



PSYCHOLOGICAL CAPITAL AS A CORRELATE OF BURNOUT IN DOCTORS

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ABSTRACT

The present study was aimed to explore the relationship between Psychological Capital and Burnout in doctors. The sample comprised 100 doctors (50 males and 50 females) chosen on the basis of convenient random sampling. Results of the study revealed that in regression analysis, hope emerged as a significant predictor of emotional exhaustion which explained about 31% of variance in females' sample ($r = -.561^{**}$, $p < .01$) and 8% of variance ($r = -.379^{**}$, $p < .01$) in males' sample. Hope further contributed significantly to reduced personal accomplishment only in males' sample ($r = -.299^*$, $p < 0.05$) which explained 11% of the variance. Resilience also contributed significantly to emotional exhaustion and explained about 8% of the variance ($r = -.375^{**}$, $p < 0.01$) in males' sample only. Optimism also predicted significantly 15% of variance in reduced personal accomplishment ($r = -.390^{**}$, $p < .01$) only in females' sample.

KEY WORD: Psychological Capital and Burnout in doctors , emotional and psychological.

INTRODUCTION

Burnout has been described as a specific kind of negative emotional and psychological state that result from prolonged exposure to stress arising from demanding and emotionally charged relationships between caregivers and their recipients. Many psychologists also view burnout as a cumulative negative reaction to constant occupational stressors relating to the misfit between workers and their designated jobs (e.g., Leiter & Maslach, 2003). Defined as a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment, burnout is prevalent among helping professions such as health care. Emotional exhaustion refers to the depletion of psychic energy or the draining of emotional resources. Depersonalization refers to the development of negative, cynical attitudes toward the recipients of one's services. Lack of personal accomplishment is the tendency to evaluate one's own work with recipients negatively, an evaluation that is often accompanied by feelings of insufficiency (Maslach, 1993).

Although burnout can be found both within and outside the human services, human service professionals (like doctors, teachers, etc) are particularly at higher risk for burnout. According to Bährer-Kohler (2013), burnout syndrome occurs mainly among "helping" professionals such as healthcare workers whose work is characterized by constant demands and emotionally charged interaction with patients (Maslach, 1982). Workers suffering from burnout often appear to have lost the meaning of work due to prolonged response to the emotional, physical and mental exhaustion they experience in their work (Lacovides et al., 2003 & Maslach, 1982). One of the most visible impacts of burnout is a decrease in work performance. In healthcare context, this decrease in work performance affects the quality of service provided to patients. Several studies focusing on the health care sector have shown that health care



professionals are exposed to a variety of severe occupational stressors, such as time pressure, low social support at work, a high workload, uncertainty concerning patient treatment and predisposition to emotional responses due to exposure to suffering and dying patients (Mc Vicar, 2003; Marine, Ruotsalainen, Serra & Verbeek, 2006). So, health care workers are at a high risk of experiencing severe distress, burnout, and both mental and physical illness. According to Laschinger, Wong and Greco (2006), burnout among health care workers, mainly medical staff, is reaching to an alarming level.

Even though burnout is more prevalent among 'human services' profession, it is nevertheless not very less in general working population. According to Finney, Stergiopoulos, Hensel, Bonato and Dewa (2013), in the past 35 years, the prevalence of stress-related illnesses such as burnout has increased significantly, affecting 19–30% of employees in the general working population globally. Weber and Jaekel-Reinhard (2000) had earlier found that burnout syndrome is ranked next to cardiovascular disease and diabetes in terms of prevalence in North America and Europe.

Psychological Capital, or PsyCap, is a core construct consisting of the positive psychological resources of efficacy, hope, optimism, and resilience. According to Luthans, Avolio, Avey and Norman (2007), Psychological Capital includes four resources. They are a) Self Efficacy, b) Optimism, c) Hope and d) Resiliency. Luthans et al., (2007) define Psychological Capital or PsyCap as: "an individual's positive psychological state of development and it is characterized by : (1) having confidence (Self-efficacy) to take on and put in the necessary effort to succeed at tasks that are challenging, (2) making a positive attribution (Optimism) about succeeding now and in the future, (3) persevering towards goals, and when necessary, redirecting paths to goals (Hope) in order to succeed and (4) when beset by problems and adversity, sustaining and bouncing back (Resiliency) to attain success."

REVIEW OF RELATED LITERATURE

Avey, Luthans and Jensen (2009) examined Psychological Capital as a positive resource for combating employee stress and turnover and found that a significant negative relationship exists between the PsyCap of employees and perceived occupational stress. They conducted this study on a sample of 416 working adults from a variety of jobs and industries. This finding contributes to the understanding that today's employees need to draw from unrecognized and largely untapped positive resources, such as PsyCap, to help them combat the dysfunctional effects of stress in the modern workplace. In a quantitative study, Schwartz, Tiarniyu and Dwyer (2007) looked at a sample of 1,200 social workers, who were involved in clinical practice, to find out whether social work clinicians decline in hope increases burnout over the course of their careers. One interesting finding of the study was that social workers' burnout was found to be negatively associated with hope.

Studying dispositional hope as a protective factor among medical emergency professionals, Ho and Lo (2011) found that high hope medical professionals working in a stressful accident and emergency department have been shown to exhibit lower levels burnout. Studying the role of resilience on emotional exhaustion of nursing staff, Garcia and Calvo (2010, 2012), found that resilience was negatively associated with burnout including emotional exhaustion, indicating the minimizing influence that resilience can impose on potential burnout levels.

Investigating the relationships among perceived psychological growth, resilience and burnout in physicians, Taku (2014) found that resilience was negatively correlated with emotional exhaustion. Similarly, investigating the three symptoms of burnout among hospital nurses and examining the buffering effects of optimism and proactive coping in relation to burnout, Chang and Chan (2013) did a cross sectional survey of 314 staff nurses in general hospitals in Taiwan. The findings suggested that higher levels of optimism were associated with lower levels of burnout. Optimism was found to have the strongest relationship (negative) with the decreased personal accomplishment component of burnout.

Examining optimism as an internal characteristic that facilitates coping with role stressors in boundary-spanning positions, Crosno, Rinaldo, Black and Kelley (2009) revealed that optimists are able to

anticipate and respond proactively to stressors, resulting in less burnout and higher levels of performance and satisfaction.

In a study among 2249 Norwegian teachers in elementary school and middle school (Skaalvik and Skaalvik, 2010), self-efficacy was found to be negatively related to burnout.

Brouwers, Evers and Tomic (2001) investigated specialized health experts serving in residences for the elderly in the Netherlands. Their investigation confirmed that perceived self efficacy positively correlated with the individual achievement factor of burnout.

Consistent with above studies (which clearly show the links of Psychological Capital and Burnout), the present study is an attempt to see the role of psychological capital of doctors as correlate of Burnout in doctors. For this purpose following hypotheses were made:

- H₁: Hope will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).*
- H₂: Resilience will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).*
- H₃: Self efficacy will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).*
- H₄: Optimism will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).*

METHOD:

Sample: The sample for present study comprised of 100 male and female doctors (physicians and surgeons across different specialities- paediatrician, gynaecologists, cardiologists, etc) of the age group 27-45 selected on basis of convenient random sampling from different hospitals.

Tools:

- **Maslach Burnout Inventory (MBI)**

As a measure of burnout, Maslach Burnout Inventory (MBI by Maslach and Jackson, 1986) has been used. It consists of 22 items describing feelings connected with work. This inventory measures three components of burnout: emotional exhaustion (9 items), depersonalization (5 items) and reduced professional efficacy (8 items). Burnout is represented by higher scores on the emotional exhaustion and depersonalization scales and lower scores on the professional accomplishment. The emotional exhaustion scale measures the degree to which respondents feel overextended (e.g. "I feel emotionally drained from my work"). The depersonalization scale assesses the extent to which respondents exhibit an insensitive or dehumanized attitude toward service recipients (e.g. "I've become more callous toward people since I took this job"). Finally, the reduced professional accomplishment scale measures respondents' feelings of competence and success in their jobs (e.g. "I feel I'm positively influencing other people's lives through my work"). For each item participants assessed the frequency of feelings on the 7 point scale (0-never, 6-everyday).

Scoring

This scale consists of 22 items that are divided into three subscales (Emotional Exhaustion, Depersonalization and Personal Accomplishment). In this scale items 1, 2, 3, 6, 8, 13, 14, 16 and 20 are for Emotional Exhaustion; items 5, 10, 11, 15 and 22 are for depersonalization and items 4, 7, 9, 12, 17, 18, 19, 21 are for Personal Accomplishment. Items for Personal Accomplishment are scored reversely. By adding the scores on three dimensions, the total burnout score has been calculated.

- **Psychological Capital Questionnaire**

Psychological Capital (PsyCap) has been measured by the Psychological Capital Questionnaire developed by Luthans in 2007 which taps each of the four dimensions of this construct. Each subscale

consists of 6 items rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). This measure has previously demonstrated acceptable internal consistency (Cronbach's alpha =0.66–0.89) and discriminant validity.

Scoring: For the response of "Strongly Agree" a score of 6 was given, for "Agree" a score of 5, for "Slightly Agree" a score of 4 was given, for "Slightly Disagree" a score of 3 was given, for "Disagree" a score of 2 was given and for "Strongly Disagree" a score of 1 was given.

Design:

Correlational design was used to see the association between dimensions of Psychological Capital and Burnout. Further, regression analysis was done separately for both the samples to find out the best predictors of burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment).

RESULTS

The results of correlation and regression analysis showed that there are significant relationships of psychological capital with burnout. The results are as follows:

For females' sample, hope was found to be significantly and negatively correlated with emotional exhaustion (EE) ($r = -.561^{**}$, $p < .01$). In regression analysis, hope emerged as a significant predictor of emotional exhaustion and explained about 31% of the variance. For males' sample, hope was found to be significantly and negatively correlated with emotional exhaustion (EE) ($r = -.379^{**}$, $p < .01$). In regression analysis, hope emerged as a significant predictor of emotional exhaustion and explained about 8% of the variance.

For females' sample, hope was found to be negatively correlated with reduced personal accomplishment (PA) ($r = -.089$). The correlation was non-significant and in regression analysis, hope did not emerge to be a significant predictor of reduced personal accomplishment. For males' sample, hope was found to be significantly and negatively correlated with reduced personal accomplishment (PA) ($r = -.299^*$, $p < 0.05$). In regression analysis, hope emerged as a significant predictor of reduced personal accomplishment and explained 11% of the variance.

No significant correlation has been found between hope and depersonalization for both samples and between hope and reduced personal accomplishment for females' sample.

For females' sample, resilience was found to be positively correlated with emotional exhaustion (EE) ($r = .078$) but the correlation was non-significant. For males' sample, resilience was found to be significantly and negatively correlated with emotional exhaustion (EE) ($r = -.375^{**}$, $p < 0.01$). In regression analysis, Resilience emerged as a significant predictor of emotional exhaustion and explained about 8% of the variance.

No significant correlation has been found between resilience and emotional exhaustion for females' sample, between resilience and depersonalization for both samples and between resilience and reduced personal accomplishment for both samples.

In females' sample, self-efficacy was found to be positively correlated with reduced personal accomplishment (PA) ($r = .127$) but the correlation was non-significant. For males' sample, self-efficacy was found to be significantly and negatively correlated with reduced personal accomplishment (PA) ($r = -.282^*$, $p < 0.05$). In regression analysis, self efficacy, however, did not emerge as a significant predictor of Reduced Personal Accomplishment.

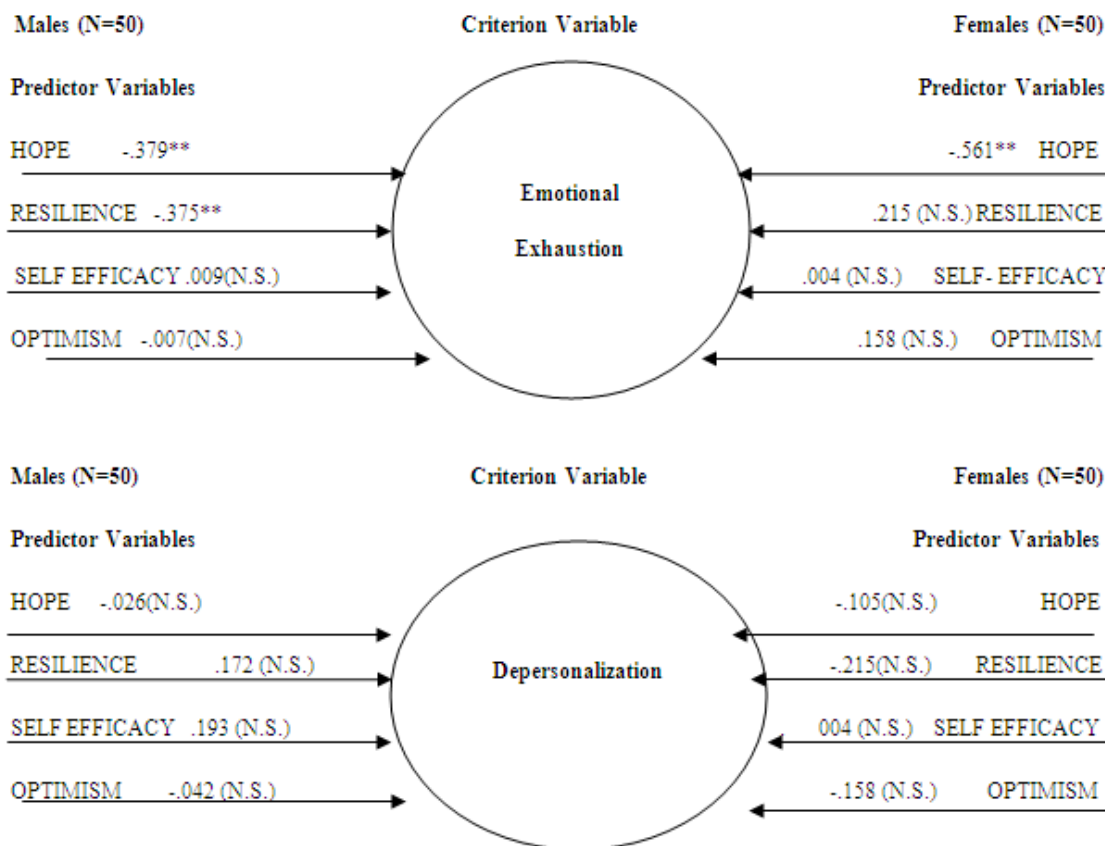
No significant correlation has been found between self efficacy and emotional exhaustion for both samples, between self efficacy and depersonalization for both samples and between self efficacy and reduced personal accomplishment for females' sample.

For females' sample, optimism was found to be significantly and negatively correlated with reduced personal accomplishment (PA) ($r = -.390^{**}$, $p < .01$). In regression analysis, optimism has emerged as a significant predictor of reduced personal accomplishment and explained 15% of variance. For males' sample,

optimism was found to be negatively correlated with reduced personal accomplishment (PA) ($r=-.202$). This correlation was however non significant.

No significant correlation has been found between optimism and emotional exhaustion and between optimism and depersonalization in both the samples and between optimism and reduced personal accomplishment in males’ sample only (for details see figure 1).

Figure 1: Inter-correlations among Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment for both the genders (Males and Females, N=50 each)



DISCUSSION

The results have been discussed in the light of previous findings dimension wise.

HOPE AND BURNOUT

1). Hope and Emotional Exhaustion

For females’ sample, hope was found to be significantly and negatively correlated with emotional exhaustion (EE) ($r= -.561^{**}$, $p<.01$). In regression analysis, hope emerged as a significant predictor of emotional exhaustion and explained about 31% of the variance.

Table 1: Correlate of Emotional Exhaustion (EE) for Female’s Sample: The role of Hope

Variable	Dependent Variable	Correlation	Variance explained
Hope	Emotional Exhaustion	-.561**	31%

For males’ sample, Hope was found to be significantly and negatively correlated with Emotional Exhaustion (EE) ($r= -.379^{**}$, $p<.01$). In regression analysis, hope emerged as a significant predictor of emotional exhaustion and explained about 8% of variance.

Table 2: Correlate of Emotional Exhaustion (EE) for Male’s Sample: The role of Hope

Variable	Dependent Variable	Correlation	Variance explained
Hope	Emotional Exhaustion	-.379**	8%

The results related to both males’ and female’s sample is in line with most previous studies done on Hope and Burnout. According to Snyder’s hope theory, the dimension of hope has been defined as the product of two components, namely, a person’s belief that he or she has the requisite motivation and power to achieve particular goals (i.e., agency), and the ability to envisage clear pathways to attain such goals (i.e., goal pathways). Pathways reflect a person’s perceived capacity to produce cognitive routes to desired goals. Because some of the plans may not succeed; hopeful people produce many such plans in order to circumvent possible obstacles. Agency consists of the individuals’ thoughts regarding their ability to initiate and continue movement on pathways toward goal achievement.

Researchers have postulated that hope may be an important factor associated with burnout. Low-hope individuals may be susceptible to burnout because they are prone to experience goal blockage, frustration, and negative affect. Blocked goals lead to increased stress, and negative affectivity, and eventual burnout (Snyder, 2000). If stress accumulates and becomes chronic in nature, the individual’s risk of developing burnout increases a lot (Gustafsson, et al., 2011). According to hope theorists, high hope individuals experience less stress and less negative emotions than low hope individuals when they encounter goal blockage (Snyder, 2000). High hope offsets the negative impact of stress in the face of goal blockage because the interaction between pathway and agency thinking helps reduce the perception of overall stress and leads to less negative emotions and lowering the risk of burnout development (Snyder, 2002).

Gustafsson, Hassmen, and Podlog (2010) examined the relationship between hope and burnout among 178 competitive athletes aged 15 to 20 in a quantitative study. Hope was found to have a significant and negative correlation with all three burnout subscales. Low-hope athletes scored significantly higher on all three burnout dimensions than did medium- and high-hope athletes. Agency thinking was revealed to be a significant predictor of all burnout dimensions including emotional exhaustion.

Sherwin, Elliott, Rybarczyk, Frank, Hanson, and Hoffman (1992) asked 81 nurses in chronic care rehabilitation units in six different hospitals to complete the Hope Scale and the Maslach Burnout Inventory. Results of the study showed that higher levels of hope among participants were associated with lower emotional exhaustion and depersonalization, along with greater personal accomplishment. Specifically it was found that hope was the strongest predictor of emotional exhaustion.

Hope and Reduced Personal Accomplishment

For females’ sample, hope was found to be negatively correlated with reduced personal accomplishment (PA) (r= -.089). The correlation was non-significant and in regression analysis, Hope did not emerge to be a significant predictor of reduced personal accomplishment.

Table 3: Correlate of Reduced Personal Accomplishment (PA) for Female’s Sample: The role of Hope

Variable	Dependent Variable	Correlation	Variance explained
Hope	Reduced Personal Accomplishment	-.089	--

For males’ sample, hope was found to be significantly and negatively correlated with reduced personal accomplishment (PA) (r= -.299*, p< 0.05). In regression analysis, hope emerged as a significant predictor of reduced personal accomplishment and explained 11% of the variance.

Table 4: Correlate of Reduced Personal Accomplishment (PA) for Male’s Sample: The role of Hope

Variable	Dependent Variable	Correlation	Variance explained
Hope	Reduced Personal Accomplishment	-.299*	11%

The finding related to male’s sample is consistent with many previous researches. As mentioned earlier, hope has two components: pathways thinking and agency thinking. Pathways thinking is a person’s perceived capability of coming up with a number of routes to achieve a specific outcome. High hope people, as compared to low hope people, are better equipped to come up with a main route to achieve a desired goal fairly quickly. They can also quickly come up with a sense of confidence that the route will be effective (Snyder, 2002). In addition, high hope people are more effective at generating a long list of alternative routes in case their initial route becomes blocked. High hope people describe themselves as “flexible thinkers”, which would provide them the ability to easily come up with alternative plausible routes if their initial route became impeded (Snyder, 2002). Low-hope people do not demonstrate this same kind of flexibility and become discouraged if their routes toward a goal become blocked. In fact, low hope persons report that generating these alternative goals is quite difficult (Snyder, 2002).

The generation of pathways is an important step in the goal attainment process but remains insignificant without the proper motivation to apply these pathways. Agency thinking is a person’s perceived ability to apply pathways toward a goal and is the motivational component that drives a person to continue on the track toward goal attainment (Snyder, 2002). Agency thinking becomes especially significant when a person is confronted with a goal blockage. Low hope individuals have less of this motivational component, and hence the driving force that pushes an individual to carry on in the goal pursuit by choosing an alternate pathway, is also low among low hope people.

Curry, Snyder, Cook, Ruby and Rehm (1997) performed three separate studies on college athletes (n=370; n=9; n=106) comparing hope scores with classroom achievement, sport achievement, affectivity, and physical ability. Results of the studies indicated a positive correlation between hope and academic achievement and hope and sport achievement. Also, according to Peterson and Byron(2007) research on hope and job performance has found high hope to be associated with better performances even after controlling for self-efficacy and cognitive ability. Similarly, high hope medical professionals working in a stressful accident and emergency department, have been shown to exhibit lower levels burnout (and more job performance) than low-hope workers (Ho and Lo, 2011), while employees of an assisted living facility experienced less burnout when they possessed higher hope (Simmons, Gooty, Nelson and Little, 2009).

No significant correlation has been found between hope and depersonalization for both samples and between hope and reduced personal accomplishment for females’ sample.

Thus, the first hypothesis (H₁) i.e. Hope will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment) has been partially accepted.

RESILIENCE AND BURNOUT
Resilience and Emotional Exhaustion

For females’ sample, resilience was found to be positively correlated with emotional exhaustion (EE) (r= .078) but the correlation was non-significant.

Table 5: Correlate of Emotional Exhaustion (EE) for Female’s Sample: The role of Resilience

Variable	Dependent Variable	Correlation	Variance explained
Resilience	Emotional Exhaustion	.078	--

For males’ sample, resilience was found to be significantly and negatively correlated with emotional exhaustion (EE) (r= -.375**, p<0.01). In regression analysis, Resilience emerged as a significant predictor of emotional exhaustion and explained about 8% of the variance.

Table 6: Correlate of Emotional Exhaustion (EE) for Male’s Sample: The role of Resilience

Variable	Dependent Variable	Correlation	Variance explained
Resilience	Emotional Exhaustion	-.375**	8%

The findings related to males’ sample are consistent with much previous work. Resilience is ‘the ability to bounce back from negative emotional experiences by flexible adaptation to the changing demands of stressful experiences’ (Tugade & Frederickson, 2004). Resilience minimizes the physical and psychological tolls of stress (Ahern, Kiehl, Sole and Byers, 2006). One of the most widely accepted definition of resilience is as a set of personality characteristics or strengths that moderate the negative effects of the stressors to successfully cope with adversity (Ahern et al., 2006).

Resilient individuals are believed to be optimistic, energetic, and humorous (Southwick, Vythilingam & Charney, 2005). Such positive emotions have been linked with increased life satisfaction and psychological wellbeing (Tugade and Frederickson, 2004). Southwick and colleagues (2005a) found that positive emotions can increase tolerance to stress and reduce the associated effects such as emotional exhaustion and burnout. Garcia and Calvo (2012) investigated the influence of resilience on burnout amongst Spanish nursing staff. They found that resilience was negatively associated with burnout including emotional exhaustion, indicating the ‘minimising’ influence that resilience can impose on potential burnout levels.

Taku (2014) conducted a similar study amongst physicians, generating similar findings to Garcia and Calvo (2012). They too found that resilience was negatively correlated with emotional exhaustion.

No significant correlation has been found between resilience and emotional exhaustion for females’ sample, between resilience and depersonalization for both samples and between resilience and reduced personal accomplishment for both samples.

Thus, the second hypothesis (H₂) i.e. Resilience will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment) has been partially accepted.

SELF EFFICACY AND BURNOUT

Self Efficacy and Reduced Personal Accomplishment

For females’ sample, self efficacy was found to be positively correlated with reduced personal accomplishment (PA) (r= .127) but the correlation was non-significant.

Table 7: Correlate of Reduced Personal Accomplishment (PA) for Female’s Sample: The role of Self Efficacy

Variable	Dependent Variable	Correlation	Variance explained
Self Efficacy	Reduced Personal accomplishment	.127	--

For males’ sample, self efficacy was found to be significantly and negatively correlated with reduced personal accomplishment (PA) (r= -.282*, p<0.05). In regression analysis, self efficacy, however, did not emerge as a significant predictor of reduced personal accomplishment.

Table 8: Correlate of Reduced Personal Accomplishment (PA) for male’s Sample: The role of Self Efficacy

Variable	Dependent Variable	Correlation	Variance explained
Self Efficacy	Reduced Personal Accomplishment	-.282*	--

The findings related to male’s sample are similar to many of the previous researcher’s findings. According to Luthans et al., (2007), self-efficacious people can be distinguished by five important characteristics, namely they (1) set high goals for themselves and self-select into difficult tasks; (2) welcome and thrive on challenge(s); (3) are highly self-motivated; (4) invest the necessary effort to accomplish their goals; and (5) persevere when faced with obstacles. These five characteristics equip high efficacy individuals with the capacity to develop independently and perform effectively for extended periods of time. Even self-doubt, negative feedback, social criticism, obstacles and setbacks, and even repeated failure (which can be devastating for people with low efficacy) have little impact on efficacious individuals (Bandura & Locke, 2003). So when faced with chronic stressors of hospital work environment, highly self efficacious doctors’ self motivation and ability to see the intense emotionality present in the work environment as challenges that

they can overcome, allows them to accomplish their goals. For low self efficacious individuals, negative feedback, repeated failures, self doubt etc proves devastating and they stop performing.

The findings of the present study are consistent with many of previous researchers work. Brouwers, Evers and Tomic (2001) investigated specialized health experts serving in residences for the elderly in the Netherlands. Their investigation confirmed that perceived Self efficacy positively correlated with the personal accomplishment. Chwalisz et al., (1992) found that teachers who score low on self-efficacy reported a higher degree of burnout including reduced personal accomplishment than their counterparts who scored high on self-efficacy. Friedman (2003) also investigated the association between perceived self-efficacy and burnout among teachers. It was found that perceived sense of self-efficacy was inversely correlated with perceived burnout: the lower the sense of self-efficacy, the higher the perceived burnout and higher reduced personal accomplishment.

No significant correlation has been found between self efficacy and emotional exhaustion for both samples, between self efficacy and depersonalization for both samples and between self efficacy and reduced personal accomplishment for females’ sample.

Thus, the third hypothesis (H₃) i.e. Self Efficacy will be significantly and negatively correlated to all three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment) has been partially accepted.

OPTIMISM AND BURNOUT

Optimism and Reduced Personal Accomplishment

For females’ sample, Optimism was found to be significantly and negatively correlated with reduced personal accomplishment (PA) (r= -.390**, p<.01). In regression analysis, optimism emerged as a significant predictor of reduced personal PA accomplishment and explained 15% of variance.

Table 9: Correlate of Reduced Personal Accomplishment (PA) in Females’ Sample: The role of Optimism

Variable	Dependent Variable	Correlation	Variance explained
Optimism	Reduced Personal accomplishment	-.390**	15%

In males’ sample, optimism was found to be negatively correlated with reduced personal accomplishment (PA) (r=-.202). This correlation was however non significant.

Table 10: Correlate of Reduced Personal accomplishment (PA) in Males’ Sample: The role of Optimism

Variable	Dependent Variable	Correlation	Variance explained
Optimism	Reduced Personal accomplishment	-.202	--

The finding above is similar to many of the previous researches. According to Scheier and Carver (1985), optimism is the generalized expectancy that good things will happen in the future and bad things will be minimal (Scheier & Carver, 1985, 1992). An individual who is more optimistic will face life events, whether good or bad, with an overall positive outlook. An individual who is more pessimistic will view these events in the opposite way: he or she believes that the outcomes of these events will be negative.

Optimism has mainly been analyzed from two theoretical perspectives. Firstly, there is the dispositional theory proposed by Scheier and Carver (1985), which is focused on the expectations that subjects have for the events that can happen to them. In this sense, a person with favorable positive expectations will increase his or her effort to achieve a goal (García & Díaz, 2010). According to this perspective, optimism and pessimism are generalized expectations, considered to be stable dispositions, or in other words, traits (Ferrando, Chico, & Tous, 2002). If individuals take an optimistic approach to difficult situations, they may be better able to adjust and overcome challenges. Therefore, an individual’s level of optimism may be directly related to whether he or she will continue when faced with a difficult task or give up on the task altogether (Scheier & Carver, 1985). Dispositional optimism predicts performance, coping and health in multiple populations (Scheier & Carver, 1985; Seligman & Schulman, 1986). Dispositional

optimism may act as a buffer against the effects of stress and burnout. Happell and Koehn (2011) found a similar result when they were studying the relationship between burnout, job satisfaction and therapeutic optimism and justification for the use of seclusion as a necessary intervention. They found optimism was negatively correlated with burnout.

Optimism has also been studied from the theory of explanatory style, which was initiated by Abramson, Seligman and Teasdale in 1978. Explanatory styles refer to the way people explain what happens to them (Isaacowitz, 2005). Thus, one's customary way of explaining their own experiences demonstrates an explanatory style that, from a theoretical point of view, has three fundamental dimensions: permanence, pervasiveness and personalization (Abramson et al., 1978). Those who explain bad events with external, unstable and specific causes are described as optimistic, whereas those who favored internal, stable and global causes are described as pessimistic. Those with pessimistic explanatory style give up and those with optimistic explanatory style carry on and prevail over difficult situations.

Seligman and Schulman (1986) examined the relationship of optimism and work performance in a study of 104 insurance sales agents. Results showed that sales agents with low levels of optimism made fewer sales attempts, were less persistent and had a higher level of quitting. Salesmen with high levels of optimism sold more insurance than those less optimistic. Thus it was found that Optimism was negatively related to Reduced Personal Accomplishment.

Similarly, Strutton and Lumpkin (1993), in a study of optimism in relation to coping strategies, surveyed 101 salespeople from three firms in the textile (n =41) and communication technology (n = 60) industries. Results showed optimists to be more likely to use problem-focused coping tactics and were higher performers at their jobs, while pessimists used more emotion-focused coping. The research speculated that optimistic sales persons were more likely to perceive a given goal as attainable, and when faced with sales stressors, optimists were more likely to engage in careful analysis and to strengthen their efforts aimed at removing the stressor. Also, with an aim to analyze the relationship between optimism and burnout in the context of athletic competition, Berengüí, Ruiz, Montero, Marcos and Gullón (2013) chose a sample of 227 athletes that competed in wrestling at Spain's national level. The results of their study demonstrated a relationship between optimism and the three dimensions of burnout, in which the athletes who are more optimistic demonstrate less emotional exhaustion, less depersonalization, and a greater perception of personal accomplishment in their athletic performance.

No significant correlation has been found between optimism and emotional exhaustion for both samples, between optimism and depersonalization for both samples and between optimism and reduced personal accomplishment for males' sample.

Thus, the fourth hypothesis (H₄) i.e., Optimism will be significantly and negatively correlated to all the three dimensions of Burnout (Emotional Exhaustion, Depersonalization and Reduced Personal Accomplishment) has been partially accepted.

IMPLICATIONS

The results of the study suggest that Psychological Capital is a significant predictor of Burnout. Psychological Capital thus seems to lower the risk of developing burnout among doctors who work in high stress situations. Since Psychological Capital is open to development, it could be in best interest of hospitals to develop such positive psychological resources in the doctors and thereby prevent them from burnout.

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