

CURRENT SITUATION AND COUNTERMEASURES OF JOB BURNOUT OF NEW GENERATION STAFFS IN MEDICAL INDUSTRY -A CASE STUDY ON XXX HOSPITAL

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Abstract

With the rapid development of the medical service industry, operation and management, market competition have presented a greater challenge to public hospitals, medical management personnel for a long time in the high-intensity competition and pressure, the staff is prone to physical fatigue, low motivation, lack of creativity, and other aspects of the negative situation, in the long run, it is more likely to lead to the emergence of burnout, which in turn is likely to affect the effectiveness of the hospital's management.

The objectives of this study are to identify the current situation of burnout among new generation medical administrative managers, secondly identify the factors that lead to burnout among the new generation of medical administrators, and lastly propose effective measures to cope with the burnout of new generation medical administrators.

This paper uses a combination of literature method, unstructured interview and observation method to qualitatively discuss the factors affecting the burnout of new generation administrators in hospitals. In the quantitative analysis stage, 60 new generation administrative managers of XXX Hospital are taken as the research objects, and through the questionnaire method, relevant data are obtained and the specific situation of the data is analysed, so as to understand the subjective and objective factors that lead to the burnout of the administrative managerial staff of this hospital.

Keywords: Professional Burnout, Administrative Personnel New Generation of Employees, Work Pressure, Social Security

Introduction

In recent years, with the rapid development of China's healthcare industry, some deep-rooted problems have been gradually exposed, such as the serious waste of resources in the process of hospital operation and management, low administrative efficiency in the process of daily operation, and the traditional single management mode

and system can no longer meet the needs of daily management of hospitals, which requires innovative management modes, diversified and humane management methods, so as to effectively improve the administrative efficiency of hospitals. Hospital administrative positions have special characteristics, mainly to serve the hospital's medical and nursing staff to ensure that their related work can be carried out normally, therefore, many hospitals in our country there is a serious "clinical, light management" of the idea. In recent years, hospitals have gradually recognised the important and fundamental role played by administrative staff in maintaining and ensuring the normal operation of hospitals. Administrative managers are mainly responsible for the work of functional departments or subordinate departments, and in their daily work they may need to strengthen the coordination and communication between various departments, coordinate the relationship between superior and subordinate levels, and provide good protection for the daily work needs of medical and nursing staff to ensure the overall operation of the hospital. These managerial roles may require individuals to simultaneously undertake the diagnosis and treatment of medical staff while also performing purely administrative duties. Regardless of their specific position, these roles often entail complex and variable work that requires individuals to bear more risks and responsibilities. The demanding nature of public hospital work and administrative decision-making increases the likelihood of burnout among personnel. This not only results in decreased efficiency among administrative staff, but also escalates hospital costs and may ultimately lead to work errors and medical accidents. Thus, the burnout of administrative staff will not only impact employees' physical and mental health, along with reducing their work efficiency. It will also affect hospital management, potentially decreasing the hospital's effectiveness. Increasingly accumulated burnout is not effectively addressed, which not only affects physical and mental health, but also affects job satisfaction, leading to passivity and a decline in the effectiveness of medical services.

The new generation of medical professionals comprises a distinctive research cohort with individuals born in both the post-1985 and post-1990 eras, who have a strong inclination towards unique societal values. Additionally, they possess medical expertise and display rigorous adherence to professional norms and expectations. The present phase of medical policy reforms, such as de-establishment, complies with the personality traits of the new generation of medical practitioners. Job exodus is being amplified by the rising incidence of burnout caused by factors such as "challenges in doctor-patient relationships, obstacles in promotion, and low job contentment". The act of departure directly causes medical institutions to lose valuable training costs and waste educational resources, resulting in an increase in other associated costs. For hospitals, the new generation of medical personnel provides an influx of fresh blood. However, burnout within this group has profound negative consequences on team leadership, the cultivation of talent, the long-term development of medical education and research, and social health services.

This study focuses on the new generation of administrative managers at XXX Hospital. Data is collected through questionnaires and interviews to identify objective and subjective factors contributing to burnout and provide specific recommendations for addressing these issues.

Research Objectives

R1: To identify the current situation of burnout among new generation medical administrative managers.

R2 :To identify the factors that lead to burnout among the new generation of medical administrators.

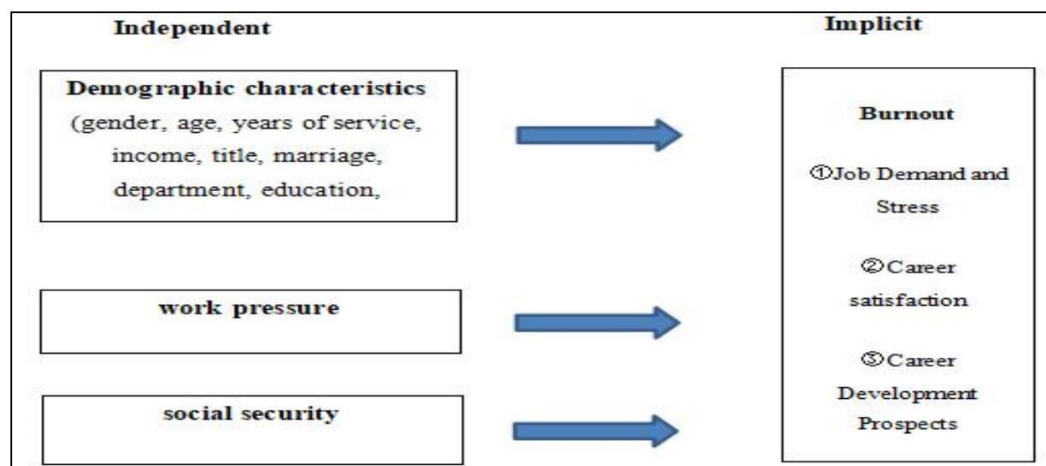
R3: To propose effective measures to cope with the burnout of new generation medical administrators.

Importance

Theoretical significance: This study can provide a theoretical basis for incentive management in healthcare organisations. Provide professional career guidance for the new generation of medical personnel according to their needs. It broadens the content of the study and enriches and improves the theory of burnout for medical personnel to a certain extent. This research group is new generation medical personnel, which innovates the research object. It can also provide theoretical research and empirical research path to new generation employees in other industries.

Practical significance: Constructive management suggestions for medical institutions, better and more scientific formulation of human resources policies, good talent training, improve the quality, efficiency and content of medical services, and then promote the harmonious development of social medical care. Define the factors of burnout, reduce the degree of burnout, and effectively prevent the decline of job satisfaction and the tendency to leave the job due to burnout.

Conceptual Framework Diagram



Relevant Theoretical Foundations

Two-Factor Theory. Two-Factor Theory, also known as Herzberg's Two-Factor Theory or Herzberg's Motivation-Health Care Theory, is a psychological theory of job satisfaction and motivation put forward by American psychologist Frederick Herzberg in

the 1950s. The theory is based on Herzberg's research on employees' work experiences, and he proposed that job satisfaction and motivation are caused by different factors, called "incentives" and "health factors" respectively (Herzberg, 1959).

Herzberg's two-factor theory emphasises that increasing job satisfaction and motivation requires not only improving health factors (avoiding dissatisfaction) but also enhancing motivational factors (promoting satisfaction and motivation). Therefore, it is not enough to address employee satisfaction and motivation by simply increasing wages or improving working conditions. Employees also need to feel challenged by their work, have opportunities for advancement, and receive reasonable recognition and a sense of achievement.

Expectancy Theory. Expectancy theory, also known as the "valence-means-expectancy theory", is a kind of motivation theory put forward by Victor H. Vroom, a famous American psychologist and behaviourist, in "Work and Motivation" in 1964. Expectation theory mainly through three factors to reflect the relationship between unit goals and employee needs, that is, the reason why employees work to produce work behaviour is mainly based on the needs of the work on the basis of certain expectations, if you want to play an effective motivational effect on employees, you need to let the employees to form a correct understanding of: (1) the work can provide them with what they really need; (2) what they need something is linked to performance; and (3) that by working hard they can improve their performance. The four elements of individual effort, performance, reward, and personal needs in the expectancy theory model need to be considered in the context of three relationships, which are the three conditions that motivate people to work.

Person-Job Fit Theory. Individual-Job Fit Theory, also known as PJ Fit Theory (Person-Job Fit Theory), is a psychological theory used to explain the degree of match between an individual and a job position. Job Fit Theory focuses on the degree of match between an individual and a job position, including dimensions such as skill match, value match, job demand-satisfaction, environmental adaptation, and job satisfaction. The relationship between individual-job fit theory and burnout is important because individual-job fit theory provides insights into how compatibility between individual characteristics and job requirements affects the onset and severity of burnout. Relevant studies such as: if there is a significant mismatch between an individual's skills, values, or preferences and the job requirements, this can lead to increased stress and dissatisfaction, which are precursors to burnout (Maslach C, 2001). Siegrist's "effort-reward model" suggests that when "inputs" exceed "outputs", burnout is more likely to occur than when "inputs" exceed "outputs". When "inputs" exceed "outputs", it is Siegrist's "effort-reward model" suggests that when "input" exceeds "output", burnout tends to occur (Kluger MT, 2003) Misfit in terms of fit between the individual and the organisation's culture and values can lead to feelings of alienation and frustration, which in turn affects burnout, which can potentially be mitigated if the individual employee can be proactive in designing his or her own job and allowed to customise his or her role to better match his or her own strengths and preferences. (Yao, 2021).

Research Methodology

The Unstructured Interview and Observation Method Combination. Utilising remote and face-to-face interviews alongside email correspondence, the study involved

posing open-ended questions to participants and observing their working conditions and schedules. The research documented their working methodology, methods of collaboration, and psychological state, with a thorough analysis of the potential for burnout. Language was objective and neutral in tone, as per the requisite academic standard, avoiding figurative or ornamental language, first-person perspectives or biased phrasing. Documents relating to hospital work, including policy documents and workflow Gantt charts from the hospitals under study, were analysed for additional contextual information. Participants were encouraged to express their emotions and experiences freely.

Burnout Questionnaire. The questionnaire of Mars Burnout Scale (MBI-HSS) was used, which includes three dimensions of job demand and pressure, career satisfaction, and career growth and career development prospects to analyse the situation related to burnout of the research subjects. Work pressure is mainly defined from two dimensions, one is static pressure, that is, work pressure itself is a static existence; the second is dynamic pressure, that is, the source of pressure, is an individual to carry out work, learning and other behaviours, and the interaction with the relevant factors, which will allow individuals to appear a variety of physiological, psychological and behavioural adverse reactions, is the systematic concept of pressure from the emergence of the impact. (Zhang, 2021)

Overall and Sample Size

This study chooses hospital administrative managers as the research object. This study involves hospitals to complete the administrative management personnel refers to the staff in the medical quality management department, the party and government departments, the logistics and security departments and other administrative departments in the management positions. According to statistics, there are 175 administrative managers in XXX Hospital. This study is collected data about 60 of them new generation managers, age control in 20-40 years old by using purposive sampling.

Findings

Frequency analysis table for demographic variables

variant	options (as in computer software settings)	frequency	per cent	average value	Standard Deviation
distinguishing between the sexes	male	29	48.33 %	1.52	0.50
	women	31	51.67 %		
(a person's) age	≤ 1990	34	56.67 %	1.43	0.50
	>1990	26	43.33 %		
marital status	divorcee	2	3.33 %	1.68	0.54
	unmarried	21	35.00 %		
academic qualifications	married	37	61.67 %	1.63	0.49
	undergraduate (adjective)	22	36.67 %		
	Master's degree or above	38	63.33 %		

Frequency analysis table for work situation variables

variant	options (as in computer software settings)	frequency	per cent	average value	Standard Deviation
Section	(Communist) Party and government departments	10	16.67 %	2.63	1.16
	logistical support	17	28.33 %		
	Other management sections	18	30.00 %		
	Quality and safety management	15	25.00 %		
title	junior ranking	9	15.00 %	1.37	0.71
	high level	1	1.67 %		
	not have	45	75.00 %		
	middle level (in a hierarchy)	5	8.33 %		
plait	plait	17	28.33 %	1.82	0.60
	contract system	37	61.67 %		
	Temporary work and internships	6	10.00 %		
incomes	<5000	37	61.67 %	1.48	0.68
	10,000 or more	6	10.00 %		
	5000-10000	17	28.33 %		
years of experience	<10 years	47	78.33 %	1.22	0.42
	≥10 years	13	21.67 %		

Variability testing and discussion

Analysis of differences in the dimensions by age

Dimension (math.)	(a person's) age	Number of cases	Average value	Standard deviation	t	Sig. (two-tailed)
Work demand	≤1990	34	9.18	3.79	1.924	0.059
	>1990	26	7.31	3.64		
Career Satisfaction	≤1990	34	10.88	2.93	2.178	0.034
	>1990	26	9.08	3.49		
Career prospects	≤1990	34	9.68	3.47	0.414	0.68
	>1990	26	9.27	4.14		

*The significance level for the difference in means is 0.05

Job titles

Analysis of differences in job titles across dimensions						
dimension (math.)	title	Number of cases	average value	Standard Deviation	F	significance
Work demand pressure	not have	45	8.64	3.77	1.062	0.372
	junior ranking	9	6.44	3.94		
	middle level (in a hierarchy)	5	9.60	3.91		
	high level	1	7.00	.		
Career satisfaction	not have	45	10.76	3.10	3.367	0.025*
	junior ranking	9	8.67	3.28		
	middle level (in a hierarchy)	5	8.00	2.74		
	high level	1	4.00	.		
Career prospects	not have	45	10.07	3.73	1.829	0.152
	junior ranking	9	8.56	3.71		
	middle level (in a hierarchy)	5	7.00	2.83		
	high level	1	5.00	.		

* The significance level for the difference in means is 0.05.

Establishment

Analysis of differences in the presentation of the dimensions

Dimension (math)	plait	Number of cases	Average value	Standard deviation	F	significance	Multi analysis
Work demand pressure	be on staff	17	7.65	3.43	2.488	0.049*	3>2>1
	contract system	37	8.19	3.87			
	temporary work	6	11.50	3.51			
Career satisfaction	be on staff	17	8.06	2.86	8.145	0.007*	3>2>1
	contract system	37	10.51	2.95			
	temporary work	6	13.33	3.20			
Career prospects	be on contract system	17	8.24	3.61	3.364	0.042*	3>2>1
	temporary work	37	9.57	3.78			
	temporary work	6	12.67	1.97			

Note: where 1 represents staff on board, 2 represents contractual, and 3 represents temporary staff and interns

Income

Analysis of differences in income by dimension

Dimension (math)	incomes	Number of cases	Average value	Standard deviation	f	significance	Multi-analysis
Work demand pressure	<\$5000	37	8.89	3.78	1.71	0.19	/
	5000-10000 yuan	17	6.94	3.77			
	<\$10000	6	9.17	3.66			
Career satisfaction	<\$5000	37	11.05	3.10	5.334	0.008	1>2>3
	5000-10000 yuan	17	9.00	3.02			
	<\$10000	6	7.33	2.94			
Career prospects	<\$5000	37	10.11	3.76	2.369	0.103	/
	5000-10000 yuan	17	9.18	3.71			
	<\$10000	6	6.67	2.66			

Note: where 1 represents income <\$5000, 2 represents income \$5000-\$10000, and 3 represents income >\$10000

Section

Analysis of differences in the dimensions on the section

Dimension (math)	sections	Number of cases	Average value	Standard deviation	f	significance	Mult - analysis
Work demand pressure	Healthcare quality management (communist) party and	15	9.40	3.54	0.796	0.501	/
	government departments	10	7.20	3.43			
	Logistical support	17	8.65	4.01			
	Other management sections	18	7.89	4.09			
Career satisfaction	Healthcare quality management (communist) party and	15	10.53	3.09	2.613	0.06	/
	government departments	10	7.70	1.64			
	Logistical support	17	11.12	3.35			
	Other management sections	18	10.11	3.60			
Career prospects	Healthcare quality management (communist) party and	15	9.67	3.94	3.38	0.024	3>1>4>2
	government departments	10	6.70	2.41			
	Logistical support	17	11.18	3.81			
	Other management sections	18	9.33	3.43			

Note: where 1 represents medical quality management, 2 represents party administration, 3 represents logistics management and 4 represents other management

Analysing the results

Analysis of the results of the combination of unstructured interviews and observational methods. Based on the oral accounts of the interviewees and careful observation of the general work environment in which the participants were working, it was found that the new generation of administrators often worked overtime to cope with emergencies and high workloads in the hospital environment. They would receive phone calls, text messages, or emails during non-work hours, showing a degree of boredom and exhaustion. They frequently multitasked during the period they were observed, demonstrating multitasking skills, but also feeling anxious and stressed. Some of these managers demonstrated positive attitudes in their interactions with colleagues and superiors, actively participating in collaborative and team work. However, some managers may also be observed to show dissatisfaction and may experience conflict or tension with colleagues or superiors. This may affect their job satisfaction. During off-duty hours they often study something related to expand their knowledge and show a desire for professional growth, but side by side, this reflects that the workplace is more competitive and promotion is difficult. Some married managers were too focused on their work and lacked sufficient time for personal life during the observation period, which may indicate problems with their work-life balance. Individual managers may exhibit mood swings such as anxiety, fatigue, anger, or frustration. Apathy, frustration or work avoidance behaviour may also be observed in some managers, which may be signs of burnout. In terms of personal fulfilment, those on staff were significantly greater than those not on staff. After interviews with the interviewees, the interviewees agreed that in hospital administrative positions, there is no difference in the work content of the same positions between the staff on board and the non-staff, but there is a relatively obvious gap between the non-staff's title promotion and other welfare benefits and the staff on board, and very few of the non-staff have been able to be promoted to the middle cadre positions, and there is a gap or defect in the system. Continuing education system and job rotation system are better than nothing, almost symbolic. At the same time, the performance distribution systems of the ophthalmology hospitals in XXX Province under investigation all adopt a single performance distribution system, i.e., the administrative managers all obtain incentive performance based on the average award of the hospital according to their job titles. The system is only the title as the incentive performance of the issuance of standards, there is no difference between different departments and different positions, there is no assessment of the workload, which leads to more or less of the same, do a good job, do a bad job, for the work of picking and choosing, easy and simple work to do, there are difficult to offend people's work are pushed to the outside, everyone eats a big pot of rice, the lack of initiative and initiative, the administrative management personnel in the program and the non-programmed can not do the same work for the same pay. Management personnel can not do the same work for the same pay. The work intensity of hospital administrators is high.

Analysis of questionnaire results. Hospital administrators have relatively serious burnout, after talking with the interviewees, it was found that the main reasons are as follows: First, there is no reasonable compensation and performance management system. In the editorial and non-staff different, different departments work intensity is different, the risk is not the same, but the income is the same, professional and technical

personnel and staff are different, do more or less of the same, can not reflect the distribution according to the work; Second, the title job promotion channel is not smooth, the policy is too biased in favour of the clinical front-line departments. Administrators in the professional and technical personnel, scientific research, teaching, logistics than the clinical, evaluation of the title plus points less, title promotion difficulties, administrative staff, most of the staff is seniority simmering time, the work lack of enthusiasm; Third, the lack of continuing education mechanism. Administrators have fewer opportunities to go out for further training and study, and there is a lack of ways to improve their working ability; fourth, the tension between doctors and patients, the general environment of the profession is not harmonious, and the lack of social respect and understanding. Therefore, in the current new health care reform in full swing, the hospital is at the tip of the reform, hospital administrators burnout phenomenon is also more serious, and there is a trend of further aggravation. Fifthly, in terms of work pressure, management staff are more prone to burnout due to low work achievement and low income.

Countermeasures and Recommendations

Eliminating hospital administrators' burnout is related to the national policy planning of deepening the reform of the medical and health system. The government should continue to increase the financial investment in health care, optimize the price mechanism of medical services, reflect the value of labour, change the excessive profit-seeking market tendency, strengthen the quality of medical services through quality management, hierarchical diagnosis and treatment and other system construction, enhance the ability of medical services, fundamentally improve the doctor-patient relationship, and create a good systematic environment for the elimination of burnout among all types of practitioners in the medical industry. In this regard, it is not enough to rely solely on their self-regulation, but more importantly, the attention and efforts of the government, all sectors of society and hospitals. Reform and Improvement of Personnel System.; Establishment of a psychological support system.; Establish a reasonable job rotation system and advocate the comprehensive development of administrative managers; Establishing a reasonable performance distribution system.; Formulate a clear refresher training programme and pay attention to the continuing education of administrative personnel.; Establishing correct personal values and adjusting work mentality. The new generation of administrative managers should set up correct values, objectively understand the meaning of work, correctly face the problems and pressure faced in the work, understand their own advantages and shortcomings, develop practical goals, set a correct working mentality, learn from the advantages of others, learn from their strengths, and from time to time to give their own positive psychological hints to effectively prevent and alleviate burnout.

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