

RESEARCH PAPER

Mediating Mechanism of Burnout in the Effect of Stress on Turnover Intention and Service Quality of Employees

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- ABSTRACT

This study was conducted to examine the effect of stress on turnover intention and service quality of employees. The study further probed the mediating role of burnout in the hypothesized effects. The researchers took a sample of nursing and administrative staff from AJ&K. The study applied a dyadic approach and collected time lagged data to avoid common method biases. Data of stress, burnout and turnover intention were collected from health workers while of service quality from patients and attendants. For analysis, the study used AMOS and SPSS. The hypothesized direct effects were checked by applying SEM. PROCESS macro of Hayes (2013) was then applied for probing the mediating mechanism. The results show a positive (negative) effect of stress on turnover intention (service quality) of the employees. This effect was mediated by burnout. The study suggested interventions to manage the issue of stress for better service quality and retention of employees.

KEYWORDS Burnout, Health workers, Mediation, Service Quality, Stress Introduction

Stress and burnout remained highly prevalent in society, which had negatively affected the individuals and institutions (Aswathappa, 2016; Gardani et al., 2022). These factors had reduced the job performance of the staff, negatively affected their service quality and increased their intention to leave the job (Dobrodolac, Markovic, Cubranic-Dobrodolac, & Denda, 2014; Janeway, 2020; Liang, 2015; Waites, Stevens, & Hancock, 2023). The stress may be caused by issues at the workplace or certain family problems. The issues at workplace may include workload, task ambiguity, uncivil behaviors, or poor environment (Chenevert, Vignoli, Conway, & Balducci, 2022). Similarly, prolonged working hours at workplace may affect the home commitments, thereby creating a conflict at home (Allen, French, Dumani, & Shockley, 2022; Dodanwala, Santoso, & Shrestha, 2022). The problems at home could become a source of stress, which may spill over from home to the workplace, thereby affecting the attitude, performance, and service at the workplace. The persistence of stress could cause physical, mental, and emotional exhaustion, thereby creating a state of burnout. At the workplace, the burnout has serious negative consequences for job performance and retention of employees (Danauske, Raišiene, & Korsakiene 2023; Luken & Sammons, 2016). The issues of stress and burnout also create tidiness and job dissatisfaction and employees cannot be able to deliver the services at the right time and in the right manner.

The issues of stress and burnout affected and are affecting almost every sector. Stress issues are much more common in the health sector due to excessive and odd duty timing, issues in balancing work-family balance, behavioral problems of the patients and attendants. Such problems are damaging the health workers emotionally and psychologically. Healthcare employees are generally more exposed to the stressful environment, which is affecting their performance, satisfaction and stay at job (Cohen, Pignata, Bezak, Tie, & Childs, 2023; Karimi et al., 2021). The healthcare system is essential to sustain the health of individuals in a society and the country. In the health sector, nursing staff are considered highly important. Their care and affection could be valuable to the

speedy recovery of the patients. On the other hand, their impoliteness, rough attitude, and carelessness could be harmful. The care and support of nursing and admin staff is thus highly valuable for patients in the hospitals (Heidarnia, Riazi-Isfahani, Abadi, & Mohseni, 2014; Thakkar, Thanki, & Guru, 2023). Stressed employees might not be able to take care of the patients and thereby create damage to the physical and mental health of the patients as well as their attendants (Baliga et al., 2023; Mittal, Mahendra, Sanap, & Churi, 2022).

Considering the importance of the phenomenon, this study examined the effect of stress on turnover intention and service quality of the employees. The study further probed the mediation of burnout in this specified effect. To examine the subject matter, the study selected the health sector and extracted a sample of nursing and admin staff from government hospitals of Azad Jammu and Kashmir. Convenient sampling approach was opted, and primary data were collected by adopting dyadic and time lagged approach. The collected responses were analyzed statistically. Increase in turnover intention and decrease in service quality because of stress and associated burnout were found in analysis results. Based on these findings, it is suggested to introduce possible measures for managing stress and burnout atleast at workplace for protection of individual and organizational interest. Targeting the health sector of AJ&K while probing and reporting the consequences of stress is expected to be a unique addition in the existing body of knowledge. The findings of the study will be helpful to address and manage the chronic issue for effective dealing, improved service quality and longer retention of qualified and experienced staff. This could also be helpful in opening further research avenues for extensive and conclusive evidence.

Literature Review

The quality of human resources is crucial to the success of any organization. Many organizations with large stocks of physical and financial resources failed because of the poor quality of human resources. On the other hand, many collapsed organizations revived and flourished with the help of committed and competent employees. Employees' satisfaction and loyalty are, therefore, fundamental to the survival and growth of the organizations. Despite the efforts, many factors have affected and are affecting the satisfaction, commitment, and lovalty of the employees. Stress is amongst such factors and is, indeed, a major hurdle in the productive efficiency of individuals and institutions. It may arise due to multiple factors, including unexpected and higher job demands, improper working environment, work-family imbalances, complex tasks, and undue workplace restrictions (Atad & Toker, 2023; Danauskė et al., 2023; Frimpong-Manso, Ofosu-Koranteng, & Berko, 2019; Riedl, 2022; Zangmo & Chhetri, 2022). Excessive levels of stress are generally damaging for individuals and organizations. It holds severe negative consequences for performance of the employees (Banerjee & Mehta, 2016; Chenevert et al., 2022; Fahmi et al., 2022; Huo & Jiang, 2023; Rijanto, 2023). The victims of stress in any organization feel and look depressed, nervous, and emotionally damaged, who cannot meet the challenging tasks (Bakker & Demerouti, 2007; Iskamto, 2021; Pradoto, Haryono, & Handari, 2022; Tehreem, Parveen, & Shams, 2023).

Stress at job and dissatisfaction could induce the employee to leave their job (Athanasiadou, Chatzoudes, & Theriou, 2023; Lazzari, Alvarez, & Ruggieri, 2022; Pandey, Singh, & Pathak, 2019). This might create a skill gap and organization require to incur huge recruitment and selection costs (Sopiah & Sangadji, 2020). It is, therefore, important to take care of the needs and satisfaction of the employees for their long run stay and constructive contribution in the organization. In the service sector, it is even more important as the stressed employees cannot serve the clients to meet their expectations (Awosika & Adeniyi, 2023; Riedl 2022; Victoria, 2022). Such a situation could be problematic for service seekers as well as service provider organizations. Stress and burnout are the issues of almost every sector and every organization. Healthcare sector is more prone to this issue because of the nature of job, unusual working hours, and more involvement of female nursing staff (Beier, Cockerham, Branson, & Boss, 2023; Edú-Valsania, Laguía, & Moriano, 2022). Stressed health

workers have higher intensity of leaving the organization to which they are serving (Arya, Franco-Mesa, & Erben, 2022; Peltokorpi, 2022; Xu et al., 2022). Furthermore, the nature of clients is too sensitive in this sector as patients and their attendants feel stressed and any poor dealing can further intensify the issue, which may induce them to misbehave with the staff and create disturbance for all. Stress can negatively affect the health of healthcare professionals and the quality of care for patients (Ashraf et al., 2018). Consistently providing high-quality care is the backbone of an efficient healthcare system. The issue must, therefore, be addressed proactively in the health sector.

Stress in healthcare settings is a widespread issue that could lead to burnout syndrome (Golz et al., 2021; Gribben & Semple, 2021). Burnout is a complicated disorder resulting from extended exposure to chronic stressors and the healthcare industry is uniquely vulnerable to its adverse effects because of the nature of the sector. The emotional and psychological pressure encountered by healthcare professionals could create emotional weariness, depersonalization, and decreased personal achievement. The health of the healthcare workforce and the foundation of patient care are at risk from these symptoms. Burnout has a cascading effect on healthcare personnel who may consider leaving their positions, endangering patient care, and taxing the system's resources. Progression from stress to burnout has severe consequences for workforce and the quality of treatment provided to the patients (Cortese et al., 2022; Khan, Mahmood, Hasrat, B. Javed, & O. Javed, 2021). The effects of burnout are not limited to the individual patient(s) but are long lasting for the entire system. The poor service quality could make patients unhappy, reduce their faith in the healthcare system, and cause wastage of resources (Søvold et al., 2021). Stress is, therefore, a chronic issue that is creating multifaceted problems for the entire system. This is depicted in the existing literature, and it indicated an interplay of stress, burnout, intention to leave the organization and poor service quality of the workforce. It is, therefore, important, and relevant to probe this phenomenon further by exposing its sternness and proposing certain measures to address the issue proactively.

Hypotheses

H₁. Stress increases the turnover intention of employees.

H₂. Stress decreases the service quality of employees.

H₃. The effect of stress on the turnover intention is fully mediated by burnout.

H₄. The effect of stress on service quality is fully mediated by burnout.



Material and Methods

Participants

The study targeted the employees from the health sector of AJ&K. Considering the structural and governance pattern, the employees of private hospitals were not included. For selecting sample, the study used convenience sampling technique and selected nursing and administrative staff members as respondents from different hospitals. Coding system was applied for managing the identification of respondents and ensuring their anonymous representation. This approach also assisted in dyads matching during analysis of data. Many researchers applied this approach in the past (Akhter, Asghar, & Shah, 2020; Dettmers, 2017; Taylor, Bedeian, Cole, & Zhang 2015).

Measures

For seeking responses, the study developed questionnaires and used 5-point scale having anchors (1=Never, 2=Seldom, 3= Sometimes, 4=Often, 5=Always). The items included for each variable were taken from the published reliable sources. For assessing stress, the study adopted the measures of Cohen, Kamarck, and Mermelstein (1983). The sample item of this scale included, "In the last month, how often have you found that you could not cope with all the things that you had to do?". Burnout was measured with the help of 10-items scale developed by Maslach and Jackson (1981). Sample item was, "As a result of entire day's work I am really feeling tired to work". 3-items scale was used to determine the turnover intention of employees. This was based on the study of Hassan and Jagirani (2019) with sample item, "Most often I think for switching and I intend to join another organization". Lastly, service quality was measured by using the items of Zarei, Arab, Froushani, Rashidian, and Tabatabaei (2012). The sample item of this scale was, "Staff provides services right at the first time to patients". The items used for measurement of the variables were used earlier by many researchers (Ahmad & Begum, 2023; Amole, Oyatoye, & Kuye, 2016; Ampire, 2022).

Data Collection and Analysis

The researchers collected primary data from nursing and administrative staff of the hospitals, pertaining to stress, burnout, and turnover intention. This was collected in the first phase for which questionnaires were mailed to the target respondents. Self-addressed envelope with appropriate stamps was attached with each questionnaire for facilitation of respondents. A covering letter was also attached which was specifying the purpose of study and assurance regarding confidentiality of respondents. In the second phase, the data on service quality of the employees were collected. For this purpose, the patients and attendants were approached in hospitals and were requested to provide responses. The questions were explained, where required. The suitable time interval was maintained between the data collection phases. This approach remained feasible to avoid the effect of common method biases and used by the researchers earlier (Arasli, Hejraty, & Abubakar, 2018; Karatepe, 2015; Shin & Hur, 2020). Total 550 questionnaires were mailed, out of which 409 were received back. The incomplete responses were dropped from the analysis and the final 387 complete responses were included in the analysis.

To proceed for analysis of collected responses, the researchers first checked the descriptive statistics and correlation analysis. The reliability and validity of measures was also established. The study then applied SEM approach in AMOS to examine the hypothesized direct effects. This approach was introduced by Anderson and Gerbing (1988). CFA was conducted for selection of suitable measurement model. In line with the specifications of Akhter et al. 2020; Fan, Thompson, and Wang (1999); Hu and Bentler (1999), the study specified threshold levels for fit indices ($\chi 2/df \leq 3.00$; RMSEA< 0.08, IFI/TLI/CFI \geq 0.90). The responses were further analyzed to examine the hypothesized

direct effects in SEM. For examining the mediation effect, the study used PROCESS macro in SPSS, as proposed by Hayes (2013).

Results and Discussion

For establishing the data normality, the researchers checked the summary statistics in first step and reported its results in table 1.

| Table 1 | | | | | |
|--------------------|------|------|------|------|--|
| Summary statistics | | | | | |
| Variable | Min. | Max. | Mean | SD | |
| ST | 1.10 | 4.90 | 3.71 | 0.82 | |
| ВО | 1.10 | 4.90 | 3.07 | 1.27 | |
| ТОІ | 1.00 | 5.00 | 3.57 | 0.88 | |
| SQ | 1.27 | 5.00 | 2.50 | 1.21 | |

In the model, stress (ST) was used as independent variable, turnover intention (TOI) and service quality (SQ) as the dependent variables and burnout (BO) as mediator. 387 complete responses were included in the analysis. The scale used for collecting the responses ranged from "Never" to "Always", which were coded as "1" and "5", respectively. The higher mean value thus tilts towards the happening of a specific situation many times. The dispersion in responses, measured by the standard deviation, is also reported in the table. In the second step, the researchers examined the association of variables and presented its results in table 2.

| Table 2 Correlation Analysis | | | | | |
|---------------------------------|----------|--------|--------|----|--|
| Variables | ST | BO | TOI | SQ | |
| ST | 1 | | | | |
| BO | .377** | 1 | | | |
| ΤΟΙ | .455** | .409** | 1 | | |
| SQ | 194** | .224** | -0.035 | 1 | |
| (* | * p<.01) | | | | |

Correlation analysis showed a positive relationship of stress with burnout and turnover intention of the employees. On the other hand, the association of stress and service quality was negative. The results also depicted the absence of autocorrelation. For further confirmation, a reliability analysis was conducted, and results are in table 3.

| Table 3 Reliability analysis | | | | |
|---------------------------------|-------|--|--|--|
| | | | | |
| ST | 0.903 | | | |
| ВО | 0.868 | | | |
| ТОІ | 0.798 | | | |
| SQ | 0.897 | | | |

The statistics pertaining to reliability analysis conform to the standard of greater than 0.70 alpha value for each variable. This is in accordance with the threshold level specified by Nunnally and Bernstein (1994). The reliability was thus established and then researchers checked the suitability of measurement model. The results of this domain are in table 4.

| Table 4 | | | | | |
|-------------------|-------|-------|------|------|------|
| Measurement model | | | | | |
| | χ2/df | RMSEA | IFI | TLI | CFI |
| ST | 1.141 | 0.02 | 0.99 | 0.99 | 0.99 |
| BO | 1.795 | 0.04 | 0.98 | 0.99 | 0.98 |

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| ΤΟΙ | 2.045 | 0.07 | 0.97 | 0.96 | 0.97 |
|-----|-------|------|------|------|------|
| SQ | 1.885 | 0.05 | 0.98 | 0.98 | 0.98 |

The test values of the indices reported in table 4 are in accordance with the threshold levels, specified in the methodology section. The model fitness was, therefore, established. After the establishment of model fitness, the direct effects of stress on turnover intention and service quality of employees were examined and results are presented for readers in table 5.

| Table 5 Path analysis | | |
|--------------------------|-------------|--|
| Path | Coefficient | |
| $ST \rightarrow TOI$ | 0.365*** | |
| $ST \rightarrow SQ$ | -0.184*** | |
| | | |

(*** p<.001)

This analysis was conducted to test the hypotheses 1 and 2 of the study. The results supported the hypothesized effects. It was observed that stress positively affected the turnover intentions while negatively to the service quality of employees (β =.365, *p* < .001; β =-.184, *p* < .001). The results thus endorsed the negative consequences of stress, as generally believed. These results are in accordance with the findings of some earlier studies conducted in different environment (Rijanto, 2023; Victoria, 2022). The researchers further proceeded to check the mediating mechanism of burnout in the specified direct effects. For probing this aspect, hypotheses 3 and 4 were developed. The results of mediation analysis are in table 6.

| Table 6 Mediation analysis | | | | | |
|-------------------------------|-------------|--------|--------|--|--|
| Path | Coefficient | LL | UL | | |
| ST→BO→TOI | 0.113** | 0.072 | 0.160 | | |
| ST→BO→SQ | -0.195*** | -0.272 | -0.132 | | |

(*** p<.001, ** p<.01)

The results of analysis evidenced the full mediation of burnout in the effect of stress on turnover intention and service quality of employees (β = .113, p< .01, CI = .072~.160; β = -.195, p< .001, CI = -.272~-.132). In lower and upper limit (LL and UL), the value '0' remained absent, which was conforming to the mediation of burnout.

Conclusion

This study was aimed at examining the effect of stress on turnover intention and service quality of the employees. The study further examined the mediating mechanism of burnout. For this purpose, the study selected the health sector and took a sample of nursing and administrative staff from public sector hospitals of AI&K. This sector was selected on account of its importance and relevance for a larger segment of the population. Questionnaire were developed, primary data were collected and analyzed for determining the statistical significance. The findings indicated a significant positive effect of stress on the turnover intention of the employees. In the meantime, the effect of stress was observed to be negative and significant for service quality of the employees. The effect in each case was mediated by the burnout of employees. Based on these findings, it is concluded that the stress and burnout are chronic issues, which are affecting the individuals and ultimately organizations. The persistence of stress could create burnout which then induces the employees to leave the organization. The stressed employees cannot deliver the services efficiently to meet the expectations of the patients and take proper care of them. This would further create an environment of tension and frustration all around, thereby damaging the entire system.

The study suggested taking immediate measures and actions to control the internal instigators of stress. The measures may also be taken to reduce the outside sources or atleast to manage its harmful effects. It is important to realize the consequences of stressful environment. The exit of experienced and competent workforce can create a skill gap and bridging this gap could be both time consuming and costly. Moreover, the poor service quality could be damaging for the patients as they need high care, emotional and psychological support for speedy recovery. A friendly and conducive working environment is, therefore, highly desirable in the workplace. It could be helpful for the employees to absorb the stress to a larger extent with minimal impact in the workplace. Professional training and mentorship programs could be helpful in this context. There is a need to devise policies for aligning the interests of employees and institutions. Better coordination within the organizations is also desired. Healthcare organizations can demonstrate their dedication to the health of their patients and the efficiency of their care delivery by promoting a culture that values and supports the mental and emotional well-being of its staff. The study suggested these measures based on findings drawn from the analysis of responses collected from the health sector of AJ&K. This study may further be extended to the other sectors for broader and conclusive evidence. The study may also be extended by incorporating certain other factors, such as personality traits, emotional exhaustion, and employees' performance.

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