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# Gender Differences in Burnout among HIV/AIDS Counselors in North India

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**Abstract**

A notable body of research investigating the impact on health care workers who work with patients who have HIV/AIDS [(Human immunodeficiency virus (HIV), Acquired immunodeficiency syndrome (AIDS)] has developed over the past 30 years (Bayer & Oppenheimer, 2002; Bennett, Miller & Ross, 1995; Demi, Gueritault Chalvin & Kalichman, 2002; Lynch & Wilson, 1996; Miller, 2000). Studies have strived to identify the stressors correlated with HIV/AIDS care as well as to document the extent of burnout among health care workers (Cushman, Evans & Namerow, 1995; Miller, 1995; Oktay, 1992; Campanini, Fossati & Visintini, 1996). AIDS care has presented unprecedented challenges at different points during the epidemic for health care workers, and the supposition is that even in this era of expansive perseverance and hopefulness, health care workers may be vulnerable to burnout. The purpose of this study was to investigate the levels of burnout in a sample of HIV/AIDS counselors. It is hypothesised that there will be significant difference between males and females on the different dimensions of burnout. Keeping in view the predictions, it was found that there is no significant difference between males and females on the burnout scale ($F = 0.095$, $p > 0.01$).

**Keywords:** burnout, counselors, HIV/AIDS.

## 1. Introduction

A notable body of research examining the impact on health care workers who work with patients who have HIV/AIDS has developed over the past 30 years (Bayer & Oppenheimer, 2002; Bennett, Miller & Ross, 1995; Demi, Gueritault Chalvin & Kalichman, 2002; Lynch & Wilson, 1996; Miller, 2000). Studies have strived to identify the stressors correlated with HIV/AIDS care as well as to document the extent of burnout among health care workers (Cushman, Evans & Namerow, 1995; Miller, 1995; Oktay, 1992; Campanini, Fossati & Visintini, 1996). In this era of globalization, liberalization and continual change, the fabric of life is soaked with pressures and stress. Stress is becoming a universal malady with its debilitating effect being observed in all walks of life. AIDS care has presented unprecedented challenges at different points during the epidemic for health care workers, and the supposition is that even in this era of expansive perseverance and optimism, health care workers may be vulnerable to burnout. When stress crosses the tolerance limit, it becomes distress. Distress, the negative stress, impacts not only physical, emotional and behavioral aspects of an employee but also influences his social and economic life. It has far reaching consequences not only on an individual employee in the form of burnout but also on the organization in terms of job dissatisfaction, low motivation, and productivity, increase in health cost and employee turnover. Burnout is a typical stress syndrome which develops gradually in response to prolonged stress and physical, mental and emotional strain. Unable to cope with the increasing burden and immoderate demands, the employee gets pushed towards a state of exhaustion which is characterized by dissatisfaction, low energy levels, fatigue, frustration, depersonalization and inadequacy or cynicism resulting in a breakdown or burnout.

The term "burnout" was identified 30 years ago to describe a state of fatigue and frustration among health and service workers arising from excessive demands on their resources (Freedenberg, 1974). According to Jackson and Maslach (1981) burnout syndrome has been most consistently described as a multidimensional process with three central constructs: emotional exhaustion (feeling emotionally drained and exhausted by one's work), depersonalization (negative or very detached feelings toward clients or patients), and reduced personal accomplishment (evaluating oneself negatively and feeling unsatisfied with positive job performance and achievements).

Many theories of burnout include contravening consequences related to burnout, including job function (performance, output, etc.); health related outcomes (increases in stress hormones, coronary heart disease, circulatory issues), and mental health problems (depression). Burnout occurs when one feels bewildered and unable to meet constant demands. As the stress continues, one begins to lose the motivation that led you to take on a certain role in the first place. Burnout reduces outgrowth and saps energy, leaving one feeling increasingly incomplete, unfit, dejected, hopeless, cynical, and resentful. Eventually, one may feel depleted and exhausted has nothing more to give.

The most fundamental tenet of burnout syndrome is that it is an end-stage consequence of a process of deterioration in a person who has been exposed to relentless stress in the work environment (Miller, 1995). Cords, & Dougherty, (1993) grouped the causes of burnout into three categories.

• Job characteristics. These include employee-patient relationships, role conflict, role ambiguity, and role overload.

• Organizational characteristics. These refer to the extent to which rewards and punishments are linked to job performance.

• Personal characteristics. These include various socio-demographic variables of the employee, self-efficacy, and social support.

Common signs and symptoms of burnout in the work setting include a decline in general efficiency, tardiness at meetings, inflated absenteeism, formidable staff turnover, and prostate morale and job satisfaction (Bor & Miller, 1988). Emotional symptoms of burnout include increased agitation and annoyance; increasing difficulty in empathizing with patients; emotional and spiritual depletion; a sense of being overwhelmed; headaches; stomach problems; and more frequent use of food, alcohol, and/or tobacco (Ryan, 1990).

The empirical research on burnout in the field of organizational psychology propounded the role of various job variables in the etiology of burnout leading to the new formulation of job burnout as a 'prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy' (Leiter, Maslach & Schaufeli, 2001). Thus, in this new definition of job burnout, the terms exhaustion, cynicism and inefficacy are respectively replaced by the terms emotional exhaustion, depersonalization and reduced personal accomplishment of the original definition of what was earlier called just burnout. This implies reconceptualization of the dimensions of burnout so that it becomes applicable across non-human services job domains as detailed below (Leiter, et al., 2001).

• Exhaustion still remains the central quality of burnout and represents its stress dimension, but the deletion of the word 'emotional' lets the dimension to be extended to job domains that do not involve emotional care-giving interactions, and may yet lead to the feelings of emotional and physical exhaustion. Exhaustion is a more generic term as it does not refer to people as the direct source of these feelings (Schaufeli, Schreurs & Taris, 1999; Kalimo, Schaufeli, Schutte & Toppinen, 2000). It arises from work overload.

• Cynicism refers to the excessively indifferent attitude towards work instead of towards recipients of services (Kalimo, etal., 2000). Such cognitive distancing from work has been found to occur invariably to cope with exhaustion in non-human-services job domains, and indirectly refers to the interpersonal aspect of burnout. As there are several types of cynicism referred to in the organizational literature, it has been proposed that it is work cynicism that is the second dimension of burnout (Abraham, 2000). The underlying cause of cynicism is the presence of social conflict.

• Inefficacy represents the self-evaluative dimension of job burnout including both social and non-social accomplishments at work, and hence represents much more than what reduced personal accomplishment of the original representation does. It results from lack of necessary resources and includes the self-assessments of efficacy, accomplishment, productivity and competence (Leiter, et al., 2001), which themselves are different constructs suggesting that this dimension of inefficacy could itself be multidimensional construct (Shirom, 2003).

*1.1 Burnout and Gender*

One personal factor that has been the object of increasing attention is gender. Several writers have asserted that women are more at risk for burnout than men (Levine, 1981; Pines, Aronson & Kafry, 1981; Ryerson & Marks, 1981). Several thoughts have been mustered in support of this deduction.

There are different patterns found in the association of burnout and the gender of mental health worker. Most of the studies found no significant linkage between the components of burnout and gender (Ackerley, Burnell, Holder & Kurdek, 1988; Raquepaw & Miler, 1989; Ross, Altmaier & Russell, 1989; Tamura, Guy, Brady & Grace, 1994; Thornton, 1992). There are indicators that male psychotherapists score higher on personal accomplishment (Hoeksma, Guy, Brown & Brady, 1993) and depersonalization (LeCroy & Rank, 1987) and lower on emotional exhaustion (Hoeksma et al. 1993; Van der Ploeg, Van Leeuwen & Kwee, 1990).

Since human service professionals have been described as particularly susceptible to burnout (Freudenberger, 1977), it is important to examine characteristics of occupations and the occupant's response to the stressors involved. Significant research has been conducted on burnout in the human services. Schaufeli and Enzmann (1998) calculated that the most frequently studied occupational groups are teachers (17%), nurses (17%) and social workers (7%), respectively. While the sources of stress may vary among these professions, they share a high vulnerability to burnout given the demands made on them by individuals and a shortage of time to fulfil the demands that are a part of their profession. At the same time, many of the professional human service workers tend to be women, although men too are found in many service areas including social work, teaching and health care. In the past when researchers asked, who suffered more from burnout, women or men, data supported the view that women were more susceptible to burnout since they often took primary responsibility for children in addition to their employment. However, in research examining sex differences in burnout, often men and women occupy different occupational roles, which would result in a confounding of sex and occupation. For example, Maslach and Jackson (1985) examined sex differences in a wide range of human service occupations. Women were higher on emotional exhaustion and lower on personal accomplishment than men. In others words, women were more likely to feel emotionally tired by their work than men. Police officers and psychiatrists were usually men and nurses, social workers and counselors were typically women. Therefore, the sex differences reported may in fact reflect differences in occupations.

Other data indicate that men experience higher scores on depersonalization than women (Greenglass, Pantony & Burke, 1988; Ogus, Greenglass & Burke, 1990; Greenglass, Burke & Ondrack, 1990; Schwab & Iwanicki, 1982; Anderson & Iwanicki, 1984). One justification for why should men be more prone to depersonalization, an attitude categorized by insensitivity and being uncongenial towards one's students or clients, is found in accepted norms associated with the masculine gender role, which emphasizes strength, independence, separation and invulnerability (Greenglass, 1991). In this perspective then depersonalization may be regarded as a reflection of men's repressed emotionality. Another explanation derives from the emphasis on achievement, which is an integral part of the masculine gender role. If men are also competitive and their feelings of masculinity depend on successful achievement, their cynicism may derive from distrust of those with whom they are competing. This may lead to anti-social and hostile feelings, particularly when threatened under stress. Additional data indicate that men are significantly higher than women on cynical distrust, a measure of hostility and distrust in others (Greenglass & Julkunen, 1989, 1991; Greenglass, 1998). These findings parallel earlier reported findings that men are higher on depersonalization. These results coincide with observations by Solomon (1982) that feelings of anger, hostility and aggression are an expected part of the masculine gender role even though avoidance of expressiveness is encouraged. And Hobfoll, Schwarzer and Kym Koo (1996), in their studies of the Multiaxial Model of Coping, report that men utilize more aggressive and antisocial action in their coping. These observations indicate the theoretical connections between coping styles, gender roles, and burnout and highlight the need to integrate research from all three areas to further our understanding of burnout.

Initially, it was claimed that women report higher levels than men (Etzion & Pines, 1986). However, as Greenglass (1991) has pointed out; gender is often confounded with occupational role and hierarchical position. For instance, compared to men, women occupy supervisory roles less often in organisations and therefore have less access to job-related rewards such as high income, social status and autonomy. When these confounding variables are taken into account, no significant gender differences in burnout are observed, except for depersonalization. It is consistently found that males report higher depersonalization scores than females, a finding that is in line with other gender differences such as higher prevalence of aggression among males and higher interest in the nurturing role among females (Ogus et al., 1990).

The purpose of this study was to investigate the levels of burnout in a sample of HIV/AIDS counselors

with inclusive criteria of work-experience of more than one year. Furthermore, the aim was to examine the difference on burnout measures between the populations based on gender.

*1.2 Hypothesis*

It was hypothesised that there will be significant difference between males and females on the different dimensions of burnout.

**2. Method**

*2.1 Design:* The study involves a comparative study research design to examine the difference on levels of burnout based on gender. T-test for the significance of difference between the means was used in this study.

*2.2 Sample:* The sample consisted of 39 HIV/AIDS counselors from North India covering Jammu and Kashmir, Delhi, Haryana, Punjab, Chandigarh and Himachal Pradesh. Out of the 39 counselors, 16 were males and 23 females (41% males, 59 % females). An inclusive criterion of prior work-experience of one year was considered before collecting data. The mean age of the sample was 29.92 years and the mean work experience in the field of counselling was 1.79 years. The questionnaire was given to the counselors personally by visiting the ICTC (Integrated Counseling and Testing Centre) and ART (Anti Retroviral Therapy) centre. After a reminder, the questionnaires were collected back from the counselors following a period of two weeks. All the ethical issues were considered during the research. After the collection of data, coding was done and data was analyzed.

*2.3 Variables:* The dependent variable in this study is the score on burnout tool and the independent variable is gender.

*2.4 Measures:* The updated version of Maslach Burnout Inventory (Leiter & Jackson et al., 1996) will be used to measure burnout and its three dimensions: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. It consists of 22 items, which are divided into three subscales. The items are answered in terms of the frequency with which the respondent experiences the feelings mentioned in the items, on a 7-point, fully anchored scale (ranging from 0, "never" to 6, "every day"). Scores on each subscale are computed by summing the numeric response. Scores range from 0 to 54 on the EE subscale, from 0 to 30 on the DP subscale, and from 0 to 48 on the PA subscale. A high degree of burnout is reflected by high scores on the three subscales. The validity and reliability of the MBI-HSS have been demonstrated in various populations of health care professionals; as such it is the best instrument available to assess burnout among HIV/AIDS counselors. Internal consistency reliability for the subscales ranged from $\alpha = 0.71$ to $\alpha = 0.90$ ($P < 0.001$), with test retest reliability ranging from $r = 0.71$ to $r = 0.90$.

**3. Result**

With the support of statistical measures results were found out. The mean on burnout scale for the entire sample came out to be 35.769 ($n = 39$, standard deviation = 15.85). For males the mean on burnout score was 31.937 ($n = 16$, standard deviation = 15.745) where as for females it was 38.434 ($n = 23$, standard deviation = 15.709). On the subscale of emotional exhaustion the mean for the entire sample was 18.923. For males it was 15.5 and for females it was 21.304. Whereas on the subscale of depersonalization the burnout score for the complete sample was found to be 6.794. On the same scale males scored 7.0 and females scored 6.652. Similarly on the subscale of personal accomplishment, result for the entire sample was 10.051. For males the score on the same scale was 9.437 and for females the score was 10.051.

Keeping in view the predictions, it was found that there is no significant difference between males and females on the burnout scale ($F = 0.095$, $p > 0.01$) as well as on the three subscales of burnout [for EE (Emotional Exhaustion), $F = 0.296$, $p > 0.01$; for DP (Depersonalization), $F = 0.040$, $p > 0.01$; for PA (Personal Accomplishment), $F = 3.089$, $p > 0.01$], thus rejecting our hypothesis.

**4. Discussion and Conclusion**

The aim of the paper was to investigate any difference among males and females on different measures of burnout. Although many books, articles, and pamphlets have been written about burnout, only a small minority of these are based on any sort of empirical research (Maslach, 1982). Nevertheless, many conclusions are being drawn and are being acted upon as to what causes burnout and what can be done about it. Some of these conclusions deal with the nature of job settings, while others concern the nature of the people who populate them.

One personal factor that has been the object of increasing attention is sex. Several writers have asserted that women are more at risk for burnout than men (Levine, 1981; Pines, Aronson & Kafry, 1981; Ryerson & Marks, 1981). Several arguments have been marshalled in support of this conclusion. One is that as a consequence of sex-role socialization, women are more likely to get emotionally involved with the problems of their clients or patients and thus to overextend themselves emotionally. A second argument has been that women are more likely to enter "people-work" occupations (such as nursing, teaching, and counseling) and are thus more at risk for burnout. Furthermore, they are more likely to be in positions involving direct contact with people (such as "front-line" staff) and less likely to be in higher level administrative positions. A third argument has been that women are more likely than men to be responsible for the emotional needs of their family and thus are faced with a double dose of the strain of caring for others (both at home and on the job). Although these ideas are interesting, they have not received much of an empirical test. Indeed, there has been a noticeable lack of research on the general topic of sex differences in job stress (Haw, 1982). Thus, the current research goal was to determine if there are any significant sex differences with respect to burnout and, if so, what might account for them.

When looking at the extent of burnout within this sample of HIV/AIDS counselors we found out that there is no significant difference on the measure of burnout as well as on different subscales of burnout. Based on the results, the mean score on the burnout scale for females was greater than that of males, as the literature stated. Females reportedly scored high on the measure of Emotional exhaustion whereas males scored high on the measure of depersonalization. Pretty, McCarthy and Catano (1992) studied the effects of psychological environment, job level, and gender on burnout among employees. They found that women experienced more emotional exhaustion and depersonalization. On the third measure of personal accomplishment results were different from that in the literature with females scoring greater than males. In a study by Benbow and Jolley in 1999, there were gender differences with male psychiatrists finding time spent travelling and following up clients in the community more stressful, while female psychiatrists were more stressed by longer total working hours, seeing relatives, ward consultations and commitment to hospital based outpatient clinics (Benbow & Jolley, 1999).

Some studies show higher burnout for women, some show higher scores for men, and others find no overall differences. The one small but consistent sex difference is that males often score higher on depersonalisation. There is also a tendency in some studies for women to score a little higher on exhaustion. These results could be related to gender role stereotypes, but they may also reflect the confounding of sex with occupation, e.g. police officers are more likely to be male; nurses are more likely to be female (Leiter, Maslach & Schaufeli, 2001). Based on the literature to date, we believe the burnout phenomenon deserves more attention by researchers. Burnout appears to be a unique type of stress syndrome, which includes perceptions of emotional exhaustion, a dehumanization of clients in one's work, and perceptions of diminished personal accomplishment, and it has been clearly distinguished, both theoretically and empirically, from other forms of stress (Cordes & Dougherty, 1993). Burnout can be measured in a consistent and valid fashion. A developing literature on burnout has begun to elucidate the position of burnout in the context of organizational behavior. Burnout is not a difficulty of individuals but of the social environment in which they work. Workplaces shape how people interact with one another and how they carry out their jobs. When the workplace does not recognize the human side of work, and there are major mismatches between the nature of the job and the nature of people, there will be a greater risk of burnout. A good perceptive of burnout, its dynamics, and what to do to overcome it is therefore an essential part of staying true to the pursuit of a noble cause, and keeping the flame of sympathy and commitment burning brightly.

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