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Social Support And Burnout Among Healthcare Workers During Covid-19 Pandemic In Malaysia

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ABSTRACT

As COVID-19 emerged as a global health issue, it puts a tremendous strain on healthcare professionals all over the world. The focus of this study is to determine the relationship between social support and burnout among healthcare workers during the COVID-19 pandemic in Malaysia. This study hypothesised that healthcare employees with little social support are more likely to experience burnout. The target population of this study was healthcare workers in Malaysia. In future research, it is suggested to collect more in-depth demographic data to further analyse the factors affecting the levels of burnout and social support among healthcare workers.

1.INTRODUCTION (LITERATURE REVIEW)

On 11 March 2020, the novel coronavirus (COVID-19) outbreak was declared a global pandemic (World Health Organization [WHO], 2020) in which it is a newly discovered coronavirus that causes an infectious disease. As COVID-19 emerged as a global health issue, it puts a tremendous strain on healthcare professionals all over the world. Most of the burnout research has centered on predictors, with studies emphasising occupational characteristics as the strongest ones (Lee & Ashforth, 1996; Alarcon, 2011). Burnout is a syndrome that results from continuous workplace stress that has not been effectively managed (WHO, 2019). Burnout is not the same as fatigue, stress, or depression (Koutsimani et al., 2019), and it has been linked to helping professions like healthcare workers. Energy depletion or emotional weariness, dissatisfaction about one's job, and impaired professional efficacy are also symptoms (Maslach et al., 2001; Iacovides et al., 2003). According to VandenBos (2015), social support is defined as the act of assisting or comforting people, usually to help them cope with biological, psychological, or social stressors. Any interpersonal interaction in an individual's social network, such as family members, friends, neighbors, religious institutions, colleagues, carers, or support groups, can assist. It can take the shape of practical aid (performing tasks and giving advice), tangible support (giving money or other direct material assistance), or emotional support (making the person feel appreciated, welcomed, and understood).

According to recent studies, healthcare professionals have the greatest burnout rates (Shanafelt et al., 2012). Burnout makes physicians, residents, and nurses more vulnerable to substance abuse (Moustou et al., 2010; Oreskovich et al., 2012), depression (Hakanen and Schaufeli, 2012), sleeplessness (Vela-Bueno et al., 2008) and suicidal ideation (Shanafelt et al., 2011; Van der Heijden et al., 2008). In the study, it was found that the prevalence of personal-related burnout was 53.8% among the 893 healthcare professionals. At the district level, pharmacists and healthcare workers had the highest rate of personal-related burnout. Work-related burnout was found to be prevalent in 39.1% of cases, with assistant environmental health

officers and laboratory staff having the greatest percentages, while patient- related burnout was found to be common in 17.4% of paramedics and healthcare workers in private hospitals (Shanafelt et al., 2012). While various studies have shown that depression, anxiety, and stress are common among healthcare workers, little is known about healthcare workers' burnout.

In times of crisis, collaborating with other agencies allows a more holistic approach to achieving the common objective of preventing the virus from spreading. This can be categorized as social support; practical aid, tangible support and emotional aid as many of this interagency cooperation took place during the mitigation phase when the MCO was first established and remained throughout. The Ministry acted in providing practical aid by dispatching healthcare workers from states with fewer COVID-19 cases to states with many red zone districts (defined as having 40 active cases or more). The Ministry of Health (MOH) has also asked private and retired medical staff to help run COVID-19 around the country, with a special budget set aside to recruit them on a contract basis (Yusof, 2020; Daim, 2020). This is critical to minimise burnout and exhaustion among healthcare workers, both of which can be harmful to their physical and mental health. The MOH takes this seriously and provides frequent burnout prevention suggestions to all its healthcare workers (Zi, 2020).

The present study aims to determine the relationship between social support and burnout, and to analyse if there are differences between those variables in terms of genders among healthcare workers during the COVID-19 Pandemic in Malaysia. It is hypothesised that those with little social support are more likely to experience burnout, and there is gender factor that is associated with burnout and social support.

2. METHODOLOGY

This study is a correlational and cross-sectional study. The target population of this study is healthcare workers in Malaysia. The total number of respondents in this study was originally 437. After cleaning up the data due to missing figures, it was lowered down to total N = 417.

This study used convenience sampling and snowball sampling to recruit its participants. This study was conducted via Google Form that consists of three sections:

i) Section A (Demographic Information Form)

The first part of the survey form consisted of items on sociodemographic data of respondents. Respondents' gender, location of workplace, workplace setting, involvement with COVID-19 related patients and whether they were affected by it were recorded. Location of workplace were classified into urban areas and rural areas. Examples of urban areas are Selangor, Kuala Lumpur and Putrajaya.

ii) Section B (Maslach Burnout Inventory – Human Services Survey (MBI_HSS))

The MBI-HSS consists of 22 statements that describe how frequently clients and work affect feelings and attitudes to assess burnout. These claims are broken down into three categories: emotional exhaustion depersonalization, and personal accomplishment. The responses are graded on a six-point Likert scale from 0 to 6 (from never to every day). Data was divided into three tiers (low, moderate, and high): 1) emotional exhaustion: low (0– 16), moderate (17–26), and high (≥27); 2) depersonalization: low (0–6), moderate (7– 12), and high (≥13); and finally, 3) personal accomplishment: low (≤31), moderate (32– 38), and high (≥39). Burnout syndrome is characterised by high levels of emotional weariness, high depersonalization, and low personal fulfilment.

iii) Section C (Multidimensional Perceived of Social Support

(MSPSS))

The MSPSS is a 12-item measured by Likert scale with seven alternative replies (rated 1-7; 1=very strongly disagree and 7=very strongly agree) for each statement, to assess perceived social support yielding a score out of 72, with a higher score indicating better perceived social support. They are derived from three sources: 1) significant other, 2) family and 3) friend. Scores ranging from 12-35 are perceived as low, 36-60 as moderate and 61-84 as high perceived support.

The dataset was downloaded from Google Forms, and subsequently checked, cleaned and edited for inconsistencies. Data were analysed using Statistical Package for Social Science (SPSS) 26. Descriptive statistics were utilised for respondents' personal background, level of burnout and level of social support. Multiple Linear Regression analysis was used to how social support is numerically associated with burnout and independent sample T-Test was used to see if gender differs in terms of those variables.

3. FINDINGS AND DISCUSSION

In total, 417 healthcare workers took part in this survey. The characteristics of respondents and findings are shown in Table 1.

Majority of the sample consisted of females (69.1%). Most of the respondents were Malays (40.3%), working in Selangor (36.9%) under the hospital setting (64.5%), involved with COVID-19 related patients (83.9%) and were affected by the pandemic (84.9%).

It was revealed that Malaysian healthcare workers are currently suffering from high levels of burnout, as seen by high levels of emotional exhaustion, depersonalization, and a lack of personal accomplishment. The results showed that the healthcare workers were all experiencing high levels of burnout in the emotional exhaustion dimension with (M = 35.08, SD = 7.726), a high level of depersonalisation (M = 18.55, SD = 4.608), and a low level of personal accomplishment (M = 27.68, SD = 5.211) based on the manual scoring procedure. The manual scoring technique was used to group the levels of those dimensions. The level of burnout in healthcare workers can be further explained by the rising cases of COVID-19 in the country. Healthcare workers are forced to work more hours and under constant threat due to the dangers of the pandemic. In addition to that, a study by Wong et al. (2021) discovered that there was an escalation of mental health disorders specifically depression and anxiety during the COVID-19 pandemic. Thus, the high level of burnout among healthcare workers can be attributed to the current condition of the COVID-19 pandemic.

On the other hand, it was discovered that participants had a moderate amount of social support (M = 52.21, SD = 14.548). Based on the manual for scoring process, it was revealed that healthcare professionals received moderate social support in all three dimensions; significant other subscale (M = 4.43, SD = 1.336),) family subscale (M = 4.23, SD = 1.389), and friends' subscale (M = 4.39, SD = 1.297). The results from this study further supported previous studies in which perceived inadequacy of social support would lead to frequent exposure all predicted increased likelihood of burnout among healthcare workers in this country during the COVID-19 pandemic (Roslan et al., 2021).

There were significant negative correlation between social support and emotional exhaustion (r = -.338, p = .0000) as well as social support and depersonalization (r = -.490, p = .000) where it implied the greater the social support, the lower the risk of emotional exhaustion and depersonalization. However, there was a significant positive correlation between social support and personal accomplishment (r = .525, p = .000) where it implied that the higher the social support, the higher the level of personal accomplishment. The correlation between emotional exhaustion between family (r = -

.409, p =.000), significant other (r = -.179, p = .000) and friends (r = -.425, p = .000) accordingly. On the other hand, the correlation between depersonalization and family (r = -.535, p = .000), significant other (r = -.205, p = .000) and friends (r = -.508, p = .000). For the last dimension, correlation between personal accomplishment and family (r = .252, p = .000), significant other (r = .303, p = .000) and friends (r = .278, p = .000).

A significant regression equation was found to predict emotional exhaustion, $F(3,413) = 55.322$, $p<.001$), $R^2 = .287$, $R_{adjusted} = .281$. The regression coefficient, B = 4.72 (significant other), B = 2.05 (friends), B = 3.20 (family)) indicated that an increase in social support correspond, on average, to decrease, B = 33.92 emotional exhaustion. On the other hand for depersonalisation, the results of regression indicated $F(3,413) = 137.725$, $p<.001$), $R^2 = .500$, , $R_{adjusted} = .496$. The regression coefficient, B = 4.47 (significant other), B = 1.10 (friends), B = 3.501 (family) indicated that an increase in social support correspond, on average, to decrease, B = 20.11 depersonalization. Lastly for personal accomplishment, the results of regression $F(3,413) = 15.542$, $p<.001$), $R^2 = .101$, , $R_{adjusted} = .095$. The regression coefficient, B = 1.50 (significant other), B = .70 (friends), B = .56 (family)) indicated that an increase in social support correspond, on average, to increase, B = 24.83 personal accomplishment.

Various previous studies had been conducted to correlate these two factors together, such as the study of The Psychosocial Determinants Relationship with Burnout among Nurses in Pahang, Malaysia (Shahrum & Perveen, 2021), which revealed a negative relationship between perceived social supports and burnout. Burnout rates were lower among nurses who received a lot of help from their family, friends, or significant others. According to Heath et al. (2020), clinicians who have healthy, meaningful personal and professional relationships are contented and have a reduced risk of burnout. As a result, this research adds to the growing body of evidence suggesting burnout is linked to social support.

The results of the emotional tiredness subscale revealed the mean average value for each group. Emotional exhaustion scores of males and females were compared. On average, male emotional exhaustion statistics (M = 32.53, SD = 8.011) were lower than female emotional exhaustion (M = 36.23, SD = 7.22). This difference -3.7, was statistically significant, $t(410) = -4.61$, $p < .001$). The depersonalization subscale revealed that male workers had an average value of (M = 16.90, SD = 5.698) while female workers had an average value of (M = 19.25, SD = 3.855). This difference -2.3, was statistically significant, $t(410) = -4.87$ $p < .001$). The last subscale is the accomplishment subscale. Male workers had an average value of (M = 29.43, SD = 5.361), while female workers had an average value of (M = 27.01, SD = 4.433). This difference 2.4, was statistically significant, $t(410) = 4.67$, $p < .001$). The findings of this study supported previous research where it was found that there were differences in burnout where females have higher burnout rates compared to males. According to another smaller specialty-specific research, women are also more likely than men to have burnout symptoms (Shanafelt et al., 2014; Shenoi et al., 2018). Various research from the United States, China, Sweden, Nigeria, and other nations also found that female physicians had a higher rate of burnout (Norlund et al., 2010; Dyrbye et al., 2011; Aguwa et al., 2014; Granek et al., 2016; Huang et al., 2019; Eden et al., 2020; Gold et al., 2021; Lee et al., 2021; McPeek-Hinz et al., 2021).

While the results revealed the mean average value for each group, the difference between males and females' social support were compared. Male workers had an average value of (M = 4.65, SD =.618) on the significant other subscales, whereas female workers had an average value of (M = 4.11,

SD =.898) This difference -0.5, was statistically significant, t(410) = 6.100, p < .001). The second aspect, family subscales showed that men had a mean score of (M = 4.59, SD = 1.149) while women had a mean score of (M = 4.09, SD = 1.455). This difference 0.5, was statistically significant, t(410) = 3.404, p < .001). Finally, male workers had a (M = 5.06, SD =.965) for friend subscale, whereas female workers had a (M = 4.12, SD = 1.131). This difference 0.9, was statistically significant, t(410) = 7.207, p < .001). This finding is aligned with previous research by Soman et al. (2016), where males scored substantially higher on perceived social support than females (p < 0.001). There is some evidence that autonomy needs are troublesome for girls who have been raised to value closeness with their parents, resulting in higher frustration in their relationship with their parents among girls than boys (Honess et al., 1997). This could explain why the girls perceived less family support than the boys (Cheng & Chan, 2004).

Based on the findings of the study, it is implied that healthcare workers are currently experiencing high level of burnout with a moderate level of social support These results build on existing evidence as shown by previous study by Roslan et al. (2021) where it was found that more than half of 930 healthcare workers who participated in their study are experiencing burnout due to the rising cases of the COVID-19 pandemic, healthcare workers all around Malaysia are currently experiencing burnout. Apart from that, this study also proves that there was a significant negative correlation between burnout and social support. This finding contributes a clearer understanding of the relationship between burnout and social support as shown in a previous study by Shahrum and Perveen (2021). Moreoever, the findings of this study showed that women had a higher level of burnout compared to men. It further supported previous data where the findings from (Purvanova & Muros, 2010) for total burnout appear to support the widely held belief that burnout is a more female experience—women are more likely to report burnout than males. Hunt and Emslie (1998) also found that women in male-dominated occupations experience more psychological distress and had worse self-assessed wellbeing than women in female-dominated professions. In terms of social support, men perceived a better social support rather than women. This is to be expected as the burnout rates in men were lower compared to men. It derived from numerous previous studies that have discovered social support can reduce the negative effects of stress on one's health (Holt-Lunstad et al., 2010; Mikkola et al., 2018). Social support has been linked to lower rates of burnout among health care employees (Hou et al., 2020). Furthermore, as healthcare workers are formal caregivers, a rising number of studies emphasise the importance of implementing programmes that provide social support to practitioners as a core component (Holt-Lunstad et al., 2010; Applebaum, 2015). In conclusion, the findings from this study also highlights the current condition of healthcare workers specifically in Malaysia. Thus, proper actions should be taken by the government or healthcare managements to maintain and lower the current level of burnout and social support among healthcare workers.

4. CONCLUSION AND RECOMMENDATION

In conclusion, healthcare workers in Malaysia were experiencing high level of burnout and moderate level of social support according to the mean score obtain from both variables. In addition to that, the findings suggested that there was a negative correlation between burnout and social support. Hence, social support was found to be one of the factors that helps in burnout symptoms as negative correlation implied that with a high level of social support, it may lower the risk of burnout. Apart from that, it was found that there were differences in the level of burnout

where women had greater burnout level compared to men. In terms of social support, men had a better support in all the dimensions; significant other, family and friends, compared to women. This study highlights the current psychological states of healthcare workers in Malaysia. Thus, the psychological well-being of healthcare workers should be assessed so that their mental health can be improved and to prevent psychological problems in the future.

There were undoubtedly various limitations to the study due to its nature. First, this study did not specify their position, hence the burnout rates between positions in healthcare industry cannot be concluded. Moreover, as the research used healthcare workers as the target respondents amid COVID-19 Pandemic, it is highly probable that those who were busy with COVID-19 related patients or already facing burnout might be unable or unwilling to answer the questionnaire, which led to a bias.

In future research, it is recommended that future studies use a longitudinal study design with a mixed method of assessment to examine the effects of COVID-19- related stressors and to see if social support, particularly perceived social support from friends, family and significant others, can moderate the effects of COVID-19-related stressors and psychological consequences on healthcare workers. Through this perspective, more study is needed to determine whether social support (both work- related and non-work- related social support) affects the dimensions of occupational stress differently by simultaneously examining the three functions. Besides that, the demographic data collected from participants does not specify the participants' exact profession as well as marital status. These factors could influence the results of the scores burnout and social for the participants but were not included in the questionnaire. Thus, it is also suggested that more in-depth demographic data should be collected to further analyse the factors affecting the levels of burnout and social support among healthcare workers.

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