situations that arise in a different way. Šuleř (2002) alleges that the features may determine a tendency towards particular behavioural trends. Interaction between our features and conditions influences out behaviour (Kassin, 2007). Burn-out syndrome was first named and published by a clinical psychologist Herbert J. Freudenberger in New York in 1974. In the following years a social psychologist Christina Maslach from University of California was dealing with the abovementioned problem (Marečková & Valentová, 2000).

Burn-out syndrome is not included in a list of mental disorders. In an international classification of disorders, burn-out syndrome can be found within the frame of diagnosis Z 73 “Problems related to life-management difficulty” and also in the category Z73-0 “Burn-out”. Despite its demonstrably negative influence on performance in cultural and social conditions burn-out syndrome has not yet been classified as an occupational disease (Kebza & Šolcová, 1998, p. 13).

Burn-out syndrome is generally mentioned in connection with helping professions, such as doctors, nurses, social workers, psychologists, teachers, policemen. Burn-out can occur as a result of energy supplies consumption, which can today also appear in other professions (Gabura, 2005). We suppose that some people are at higher risk of burn-out due to the profession, that they exercise.

The aim of this study was to evaluate the relationship between the rate of burn-out syndrome and the length of professional experience of managers from middle and top management in the areas of health care, construction and banking sector.

2. **Data and methodology**

The object of the research was middle and top management managers in the areas of health care, construction and banking sector. The first group of respondents from the whole observed sample consists of private construction firm employees from Nitra region. In case of the banking area, we collaborated with bank employees from Bratislava region. In the area of health care, the observed sample was composed of doctors and nurses on manager positions at a hospital, also from Nitra region.

For the collection of necessary data, the strategy of quantitative inquiry was chosen. The research was carried out by a questionnaire and evaluated by mathematic – statistic methods. Standardized instrument questionnaire of psychological burn-out BM (Burn-out Measure) was used (Pines & Aronson, 1981). The Burnout Measure instrument focuses on three aspects of overall exhaustion – feelings of physical exhaustion (feelings of fatigue, overall faintness, feelings of weakness to loss of physical strength), emotional exhaustion (feelings of anxiety, despair to inconclusiveness of a situation) and mental exhaustion (feelings of helplessness, loss of human value and illusions of themselves and the world and feelings of loss of purpose of own existence) (Křivohlavý, 1998). It is made up of 21 items. Each item is evaluated on seven-point scale, which represents the feeling frequency of given statement (from 1-never, to 7-always). The burn-out degree evaluation was realized according to a manual (Křivohlavý, 1998). The evaluation of the items A, B, C, D, was carried out separately and consequently, the coefficient of the burn-out degree (BQ) was set out. The calculation of the item “A” was given by the sum of questions 1, 2, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 and the last one 21. The item “B” was obtained by the sum of questions 3, 6, 19 and 20. We came to the item “C” by the deducting “B” from number 32. We established “D” by sum of “A” and “C” values. The final value of BQ was calculated by deduction of number 21
from the item “D”. We determined the overall degree of burn out by the aforementioned method of BM.

Socio-demographic data were processed by analysis and comparison, calculated by arithmetic mean and percentage evaluation. We addressed 75 managers with the questionnaires from the mentioned economic areas. Overall return was 62 completely filled out anonymous questionnaires (82.60%). The same amount of copies in number 25 was delivered to each of the involved companies. From the construction company, 23 questionnaires from the examined sample were returned (92.00%) which represents 37.10% from the whole sample. The return from the bank was 18 questionnaires (72.00%) which constitutes 29.00% of respondents. In the health care institution, there were 21 completely filled out questionnaires (84.00%), which is 33.90% from the whole amount.

2.1 Examination of respondents’ identification data

Only 8 of the total number of selected persons were top managers (12.50%), of which male population was predominant, represented by 87.50%, female by 12.50%. The middle management represented 87.50% of the total number of respondents. Similarly, slightly more men than women are elected to positions in middle management. Mankind was represented by 53.70%. Out of our research sample, 46.30% women worked in middle management. Within the research sample, almost all of the respondents have completed tertiary education. 96.80% of the whole sample consisting of 62 managers have achieved Masters degree. Only 3.20% of the managers have completed secondary education.

**Figure 1: Socio-demographic factors**

<table>
<thead>
<tr>
<th>Total number of respondents</th>
<th>62 / 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of management in %</strong></td>
<td></td>
</tr>
<tr>
<td>Top management</td>
<td>12.50</td>
</tr>
<tr>
<td>of which men</td>
<td>87.50</td>
</tr>
<tr>
<td>of which women</td>
<td>12.50</td>
</tr>
<tr>
<td>Middle management</td>
<td>87.50</td>
</tr>
<tr>
<td>of which men</td>
<td>53.70</td>
</tr>
<tr>
<td>of which women</td>
<td>46.30</td>
</tr>
<tr>
<td><strong>Education in %</strong></td>
<td></td>
</tr>
<tr>
<td>Masters degree</td>
<td>96.80</td>
</tr>
<tr>
<td>Secondary education</td>
<td>3.20</td>
</tr>
</tbody>
</table>

Resource: Author

The sample of respondents was analyzed on the grounds of the number of working years (to 5, 10, 15, 20, 25 and over 25). The majority of the respondents belonged to the groups with professional experience from 5 to 15 years. Managers with professional experience to 5 years were represented by 17 persons (27.40%), with professional experience from 5 to 10 years by 16 persons (25.80%), from 10 to 15 years by 13 persons (21.00%), the group with professional experience from 15 to 20 years was represented by 7 persons (11.30%), from 20 to 25 years by 6 persons (9.70%) and the group with over 25 years of professional experience was represented by 3 persons (4.80%).
3. Results and discussion

Research sample consisted of the middle and top management managers. Due to a small number of managers from selected companies, respondents from two levels of management were chosen.

3.1 Evaluation of the degree of burn-out

By evaluating the degree of burn-out syndrome depending on the length of professional experience we discovered the highest values in the sample of respondents with professional experience over 25 years, with the average value of BQ 3.29. The value ascertained in the group of respondents with professional experience to 5 years was slightly lower, BQ was 3.18. The group of managers with the length of professional experience from 15 to 20 years had BQ value at level 2.00 (the lowest). The group of respondents from 5 to 10 years had the value of BQ 2.59, from 10 to 15 years BQ 2.73, in the group from 20 to 25 years BQ was 2.55.

Figure 1: Average degree of burn-out syndrome in relation to professional experience

In the following phase, we compared the degree of burn-out syndrome of managers on the grounds of particular economic areas. At the bank, the highest rate of burn-out was in the period of professional experience to 5 years, where BQ reached the value of 3.12 and in the period of professional experience over 25 years, BQ had the value of 3.26. In the period of professional experience from 10 to 25 years values of burn-out degree from 2.55 up to 3.23 can be found.
In the sample of construction firm managers, the highest average value of the burn-out degree BQ was 3.58 in the period to 5 years of professional experience and in the period over 25 years of professional experience. In the other periods, the values were slightly lower, which means, that in the period of professional experience from 5 to 10 years BQ was 2.70, in the period of professional experience from 10 to 15 years BQ was 3.06 and from 15 to 20 years 1.74 BQ as the lowest value was measured. In the period of working years from 20 to 25 years BQ represents the value 2.14.

In the hospital sample, the highest were the average values in the period of professional experience over 25 years, where the average value of BQ was 3.33 and the average values in the period of professional experience to 25 years was BQ 2.94. Further, in the period from 5 to 10 years of professional experience, BQ was 2.44, in the period from 10 to 15 years of professional experience, BQ reached the value 2.28. The lowest BQ value 1.77 was comparable to the degree of burn-out in the construction firm, where BQ was 1.74. Professional experience from 20 to 25 years is represented by BQ value 2.50.
Increased overall average BQ value 3.05 of the burn-out degree was recognized in the bank, in the construction firm BQ reached the level of 2.75 and in the hospital, the value of BQ was 2.54.

In the hospital the overall average degree of burn-out had slightly lower value of BQ than in other researched economic areas.

3.2 Discussion

Increased and confirmed burn-out syndrome is known mainly in connection with helping professions. Therefore, in our research we precisely attempted to compare these professions, represented by doctors and nurses, with others. We focused on the degree of burn-out syndrome of managers from the private construction firm, the bank and the health care area. Up until now, given sectors have not been sufficiently analyzed in respect to the managers’ burn-out degree.

While comparing the final values, we came to a conclusion, that the highest burn-out degree based on the length of professional experience was confirmed at the bank. The highest burn-out rates
based on the length of professional experience were discovered in the group of respondents with 25 years of professional experience. The threshold value of BQ more than 3.00 was confirmed also in the group of respondents with to 5 years and with from 15 to 25 years of professional experience.

In the construction firm, the highest values of BQ were confirmed in relation to the initial excitement of an employee in the period to 5 years of professional experience. Almost comparable results were in the group of respondents with over 25 years of professional experience. The lowest values of the burn-out degree in this particular area occurred in the period with from 15 to 20 years of professional experience.

We had expected that the manager position burn-out syndrome values of doctors and nurses in relation to the length of professional experience were higher. Even though the difference between the BQ values was not major, the values were lower than in other economic areas. Therefore this presumption was not confirmed. Comparing the results of research from three observed sectors, we came to a conclusion that the lowest achieved overall values of burn-out were on the contrary in the health care area. In this particular group of respondents the highest rate of BQ was in the group of respondents with 25 and more years of professional experience. Slightly increased threshold value almost at the BQ level 3.00 was also in the case of managers with to 5 years of professional experience. Lower values were found in the group of respondents with from 10 to 25 years of working experience.

In the health care sector, a similar study was carried out by Heeb and Haberey-Knussi (2014). In the study that focused on a group of managers of doctors and nurses from western part of Switzerland, in both groups of managers a low degree of burn-out was confirmed. In majority, a low degree of emotional exhaustion and depersonalisation was detected. A high degree of burn-out was confirmed only in 2.30% cases.

Canadian study of burn-out syndrome of medical department top managers was mainly carried out in teaching hospitals. In the researched sample of respondents, the overall burn-out was confirmed in 28.70%, emotional exhaustion in 37.00% and depersonalization in 10.40% of all cases (West, Halvorsen, Swenson & McDonald, 2013). A foreign study, which focused on the age of nurses as a risk factor while researching burn-out syndrome, pointed out the increasing risk as a result of the respondents’ aging. (Garrosa, Moreno-Jiménez, Liang & González, 2008). Prokelová and Jarošová (2012) chose as an object of their research nurses from neurosurgical department in Moravskoslezsky region in Czech Republic. Values of the burn-out degree in relation to the length of professional experience were the highest in nurses with the longest professional experience. Nurses at the age of 41 and more showed the highest value of the burn-out degree, nurses at the age from 20 to 25 the lowest.

Working stress and burn-out syndrome was compared within a research sample of Canadian managers and nurses. It was found, that stress correlates with burn-out in doctors as well as in nurses. Increased stress and burn-out syndrome in nurses came through as psychosomatic and health problems (Jamal & Baba, 2000). The research of a psychologist Prášilová (2000) focused on burn-out syndrome in healthcare professionals and social workers in state and private retirement homes in Czech Republic. She analysed the relationship between burn-out and the age and length of performed professional experience. The highest burn-out degree was reached by the respondents in the age group from 45 to 57 years. The least burned-out were the employees in the age group from 19 to 31 years.
In the whole sample made up of represented sectors, the highest average values of BQ were confirmed in the group of respondents with over 25 years of professional experience and almost comparable value was in the group of respondents with to 5 years of professional experience. These BQ values ranged from 3 to 4. High values of BQ were found only in unique cases, which accounts to 3.22%.

While interpreting the results of the BM questionnaire, Křivohlavý (1998, p. 36-39) from the psychological point of view considers the BQ range from 2 to 3 to be a satisfying state. In cases of values higher than 3 and lower than 4, he suggests to reflect on meaningfulness of life and work and rearrange the hierarchy of values. In case of a detected value which equals 4 and more it is necessary to consider “the presence of burn-out syndrome confirmed”. In given cases, it is inevitable to intervene and to make essential precautions to prevent the deterioration of that particular state. If the value is 5 and more it is necessary to intervene immediately. The search for a help of a psychologist or a psychotherapist is strongly needed.

4. Summary

Burnt-out syndrome is a psychological and medical problem, which affects the quality of our life. In spite of managers’ hard work, in our case from several different economy areas, burn-out syndrome was not confirmed. Burnt-out syndrome occurred only in unique cases. We had assumed that managers from the hospital would have the highest value of the burnt-out degree. Given assumption was not confirmed. The highest BQ values were confirmed in managers from the bank. The bank employees pointed out that for them, the most stressful is communication with superior employees, overwhelming workload and lack of calm working environment. In a given case of burn-out syndrome, prevention is the most important necessity.

It is beneficial to establish conditions for effective and constructive communication between inferior and superior employees, to differentiate real working demands and to set out borders for work duties, to use methods of assertive behaviour, to create opportunities for education and development of the employees. Employers should contribute to an improvement of overall conditions of working environment. Only a satisfied and well-balanced employee is a benefit for each society.

References


* Online full-text paper availability: doi:http://dx.doi.org/10.15414/isd2016.s3.02