

# GENERAL HEALTH PREDICTION FROM BURNOUT AND EMPLOYMENT STATUS OF PRIVATE HEALTH AND FITNESS CENTERS' EMPLOYEES

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## ABSTRACT

*The aim of the present study was to investigate the prediction of the General Health from Burnout Syndrome's (BS) dimensions, and from the employment status of the private health and fitness center employees. We used a stratified random sampling method, and a sample of 205 private health and fitness centers employees completed the Maslach Burnout Inventory-General Survey (MBI-GS), and the General Health Questionnaire (GHQ-12), and the Demographic Questionnaire. The statistical analysis showed that gender and employment status do not predict decrease in General Health (GH) levels, while exhaustion and depersonalization dimensions of BS create the background for emergence of the GH levels' decrease.*

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**Key words:** Health, Burnout, Employment status

## INTRODUCTION

According to Shirom (2005), the concept of a syndrome refers to a set of signs and symptoms that characterize a particular malfunction. Burnout Syndrome (BS) is characterized by emotional exhaustion, depersonalization/cynicism and reduced professional achievements and is derived from chronic exposure to stressors (Maslach, Schaufeli, & Leiter, 2001).

Occupational factors that act as stressors are referred both in the personal and the working environment variables. Chronic exposure to these factors leads to chronic stress, to the manifestation of BS, and to a negative effect concerning the physical, the psychological and the mental health of the employee. The three-dimensional syndrome is responsible for a multitude of physical, psychological and mental-intellectual disorders, which lower the general health's levels. The employees' health, in the physical, the psychological and the mental level, is at stake. Based on research results, BS is closely linked to the emergence of health

problems (Schaufeli & Bakker, 2004).

The contemporary theory of BS provides a framework within which can be understood the relationship between the employees' particular characteristics and the working environment, in which this dynamic phenomenon evolves (Maslach & Leiter, 2008; Schaufeli & Bakker, 2004). Certain features of the occupational environment can be seen as contributing factors to the emergence of BS. One of the key determinants of health and BS is employees' employment status. As an example, flexible forms of work, which do not include stable work structures such as part-time or fixed-term employment contracts, have often been described as insecure forms of employment and have been linked to the risk of specific health problems (Armaou & Antoniou, 2011).

The rapid increase in flexible forms of employment and unemployment could be considered the most important development in the structure of the employment and the labor market during the crisis' years in Greece. The

significant effects of this increase have been highlighted in numerous studies and are undoubtedly linked to the deterioration of the living conditions of a significant part of the country's population. Flexible forms of employment, i.e. part-time and labor rotation are stabilized in the preferences of the employers and businesses, since they account for a percentage more than 50% over the past 4 years. Similarly, full-time recruitment is steadily declining, since their percentage is reduced from 79% in 2009 to 45% in 2017. At the same time the percentage of new recruits with flexible forms of employment is more than doubled. While in 2009 flexible working forms' recruitment were up to 21% of the total recruitment, in 2017 they corresponded to 54.9% (INE-GSEE, 2018). Services, as a privileged area for the development of flexible forms of employment, have been identified in the relevant literature (Efstratoglou, 2015, 2017).

Part-time or temporary employment, which can be defined as an employee having a contract which is clearly limited in time and with a specific end date, compared to permanent employment status, is associated with feelings of insecurity in the occupational environment, increased levels of sadness, somatization, depression, anxiety and hostility (Crozier & Davidson, 2009; Probst, 2011). Moreover, part-time employees experience far less sense of commitment to the organization in which they work and are involved in withdrawal behaviors such as absence from work (Oke, Braithwaite, & Antai, 2016), slow pace of work or even the avoidance of fulfilling their work duties (Probst, 2011). There are also ambiguous research results where temporary employment was associated with an increased risk of absenteeism due to sickness, while both part-time employment and self-employment were associated with a lower risk when compared to full-time employment (Helgadóttir, Svedberg,

Mather, Lindfors, Bergström, & Blom, 2018).

In addition to insecurity, part-time employees are likely to experience other psychological pressures. These may come from the social isolation imposed on them by their colleagues, the limitation of the autonomy and the control they wish to practice and implement on their work, their stigmatization by others for lack of a similar level of skills, and finally the lack of support in general, by their counterparts and the management of the organization in which they work (Crozier & Davidson, 2009). Such experiences can make a significant contribution to increasing levels of perceived stress on part-time employees and are closely linked to the emergence of BS.

On the other hand, there is a long list of scientific research on different types and results which agreed that there is a strong relation between BS and employment status. Some of the authors present in their results a statistically significant difference between full-time and part-time employment, concerning BS subscales. Such a survey is this of Cao and Naruse (2019), among health care hospital employees, where it was found that the full-time nurses reported significantly higher exhaustion and depersonalization scores than the part-time nurses. Naruse, Taguchi, Kuwahara, Nagata, Watai and Murashima (2012), presented higher scores in exhaustion of full-time home visiting nurses in their survey results. Some other results establish that part-time employees are more likely to experience job dissatisfaction, stress, and burnout (Toh, Ang, & Devi, 2012) and especially higher levels of both emotional exhaustion and depersonalization than staff members who work full-time (Van der Colff & Rothmann, 2014).

World Health Organization (WHO) defined health as a global state of complete physical, mental, and social well-being, and absence of disease as well as presence of well-being (WHO, 1948). General health is a multidimen-

sional state which consists of physical, mental and social variables which are extremely influential on individual's quality of life (Lazarou & Patsantaras 2013, Kamberidou & Patsantaras, 2007). Although there is no agreement of the scholars globally, concerning the meaning of social health and an internationally acceptable way to measure it, there is a complex link, which is accepted from the majority of the researchers of the field, between psychopathology and physical and social health (Larson 1993).

In Greece there is an increasing research interest, concerning burnout in sports environment (Georgiou, Patsantaras, Koustelios, & Antoniou, 2017; Koustelios, 2010; Koustelios, Zounatzi, & Karabatzaki, 2012), both in the public and in the private health and fitness centers. There is still no clear image of the prediction factors of the General Health of private health and fitness centers employees from burnout subscales and employment status. The aim of this study was to investigate the prediction of General Health from BS and employment status among in employees in private health and fitness centers, in the region of Attica, Greece. Based on the previous discussion, it was expected that burnout dimensions and employment status would be predictive factors of General Health.

## METHODOLOGY

A total of 205 individuals, 104 male (50.7%) and 101 female (49.3%) employees of private health and fitness centers participated in this study. With regard to the age of the

participants, 82.9% (81 men and 89 women) belong to the 18-37 age group and 17.1% (23 men and 12 women) are aged 38 to 67 years. The age groups are based in the split of the working life until the age of 67 years with 45 years of working life, when you can get a pension, in three periods. The first period includes 4 years of education. So, if it starts at the age of 18 as an adult and with 4 years of study, then the first period ends when one is 37 years old. The second is from 38-53 and the third is from 54-67 or even 69 years old if somebody needs to complete the prerequisites for pension. In terms of employment status, 51.2% (60 men and 45 women) are permanent employees and 48.8% (44 men and 56 women) are of a certain contract employment. A total of 50.7% (54 men and 50 women) declared full-time employment, 29.3% (35 men and 25 women) part-time employment and 20% (15 men and 26 women) were with hourly wage payment. A total of 81.5% (167) were hired as an expert staff member, 10.2% (21 persons) were owners or partners and the rest were of different supporting duties (technicians, general duties, etc.). A total of 72.7% (149 persons) had a Higher Education degree, 10.2% (21 persons) were Technical Institutes graduates, 11.7% (24 persons) had a Secondary Education, 3.4% (7 persons) had completed postgraduate studies, (1 person) had a PhD and 1.5% (3 persons) had a Compulsory Education Certificate. A total of 70.7% (82 men and 63 women) were Physical Education experts and 29.3% (22 men and 38 women) declared other specialties.

**Table 1.** Descriptive statistics of the participants

	<i>Males</i>		<i>Females</i>		<i>Total</i>	
	n	%	n	%	n	%
Gender	104	50.7	101	49.3	205	100
Age						
18-37	81		89		170	82.9
38-67	23		12		35	17.1
Employment Status						
Permanent	60		45		105	51.2

Determined contract	44	56	100	48.8
Full-time	54	50	104	50.7
Part-time	35	25	60	29.3
Hourly wage paid	16	25	41	20
<b>Staff</b>				
Experts			167	81.5
Owners - partners			21	10.2
Several			17	8.3
<b>Education</b>				
Secondary Education			24	11.7
Technical Institutes graduates			21	10.2
Higher Education			149	72.2
Post graduate			7	3.4
PhD			1	0.5
Compulsory Education Certificate			3	1.5
<b>P.E. Experts</b>				
Yes	82	63	145	70.7
No	22	38	60	29.3

### ***Instruments***

Three instruments were used in this study. The Maslach Burnout Inventory - General Survey (MBI - GS) (Maslach, Jackson, & Leiter, 1996) used in its Greek version (Antoniou and Xenou, 2008) for the measurement of BS. The questionnaire which consists of 16 questions, evaluates the three dimensions of the syndrome, as five questions refer to emotional exhaustion, six questions refer to depersonalization, and five questions refer to personal achievements. Respondents expressed their opinion on a seven-point scale, where 1 meant "never" and 7 "every day". The credibility of internal consistency was found to be satisfactory for emotional exhaustion  $\alpha = .83$ , de-representation  $\alpha = .71$ , and personal achievements  $\alpha = .81$ .

The *General Health Questionnaire* (GHQ-12) (Goldberg & Williams, 1988) consists of 12 items, each assessing the severity of a mental problem over the past few weeks using a 4-point scale (from 0 to 3). The scale points are described as follow: "less than usual", "no more than usual", "rather more than usual", "much more than usual". The alpha coefficient

in this study was  $\alpha = .77$ . The score was used to generate a total score ranging from 0 to 36, with higher scores indicating worse conditions of general health. *Demographic variables* consisted of questions, including gender, age, marital status, and work contract.

The demographic questionnaire contained general questions about demographic variables such as gender, age of the participants, specialty, and the years of employment in the current employer, their education level, and their marital status.

The method chosen to measure burnout was that of self-completed questionnaires. Researchers contacted health and fitness centers owners to ask for their contribution in the research. After the owners' granting agreement, researchers delivered questionnaire packages to them so as to distribute them to their employees. The questionnaires included an introduction letter which informed all possible participants that their participation was completely voluntary, and the individual responses would be held in confidence. The questionnaires were distributed and collected by the health and fitness centers' owners so as the researchers nev-

er to come in contact with employees. The data were analyzed with the Statistical Package for the Social Sciences. Descriptive statistics and regression analysis were chosen as the most appropriate statistical procedures for the purposes of this study.

## RESULTS AND ANALYSIS

In order to investigate the question regarding the statistical prediction of the health condition (dependent variable) of the participants from the factors of BS, gender and employment status (independent variables), a stepwise

multiple regression was used with the *enter* method. In the first step gender entered, in the second the employment status and in the third one the BS subscales (emotional exhaustion, depersonalization and personal achievements). As shown in Table 1, emotional exhaustion  $\beta = .35$ ,  $t = 5.09$ ,  $p < .001$  and depersonalization of  $\beta = .17$ ,  $t = 2.48$ ,  $p < .01$  contribute positively to the deterioration of the overall health status with overall contribution  $R^2 = 18\%$ . The *Personal Accomplishments* factor fails to contribute to predicting the general health status (see Table 2).

**Table 2.** Regression analysis of the General Health from Burnout subscales

Prediction factors	General Health			
	$\beta$	$t$	$R^2$	$F$
1. Gender	-0.09	-1.32	0.01	2.00
2. Work status	-0.03	0.52	0.004	0.73
3. Burnout				
<i>Emotional Exhaustion</i>	0.35***	5.09	0.18	14.98***
<i>Depersonalization</i>	0.17**	2.48		
<i>Personal Accomplishments</i>	-0.04	0.62		

Note: \*\*  $p < .01$ . \*\*\*  $p < .001$

## DISCUSSION

The aim of this study was to investigate the prediction of General Health from the subscales of BS and from the employment status. The results of the study confirmed the relationship between BS and GH levels. The findings are consistent with the hypothesis that BS and particularly the dimensions of exhaustion and depersonalization are predictors of impaired health (Schaufeli & Buunk, 2002). Psychological and mental imbalance affects an individual's social health causing bad moods, among other things, which lead to negative performance in his/her social roles (as employees, professionals, parents, etc.) and consequently difficulties in adjusting to his/her social environment. Psychological and mental imbalance – as a persistent and substantial deviation from healthy functioning - impairs the execution of social roles and it is associated with emotional

suffering (Keyes, 2002).

Employment status does not seem to be a predictor variable of General Health. The results showed that part-time employment does not give any statistically significant prediction for the General Health.

The present study had some limitations. The sample was selected only from private health and fitness centers. Private health and fitness centers are only part of the sports industry spectrum and there is a good opportunity to extend the research within different sport workplaces. Using only self-report questionnaires, one must be cautious about common methods bias. Furthermore, the variables were measured at only one point in time. Longitudinal design can help in better understanding of the impact of job burnout to the employees' health among sports service professionals.

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