Universitas Negeri Padang & Ikatan Konselor Indonesia
Editorial Office: Jurusan Bimbingan dan Konseling | Faculty of Education | Universitas Negeri Padang
Jl. Prof. Dr. Hamka Air Tawar Barat, Kota Padang, Sumatera Barat, 25130, Indonesia.
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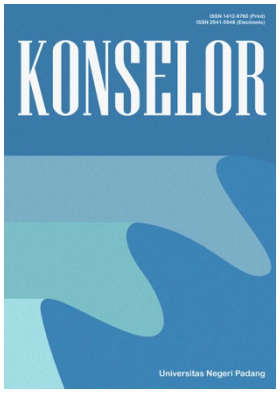
Volume 12 Number 1 2023



KONSELOR

ISSN 1412-9760 (Print) | ISSN 2541-5948 (Online)
Editor: Linda Fitria

Publication details, including author guidelines
URL: https://counselor.ppj.unp.ac.id/index.php/konselor/about/submissions

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Article History
Received: Wednesday, January 04, 2023
Revised: Friday, January 27, 2023
Accepted: Tuesday, March 14, 2023

How to cite this article (APA)
Putri, R S., & Radikun, T B S . (2023). Moderating role of job control and coping strategies in the relationship between emotional job demands and burnout among health workers. KONSELOR, 12(1), 17-25 https://doi.org/10.24036/020231217-0-86

The readers can link to article via https://doi.org/10.24036/020231217-0-86

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ISSN 1412-9760 (Print)
ISSN 2541-5948 (Electronics)

Original Article

KONSELOR
Volume 12 Number 1 (2023)
https://doi.org/10.24036/020231217-0-86

Moderating role of job control and coping strategies in the relationship between emotional job demands and burnout among health workers

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Abstract: Health workers are jobs that have a heavy burden. Long and uncertainty of working hours, patients with various characteristics with various diseases causing health workers to tend to have high levels of burnout. The purpose of this study is to aim to see the role of job control and coping strategies as a moderator in the relationship between emotional work demands and burnout. This research is a cross-sectional quantitative study which has a sample of 142 health workers. This study uses instruments from Oldenburg Burnout Inventory, Copenhagen Psychosocial Questionnaire II (COPSOQ II), Copenhagen Psychosocial Questionnaire and Brief COPE Inventory (Coping Orientation to Problems Experienced). Data processing uses process macro moderation analysis by Andrew F. Hayes through the SPSS Program. The results of the study show there are moderation effects of job control and coping strategies on emotional job demands and different dimensions of burnout. Job control as job resources moderates emotional job demands and the exhaustion dimension of burnout. While coping strategies as personal resources between emotional job demands and the burnout dimension of disengagement. Health workers can use their job control to overcome the emotional work demands experienced by health workers. Other than that, health workers can also be given activities or programs that can improve their coping skills, either those that focus on behavior or those that focus on emotions. This study might be implicating on health workers's well-being from the findings, that job resources and personal resources could decrease the burnout level on health workers.

Key Words: Job control; Coping strategies; Emotional demands; Burnout

INTRODUCTION

Health workers have conditions of heavy workload, limited resources, longer working hours, work-life balance and the risk of disease exposure from patients. The condition of these health workers has contributed to adverse psychological outcomes, one of which is burnout. The burnout experienced by health workers is a crisis that occurred before the pandemic arrived. This is caused by inadequate support, increased workload and administrative burden, lack of investment and infrastructure in public health and the inability to provide the care patients need (Murthy, 2022). Burnout is defined as a syndrome of burnout and withdrawal from work (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Burnout can have a negative impact if not handled properly.

Research shows burnout is associated with decreased performance at work (Ruotsalainen et al, 2014), also causes several forms of withdrawal, namely absenteeism and intention to leave work (Kim & Kao, 2014). Burnout has consequences in terms of physical, psychological and occupational aspects

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Salvagioni (2017), especially on psychological impacts including causing depressive symptoms (Ahola & Hakanen, 2007), increased use of antidepressants (Madsen, Lange, Borritz, & Rugulies, 2015), and impaired psychological health (Beer, Pienaar, & Jr, 2015).

The burnout phenomenon can be caused by several antecedents. According to the Job demands-Control (JDC) model, burnout occurs when workers have high demands, but at the same time have little control over their work (Karasek, 1979). Workers who have high demands (work targets, deadlines), but have low control (skills for completing tasks) will produce high-tension work types, which trigger burnout. Although burnout can have negative impacts, it can be overcome in several ways. According to the Job demands-Resources (JD-R) model, overcoming burnout is providing adequate work resources, for example support from superiors, clarity of roles, feedback, opportunities to learn, so that employees can complete their job demands properly (Bakker & Demerouti, 2017). This model has a theory that every job has job demands and job resources (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

One type of job demands, emotional demands have a role in relation to burnout, because many jobs now require emotional expression as the main task (Kwon, Kim, & Kim, 2021), such as professions in the health, education and social fields, which have high level of emotional demands (Framke, et al., 2021). Emotional demands can trigger burnout. Emotional job demands are defined as aspects of work that require sustained emotional effort, caused by interactional contact with clients (Jonge, Dormann, & Tooren, 2008) for example found in human service work performed by employees in the health, education or social fields (Framke, et al., 2021).

The JD-R model used as a framework in this study assumes that job resources reduce the negative effects of demands on burnout (Schaufeli & Taris, 2014; Demerouti et al, 2001), one of which is job control which is predicted to reduce burnout because of control flexible work helps workers reduce stress caused by organizational stressors (Day, Crown, & Ivany, 2017). Job control includes job characteristics in worker opportunities to determine how tasks are performed and decision-making authority regarding time, location, or method (Gerich & Weber, 2020). Workers in the health care sector with high job control will be able to do work with high skills or have the possibility to make their own decisions regarding patients (Abadi, et al., 2021).

Not all groups of health workers have the same job control and the level of control also varies. A study conducted research on job control in 28 jobs with low, medium and high levels of control. As a result, general practitioners, occupational health specialists (MD) have low job control. Nurses have low to moderate job control, depending on which unit they work in. Dentists and cancer specialists have moderate job control. Then, psychologists and psychiatrists have high job control (Taris, Stoffelsen, Bakker, Schaufeli, & Dierendonck, 2005). This lack of job control results in workers' sense of autonomy and limited control, which results in them not having much say in what happens in their work environment (Portoghese, Galletta, Coppola, Finco, & Campagna, 2014). Studies show that high job control can reduce the effect of emotional demands on burnout (exhaustion) (Vegchel, Jonge, Soderfeldt, Dormann, & Schaufeli, 2004), besides that increased job control has been considered an important variable in the mental health of nurses (Elliott, Rodwell, & Martin, 2017).

The latest refinement in JD-R theory; personal resources can buffer the effects of burnout, because the role of work resources has varied research results on the results of reducing the effect of job demands on burnout (Bakker & Demerouti, 2017). One of the personal resources is a coping strategy using behavioral (looking for alternative solutions) and cognitive (selective focus) efforts to tolerate certain demands (Lazarus & Folkman, 1984). Coping strategies can prevent or reduce the effects of burnout. Coping has been defined as cognitive and behavioral efforts made by individuals to manage demands that exceed their personal resources (Lazarus R. S., 1991). Coping strategies are differentiated into problem-focused (problem-focused comprehensive planning and action) and emotion-focused (emotional coping strategies and positive reframing) (Soucek et al, 2015).

Problem-focused coping is a strategy to directly manage stressors through action (defining the problem, looking for alternatives); Emotion-focused coping is aimed at managing the emotional response caused by threats (reassessment, selective attention) (Lazarus & Folkman, 1984). The use of certain effective coping strategies can prevent burnout because it is a mechanism used by professionals to protect themselves from work-related stress (Maresca et al, 2022). The use of these two coping strategies is not limited to only using one of them at a time, because according to Lazarus and Folkman

(1984), individuals can have two ways of coping at once because problem-focused and emotion-focused coping are related to one another. According to Lazarus and Folkman, the most important thing about coping is its effectiveness, and effectiveness itself is the result of how we can finally adapt to various situations and solve these problems.

Based on the Job Demands-Resources Model (JD-R), researchers are aiming to examine between job resources, namely job control and personal resources, namely coping strategies, which one is the most powerful in moderating the effect of emotional work demands on burnout in health workers. This research has an urgency to see which of the two variables has the strongest effect in its role as moderator. In addition, this research can also see the elements of the JD-R Model in one model, so that the research results can be seen and understood in a model as was done in this study. From the findings of study, it is also could be used for practical implications on health workers, they can use or even maximized their resources to overcome burnout.

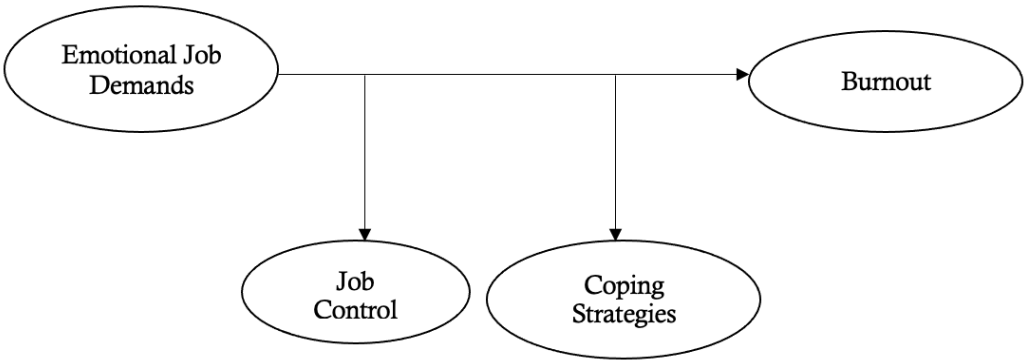

Figure 1. Research Model

METHOD

This research is a correlational study and cross-sectional, because data collection is only done once. This study uses a quantitative method with a non-experimental research design because variables can be measured and produce numerical scores that can be processed, analyzed, and statistically interpreted (Gravetter & Forzano, 2013). Researchers try to look at the effects or results of the research and then try to determine the causes (Kumar, 2011). In this study, the researcher wanted to find out how much the moderating effect that results from job control and coping strategies has on the effect of emotional demands on burnout. This study using non-experimental in instance because this research is aiming to seeking out the moderating role of job control and coping strategies in effect of emotional job demands toward burnout.

Participants

This study uses a group of health workers who work directly and serve directly with humans or what is called people work and the types of health workers who have more intensity of interaction with patients and have responsibility in maintaining and improving patient health status, including medical health workers, consisting of doctors, dentists, specialists and dental specialists; group of clinical psychology health workers who are clinical psychologists; a group of nursing staff consisting of various types of nurses; midwifery group consisting of midwives; a group of nutrition workers consisting of nutritionists and dietitians with the total sample of 142 respondents.

Sampling Procedures

This study is using non-probability sampling technique, that is convenience sampling. This technique is used to obtain participants who are easy to contact and willing to voluntarily participate in research (Kumar, 2011).

https://doi.org/10.24036/020231217-0-86

Materials and Apparatus

The instrument used in this study is self-report, participants respond to the questionnaire given according to the situation and circumstances they experience. There are four research instruments used, the Oldenburg Burnout Inventory (OLBI) (α: 0.703; 0.893), the Copenhagen Psychosocial Questionnaire (COPSOQ-II) (α: 0.744), the Copenhagen Psychosocial Questionnaire (COPSOQ) (α: 0.797) and the Brief COPE (Coping Orientation to Problems Experienced) Inventory (α: 0.891). All measurement tools used in this study have been translated from previous research and literature. The reliability in this study is used reliability from the data that researcher collect.

Procedures

Data collection for the survey is in the form of a link that contains questionnaire. The questionnaire is using Likert type scale 1 (strongly disagree) until 5 (strongly agree). Respondents are asked to choose the answer that suits them and there is no wrong-right answer also there is informed consent before entering the survey. Survey link will be distributed through the closest people and social media such as Instagram, Line, Whatsapp, Twitter, and Linked-In.

Data Analysis

The data processing techniques used in this study were descriptive data analysis and moderator analysis using process macro from Andrew F. Hayes Model 1. This analysis method is used because the outcome of process macro is giving comprehensive result of the moderation effect from the moderator variable. Process macro giving not only the moderation effect but also the effect between independent variable towards dependent variabele. When processing the data, the researcher also re-tested the reliability and validity of the measuring instruments used, namely the results of distributing the questionnaires.

RESULT AND DISCUSSION

This research in collecting data was collected online through Google Form questionnaire. Respondents who met the criteria of this study were 142 participants. Based on the data collected, it is known that there were more female participants (66.2%) than male participants (33.8%). The age range of the most participants was 25-34 years (40.1%) and the least was the age range 18-24 years (7.7%). For years of service, the most participants have worked > 10 years (43.7%) and the least have worked < 1 year (12%). Related to the type of health worker profession, the highest number of participating professions was Dentists (27.5%) and the least were Nutritionists (0.7%).

Table 1. Participants Characteristic (N=142)

Demographics Aspect	N	%
Gender		
Male	48	33,8 %
Female	94	66,2 %
Age (in Year)		
18- 24	11	7,7 %
25 – 34	57	40,1 %
35 – 44	22	15,5 %
45 – 54	24	16,9 %
55 – 65	28	19,7 %
Year of Working		
< 1 year	17	12 %
1 – 5 years	39	27,5 %
5 – 10 years	24	16,9 %
>10 years	62	43,7 %
Types of Health Workers		

Demographics Aspect	N	%
General Doctor	31	21,8 %
Specialist Doctor	2	1,4 %
Dentist	39	27,5 %
Specialist Dentist	6	4,2 %
Nutrition Doctor	1	0,7 %
Nurse	8	5,6 %
Clinical Psychologist	2	1,4 %
Midwife	12	8,5 %
Dietitian	6	4,2 %
Nutritionist	35	24,6 %

This study uses four variables in this research model, including burnout, emotional job demands, job control and coping strategies. All measuring instruments use a Likert scale with a scale of one to five. The higher the respondent's score, the higher the behavioral tendency appears. The hypothetical mean of the burnout measurement tool is 24, emotional job demands are 21, job control is 21 and coping strategies are 48. The following is an overview of the research variables:

Table 2 Description of Research Variables

Variables	Minimum Values	Maximum Values	Mean	SD	Skewness	Kurtosis
Burnout	12	35	23,19	5,21	0,299	-0,431
Emotional Job demands	10	35	22,7	4,65	-0,122	0,073
Job control	9	35	22,44	4,97	-0,267	0,23
Coping Strategies	39	80	60,46	8,41	0,583	0,512

Table 2 shown that the average total score of participants for measuring emotional job demands, job control and coping strategies is higher than the average hypothetical size, which indicates that the average research participant has emotional job demands, job control and high coping strategy. As for burnout, it is known that the average participant score is slightly below the average hypothetical score, which indicates that the average participant has a moderate level of burnout. The researcher also conducted a classic assumption test, the normality test to assess how normal the distribution data. The normality test is resulted by looking at the skewness and kurtosis values. A data can be said to be normal if the skewness and kurtosis coefficients are 0. The range required to determine whether a data is normal or not is -2 to 2. The data table above shows the value of skewness burnout (0.299), emotional job demands (-0.122), job control (-0.267) and coping strategies 0.583. As for the burnout kurtosis value (-0.431), emotional job demands (0.073), job control (0.23) and coping strategies (0.512). The skewness and kurtosis values of the four variables indicate that the research data is normally distributed.

The hypothesis testing in this study is moderation analysis. This analysis was conducted to find out whether the moderating variable can increase or decrease the effect between variables. The analysis was performed using the IBM SPSS Statistics ver. 26. The following are the results of the moderation analysis carried out:

Table 3 Moderation Output

	R Square	SE	t	Sig.
Dependent Var. : Exhaustion				
Emotional Job demands	0,237			0,000*
Job control	0,268	0,008	-2.087	0,0387*
Coping Strategies	0,2388	0.0056	-0.1389	0.8898
Problem-focused coping	0,2399	0,0131	-0,1086	0,9136
Emotion-focused coping	0,2448	0,0086	0,023	0,9816
Dependent Var.: Disengagement				
Emotional Job demands	0,41			0,016*
Emotional Job demands * Job control	0,0474	0,0136	0,2226	0,8241
Emotional Job demands * Coping Strategies	0,1070	0,0087	2.6643	0.0086*

https://doi.org/10.24036/020231217-0-86

				R Square	SE	t	Sig.
Emotional coping	Job demands	*	Problem-focused	0,1007	0,0206	2.9994	0,0032*
Emotional coping	Job demands	*	Emotion-focused	0,1064	0,0136	2.113	0,0364*

* Significance on the level 0,05 (p < 0,05)

Based on the results of the Table 3 (moderation test) that has been carried out, it was found that there was no role of job control in the relationship between job demands and the burnout dimension of disengagement (p=0.824, p <0.05), however it managed to moderate the relationship between the burnout dimensions of exhaustion and emotional job demands (p = 0.039, p < 0.05). That is, job control can reduce burnout effects, especially exhaustion caused by emotional job demands. Coping strategies played a moderating role between disengagement and emotional job demands but did not moderate the effect between emotional job demands and exhaustion (p=0.0086, p <0.05). That is, the coping efforts owned by individuals are able to reduce the negative effects of burnout from emotional job demands. Researchers also looked at the moderating effect of each type of coping strategy, the results of which were problem-focused (p=0.003, p <0.05) and emotion-focused (p=0.036, p <0.05) were able to moderate the relationship between the burnout dimensions of disengagement and emotional job demands. In contrast, both dimensions of coping strategies did not play a moderating role in the effect between emotional job demands and burnout dimensions exhaustion (p=0.914; 0.982, p <0.05).

The conclusion from the results of this analysis is related to the moderation hypothesis, H1a is accepted and H1b is rejected, because there is a moderating role of job control between emotional job demands and exhaustion while there is no role of job control in the relationship between emotional job demands and disengagement. Furthermore, H2a is rejected and H2b is accepted, because coping strategies have a moderating role in the relationship between emotional job demands and disengagement, but not with exhaustion. The emotional job demands on individuals who have high job control will reduce the level of exhaustion in individuals and vice versa. The demands of emotional work on individuals who have high coping strategies will also reduce the level of disengagement in individual work, and vice versa.

Research conducted by Xanthou (2007) states that the most studied resources to act as a buffer are job control and social support. The findings in this study indicate that job control can act as a moderator of burnout, namely the fatigue dimension. This is in line with research conducted by Vegchel, Jonge, Soderfeldt, Dormann, & Schaufeli (2004), that high job control can reduce the effects of emotional demands on burnout (exhaustion). In contrast, the same study found that for depersonalization and personal achievement, job control did not have a significant effect. The research suggests that job control is more likely to reduce burnout in contexts of low emotional demands than when emotional demands are high. It is possible, in the case of low emotional labor demands (eg dealing with a problematic client once a week), the control that can be used is to ask a colleague to help deal with the problem. However, in cases of high emotional labor demands (eg dealing with difficult patients every hour) that occur especially for doctors and nurses, this control is not used too much because it is not normal to use it every day and every hour.

Still related to job control, research conducted by (Konze, Rivkin, & Schmidt, 2017), that workers with a high degree of control over their work can apply various strategies when faced with high job demands. This is different from research conducted by Vegchel et al (2004), where this study argued that job control can be a double sword, because job control only supports the detrimental consequences of high job demands, if the type of job control possessed by individuals can be applied to type of claim. Related to coping strategies, this study found that coping strategies, namely problem-focused coping, and emotion-focused coping, have a moderating role between the demands of emotional work and the burnout dimensions of disengagement. This is in line with studies which state that most problem-focused coping is done to reduce burnout levels, where problem-focused coping has a negative relationship with burnout levels (Muriithi, Kariuki, & Wango, 2020), only in this study all burnout dimensions are considered to be a unified burnout dimension. However, research conducted by Brittle (2020) states that problem-focused coping predicts a decrease in the level of disengagement and emotion-focused coping predicts an increase in burnout. This can happen because different coping

strategies produce different psychological health (Wilkinson, 2000). Emotion-focused coping was found to predict higher levels of disengagement and fatigue (Boujut, 2017). However, problem-focused coping has a beneficial relationship for individuals to reduce psychological stress (Wilkinson, 2000).

This finding of the research has given the theoretical framework from JD-R, that the lack of resources is one of the causes of high level of burnout. It also implies that both of resources, job and personal resources could decrease of the different dimensions of burnout. It implies the dynamic of the theory, that when job resources couldn't buffer the individual high-level of burnout, it might be the individual personal resources that work in order to decrease the high-level of burnout. When the burnout level is low, it led to a better individual well-being. With the findings of the research, surely there are limitations from this study. Characteristics of participants in this study has quiet many varieties of type of health workers. After going through the analysis, even though it has a people-oriented work nature, it is likely that the demands for emotional demands, the job control will be very different. This study also only uses the reliability outcome from data collection, hence there was no trial or re-test conducted during the data collection process or before the survey started.

CONCLUSION

Based on the results of the study, it can be concluded that job control has a moderating role in burnout, for the burnout dimension, while for the disengagement dimension, job control does not have a moderating role. Coping strategies have a moderating role in burnout for the disengagement dimension. Whereas in the fatigue dimension, coping strategies do not have a moderating role. Each type of coping also has a moderating effect between the relationship between emotional job demands and burnout. Based on the conlcusion above, job control only moderates job demands with fatigue but not with engagement. In order to get maximum results and to be able to better explain the existing phenomenon, future research can also add predictors regarding quantitative job demands, because a health worker certainly has high quantitative job demands as well. This can expand the dynamics of research because there is a possibility that job control can moderate burnout with different causes. Participants in this study can be added to future studies by focusing on the type of health worker. After going through the analysis, even though it has a people-oriented work nature, it is likely that the demands for emotional work, the job control will be very different. This aims to get a more in-depth picture of a group. In the future, researcher can conduct trials related to measuring instruments first before collecting the data to health workers to obtain the reliability and validity of measuring instruments that are in accordance with the characteristics of the participants.

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https://doi.org/10.24036/020231217-0-86