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Ergonomics & Human Factors - Stress and burnout as a psycho-social risk at public sector among workers

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Abstract

The present study aimed to examine the relationships between occupational stresses, burnout situations as a psycho-convivial risk and the subtypes that of the application job-cognate affective salubrity according to the demographic factors among public sector employees. In the study, data were accumulated by questionnaire method. The research was conducted on 185 public officials who participated in the training during the "stress and burnout training" given to the public sector workers, and the total of 177 questionnaires was evaluated because 8 of the questionnaires were missing and incorrectly filled. In this study, a 7-item job stress scale developed by House and Rizzo (1972) was acclimated to quantify the psychological and psychosomatic symptoms cognate to the stresses experienced by public officials in the workplace. To quantify burnout, Maslach Burnout Inventory developed Maslach and Jackson (1981) was utilized. The emotional lassitude sub-dimension consists of 9 items, the depersonalization sub-dimension consists of 5 items and the personal accomplishment sub-dimension consists of a total of eight items in the Burnout Inventory consisting of 22 items and three sub-dimensions. To quantify Job-cognate salubrity Job-Cognate Affective Salubrity Scale (JAWS) was utilized that has been designed by Katwyk, Fox, Spector, Kelloway (2000). The main objective of the study was predicated on the expectancy that the four subtypes of JAWS would show consistent and prognosticable correlations with Stress and Burnout. The average age of the participants is 36.82 ± 8.36 . Data were analyzed with T-test, Pearson Correlation, and One-Way ANOVA. The findings of the present study have shown that the paramount relationships among job stress, burnout and job salubrity. According to the obtained results, it was understood that the stress and burnout levels differed according to the gender of the public coadjutants, the duration of their accommodation, their place of obligation, their administrative relative, edification level and their workings ($p < 0.05$). In additament, when the mean distinctions between the scale scores according to gender were examined, it was visually perceived that there was a paramount distinction between the emotional lassitude from the subscales of the consumption and the sex.

Introduction:

"Throughout the world, most adults—and many children—spend much of their waking hours at work. Work provides a number of economic and other benefits. Concurrently, people at work face a variety of hazards owing to chemicals, biological agents, physical factors, adverse ergonomic conditions, allergens, an intricate network of safety jeopardies, and many and varied psychosocial factors" The working environment and the nature of work itself are both paramount influences on health. Ecumenical socio-political developments of incrementing globalisation, the establishment of a free market, the transmuting nature of work, the development of information and communication technology, and consequential demographic changes and their impact on the modern workforce characterise the development of the modern workplace. In recent decenniums consequential changes, proximately linked to the organisation and management of work, have taken place in the world of work and resulted in emerging risks and incipient challenges in the field of occupational health and safety. Psychosocial risks at the workplace have been identified as paramount emerging risks. Linked to psychosocial jeopardies, issues such as work-cognate stress and workplace violence are widely recognised major challenges to occupational health and safety. Defining psychosocial hazards and jeopardizes Since the 1950s psychological aspects of work have increasingly been the subject of research. Research in this area gained further impetus with the emergence of psychosocial work environment research and occupational psychology in the 1960s with a shift in focus from an individual perspective to the impact of certain aspects of the work environment on health. Psychosocial hazards are defined by the International Labour Organization in terms of the interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and the employees' competencies and needs on the other. As such, they refer to those interactions that prove to have a hazardous influence over employees' health through their perceptions and experience. A simpler definition of psychosocial hazards might be those aspects of the design and management of work, and its gregarious and organisation-

al contexts that have the potential for causing psychological or physical harm. There is a plausible consensus in the literature of the nature of psychosocial hazards (visually perceive Table 1) but it should be noted that incipient forms of work give ascend to incipient hazards – not all of which will yet be represented in scientific publications. A number of models subsist in Europe and elsewhere for the assessment of jeopardies associated with psychosocial hazards (termed psychosocial risks) and their impacts on health and safety of employees and the healthiness of organisations (in terms of, among other things, productivity, quality of products and accommodations and general organisational climate). Psychosocial risks go hand in hand with the experience of work-cognate stress. Work-cognate stress is the replication people may have when presented with work demands and pressures that are not matched to their cognizance and faculties and which challenge their faculty to cope. In addition, the issue of burnout has additionally gained prevalence as a result of exposure to a poor psychosocial environment and the resulting work-cognate stress experience. Burnout has been defined in the literature as a state of physical, emotional and noetic lassitude that results from long-term involution in work

situations that are emotionally authoritatively mandating. Psychosocial jeopardies, work-cognate stress, violence.

The encumbrance of disease attributable to a number of environmental and occupational risk factors has now been assessed at ecumenical or regional level. However, due to lack of reliable ecumenical data, the ecumenical health impacts of some risk factors such as psychosocial risks were not estimated at the ecumenical (or regional) level in the 2004 report; albeit the comparative risk assessment panel for occupational risk factors acknowledged the threat posed by psychosocial peril, including negative aspects of work organisation, it omitted categorical risks or outcomes including ischemic heart disease and other outcomes associated with work-cognate stress owing to a lack of data.