

Psychosocial Factors and Burnout Syndrome in Hospitality Workers

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Abstract: *The working conditions within some service industry fields such as hospitality, are characterized by exposure to psychosocial risk factors; the lack of control, interaction, demands of sensitivity and emotional dissonance, generate patterns that are associated with negative emotions at work. This organizational environment, causes that the psychosocial risk factors at the workplace are likely to generate negative effects such as burnout in workers.*

Objective: Determine possible associations between the psychosocial risk factors and burnout; identifying which of the psychosocial work conditions could take levels considered as risk factors.

Methodology: A cross-sectional, observational and descriptive study. The population was composed of 199 workers with plant jobs in 4 different hotels at the beach.

Results: The Psychosocial Factors found with most negative values are the "Labor demands" with a 79.9% of exposed and the high "workloads" with 70.4% of exposed. In regard to the Burnout Syndrome, 65.8% of the evaluated subjects presented "Lack of personal and work accomplishment", 34.2% "Emotional exhaustion" and 18.1% "Depersonalization". All Psychosocial Factors at Work studied, with the exception of "Labor demands", showed a risk factor for any of the dimensions of the Burnout Syndrome.

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I. Introduction

Health at Work is an area that has attracted the attention of governments, associations and researchers since several decades ago. By studying it there are essential variables that give meaning to the analysis, among them are the working conditions, which have the potential to be negative or positive, or, as is emphasized: "... work does not cure or ill anyone, the conditions of work are the ones which can be pathogenic eugenic"¹. We know that working conditions may be valued as stressful when they are perceived as job demands that reach beyond the ability of workers, or for some reason do not cover their needs in two situations generating serious deficiencies; the first is the loss of control over one's own work and the lack of support of the leader and peers to do it or deal with it².

Has been investigated and it is known that the work complies with a decisive role in the health and that there is an association between poor working conditions and loss of health. Various reports provide evidence about the impact of psychosocial risks in health^{3, 4}, although so far it is difficult to say in general what is the impact on the health of psychosocial risks in the world, mainly due to the lack of data on the subject⁵.

The psychosocial risks have been defined by the International Labor Organization⁶ in terms of the interactions between the content of the work, organization and management of work, and other environmental and organizational conditions, on the one hand, and employees, competencies and needs on the other.

The working conditions within some service industry fields such as hospitality, are characterized by exposure to psychosocial risk factors, characterized mainly as natural obstacles in that type of organizations and are present because the services of workers in this sector are evaluated directly through customers and, also because workers have a perceived emotional workload, because they need to maintain positive attitudes and kindness as the main value of their work, which generates in them emotional dissonance^{7, 8, 9}.

The psychosocial risk factors at work take different forms in depending on each organization. The service providers in this context are exposed to a high and frequent interaction to address and inform users and as mentioned¹⁰, it seems that generates typical suffering of professions that have to provide and serve in a direct and relevant way to people, as is the case of health personnel, teachers, caregivers, and similar others.

In the hospitality industry the lack of control, interaction, demands for sensitivity and emotional dissonance, generate patterns that relate to negative emotions at work. As it is, this organizational environment, get that psychosocial factors of risk in the workplace are likely to generate negative effects such as burnout in workers^{11, 12, 13, 14}.

Burnout as mentioned by Ayuso¹⁰, is a response to a "chronic emotional stress characterized by psychological and physical exhaustion, cold and depersonalized attitude in relation to others and the feeling of inappropriateness to the tasks to be accomplished".

It can be stated that Burnout is a non-healthy response to conditions of chronic stress (distress) experienced in the work context, that is to say, that is part of a process that starts with the exposure to psychosocial work factors that generate low-impact chronic stress on the individual, which in turn responds with their systems of coping and when these are no longer sufficient or functional the response of Burnout appears^{15, 16, 17}.

Burnout can be studied as a state caused by labor stress if we understand it from a clinical perspective; although from a psychosocial perspective, it can be taken a broader view, in which it can be seen as a process developed by the way they interact with the characteristics of the environment and those of the people, which it would underline that Burnout is a psychosocial status that is built in stages that can also be investigated and integrated¹⁰.

Our study aimed is to establish the associations that could exist between the psychosocial risk factors and burnout; also to identify which of the psychosocial work conditions could take levels considered risk factors. Finally, to determine the levels of both variables in the population of workers in the hotel industry.

II. Material and Method

A cross-sectional, observational and descriptive study was conducted. The population was comprised of 199 workers with plant jobs in 4 different hotels on the beach. The sample is non-probabilistic, the subjects were chosen randomly.

Instruments: To capture the socio-demographic and labor variables three instruments of evaluation were employed: 1) A questionnaire for demographic and labor variables such as: sex, age, marital status, educational level, current workstation, seniority in the company, seniority in the current workstation; 2) The Inventory of Psychosocial Factors at Work¹⁸, to determine the exposure to psychosocial factors within the area of labor; and 3) The Rating Scale of Maslach Burnout Inventory (MBI-HSS) to assess the presence the Burnout Syndrome dimensions^{19, 20}.

The instrument "Inventory of Psychosocial Factors at Work," was initially developed as a scale to assess academic workers and hence derived a version to be applied to workers in general¹⁸. This version of the instrument is composed by 42 items, which are valued through a Likert scale of 5 degrees, which goes from 0 (never) to 4 (always) indicative of the frequency at which the psychosocial factors evaluated appeared. The scale has 7 dimensions distributed with 9 items for workplace conditions, 9 for career development, 7 for content and characteristics of the task, 7 for work demands, 6 for paper work and 5 for workload for social interaction and organizational aspects and 3 for performance-based remuneration. Finally, the scores are add up in each section and three categories are determined: low, medium and high.

The MBI-HSS assesses the presence of Burnout Syndrome for staff in hospitality work environments, consists of 22 items with three dimensions, using a Likert scale with options ranging from "never" to "every day"²¹. Evaluates the three dimensions already mentioned: 1) Emotional Exhaustion (EE): describes feelings of being exhausted both emotionally and physically, 2) Depersonalization (D): describes an impersonal response, and 3) Lack of Personal Accomplishment (LPA): describes feelings of competence and motivation at work. Each of the items are add up according to the dimension and the scores are placed in a grade-level high, medium or low. According to Gil-Monte and Peiró²², the instrument showed values of Cronbach's alpha coefficient $\alpha = .90$ for emotional exhaustion, $\alpha = .79$ for depersonalization and $\alpha = .71$ for lack of personal fulfilment at work.

The data were analyzed with the criteria that all participants located in medium and high levels by the MBI-HSS are considered as persons with Burnout Syndrome²³. First, levels were established, from low, medium and high for the Burnout Syndrome, also for exposure to Negative Psychosocial Factors, from there, a database in Excel was built, which later was imported to SPSS v21. Subsequently, the variables measured in nominal scale were analyzed based on distributions in prevalence percentages and rates.

Chi-square and Fisher's exact test were applied to establish the association between variables. The level of statistical significance was established as $p > 0.05$. The study also evaluated Risk Factor (OR), considering it valid when OR is greater than 1, when the confidence levels do not include the unit and when there is a value of association in accordance with the level of statistical significance ($p < 0.05$).

Ethical Considerations

The purpose and procedures of this study were approved by the Ethics Committee of PIENSOA. C. (Research Program in Occupational Health for Latin America). All participants received explanations about the purpose and methods of the study and data privacy, despite being anonymous responses. Given that only standardized questionnaires were handled, the study was considered as "without risk".

III. Result

Interviews were conducted to 199 workers from various hotel centers in Nuevo Vallarta, Nayarit, one of the main tourist areas in Mexico. The 51.8% of the sample were male. Their ages range are between 17 and 59 years old, the average age is 27.8 years and the median is 27.0 years old, mode was presented at 24 and 25 years. Regarding to marital status, the 51.8% were reported as single, 36.2% married and the rest is divided among widowed, divorced or cohabitating.

The 70.4% of the participants have a "bachelor" degree, a 20.6% of the participants completed the educational level of "high school", 5.0 % completed "secondary school", 1.5% have a postgraduate degree or a technical career, and 1.0% of the sample have a basic educational level. The jobs occupied by participants are within the profiles of attention of hotel services. From the above-mentioned, none is repeated excessively, being the most frequent "payroll processor" with 4.0% of the total number of workers surveyed.

The seniority in the company ranged from less than one year up to 16, being the average seniority in the enterprise 2.42 years; for its part, the seniority in the job ranged from less than one year up to 13 and the average seniority in the workplace was 1.39 years.

The Psychosocial Factors -evaluated using the questionnaire- indicate that in this population the factors with most negative values are the "labor demands" with a 79.9% of exposed workers (26.1% in high level and 53.8% in medium level) and exposure to high "workloads" which records to 70.4% of exposure (4% to high level and 66.3% to medium level) (Table no. 1).

Table no. 1: Percentage distribution of the population, depending on the level of exposure to the evaluated psychosocial factors

The instrument of Psychosocial Factors at Work 2004 ¹ (Adapted)				
Ord.	Dimensions	Levels		
	Psychosocial Factors	3 Low	2 Medium	1 High
1	Conditions of the Workplace	50.8%	47.2%	2%
2	Workload	29.6%	66.3%	4%
3	Contents and Characteristics of the Task	32.7%	64.8%	2.5%
4	Work Demands	20.1%	53.8%	26.1%
5	Job Role and Career Development	41.2%	55.8%	3%
6	Social Interactions and Organizational y Aspects	76.9%	21.6%	1.5%
7	Remuneration of the Performance	45.7%	53.8%	.5%

Source: Author.

In addition, psychosocial factors of "Content and characteristics of the task", "Role at work and career development" and "performance-based remuneration" established more than 50% of the evaluated workers as exposed (67.3%, 58.8% and 54.3%, respectively). In the last two factors, the best place is "Social Interaction and Organizational Aspects" with 23.1% of exposed and only 1.5% in high level (Table no. 1).

Regarding to the presence of the dimensions of the Burnout Syndrome, we found that the greatest presence is recorded in the "Lack of personal and work accomplishment" with 65.8% of the evaluated subjects (47.2% in high level and 18.6% moderate), followed by the "emotional exhaustion" with 34.2% (9.5% in high level and 24.6% moderate), and finally the "Depersonalization", present in 18.1% of the studied population (5% in high level and 13.1% moderate) (Table no. 2).

Table no. 2: percentage distribution of the population, depending on the level of burnout syndrome for each of its dimensions.

DIMENSIONS	LOW	MODERATED	HIGH
Personal Accomplishment	34.2%	18.6%	47.2%
Emotional Exhaustion	65.8%	24.6%	9.5%
Depersonalization	81.9%	13.1%	5%

Source: Elaborated by the author.

Risk Factors

All psychosocial work factors studied, with the exception of "Labor demands", showed a risk factor for some of the dimensions of the Burnout syndrome. For emotional exhaustion, six psychosocial work factors proved to be a risk factor, being the highest: "Social interaction and organizational aspects" (OR=4.39) and

"Content of the task" (OR=4.19); for the dimension of depersonalization, four risk factors were found; "Social interaction and organizational aspects" (OR=5.63), "Role at work and career development" (OR=5.55), "Content of the task" (OR = 4.78) and "Working conditions" (OR= 2.07).

Finally, for the dimension of Lack of Accomplishment, we find that three of the psychosocial factors qualify as a risk factor: "Role at work and career development" (OR=4.48), "Social interaction and organizational aspects" (OR=3.06) and "Working conditions" (OR= 2.16).

It should be noted that the psychosocial factor "Social Interaction and Organizational Aspects" having been the lowest in prevalence of exposure is among those that shows risk for the three dimensions of Burnout by presenting some of the highest OR values (OR=4.39, OR= 5.63 and OR=3.06) (Table no. 3).

Table no. 3: Psychosocial risk factors for burnout syndrome dimensions

Dimensions	EXHAUSTION	DEPERSONALIZATION	LACK OF ACCOMPLISHMENT
Conditions of the Workplace	OR= 3.17 (I.C.= 1.71-5.88) P= 0.000	OR= 2.07 (I.C.= .984-4.38) P= 0.039	OR=2.16 (I.C.= 1.18-3.95) P=0.008
Workload	OR=2.61 (I.C.= 1.27-5.35) P=0.005	N.S.	N.S.
Contents and Characteristics of the Task	OR=4.19 (I.C.= 1.97-8.93) P=0.000	OR= 4.78 (I.C.= 1.61-14.18) P= 0.001	N.S.
Work Demands	N.S.	N.S.	N.S.
Job Role and Career Development	OR=2.65 (I.C.= 1.4-5.02) P=0.002	OR= 5.55 (I.C.= 2.05-14.99) P= 0.000	OR=4.48 (I.C. 95%= 2.4-8.37) P=0.000
Social Interactions and Organizational Aspects	OR=4.39 (I.C.= 2.19-8.79) P=0.000	OR=5.63 (I.C.= 2.59-12.2) P=0.000	OR=3.06 (I.C.= 1.33-7.01) P=0.004
Remuneration of the Performance	OR=2.12 (I.C.= 1.16-3.84) P=0.010	N.S.	N.S.

Source: Elaborated by the author. N.S = No significant.

IV. Conclusions

There is a wide range of studies in terms of the presence of Psychosocial Risk Factors in workers that emphasize the role of organizational constraints, lack of control over work process, leadership, and especially the labor demands, as the most relevant risks.

In this study, the "labor demands" and exposure to high "workloads" appeared as the highest Psychosocial Factors, similarly to what has been observed by several authors^{24, 25, 26} that by using the same scale in the evaluation of the psychosocial factors in teachers and nurses, found that the labor demands, dissatisfaction with the type of performance-based remuneration and the working conditions were the riskiest factors to that population.

For this population, average levels of risk exposure were related to the content and characteristics of the task, the role at work and career development and performance-based remuneration. Noted that, the level of risk exposure Social Interaction and Organizational Aspects showed reduced levels, being this a prevailing condition in this type of organizations.

The perceptions are variable with respect to other studies, for example, in a study with a population of persons employed in different organizations of Puerto Rico (N= 660), Hernández, et. Al²⁷ found effects of factors such as the discredit staff, organizational constraints, workload, incivility and work autonomy, as predictors of anxiety; and, on the other hand, the labor incivility and the obstruction of progress as predictors of depression.

Ortiz-Doncel²⁸, with university professors, found that the perception high of intralaboral psychosocial risk was related to the lack of control over work and its demands, with a prevalence above 50 % in high risk and very high risk.

Jimenez Barrero²⁹, in a company dedicated to recreation, reports that the respondents perceive a high level of intralaboral risk and a very high mainly in "Characteristics of leadership" (78%), "demands of work" (77%) and "leadership and social relations at work" (74%). Probably, these results indicate that the organizational context frames and gives shape to the risks and to the level of exposure due to the processes and typical culture of this industry organizations.

Concerning to the dimensions of Burnout, in this study, the dimension of "lack of personal and work accomplishment" was the highest prevalence with 65.8% of the workers surveyed, followed by "Emotional exhaustion" with 34.2% and the "Depersonalization" with the 18.1%; in accordance with the order of prevalence reported by Mababu¹⁴ in hospitality professionals with the study of Aranda³⁰ – carried out with diversity of labor - found similar results to this study: "by dimensions the sequence was in first place, the lack of motivation followed by emotional exhaustion and subsequently depersonalization" with prevalence of 37.2%, 18.5% and 11.5%, respectively. We believe that this may be due to the fact that our population consists of workers who give customer service and of those who work inside the hotels without contact with customers.

When it comes to workers in health or teaching services the order of prevalence in the dimensions is different from our results, Galván²⁴, in their study with teachers found a 38% with emotional exhaustion by 20% with depersonalization and equal percentage in terms of reduced personal accomplishment. Aldrete²⁶, also with a population of teachers identified a 43.7% with emotional exhaustion, a 40.3% in reduced personal accomplishment, and a 13.3%, with depersonalization.

While Aranda¹², with workers in grocery stores reported 62.5% for emotional exhaustion, 50% in lower performance at work and 32.5 % in depersonalization.

Risk Factors

As mentioned before, it is likely that the characteristics of work as mentioned by Ayuso¹⁰, particularly in people who devote their work to meet people and relevant services, develop higher levels of burnout by being associated with certain risks at work.

The possibility of emotional exhaustion is higher when the factors of "social interaction and organizational aspects" and "Content of the task" appeared, which indicates that possibly by providing services in which it is necessary to increase the sensitivity to the demands and be emotionally dissonant, workers can increase their possibility until more than four times to show that characteristic of burnout.

In a similar way Jimenez²⁹ related the intra-labor factors as the high demands and poor working conditions with "feeling exhausted" at work. According with Pando¹ the Negative psychosocial factors of the task were a risk factor for "Emotional exhaustion" and "Depersonalization"; while the Negative psychosocial factors of the work system were only for "Emotional exhaustion"; unlike Gil-Monte³¹ who found this condition of exhaustion, mostly related to the work overload of health personnel.

On the other hand, the possibility of depersonalization was higher when the "social interaction and organizational aspects", "The Role of work and career development", the "Content of the task" and the "conditions of labor" appeared, which might suggest that in addition to the requirements of interaction, the role of service and the type of activities could exceed the capacity of coping and induce this state associated frequently with anxiety.

This is similar to what was found by Aranda Beltran, Pando Moreno, Salazar Estrada, Torres López, AldreteRodriguez & Pérez Reyes³², who established relations that the factors of the working system and of the organization could induce in the state of depersonalization.

Finally, the feelings of lack of accomplishment raise the possibility to be present when the working role and career development, the social interaction and organizational aspects and working conditions are presented a risk at work. That could suggest that the role of service, coupled with the low status of these jobs, service demands and emotional dissonance - needed to be friendly and attentive- generate negative ideas and emotions in these workers.

Similarly, Pastorino³³ found that the work role and the lack of control over work, among others, could generate high levels of lack of accomplishment associated with the work of doctors. One of the most relevant aspects of this study is that, as mentioned in the results, the psychosocial factor "Social Interaction and Organizational Aspects" appeared as one with the highest risk for burnout, even when it was with the lower prevalence in the sample.

In conclusion it can be said that (a) the organizational context and the conditions laid down for the job prevail as the psychosocial factors that generate greater risks and as the major background to the burnout; (B) The combination of the demands of social interaction common of the attention to guests, tasks related to the service and a role of work service are the specific risks that might be breaking the coping of people, starting in them the psychosocial process of burnout; c) Finally, it is likely and we suggest as a line of further research, that lack of accomplishment is a cognitive consequence of the emotional exhaustion and depersonalization, and probably the models of Burnout could consider it a variable subsequent effect, nuanced by personal factors like personality, attributional optimism, strengths at work and others that might be protective factors to develop in individuals who have to cope with jobs related with high social interaction of services.

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