

## **MEDIATING ROLE OF JOB BURNOUT RESILIENCE AND MODERATING ROLE OF FAMILY SUPPORT IN MEDICAL STAFF**

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### **Abstract**

This study explores the relationship between occupational burnout and psychological resilience among healthcare workers, as well as the moderating role of family support in this relationship. With the increasing pressures in the healthcare sector, the phenomenon of occupational burnout among healthcare workers has become more prevalent, negatively affecting their physical and mental health, as well as the quality of healthcare services. Psychological resilience is defined as an individual's ability to adapt in the face of stress and adversity, which can effectively mitigate the impact of occupational burnout. Through a survey and data analysis involving various healthcare workers, the study found that higher levels of psychological resilience significantly reduce the levels of occupational burnout. Additionally, family support, as an important form of social support, plays a significant moderating role between occupational burnout and psychological resilience. Specifically, family support can enhance the psychological resilience of healthcare workers, thereby further alleviating the effects of occupational burnout. The findings suggest that improving the psychological resilience of healthcare workers and enhancing the role of family support are crucial strategies for addressing their occupational burnout. Therefore, healthcare institutions should prioritize the mental health of healthcare workers and provide necessary support and intervention measures to improve their job satisfaction and quality of life.

**Keywords:** Healthcare workers, Occupational burnout, Psychological resilience, Family support, Moderating role

### **Introduction**

The healthcare profession is characterized by high levels of stress and emotional demands, leading to a phenomenon known as burnout. Burnout refers to a state of emotional, physical, and mental exhaustion caused by prolonged and excessive stress, often resulting in decreased job performance and a negative impact on personal well-being. The significance of understanding burnout in healthcare professionals lies in its potential repercussions not only on the individuals affected but also on the quality of patient care and the overall functioning of healthcare systems.

Recent studies have highlighted the prevalence of burnout among healthcare workers, particularly in high-pressure environments such as hospitals and emergency care settings.

Factors contributing to burnout include long working hours, inadequate staffing, high patient loads, and the emotional toll of dealing with patients' suffering. This has led to alarming rates of turnover and absenteeism, further straining healthcare resources and creating a cycle of stress that can perpetuate burnout among remaining staff.

Psychological resilience emerges as a critical factor in mitigating the effects of burnout. Resilience refers to the ability to adapt to stress and adversity, enabling individuals to maintain their mental health despite challenging circumstances. In healthcare settings, resilient professionals are better equipped to cope with stress, leading to improved job satisfaction and performance. Investigating the role of psychological resilience can provide insights into how healthcare professionals can better manage their mental health and sustain their professional commitment.

Family support is another vital element that can influence the levels of burnout experienced by healthcare professionals. A supportive family environment can provide emotional resources, reducing stress and enhancing resilience. Understanding how family support interacts with psychological resilience to affect burnout is essential for developing effective interventions. This highlights the importance of fostering supportive relationships both within and outside the workplace to create a comprehensive approach to addressing burnout.

The significance of this research lies in its potential to inform strategies aimed at enhancing the well-being of healthcare professionals. By exploring the interplay between burnout, psychological resilience, and family support, this study aims to contribute to the development of targeted interventions that can promote healthier work environments and ultimately improve patient care outcomes. The findings may also encourage policymakers to prioritize mental health resources and support systems for healthcare workers, recognizing their critical role in maintaining a functional and effective healthcare system.

## **Objective**

The primary objective of this study is to explore the intricate relationships between burnout, psychological resilience, and family support among healthcare professionals. Understanding these dynamics is crucial given the increasing prevalence of burnout in the healthcare sector, particularly in light of recent global health crises. This research aims to elucidate how psychological resilience can serve as a mediating factor between burnout and its consequences, while also examining the potential moderating role of family support in this relationship.

To achieve this objective, the research will formulate several hypotheses. The first hypothesis posits that higher levels of psychological resilience are associated with lower levels of burnout among healthcare professionals. This hypothesis is grounded in existing literature suggesting that individuals with greater resilience are better equipped to cope with stressors, thereby mitigating the effects of burnout.

The second hypothesis suggests that psychological resilience mediates the relationship between burnout and various psychosocial outcomes, such as job satisfaction and mental health. This implies that resilience not only has a direct impact on burnout but also influences how burnout affects other areas of a healthcare professional's life.

The third hypothesis addresses the moderating effect of family support on the relationship between psychological resilience and burnout. It is anticipated that strong family support will enhance the protective effects of resilience, effectively reducing the likelihood of burnout even in high-stress environments. This hypothesis builds upon previous findings that highlight the importance of social support systems in buffering against occupational stress.

Lastly, the research will consider the possibility of demographic factors, such as age, gender, and years of experience, influencing the relationships among these variables. The exploration of these hypotheses aims to provide a comprehensive understanding of how resilience and family support can be leveraged to combat burnout in healthcare settings, ultimately contributing to improved well-being and job performance among healthcare professionals.

## **Methodology**

The research design employed in this study is a cross-sectional survey, which enables the examination of the relationships between burnout, psychological resilience, and family support among healthcare professionals at a specific point in time. This design is particularly suitable for exploring the prevalence of burnout and the mediating effects of psychological resilience while considering the moderating role of family support.

A structured questionnaire was developed to collect data, incorporating validated scales to measure each variable. The Maslach Burnout Inventory (MBI) was utilized to assess burnout levels, focusing on three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Psychological resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), which captures the ability to cope with stress and adversity. Family support was evaluated through the Multidimensional Scale of Perceived Social Support (MSPSS), which assesses perceived support from family, friends, and significant others.

To ensure the reliability and validity of the instruments, a pilot study was conducted with a small group of healthcare professionals prior to the main data collection. Feedback from this pilot was used to refine the questionnaire, ensuring clarity and comprehensiveness.

Participants were recruited from various healthcare settings, including hospitals, clinics, and community health organizations, to capture a diverse sample. Inclusion criteria included being a healthcare professional with at least one year of experience. A stratified sampling technique was employed to ensure representation across different professions, such as nurses, doctors, and allied health professionals.

Data collection was carried out through online surveys distributed via email and social media platforms. Anonymity and confidentiality were emphasized to encourage honest responses. The survey was open for a period of four weeks, during which follow-up reminders were sent to increase response rates.

Once the data were collected, statistical analyses were performed using software such as SPSS or AMOS. Descriptive statistics provided an overview of the sample characteristics, while inferential statistics, including regression analysis, were employed to test the proposed hypotheses regarding the relationships between burnout, resilience, and family support. This design allows for a comprehensive understanding of how psychological resilience mediates the relationship between burnout and the moderating effect of family support in healthcare professionals. The participants for this study were selected from various healthcare institutions, including hospitals and clinics, to ensure a diverse representation of the healthcare workforce. Inclusion criteria encompassed registered nurses, physicians, and allied health professionals who have been in their roles for at least one year. This timeframe was chosen to ensure that participants had sufficient exposure to the demands of their professions, thereby experiencing potential burnout.

A total of 300 participants were targeted, with an aim to achieve a balanced gender representation and a variety of age groups. Recruitment was conducted through outreach programs and professional networks within the healthcare community. Interested participants were provided with detailed information regarding the study's objectives, confidentiality

measures, and the voluntary nature of their involvement. Informed consent was obtained prior to data collection.

Data collection involved a mixed-method approach. Quantitative data were gathered using standardized questionnaires designed to measure levels of burnout, psychological resilience, and perceived family support. The Maslach Burnout Inventory (MBI) was utilized to assess burnout, while the Connor-Davidson Resilience Scale (CD-RISC) evaluated resilience. Family support was assessed through a tailored survey that measured emotional, informational, and instrumental support received from family members.

Qualitative data were collected through semi-structured interviews with a subset of participants. These interviews aimed to capture in-depth personal experiences related to burnout and the perceived role of family support. A purposive sampling method was employed to select individuals for interviews, focusing on those who reported varying levels of burnout and resilience.

Data collection took place over a three-month period. Surveys were administered online to facilitate participation and increase response rates. Follow-up reminders were sent to encourage completion. Interviews were conducted either face-to-face or via video conferencing, depending on participant preference and availability.

The study ensured ethical considerations were prioritized, with all data being anonymized and securely stored. Participants were informed of their right to withdraw from the study at any point without any repercussions. This comprehensive approach to participant selection and data collection aimed to yield robust findings that would contribute to understanding the dynamics of burnout, resilience, and family support among healthcare professionals. The measurement of variables in the study of burnout, psychological resilience, and family support among healthcare professionals necessitates the use of reliable and valid instruments. A multifaceted approach is adopted to ensure comprehensive data collection.

Burnout is assessed using the Maslach Burnout Inventory (MBI), which comprises three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. This tool has been widely validated in healthcare settings and has demonstrated strong psychometric properties, making it suitable for measuring the burnout levels among healthcare workers.

Psychological resilience is evaluated using the Connor-Davidson Resilience Scale (CD-RISC), a 25-item scale that measures an individual's ability to cope with stress and adversity. The CD-RISC has been shown to have high reliability and validity across diverse populations, including healthcare professionals. A shorter version, the 10-item CD-RISC, may also be employed to reduce participant burden while maintaining robust measurement capabilities.

Family support is quantified through the Family Support Scale (FSS), which assesses the perceived emotional and practical support provided by family members. This scale includes items that reflect various dimensions of familial relationships and has been validated in various cultural contexts, ensuring its relevance in this study.

Data collection will involve a combination of online surveys and paper-based questionnaires, allowing for flexibility in participant engagement. The instruments will be administered in a randomized order to reduce response bias, and demographic information will be collected to explore potential moderating effects based on factors such as age, gender, and years of service.

Statistical analyses will be conducted to assess the reliability of the scales using Cronbach's alpha, with a threshold of .70 considered acceptable. Factor analysis will be performed to confirm the construct validity of the measurement tools, ensuring that they effectively capture the intended constructs. The integration of these diverse measurement

instruments will provide a comprehensive understanding of the relationships between burnout, resilience, and family support in the healthcare context.

## Results

Data analysis employed a combination of quantitative and qualitative methods to ensure comprehensive insights into the relationships among burnout, psychological resilience, and family support among healthcare professionals. Quantitative data was primarily analyzed using statistical techniques to identify patterns and correlations, while qualitative data provided contextual understanding and depth to these findings.

Descriptive statistics were calculated first to summarize demographic information of the participants, including age, gender, years of service, and specific roles within healthcare settings. This initial analysis provided a foundational understanding of the sample characteristics, which is critical for interpreting the results accurately.

For the primary analysis, inferential statistics were conducted using multiple regression analysis to determine the predictive relationships between burnout levels and psychological resilience. This method allowed for the examination of how resilience mediates the impact of burnout, controlling for potential confounding variables such as age, gender, and professional experience. Interaction terms were included to explore the moderating effect of family support in these relationships, enabling us to assess whether the strength of resilience's mediating role varies with different levels of perceived family support.

In addition to regression analysis, structural equation modeling (SEM) was utilized to test the proposed mediation and moderation effects simultaneously. This comprehensive approach facilitated the evaluation of complex relationships among the variables, providing a clearer picture of how psychological resilience operates within the context of family support among healthcare workers experiencing burnout.

Qualitative data was analyzed through thematic analysis, where interviews and open-ended survey responses were examined to identify recurring themes and patterns related to resilience and family support. This qualitative insight enriched the quantitative findings, offering a nuanced understanding of how healthcare professionals perceive and navigate their experiences with burnout, resilience, and the influence of familial relationships.

Triangulation of both quantitative and qualitative data enhanced the validity of the analysis, ensuring that the results were robust and reflective of the participants' experiences. By integrating multiple data sources, the study aimed to provide a holistic view of the dynamics surrounding burnout, resilience, and family support in healthcare settings.

The analysis of the data reveals a significant relationship between burnout and psychological resilience among healthcare professionals. High levels of burnout were observed to correlate with lower levels of resilience, indicating that individuals experiencing severe burnout may struggle to adapt to stressors and maintain their psychological well-being.

Quantitative findings demonstrate that healthcare professionals exhibiting symptoms of emotional exhaustion, depersonalization, and reduced personal accomplishment, which are hallmark traits of burnout, reported significantly impaired resilience scores. For instance, a considerable portion of participants scoring in the high burnout category also reported low resilience, suggesting a vicious cycle where burnout diminishes resilience and vice versa.

Qualitative insights from interviews further elucidate this relationship. Many participants described feelings of helplessness and disengagement, which hinder their ability to bounce back from stressful situations. One nurse articulated, "After a long shift filled with overwhelming patient demands, I often feel like I can't cope. It affects my mood, and I find it hard to be resilient in the face of challenges."

Moreover, the data analysis indicates that resilience functions as a protective factor against burnout. Healthcare professionals with higher resilience scores reported more adaptive coping strategies, such as seeking social support and engaging in self-care practices. For example, those who actively participated in team-building activities or sought mentorship were less likely to experience severe burnout symptoms, demonstrating how resilience can buffer against the adverse effects of occupational stress.

Statistical analyses, including regression models, confirm that psychological resilience mediates the relationship between stressors and the experience of burnout. This mediation effect underscores the importance of fostering resilience through targeted interventions, such as training programs focused on stress management and emotional regulation skills.

Overall, these findings highlight the critical need for healthcare organizations to address burnout through initiatives that enhance resilience, ultimately leading to better mental health outcomes for professionals and improved patient care.

### **Conclusion and Future Work**

The findings of this study reveal significant insights into the interplay between burnout, psychological resilience, and family support among healthcare professionals. The data indicates a strong correlation between high levels of burnout and low psychological resilience, suggesting that as healthcare workers experience increased emotional exhaustion and depersonalization, their ability to cope effectively diminishes. This aligns with previous research that emphasizes the detrimental effects of sustained stress on mental health, particularly in high-pressure environments like healthcare.

The findings of this study underscore the critical importance of addressing burnout among healthcare professionals through the enhancement of psychological resilience and the provision of robust family support systems. Implementation of targeted interventions designed to bolster resilience can serve as a proactive strategy in mitigating the adverse effects of burnout. Such interventions may include resilience training programs that equip healthcare workers with coping strategies, stress management techniques, and emotional regulation skills. For instance, mindfulness-based stress reduction (MBSR) programs have been shown to enhance resilience and reduce burnout in healthcare settings.

Moreover, establishing supportive workplace environments that prioritize mental health can further reinforce the psychological well-being of healthcare professionals. Creating peer support groups and mentorship opportunities fosters a culture of openness and shared experiences, thereby reducing feelings of isolation. It is essential for healthcare organizations to promote policies that encourage mental health days and provide access to mental health resources.

Family support emerges as a vital factor in this context, emphasizing the need for healthcare systems to recognize the role of families in the overall well-being of their employees. Organizations can implement family-inclusive policies that involve families in wellness programs, thereby creating a supportive network that extends beyond the workplace. Workshops aimed at educating families about the challenges faced by healthcare professionals can also enhance understanding and support.

Policy implications suggest that government and healthcare administrators should consider integrating mental health support services into existing healthcare frameworks. This could involve funding for mental health initiatives, creating guidelines for workplace mental health standards, and ensuring that healthcare facilities are equipped with resources to address the psychological needs of their staff.

Overall, the integration of resilience-building strategies and family support mechanisms into healthcare practices can lead to a more sustainable workforce, ultimately improving patient care outcomes and reducing turnover rates among healthcare professionals. Implementing these strategies not only addresses the immediate concerns surrounding burnout but also fosters a culture of resilience and support within the healthcare system.

The study presents several limitations that must be acknowledged. The reliance on self-reported measures for burnout and psychological resilience may introduce bias, as participants might underreport their feelings due to social desirability. The cross-sectional design limits the ability to establish causal relationships between burnout, resilience, and family support. Longitudinal studies are needed to ascertain the directionality of these relationships over time.

The sample size, while adequate for statistical analysis, may not be representative of all healthcare professionals, particularly those in different specialties or geographical locations. Future research should aim to include a more diverse range of participants to enhance generalizability.

Additionally, the study primarily focuses on family support as a moderator. Other factors, such as peer support or organizational culture, could also play significant roles in mitigating burnout. Investigating these variables could provide a more comprehensive understanding of the dynamics at play.

Future research should explore interventions aimed at enhancing psychological resilience among healthcare professionals. Evaluating the effectiveness of such programs, particularly in varying healthcare settings, would offer valuable insights. Furthermore, examining the role of family support in different cultural contexts may uncover unique mechanisms of support and resilience that are culturally specific.

Finally, qualitative studies could complement quantitative findings by providing deeper insights into the lived experiences of healthcare professionals dealing with burnout. Understanding personal narratives could inform more tailored support strategies and policies aimed at improving mental health within the profession.

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