

The Relationship between Burnout and Mental Health towards Job Satisfaction among First Responders

Hubungan antara Kelesuan dan Kesihatan Mental terhadap Kepuasan Kerja dalam Kalangan Penindak Pertama

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This cross-sectional study aims to examine the relationship between burnout, mental health, and job satisfaction among 180 first responders in Negeri Sembilan, Malaysia, with a particular focus on healthcare professionals. Participants were recruited through a snowball sampling method from government and private healthcare facilities across seven districts in Negeri Sembilan, Malaysia. Utilizing online surveys distributed through messaging platforms due to COVID-19 constraints, the study employed the Copenhagen Burnout Inventory (CBI), Depression, Anxiety, and Stress Scale (DASS-21), and Minnesota Satisfaction Questionnaire (MSQ) to collect data on burnout, mental health, and job satisfaction respectively. The results reveal significant negative correlations between burnout and job satisfaction, with personal and work-related burnout exhibiting significant associations. Mental health issues, including depression, anxiety, and stress, are found to be moderately negatively correlated with job satisfaction. The study underscores the need for targeted interventions to address these challenges and enhance the well-being and job satisfaction of first responders. Despite limitations in participant selection and sample size, the findings contribute valuable insights and underscore the importance of comprehensive strategies for the support and satisfaction of first responders in high-stress environments.

Keywords: burnout, mental health, job satisfaction, first responders, healthcare professionals.

Kajian ini bertujuan untuk mengkaji hubungan antara kelesuan (burnout), kesihatan mental, dan kepuasan kerja dalam kalangan 180 penindak pertama di Negeri Sembilan, Malaysia, dengan tumpuan khusus kepada profesional penjagaan kesihatan. Peserta direkrut melalui kaedah sampel bola salji daripada kemudahan penjagaan kesihatan kerajaan dan swasta di tujuh daerah di Negeri Sembilan. Menggunakan kajian dalam talian yang didistribusikan melalui platform mesej kerana sekatan COVID-19, kajian itu menggunakan Copenhagen Burnout Inventory (CBI), Depression, Anxiety, and Stress Scale (DASS-21), dan Minnesota Satisfaction Questionnaire (MSQ) untuk mengumpul data mengenai kelelahan, kesihatan mental, dan kepuasan kerja masing-masing. Hasil kajian mendapati terdapat korelasi negatif yang signifikan antara kelesuan peribadi dan kelesuan kerja dengan kepuasan kerja. Masalah kesihatan mental, termasuk kemurungan, kecemasan, dan tekanan juga berkorelasi negatif dengan kepuasan kerja. Kajian ini menekankan keperluan intervensi bersasar untuk menangani cabaran dan meningkatkan kesejahteraan dan kepuasan kerja penindak pertama. Walaupun terdapat limitasi dalam pemilihan peserta dan saiz sampel, namun sumbangan kajian ini menekankan pentingnya strategi komprehensif dari segi sokongan dan kepuasan hidup penindak pertama dalam persekitaran tekanan tinggi.

Kata kunci: kelesuan, kesihatan mental, kepuasan kerja, penindak pertama, profesional penjagaan kesihatan.

First responders, including law enforcement officers, emergency medical teams (EMT), firefighters, and soldiers, play vital roles in addressing critical situations, attending to the physical, emotional, and mental needs of affected individuals (Benedek et al., 2007; Prati & Pietrantonio, 2010). However, the nature of their duties makes them highly susceptible to burnout and compromised mental well-being, leading to decreased job satisfaction. Healthcare professionals, such as doctors and nurses, face excessive workloads and demanding circumstances, contributing to burnout over time (Maslach & Schaufeli, 1993). Burnout symptoms, resembling depression and anxiety, include fatigue, tension, panic, bodily discomfort, impaired concentration, and social withdrawal (Scott &

Gans, 2020). A study in Malaysia revealed burnout rates of 53.8%, 39.1%, and 17.4% for personal, work-related, and client-related factors, highlighting challenges in the profession and a link to diminished employee satisfaction (Roslan et al., 2021; Salyers et al., 2015).

The pervasive issue of burnout, characterized by emotional, physical, and mental exhaustion due to prolonged stress, is evident among first responders, necessitating a closer examination of its impact on job satisfaction (Scott & Gans, 2020). Workplace stress management is crucial as inadequate mental well-being and stress negatively affect job performance, involvement, physical abilities, and communication. First responders, encompassing various professions, have faced heightened

pressure, risk, and emotional upheavals, particularly during the COVID-19 pandemic, contributing to increased burnout cases and uncertainty about job satisfaction (Daud et al., 2020; Nur & Anuar, 2020; Woon & Chea, 2020). This study addresses the need to explore the nuanced relationship between burnout, mental health, and job satisfaction in Negeri Sembilan, Malaysia, focusing on bridging existing gaps and offering insights for targeted interventions (Turan, 2019).

The National Health Morbidity Survey (2020) revealed a 2.3% prevalence of depression in the country, affecting approximately half a million Malaysians, with notable occurrences in states such as Putrajaya, Negeri Sembilan, Perlis, Sabah, and Malacca. The majority of individuals with depression were female, residing in rural areas, unmarried, and from low-income households (B40) (National Health Morbidity Survey, 2020). Recent investigations into burnout, mental health, and quality of life among Malaysian healthcare employees have yielded insights, emphasizing the prevalence of personal burnout and its correlation with anxiety levels (Woon & Tiong, 2020). However, there is a notable gap in research concerning other first responders, emphasizing the need for comprehensive studies beyond healthcare professionals (Nur & Anuar, 2020).

International perspectives on burnout and mental health enrich the discourse, with studies revealing correlations with post-traumatic stress disorder (PTSD), turnover intention, job demands, and job resources among mental health personnel (Greinacher et al., 2019; Scanlan & Still, 2019). Studies in diverse sectors, such as the telecommunication sector in Pakistan and the midwifery profession in Australia, emphasize stressors contributing to burnout and its significant impact on job satisfaction (Creedy et al., 2017; Mansoor et al., 2011). Recognizing the need for tailored interventions, this study contributes to the existing knowledge by examining burnout, mental health, and job satisfaction among first responders in Negeri Sembilan, aiming to bridge existing gaps and offer insights for targeted interventions (Turan, 2019). The findings underscore the importance of proactive measures to alleviate burnout and enhance workplace satisfaction, particularly in high-stress industries like healthcare. Despite limitations in participant selection and sample size, the study provides valuable insights and calls for comprehensive strategies to support and satisfy first responders in challenging work environments.

Method

Design

A cross-sectional, quantitative methodology was employed, utilizing online surveys that were distributed through platforms such as WhatsApp and Telegram, considering the constraints imposed by COVID-19.

Participants

The study includes 180 first responders, such as doctors and nurses, selected through a snowball sampling method in Negeri Sembilan.

Location

Data was collected from various government and private healthcare facilities across seven districts in Negeri Sembilan.

Instruments

The online survey consisted of four sections. Translations in both English and Bahasa Malaysia were employed to ensure linguistic accessibility:

Section A: Socio demographics Information. Aimed to capture essential information about the participants, including gender, age, marital status, occupation, job sector, tenure in the position, total working experience, average working hours, monthly income, and health status.

Section B: Copenhagen Burnout Inventory (CBI), developed by Kristensen et al. (2005). Comprised of three subscales: Personal Burnout (six items), Work-related Burnout (seven items), and Client-related Burnout (six items). Participants used a five-point Likert scale, ranging from 1 (never) to 5 (always), to indicate the frequency of experiencing burnout-related feelings in each domain.

Section C: Depression, Anxiety, and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995). Assessing mental health with three subscales: Depression (seven items), Anxiety (seven items), and Stress (seven items). Respondents rated the severity of symptoms over the past week on a four-point Likert scale: 0 (did not apply to me at all) to 3 (applied to me very much or most of the time).

Section D: Minnesota Satisfaction Questionnaire (MSQ) (Weiss et al., 1967). Measuring job satisfaction. It comprised 20 items covering various aspects of job satisfaction, and participants employed a five-point Likert scale, ranging from 1 (very dissatisfied) to 5 (very satisfied).

Data Analysis

The data obtained from the participants were analysed using the IBM Statistical Package for Social Sciences Software Version 27.0 (SPSS 27.0). The sociodemographic data was analysed using descriptive statistics. Pearson correlation was employed to assess the relationship between burnout, mental health, and job satisfaction among the participants.

Results and Discussions

Table 1 presents the demographic information of the participants. The data collected from the 180 participants encompasses various details such as gender, age, marital status, occupation, job sector, tenure in the position, total working experience, average working hours, monthly income, and health status. In terms of gender, 56.1% were male, while 43.9% were female. The age distribution revealed that 36.1% belonged to the 20-30 years old category, 49.4% were in the 30-40 years old range, 12.8% fell within the 40-50 years old bracket, and only 1.7% were distributed across the 50-60 years old category. Marital

status varied, with 41.1% being single, 45.6% married, 11.7% divorced, and 1.7% widowed. Occupationally, the participants represented diverse roles, including doctors (25.0%), medical officers (14.4%), nurses (24.4%), paramedics (20.6%), and others (15.6%). The majority worked in the government sector (55.0%). Regarding the duration of their current position, 17.2% had 1 year of experience, 48.3% had 2-5 years, 31.1% had 6-10 years, and only 1.7% each had 11-15 years or over 15 years. In terms of total working experience, 44.4% reported 1-5 years, 27.8% had 6-10 years, 17.2% had 11-15 years, and

smaller percentages represented longer durations. The average working hours per week varied, with 55.0% working 50-60 hours. Monthly income distribution showed diversity, with 35.6% earning RM2000-RM4000, 16.7% earning RM4100-RM6000, and smaller percentages in other income brackets. Health issues were reported by 11.1%, while 88.9% reported no health issues. General health perception varied, with 5.6% describing it as excellent, 19.4% as very good, 51.1% as good, 23.3% as fair, and only 0.6% as poor.

Table 1
Socio Demographic Information

Demographic characteristics		Frequency	Percentage (%)
Gender	Male	101	56.1
	Female	79	43.9
Age group	20-30 years old	65	36.1
	30-40 years old	89	49.4
	40-50 years old	23	12.8
	50-60 years old	3	1.7
Marital status	Single	74	41.1
	Married	82	45.6
	Divorced	21	11.7
	Widowed	3	1.7
Occupation	Doctor	45	25.0
	Medical officer	26	14.4
	Nurse	44	24.4
	Paramedic	37	20.6
	Others	28	15.6
Sector	Government	99	55.0
	Private	81	45.0
Years in current position	1 year	31	17.2
	2-5 years	87	48.3
	6-10 years	56	31.1
	11-15 years	3	1.7
	>15 years	3	1.7
Years of working experience	1-5 years	80	44.4
	6-10 years	50	27.8
	11-15 years	31	17.2
	16-20 years	15	8.3
	21-25 years	1	0.6
Average working hours per week	26-30 years	3	1.7
	30-40 hours	13	7.2
	40-50 hours	24	13.3
	50-60 hours	99	55.0
	60-70 hours	41	22.8
	70-80 hours	3	1.7

Monthly income	<RM2000	32	17.8
	RM2000-RM4000	64	35.6
	RM4100-RM6000	30	16.7
	RM6100-RM8000	13	7.2
	RM8100-RM10000	7	3.9
	>RM10000	34	18.9
Health issues	Yes	20	11.1
	No	160	88.9
General health	Excellent	10	5.6
	Very good	35	19.4
	Good	92	51.1
	Fair	42	23.3
	Poor	1	0.6

The Relationship between Burnout and Job Satisfaction

Table 2 indicates that the Pearson correlation demonstrates a negative association between each burnout scale and job satisfaction. There is a significant and strong negative relationship between personal burnout and job satisfaction ($r = -.778, p < .001$). In addition, there is a significant negative relationship between work-related burnout and job satisfaction ($r = -.747, p < .001$). Similarly, client-related burnout is moderately negatively correlated with job satisfaction ($r = -.681, p < .001$). Thus, this demonstrates

that as burnout levels rise, job satisfaction will decline. The present study establishes a significant relationship between burnout and job satisfaction, demonstrating that an increase in burnout corresponds to a decrease in job satisfaction. Specifically, personal burnout and work-related burnout exhibit a robust negative correlation, while client-related burnout shows a moderately negative correlation with job satisfaction. These findings align with previous research, affirming the impact of burnout on employees' job satisfaction.

Table 2
Pearson Correlation between Burnout and Job Satisfaction (n = 180)

Items	Personal Burnout	Work-Related Burnout	Client-Related Burnout	Job Satisfaction
Personal Burnout	1			
Work-Related Burnout	.856**	1		
Client-Related Burnout	.621**	.590**	1	
Job Satisfaction	-.778**	-.747**	-.681**	1

**Correlation is significant at the 0.01 level (2-tailed).

Consistent with Nur and Anuar (2020), healthcare workers in Malaysia were found to experience a negative correlation between burnout and job satisfaction. Similarly, the current study echoes the results of Suhartini and Ramadhanysetyarini (2017), emphasizing the adverse influence of burnout on job satisfaction, particularly among nurses, who serve as first responders in the healthcare sector. The demanding routines and stressful work environment contribute to feelings of burnout, diminishing motivation and negatively affecting job satisfaction. This concurs with the moderate levels of burnout affecting job satisfaction observed in another study by Sarabi et al. (2020).

Beyond the specific context of healthcare, the broader implications of burnout on job satisfaction highlight the universal challenges faced by professionals dealing with

stress and demanding work environments. The negative correlation observed in this study supports the notion that burnout, irrespective of the industry, can significantly impact individuals' satisfaction with their work. As identified in previous research, the intricate interplay between burnout and job satisfaction underscores the importance of addressing workplace stressors and promoting employee well-being. The study's findings contribute to the growing body of evidence emphasizing the need for comprehensive strategies and interventions to mitigate burnout and enhance job satisfaction across diverse occupational settings.

In conclusion, the observed relationship between burnout and job satisfaction among first responders underscores the pressing need for proactive measures to alleviate burnout and enhance workplace satisfaction. This is especially pertinent in high-stress industries such as healthcare, where the well-being of first responders

directly influences the quality of care provided to patients. Future research should delve deeper into the nuanced aspects of burnout, considering factors such as organizational support, coping mechanisms, and the effectiveness of intervention programs in fostering sustained job satisfaction among first responders and professionals in other challenging work environments.

Relationship between Mental Health and Job Satisfaction

The second hypothesis showed that mental health and job satisfaction are linked. Table 3 shows that all mental health scales lower job satisfaction. Depression has a moderate negative correlation with job satisfaction ($r = -.553, p < .001$), followed by anxiety ($r = -.498, p < .001$). Job

satisfaction is moderately negatively correlated with stress ($r = -.587, p < .001$). Job satisfaction decreases as mental health improves.

The outcomes of this study highlight a robust relationship between mental health and job satisfaction, underscoring the profound impact of mental health issues on individuals' overall job contentment. The observed moderate negative correlation across all mental health scales—depression, anxiety, and stress—with job satisfaction aligns with the findings of Mansoor et al. (2011), emphasizing that heightened job-related stress contributes significantly to decreased job satisfaction. It is crucial to recognize the detrimental consequences of prolonged stress on the subjective experience of job satisfaction, as indicated in this study.

Table 3
Pearson Correlation between Burnout and Job Satisfaction (n = 180)

Items	Depression	Anxiety	Stress	Job Satisfaction
Depression	1			
Anxiety	.801**	1		
Stress	.866**	.861**	1	
Job Satisfaction	-.553**	-.498**	-.587**	1

**Correlation is significant at the 0.01 level (2-tailed).

Reaffirming the interconnectedness of stress and job satisfaction, the current results align with the work of Suhartini and Ramadhanysetyarini (2017). Furthermore, the established link between lower job satisfaction and elevated depression and anxiety levels, as observed in this study, resonates with the findings of Faragher et al. (2005). The results from Ghawadra et al. (2019) provide additional support, highlighting a significant association between job dissatisfaction among first responders and heightened levels of depression, anxiety, and stress. However, the nuanced variations in stress levels among first responders, as reported by Yahaya et al. (2018), emphasize the multifaceted nature of mental health experiences within distinct healthcare settings.

The prolonged and intensive nature of first responders' daily work routines accentuates the critical role of the working environment in influencing mental health and subsequent job satisfaction. As this study emphasizes, the dissatisfaction among first responders is amplified when hospitals and clinics fail to meet their needs adequately. The connection between mental health and job satisfaction is intricately tied to various contextual factors, including available resources, interactions with diverse patients and clients, and the ability to meet the demands of their medical roles. This aligns with the assertions of Extremera et al. (2020) that job dissatisfaction is a significant predictor of higher mental health problems.

To further justify these results, it is imperative to acknowledge the cumulative impact of prolonged job dissatisfaction on the overall well-being of first responders. The demanding and high-stakes nature of their work requires a supportive and conducive environment to mitigate stressors and foster job

satisfaction. Addressing these concerns through targeted interventions, organizational support, and adequate resource allocation is crucial to ensuring the mental health and job satisfaction of first responders. In conclusion, the study's findings contribute valuable insights into the complex dynamics between mental health and job satisfaction, urging a holistic approach to prioritize the well-being of first responders in the healthcare sector and beyond.

Conclusion

In conclusion, this study has offered valuable insights into the intricate relationship between mental health and job satisfaction among first responders in the medical field in Negeri Sembilan, Malaysia. The findings underscore a significant negative correlation between mental health issues—depicted through depression, anxiety, and stress—and job satisfaction, aligning with prior research in emphasizing the adverse impact of heightened stress levels on job satisfaction. While contributing to the existing knowledge, it is essential to acknowledge the study's limitations, including the small sample size and the non-random selection of participants.

One significant limitation is the non-random selection of participants, which may introduce selection bias and impact the generalizability of the findings. The relatively small sample size further compounds this limitation, limiting the broader applicability of the results. The use of self-reported measures introduces potential response bias, and the cross-sectional design hinders the establishment of definitive causal relationships. Additionally, the exclusive focus on first responders in

the medical field may restrict the generalizability of findings to other professions within the first responder community.

To address the identified limitations and enhance the robustness of future research, it is crucial to prioritize larger and more diverse samples. Employing random sampling methods can help mitigate selection bias and improve the generalizability of findings. Longitudinal studies are recommended to explore causal relationships over time comprehensively. Expanding the scope to include a broader spectrum of first responder professions and supplementing quantitative data with qualitative

methods can provide a more comprehensive understanding of the subject. Given the limitations related to participant selection, future studies should aim for random sampling strategies to ensure a more representative and unbiased participant pool. Developing interventions and support programs tailored to first responders' specific needs remains imperative, necessitating collaborative efforts between healthcare institutions, policymakers, and mental health professionals. This holistic approach can contribute to the well-being and job satisfaction of first responders in the long term.

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