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Perceived Organizational Support and Burnout Among Healthcare Workers: A Comparative Analysis of Public vs Private Hospitals in Karachi.

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ABSTRACT

Burnout among healthcare workers has been a significant concern for many years, affecting employee wellbeing as well as patient care quality. This research seeks to examine the impact of Perceived Organizational Support on Burnout Levels among healthcare professionals. By drawing upon the Job Demands-Resources (JDR) Model, the aim is to explore how organizational support systems and workplace dynamics influence burnout within the healthcare sector of Karachi, Pakistan. It further examines the differences in burnout levels as well as perceived organizational support across Job roles (doctors, nurses, allied healthcare workers), Hospital types (public vs private) and gender. Data was collected from 222 healthcare workers from public and private hospitals of Karachi using standardized measures (Oldenburg Burnout Inventory and Survey of Perceived Organizational Support). Findings derived from this study assist in exploring the complexities of organizational support and burnout, to better understand the overall well-being of healthcare workers.

Keywords Burnout, Perceived Organizational Support, Healthcare Professionals, Public vs Private Hospitals, Job Demands-Resources Model, Perceived Organizational Support, Gender Differences, Karachi Healthcare sector.

Introduction

Every day healthcare workers around the world wear their scrubs and masks, putting on brave faces as they step into a realm of persistent pressures and responsibilities. While they are very often celebrated as our heroes during times of crises, most of the time they must suffer in silence and struggle with the burdens of their profession. The nature of their profession is such that it creates a culture which expects them to endure and mask their fatigue and emotional distress. They are also often deprived of support

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that they desperately need, and are left without help. Being constantly exposed to life-or-death situations, and having to make high-stakes decisions under extreme pressure all during long working hours begins to take a toll on their physiological health as well as their mental wellbeing.

A systematic review highlights reported a burnout prevalence in physicians from around 0% to 80.5% (Rosenstein et al., 2018). This is an alarming statistical figure that suggests that a significant amount of healthcare workers does not work to their best potential due to the emotional exhaustion and depersonalization they battle on a daily basis. These factors can severely impair one's efficiency at their workplace, and in this case eventually lead to a lower productivity and quality of care for their clients.

It has also been found that significant contributor to Burnout is the inability to maintain work-life balance. In a recent study, the findings showed that due to High-pressure environments, a huge amount of healthcare workers are victim to poorly managed work-life balance, which offsets their ability to manage and tackle their emotional and physical strains and stresses of their work and job (Shanafelt et al., 2012). The fact that they are unable to respond to their own humanly demands and constantly prioritize their work is unfortunately linked to having an adverse impact on their mental health. Surprisingly, a 2020 survey by Dyrbye et al. had supported this phenomenon and suggested that those healthcare workers who regularly suffer burnout have more than double possibility to report signs of mental illnesses such as anxiety and depression, in contrast to healthcare workers who do not experience burnout so often (Dyrbye et al., 2020).

It is true that many aspects and facets of being a healthcare worker can lead to strain and burnout. Most of these challenges are also beyond their control like the case they encounter, and them having to maintain a positive regard with their patients. However, aside from these taxing elements, there are also many other factors that contribute to their emotional, physical, and psychological strain that can easily be managed but are very often overlooked. Addressing these stressors is key to a healthy work environment to support those who dedicate their lives to save others.

A recent study posits that approximately 60% of healthcare professionals report extreme feelings of "emotional exhaustion" and also a decreased sense of "personal accomplishment" due to the nature of their work (National Academy of Medicine, 2023). This may be due to the demanding and taxing nature of their profession, however organizational constraints only add to these challenges for healthcare workers. The public and private hospitals of Pakistan have polarizing differences in terms of resource allocation and maintenance. Shocking statistics in a recent report present that government spending on healthcare is critically low (for public healthcare settings) with only 0.4-0.8% of the GDP allotted towards health services in Pakistan (National institute of health, 2023). This dreadfully low fraction of the GDP often leads to the resources of public hospitals to be insufficient to meet the demands of patients.

On the contrary, it is private hospitals that have a much better access to resources so they meet the demands, and also have better investments in advanced technologies and treatments (Qureshi et al., 2020). This evident disparity in job demands as well as job resources between public and private hospitals truly illustrates the distinct hardships that are handled by healthcare workers in both different settings.

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Henceforth, it is crucial to understand what steps can be taken to overcome these differences and thus, this study endeavors to analyze how the balance between "job demands" and "job resources" influences Burnout and Disengagement in healthcare workers of both settings.

Hypothesis

The following hypotheses were proposed after a detail and in-depth review of available literature.

H1: There will be a significant difference in levels of perceived organizational support and burnout between the healthcare workers of public hospitals vs private hospitals.

H2: There will be a significant difference in the levels of burnout among different healthcare workers (e.g., nurses, doctors, allied healthcare workers).

H3: There will be a significant difference in the levels of perceived organizational support among different healthcare workers (e.g., nurses, doctors, allied healthcare workers).

H4: There will be a significant gender-based difference in the levels of perceived organizational support and burnout among healthcare workers.

Literature Review

The idea of burnout was first formulated by Herbert Freudenberger in 1974, and since then the term has evolved significantly. Freudenberger presented burnout as a "state of emotional exhaustion and reduced personal efficacy", and emphasizes that the people working in "Helping Professions" are most likely to experience this state. He said that burnout is the gradual development of both psychological and physical depletion which is often linked to lack of adequate support (Freudenberger, 1974).

Expanding on his works came Maslach and Jackson in the year 1981, conceptualizing burnout as a three-component concept; "emotional exhaustion, depersonalization, and diminished personal accomplishment" (Maslach & Jackson, 1981). The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) had been initially developed to measure burnout among professionals working in Human Services, and became the standard for measuring burnout among various helping professions (Maslach & Jackson, 1981). However, later in 1996 the researches recognized that healthcare professionals face unique stressors that differ from other employees of human services, which led to the development of the Maslach Burnout Inventory-Human Services Survey for Medical personnel (MBI-HSS MP).

This led to the expansion of research in this area, as people recognized the struggles of Health care workers experiencing burnout. Focused research had come about, examining specific details such as how specific personality traits can lead to burnout amongst healthcare workers (Zellars et al., 2006). Researchers soon began to recognize the connections between workplace conditions, organizational culture, and burnout among healthcare staff (Acker, 2009). Research has evolved so much so, that recently in 2019, the WHO has included burnout as an occupational phenomenon to be a part of the ICD-11. This classification was extremely impactful as it encouraged more focused research in this area.

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Job Demands-Resources Model

The Job Demands-Resources Model was formulated by Demerouti et al. in 2001, and within this model the job characteristics and divided into 2 distinct categories: job demands and job resources. Job demands include the challenging parts of work, all of which require considerable effort and can lead to exhaustion if not properly managed (for example, having long hours, interpersonal conflicts, or job insecurity). In contrast, job resources are the supports available to employees, such as feedback, autonomy, and belonging or support, which help employees meet their goals, encourage individual growth, and maintain motivation (Demerouti et al., 2001)

The JDR model further highlights 2 essential "processes" that may lead to burnout. The first is the "health impairment process", whereby having extreme job demands, can drain employees' energy and can ultimately lead to burnout. On the flip side is the other, which is the "motivational process". Here job resources promote a positive state of work engagement which causes energy and enthusiasm.

This model is especially relevant for healthcare workers who face high demands and complex work environments. Professions in the healthcare system are extremely demanding in nature, with long working hours and exposure to life threatening situations often causing emotional strain. However, this model implies that with certain job resources such as supportive colleagues, decision making powers and autonomy, and also opportunities for professional development, there is a better chance that healthcare workers find it easier to manage their stress and boost their motivation to keep going in challenging professions.

In a 2020 study, Kaiser et al. applied the JDR model in order to investigate how the balance in job resources can impact employee wellbeing working with a big sample of 489 healthcare workers in Norway. Results revealed how specific job resources had made an impact, significantly lowering burnout levels in employees and also boosting their engagement.

Another such study by Hakanen, Bakker and Demerouti in 2005 investigated Finnish dentists and their ways of managing their job demands and maintaining their engagement. They discovered that job resources do have the tendencies to effectively mitigate all the adverse impacts of occupational stress, while also boosting engagement (Hakanen et al., 2005). In another comprehensive study, findings highlighted that when job demands and job resources were in an imbalance, they caused increased emotional exhaustion, ultimately contributing to disengagement from work (Chênevert, Kilroy, Johnson, & Fournier, 2021).

Theory of Perceived Organizational Support

As we see in the work of Maslow, belonging and social needs are a crucial component of human motivation. In the realm of healthcare, having an emotional connection and support with your organization and its representatives tends to ease the symptoms of stress, and at the same time it also motivates the employees to work towards one goal due to the understanding that is built. A sense of belonging is essential to prevent and lessen the effect of burnout, as it provides social and emotional resources that are really important in order to deal with the strains and pressures of work (Maslow, 1943).

Stemming from this came the organizational support theory (or the OST) which was

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formulated by Eisenberger et al. in 1986. This theory posits that each workers perception of the support they get from the institution they work in truly influences the attitude and behaviors they have towards their work, eventually having an impact on their overall job satisfaction as well. Branching out from this, the term Perceived organizational support (or POS) was then coined by Eisenberger et al., in 1986. This term was used by them to describe the workers perceptions of the extent to which their organization is committed towards their success, happiness and health. This does not solely mean the tangible rewards or benefits they receive, but also the organizations actions towards the more intangible aspects such as sense of appreciation to their efforts, autonomy and job satisfaction. This often implies the importance demonstrating care, respect and concern for the employees social and emotional needs as well, and further reinforces the social exchange theory that when this support and care is provided to an employee, they tend to reciprocate it by increasing their own efforts and commitment to perform better at work. And conversely, if they feel unsupported, they tend to withdraw from their organization and even perform poorly (Eisenberger et al., 1986).

Support from supervisors and colleagues is vital in shaping employees' perceptions of organizational support. Supervisors who provide guidance, appreciation, and autonomy, and most importantly establish a supportive atmosphere that makes employees feel valued is what truly builds an environment of belonging. Eisenberger et al. (1986) further assert that support from organizations should be considered from three distinct sources: the organization itself (i.e., rewards, participation in decision-making), supervisors (e.g., care about employee well-being, respect for performance), and peers (e.g., mutual respect and assistance). If any of these sources is lacking, them employees may feel disconnected or undervalued. These emotions eventually contribute to diminishing their sense of well-being and reducing their motivation and performance (Eisenberger et al., 1986).

As per this theory, organizations must not just fulfill the professional needs of their employees but also their social and emotional needs. Once these needs are met, employees feel lower stress and greater job satisfaction. If they are not met, employees may experience a lack of support which contributes to disengagement, or even burnout (Eisenberger et al., 1986).

This concept has been supported by a variety of studies and scholars across different fields. One such study was conducted in Slovakia, specifically among first-line healthcare managers. This study by Jankelová et al. in 2021 examined the relationship between perceived organizational support (POS) and work engagement. The findings highlighted a clear positive relationship between the organizational support and engagement levels (Jankelová et al., 2021).

Empirical evidence

Recent research on healthcare worker burnout highlights its complex nature, exploring its underlying causes, effects, and possible remedies. Although many studies focus on individual strategies to address burnout, there is an increasing acknowledgment of the need for organizational-level interventions. This is a unique perspective that acknowledges how burnout is does not just arise from personal factors, but it is also the organizational factors in the healthcare settings that have a

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straight impact on burnout levels.

The dreadful coronavirus pandemic that began in 2019 had served as a powerful lens that actually sheds light on this growing issue due to how it magnified the persistent healthcare challenges faced by healthcare workers. Many studies were conducted during and after this time period, which revealed a heightened level of stress and anxiety amongst healthcare workers was often tied to insufficient organizational support and understanding.

Very recent findings by Zahoor et al. in 2023 sets the tone for this pressing issue in Pakistan. The study was conducted in the region of south Punjab, and the sample consisted of 93 healthcare workers from the setting of a labour room of a tertiary care hospital, and 35 of the sample were postgraduate residents. Using the 16item Oldenburg Burnout Inventory (OLBI), this study gave shocking findings of burnout levels and the possible contributing factors to burnout. 40.9% workers from the sample were reportedly experiencing burnout, which is a huge figure for such an extreme condition. Of those participants, 65.6% (61) had been experiencing high exhaustion, and on the other hand, 47.3% (44) had reported to have a high level of disengagement. These figures and astonishing as this are the data of just one department of one hospital (Zahoor et al., 2023).

The results of these studies were extremely useful as they made it possible to examine the several factors contributing to the burnout of these participants. They found that it was age, marital status, role conflicts with colleagues and also communication gaps within the teams that had led to these extreme statistics of burnout within the hospital. These findings shed light on how burnout is not just about personal problems or low resilience but also impacted by workplace dynamics. Other studies also demonstrate how career experience levels and job type have a great impact on burnout level, and along with that Gender differences are also prevalent (Dyrbye et al., 2014; Tan et al., 2022).

Another study that was conducted in a similar region, Bahawalpur, and aimed to compare levels of occupational stress that the doctors of public and private hospitals had to deal with. The study involved a sample of 240 doctors, with a structured questionnaire used in order to assess the various factors of stress. Shocking findings displayed that the doctors in public hospitals experienced a way higher level of stress and in contrast to that, private hospital doctors experienced a lower level of stress. They conceded that this low level of stress can be attributed to the flexibility and less interference in their personal life that these workers had experienced at their workplace (Hassan Danial Aslam et al., 2014).

The coronavirus pandemic brought out a new wave of research on burnout, as it seemed to worsen the mental and emotional strain on healthcare workers. The pandemic introduced a wave of uncertainty, with healthcare workers facing heavier workloads, dealing with more patient deaths, and constantly fearing exposure to the virus (Stodolska et al., 2023). A study conducted at a major hospital in Tanzania focused on healthcare workforces in high-pressure environments revealed that burnout was a significant issue among these professionals. Out of 174 participants, 62% reported experiencing burnout. The major point of concern was that, an alarming 90.4% suffering from severe emotional exhaustion, leaving them feeling completely drained and overwhelmed by their responsibilities. (Lwiza & Lugazia, 2023).

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Just like in many other countries, burnout became a major issue in Pakistan when the coronavirus pandemic began. One study that had responses from 288 nurses who were caring for coronavirus patients and found that almost half (48.6%) of the participants were experiencing severe burnout. Out of these, 37.2% felt severe emotional exhaustion and 36.8% showed signs of depersonalization. This meant that an alarming number of nurses were either emotionally overwhelmed, or felt disconnected or detached from their work or patients. This shows us how the intense stress and psychological demands of the pandemic had a heavy impact on frontline healthcare workers in Pakistan (Andlib et al., 2022).

Research suggests that burnout rates can be impacted by multiple factors including organizational structure, support systems, and resource availability. A 2019 study by Batanda I. at Fort Portal Regional Referral Hospital in Uganda shed light on the effect of resource limitations healthcare workers' burnout levels. In many developing country hospitals, limited resources force patients to be referred to unaffordable national hospitals. This often leads to frustration and helplessness among healthcare workers. This lack of progress in patient care is especially present in public hospitals with poor resource management, and eventually contributes to high burnout levels among staff (Batanda, 2024).

The aforementioned study sheds light on how support that healthcare workers receive from their organizations can be a protective factor for burnout. This brings shifts focus towards Perceived Organizational Support (POS), which often represents the amount that an employee senses appreciation and genuine support from their organization/workplace.

Carrau and Janis in 2021 had shared their insights on this, suggesting that while individual strategies do have an impact in mitigating burnout, it is only strong organizational leadership that can bring about real change. Henceforth, the role of leadership to create wellness and to address systemic issues is extremely crucial and critical (Carrau & Janis, 2021). Research has shown that when healthcare workers feel supported by their organizations, they experience lower levels of burnout. In turn, providing adequate resources, feedback, and emotional support can aid to reduce the effects of stress (De Hert, 2020).

Recent studies and research literature have revealed that organizations with higher levels of support for their employees often correlate with decreased levels of emotional exhaustion and improved job fulfillment (Dugani et al., 2018). In a 2019 review by DeChant et al., it was found organizational support for healthcare workers through teamwork can significantly help mitigate the effects of burnout. It was also surprising to find that leadership has a central influence in reducing burnout for physicians. It was observed that the level of autonomy and appreciation an employee receives from supervisors plays a significant role in decreasing the level of burnout and increasing job satisfaction (DeChant et al., 2019).

The 2021 research by Reitz et al. underlines that perceived organizational support has immense power in mitigating psychological distress among healthcare workers. It involved a longitudinal survey of healthcare worker from 20 hospitals within Pennsylvania. The results of their study suggests that when healthcare providers feel supported by their organization, that support can eventually lead to decreased burnout and anxiety levels within employees. This sense of support doesn’t just improve the

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mental health and satisfaction of healthcare workers but also enhances the standards of patient care.

However, the relationships between employees and their organization can vary greatly depending on the cultural context. It is these cultural differences that truly shape the way an individual perceives their organizational support, and also copes with burnout and stress. Like the context of Pakistan, many Asian cultures have strong power and hierarchical structures in their healthcare settings. There is often a hesitance in addressing the higher ups, and some people are unable to find the support that they require within their peers or work circle. And eventually employees feel reluctant to express themselves within their work environments. These cultural norms and backdrop shape the experience of employees must be understood to overcome these challenges.

There are many researches that have put forward how cultural values play a huge role in employees builds interpersonal relations within their organizations. In the context of healthcare workers, one such study points out how certain factors such as power distance, collectivist, and contextuality are key in order to understand the relationship between employees and their leadership. Moczydlowska and Widelska in 2014 expressed how cultures with high power distance may lead employees to feel less comfortable voicing their concerns or even asking for help (Moczydłowska & Widelska, 2014). This is interesting, as it rings close to how Pakistani healthcare work settings may function, as employees may feel uncomfortable speaking up in a fear of upsetting the higher ups in the hierarchy and authority figures. Belonging in a collectivist culture, workers might put the needs of the group before their own. All these factors have a direct impact on burnout as they ignore their own well-being.

Materials and Methodology

Research Design

This study uses a **comparative cross-sectional design** so that we are able to explore burnout and perceived organizational support with a focus on healthcare workers in public and private hospitals in Pakistan.

Sampling Design

The required sample size was drawn with the help of G* power with effect size 3, probability of error .05 and power .95 (Faul et al, 2009). Based on the Analysis, a sample size of 200 participants was deemed to be the minimum needed to achieve statistical power. A convenience + snowball sampling method has been used where ultimately 222 healthcare workers had responded, slightly exceeding the required sample size. Interested doctors, nurses, and allied health professionals were sent Google Forms link to make sure there is practical feasibility and to also capture a diverse sample. They were then asked to share it amongst their colleagues as well as acquaintances that fit into the sample.

Measures

The statistics for this study had been gathered through a structured self-administered questionnaire which consisted of three sections.

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Section 1

Consisted of a university letter and informed consent form. These were added to ensure ethical transparency, briefly explaining the purpose, voluntary nature of participant and also legitimacy and association with the university. The consent form was included to have participants formally agree to their participation before beginning.

This section also gathered demographic information, including participants' gender, job position (doctor, nurse, allied health professional), type of hospital (public vs. private), and work experience (in years or months). This section aimed to categorize participants based on variables.

Section 2

Measured burnout using the **Oldenburg Burnout Inventory (OLBI)**, which consists of 16 items. Permission to use this scale had been obtained by the developers of this inventory prior to using it. As per this scale, participants rate their responses on a 4-point Likert scale (with 1 = Strongly disagree to 4 = Strongly agree). The section was designed to capture the emotional and physical fatigue (exhaustion) and feelings of detachment or reduced interest in work-related activities (disengagement).

This scale demonstrates strong reliability and validity. Cronbach's Alpha for the Exhaustion (0.74 to 0.87) and Disengagement (0.70 to 0.83) subscales indicate good to excellent internal consistency (Demerouti et al., 2003; Halbesleben & Demerouti, 2005; Ogunsuji et al., 2022). While McDonald's Omega provides more precise reliability estimates with a total scale of 0.92 (Reis et al., 2021; Sinval et al., 2019). Further this scale consists of high convergent validity when investigated against the Maslach Burnout Inventory (MBI) and discriminant validity through moderate correlations with job satisfaction and depression (Halbesleben & Demerouti, 2005).

Section 3

Assessed the level of occupational support participants receive. This section included questions on the perceived support from colleagues, supervisors, and organization in general, providing insights into the factors that lower burnout and improve well-being for certain employees. The survey of perceived organizational support (SPOS), was originally a 36-item measure, but it had been shortened in later research for practicality. Researchers had then come up with 18-item, 8-item, and 10-item versions that maintain reliability while reducing participant burden. For this research, permission had been obtained from the developers to use the 10-Item version, with a 5-point Likert scale (with 1=Strongly Disagree to 5=Strongly agree) as this type had been suggested to be used by previous studies (Shanock et al., 2019). Research on the scale had found it to exhibit a strong predictive validity, as it could forecast outcomes such as job performance and employee commitment/turnover fairly well (Rhoades & Eisenberger, 2002). Moreover, the shortened versions had scored way higher on their reliability than longer versions, exhibiting exceptional internal consistency scoring a Cronbach's alpha of 0.90. The shorter scales focus on only the key aspects of POS with positively worded items that lead to an enhanced clarity and consistency within items (Shanock et al., 2019)

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Procedure

Participant Selection

The process was initiated by circulating a message through social media and professional apps (WhatsApp, Instagram as well as LinkedIn) reaching out to acquaintances and healthcare workers. Detailed information about the study was shared with the participants and only then were the participants asked to grant informed consent to ensure that they are aware of the fact that their participation is entirely voluntary and withdrawal is allowable at any moment.

Ethical Consideration

The study was conducted in accordance with ethical standards only to make sure that the participants rights are safeguarded and harm is minimized. The process and design of the study was made to ensure voluntary participation by the participants and they were made aware that their withdrawal at any point will have no repercussions so they can choose to discontinue their participation. Informed consent was obtained from all participants prior to participation, and they were informed of the objectives, methodology and the advantages and disadvantages (if any) of participation.

To ensure confidentiality, participants' names were not be recorded on the questionnaires, and all data was kept anonymous. All responses were stored securely and these measures help maintain privacy and minimize any risk of harm to participants, as well as minimize the risk of bias due to social desirability or fear of judgment.

Survey Process

The researcher circulated a message online to invite participants to complete the survey. Additionally, the researcher also reached out directly to potential participants in order to encourage their participation and asked them to share the google form survey with their coworkers and acquaintances to broaden reach. Participants were shown the permission letter from university in the form. After obtaining informed consent, participants were encouraged to complete the questionnaire online at their convenience. It was emphasized that all responses would be anonymous and confidential to ensure honest and accurate participation. Upon completion, the data were securely collected and stored for analysis.

Analysis

The data was statistically analyzed with the use of the IBM SPSS Version 21 software and several methods were employed. Apart from the descriptive statistical tests, the use of an Independent Samples t-Test aimed to judge burnout and organizational support levels between healthcare workers in public and private hospitals to determine the presence of significant variances within the two groups. This test was also be applied to examine gender differences in the scores of burnout as well as perceived organizational support.

ANOVA (Analysis of Variance) was also employed to assess burnout levels and perceived organizational support across job roles (nurses, doctors, and allied healthcare workers). This helped identify whether specific roles or departments

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experience higher levels of burnout. These methods have help provided a clear understanding of the factors that affect burnout and help identify areas for improving healthcare worker well-being

Results

Table 1

Sample Characteristics by Type of Hospital (N = 222)

Sample Characteristics	*Public*		*Private*		*Total*	
	n	*%*	*n*	*%*	*n*	*%*
Gender						
Male	54	48.2	57	51.8	111	50.0
Female	58	51.8	53	48.2	111	50.0
Current Job Position						
Doctor	40	35.7	36	32.7	76	34.2
Nurse	36	32.1	36	32.7	72	32.4
Allied Healthcare Professional	36	32.1	38	34.5	74	33.3
Work Experience						
Less than 1 year	49	43.8	25	22.7	74	33.3
1–5 years	24	21.4	18	16.4	42	18.9
6–9 years	11	9.8	24	21.8	35	15.8
Over 10 years	28	25.0	43	39.1	71	32.0

Note: N=222 (n =112 from public hospitals and, n =110 from Private hospitals)

Table 1 shows us that the sample including a total of 222 healthcare professionals, with 112 participants from public hospital and 110 from private hospitals. The sample is equally split by gender, with 111 male and 111 female. In terms of Job, 34.2% of the sample were doctors, 32.4% were nurses, and 33.3% were allied healthcare professionals. Hence, the sample is more or less equally distributed amongst the three professions. However, in terms of work experience, some level of variability existed in the population. 33.3% had less than one year of experience, 18.9% had 1-5 years, 15.8% had 6-9 years, and 32% had more than 10 years of experience. In addition, most of the responses from public hospital workers had less than 10 years of experience (43.8%), and more private hospital workers had over 10 years of experience (39.1%).

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Table 2

Descriptive Statistics for Oldenburg Burnout inventory and Survey of Perceived Organizational Support (N = 222)

	N	Minimum	Maximum	Mean	Std. Deviation
Disengagement_Total	222	8.00	32.00	18.3423	4.37909
Exhaustion_Total	222	8.00	32.00	20.6937	5.10486
OLBI_Total	222	16.00	64.00	39.0360	8.92952
SPOS_Total	222	10.00	50.00	30.4910	9.84253
Valid N (listwise)	222				

Table 2 illustrates descriptive statistics with a total sample consisting of 222 participants. The mean score for the Oldenburg Burnout Inventory Subscale Disengagement came out to be 18.34 with a standard deviation of 4.38. The mean score for the Oldenburg Burnout Inventory Subscale *Exhaustion* came out to be 20.69 with a standard deviation of 5.10. Both subscales scores ranged from 8 to 32. The total OLBI results produced a mean of 39.04 with a standard deviation of 8.93. The scores ranged from a minimum of 16 and Maximum of 64. On the contrary, the mean score for SPOS was 30.49, with a standard deviation of 9.84. The scores ranged from 10 to 50.

Table 3

Descriptive Statistics for Oldenburg Burnout inventory and Survey of Perceived Organizational Support (N = 222)

	N	Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error
OLBI_Total	222	-.162	.163	.314	.325
SPOS_Total	222	.087	.163	-.588	.325
Valid N (listwise)	222				

Skewness and Kurtosis that came about for the OLBI and SPOS total scores are presented in Table 3. For the Oldenburg Burnout Inventory, the skewness came about to -0.16 and Kurtosis was 0.31. However, for the Survey of Perceived Organizational Support, the skewness came around to be 0.09 while the kurtosis was -0.59. These values fall under the acceptable range of ±1, which suggests that the data for both variables was normally distributed.

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Table 4
Internal Consistency (Reliability) of Scales

Scale	No. of Items	Cronbach's α
Oldenburg Burnout Inventory	16	0.875
Survey of Perceived Organizational support	10	0.921

The internal consistency for each of the scales was assessed utilizing the Cronbach's alpha, and the results are presented in Table 4 *(see above).* The Oldenberg Burnout Inventory is seen to have a relatively high reliability, showing a score of 0.88 for all of its 16 items. The Survey of Perceived Organizational Support also presented to have exceptional internal consistency, scoring 0.92 across its 10 items. Since values above 0.80 are considered good/excellent, these results indicate that both instruments had acceptable to excellent internal reliability for this sample.

Table 5
Pearson Correlations Between OLBI and SPOS Total Scores (N = 222)

		OLBI_Total	SPOS_Total
OLBI_Total	Pearson Correlation	1	-.526**
	Sig. (2-tailed)		.000
	N	222	222
SPOS_Total	Pearson Correlation	-.526**	1
	Sig. (2-tailed)	.000	
	N	222	222

A Pearson correlation was also conducted to analyze whether or not a relationship between burnout and perceived organizational support could be identified. The findings shown in Table 5 indicate a significant negative correlation among OLBI total scores and SPOS total scores, $r(220) = –0.53$, $p < .001$.

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Table 6
Independent Samples t-Test Results Comparing OLBI and SPOS Scores by Hospital Type

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
OLBI_Total	Equal variances assumed	.257	.612	-1.661	220	.098	-1.98279	1.19393	-4.33579	.37021
SPOS_Total	Equal variances not assumed	4.323	.039	3.265	216.028	.001	4.21672	1.29156	1.67106	6.76239

To compare the scores from the OLBI and SPOS between healthcare workers in public and private hospitals, an independent samples T-test was conducted with the results in Table 6. For burnout scores, although public hospital workers had slightly higher burnout scores than private hospital workers, the differences were not statistically significant with a p-value if 0.098. On the contrary, for POS scores, a significant difference was discovered with a p-value of 0.01. Private hospital workers reported significantly higher levels of POS as compared to public hospital workers with a mean difference of 4.22.

Table 7
One-Way ANOVA for OLBI Total Scores by Current Job Position

OLBI_Total

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	931.127	2	465.564	6.109	.003
Within Groups	16690.584	219	76.213		
Total	17621.712	221			

In order to test how burnout levels will differ among the different types of healthcare workers, a one-way Anova was run using the total burnout score measured through the Oldenburg Burnout Inventory. The results revealed a significantly different burnout score among the occupational groups, with a p-value of 0.003. To identify which specific groups differ in their levels of burnout, a post-Hoc Tukey test was conducted as well.

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Table 8

Tukey HSD Post Hoc Comparisons for OLBI Total Scores by Current Job Position

Dependent Variable: OLBI_Total

Tukey HSD

(I) Current Job Position	(J) Current Job Position	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Doctor	Nurse	-1.95833	1.43573	.362	-5.3463	1.4296
	Allied Healthcare Professional	-4.95270*	1.42573	.002	-8.3171	-1.5883
Nurse	Doctor	1.95833	1.43573	.362	-1.4296	5.3463
	Allied Healthcare Professional	-2.99437	1.44513	.098	-6.4045	.4158
Allied Healthcare Professional	Doctor	4.95270*	1.42573	.002	1.5883	8.3171
	Nurse	2.99437	1.44513	.098	-.4158	6.4045

The findings from the post-Hoc Tukey test highlighted how shockingly Allied Healthcare Workers had significantly higher burnout scores than doctors. They showed a mean difference of 4.95, with a significance value of 0.002. However, a significant difference in burnout levels among doctors and nurses was not existent, owing to the significance value of 0.362 that was achieved. Similar was the case with Nurses and Allied healthcare workers, with a significance value of 0.098. Hence the results show that while allied healthcare professionals experience significantly high burnout compared to doctors, and the nurses scored neither too high nor too low.

Table 9

One-Way ANOVA for SPOS Total Scores by Current Job Position

SPOS_Total

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1553.011	2	776.505	8.564	.000
Within Groups	19856.471	219	90.669		
Total	21409.482	221			

To test whether the perceived organizational support differs among Doctors, Nurses, and Allied Healthcare Workers, a one-way Anova was run using the perceived organizational support levels indicated through the SPOS. The findings shed light on how a statistically significant difference did exist between the groups, with a P-value of 0.00. To identify which groups different, a Post-Hoc Tukey's test was utilized and the results are indicated below in Table 10.

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Table 10

Tukey HSD Post Hoc Comparisons for SPOS Total Scores by Current Job Position

Dependent Variable: SPOS_Total Tukey HSD						
(I) Current Job Position	(J) Current Job Position	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Doctor	Nurse	5.99342*	1.56598	.000	2.2981	9.6888
	Allied Healthcare Professional	5.05085*	1.55508	.004	1.3812	8.7205
Nurse	Doctor	-5.99342*	1.56598	.000	-9.6888	-2.2981
	Allied Healthcare Professional	-.94257	1.57624	.821	-4.6621	2.7770
Allied Healthcare Professional	Doctor	-5.05085*	1.55508	.004	-8.7205	-1.3812
	Nurse	.94257	1.57624	.821	-2.7770	4.6621

The findings from the post-Hoc Tukey revealed how significantly different POS levels came among doctors, nurses and allied healthcare professionals. Doctors reported a significantly high level of POS in comparison to both Nurses (with values of 0.001, mean differences of 5.99) and Allied healthcare professionals (with values of 0.004, and mean differences of 5.05). However, differences in Perceived Organizational Support between nurses and allied healthcare workers were in fact not statistically significant as it had a p-value of 0.821.

Table 11

Independent Samples t-Test for OLBI_Total and SPOS_Total by gender

		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
									Lower	Upper
OLBI_Total	Equal variances assumed	3.813	.052	1.386	220	.167	1.65766	1.19613	-.69968	4.01500

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SPOS_Total	Equal variances assumed	.121	.728	-2.533	220	.012	-3.30631	1.30528	-5.87875	-.73386

An independent samples T-test was also utilized again so an analysis of gender-based differences in burnout levels and perceived organizational support levels could be done. The findings highlighted a statistically significant difference between burnout levels among both genders, with a p-value of 0.167. On the contrary, for POS, there was a statistically significant difference between both genders with a significance value of 0.012. An astonishing observation is that female healthcare workers experienced significantly lower organizational support in contrast to male healthcare workers, with a mean difference of -3.31.

Discussion

The results for table 1 showed a fairly balanced sample by gender and profession, which ensures a comprehensive image of the variables. The descriptive results in table 2 highlighted moderate overall burnout levels among healthcare workers of all professions, with the exhaustion subscale scoring higher than the disengagement subscale. These results align well with the Job Demands-Resources Model, indicating that its possible healthcare workers generally experience a high level of fatigue/exhaustion which may lead to burnout (Demerouti et al., 2001). Perceived organizational support for the sample was generally found to be moderate in the results of table 2, which does align with Perceived Organizational Support theory whereby the level of POS has a direct impact on Burnout (Eisenberger et al., 1986). The moderate POS level indicates that there is a significant need to improve organizational support within both Public and private healthcare institutions in Pakistan.

Table 3 shows normal distribution of Oldenberg Burnout Inventory and Survey of Perceived Organization Support scores. This confirms that the measures are psychometrically sound and the high internal consistency of both scales presented in table 4 indicate that the items reliably measured their constructs. Hence it is proven that there is credibility in the results.

The results in table 5 indicated an expected finding, which is that a strong inverse relation was observed between burnout and perceived organizational support. This confirms that as healthcare workers perceptions of organizational support increases, their experience of burnout decreases (and vice versa). This relationship reinforces the original conceptual framework of perceived organizational support and reiterates that employees who believe that the employer prioritizes health and welfare can become a shield against burnout and stressors (Eisenberger et al., 1986). Furthermore, the correlation aligns with Jankelova, et al. (2021) and Chenevert et al. (2021) who also suggested how organizational support plays a significant role in enhancing job satisfaction among healthcare staff. These findings carry practical significance in the field of healthcare, suggesting that organizational support may be a protective mechanism for healthcare workers. As shown in Reitz et al. (2021), organizational support not only reduces emotional exhaustion but also enhances job satisfaction.

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Moreover, the results of table 6 yielded great insights on differences in burnout and perceived organizational support between public and private healthcare workers. It highlighted how public sector workers reported slightly higher burnout than private sector workers, however the difference was not significant enough. This is interesting to learn as this was the foundation of our hypothesis. While the hypothesis is only partially supported, this lack of significance may suggest that similar levels of burnout across both sectors might be due to shared stressors common to healthcare work in general. These results align with those of De Hert (2020), suggesting that burnout is a widespread issue amongst all sorts of healthcare workers regardless of their institution. However, it contrasts the hypothesis and other prior studies. The results fail to align with the observations of Hassan Danial Aslam et. al (2014), that doctors in public hospitals experience a way higher stress level than those in private hospitals. On the contrary, table 6 also showed us significant and clear differences observed in the levels of perceived organizational support levels between both hospital types. This shows us how Private hospital had clearly higher levels of POS, as compared to the public hospital workers. These results align well with our hypothesis, and are also supported by many prior studies as well. Zahoor et al (2023), Andlib et al (2023), and Batanda (2023) all found that public healthcare workers often suffer with low levels of organizational support, which leads to a decreased level of engagement.

Table 7 presents satisfactory insights in differences in burnout levels among healthcare worker from different occupations. It highlighted a difference that had reached significance statistically in burnout across the three different types of healthcare professions. Further, the post hoc analyses results in table 8 indicated that allied healthcare workers experience significantly higher burnout as compared to doctors, while difference between nurses and doctors came out to be not statistically significant. These findings align with the Hypothesis, anticipating differences among healthcare workers in burnout levels. The findings also support those of previous literature, particularly a Singaporean Study in 2022 by Tan et al. found the highest emotional exhaustion scores to be among Allied Healthcare workers, surpassing doctors and Nurses. This may be due to the nature of the job, that may yield low appreciation and also very low interaction and contact with humans.

Table 9 and 10 presented findings that signified possible differences in perceived organizational support among healthcare workers of different professions. The findings demonstrate a statistically significant difference in perceived organizational support across professionals groups. The tests indicated that doctors had a higher perceived organizational support as compared to both nurses and allied healthcare professionals. However, no significant difference was found in perceived organizational support levels between nurses and allied healthcare professionals. These results provide strong backing for our hypothesis that perceived organizational support varies across profession types as well. It aligns with Jankelova et al. (2021), whereby perceived organizational support tends to be higher among those with greater decision-making autonomy. In this case doctors have higher decision-making responsibilities in comparison to nurses and allied healthcare workers, who are more prone to follow commands. Henceforth, explaining why doctors have a much higher score of organizational support in comparison to nurses and allied healthcare workers.

At last, table 11 presents some interesting findings that were not expected examining

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gender differences across burnout and perceived organizational support. Firstly, male and female healthcare workers showed no dissimilarity statistically. This result fails to support the hypothesis that there will be gender-based differences in burnout levels. It also contrasts with prior work, suggesting that there is higher burnout among women as also seen in Dyrbye et al. (2014). Secondly, perceived organizational support levels did show significant differences by gender. Females reported a significantly lower Perceived organizational support as their male colleagues did. These results do support our hypothesis that perceived organizational support levels will have some gender-based differences. The findings also align with Shanock et al. (2019) and other studies which suggest that women often perceive lower organizational backing. Hence, while the burnout level doesn't differ, females do tend to experience a lower organizational support than men as per these results. This may be due to various factors and cultural implications.

Conclusion

This study sought to investigate differences in perceived organizational support levels and its impact on burnout that takes a toll and deeply affects healthcare worker in public and private hospitals of Pakistan. While healthcare professions are inherently demanding, it is the presence of organizational resources can significantly shape how these demands impact professionals' well-being. Burnout was revealed to be moderately high across both private and public hospitals. Although it was hypothesized that the public sector healthcare workers will experience greater level of burnout, the statistical analysis did not support this claim. This suggests that high-pressure responsibilities are inherent to the profession and are experienced across all hospitals, regardless of other variables. There is also a possibility that the cultural normalization and glorification of stress may have led workers to internalize or normalize stress as part of the job. Henceforth, the stressors of this profession are deeply embedded and the hospital type does not matter at this point.

However, a clear disparity emerged in the results for perceived organizational support levels, and here private hospital employees had scored significantly higher levels of POS than their public sector counterparts. This in turn reinforces the theory as well as initial hypothesis that organizational support plays a very important part in mitigating the effects of burnout. These results align with global findings as well, reiterating the importance of such support systems.

Moreover, the results also brought to light how allied healthcare workers experienced the highest burnout levels, and on the contrary, it was doctors who experienced the greatest organizational support. This contrast may be due to the limited decision-making authority of allied healthcare workers, as they often carry out tasks under the direction of others, and on the flip side, doctors have higher authority and decision-making abilities. Gender differences were also notable in the results and while burnout levels did not significantly differ in terms of gender, female healthcare workers experienced a lower organizational support than males. Females may have been a subject to gender biases or experiencing compounded burnout due to balancing work and family responsibilities, which eventually makes them feel less supported.

In essence, this research highlights important observations that while burnout may be equally impactful across all healthcare settings, the availability of organizational

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support can make a meaningful difference in how that stress is experienced.

Limitations and Recommendations

This study does have some limitations that must be acknowledged. To begin with, the cross-sectional research design limits and restrict the ability of the researcher to draw any concrete causal conclusions between variables. This means that there is no way of telling if the results are situational or valid across all points in time since the organizational environment with such professions often tends to fluctuate due to external factors such as pandemics, policy changes etc. These factors have a clear effect on employee gratification and burnout, and a longitudinal study will give a better representation of the factors and changes.

Secondly, the sample was limited to healthcare workers solely from Karachi. Even though the data was collected across different types of healthcare workers across different regions of Karachi; there was no other city of Pakistan taken into consideration. This could restrict the extent to which the findings can be applicable across broader populations and other areas of Pakistan, hence gathering responses from multiple cities of Pakistan can give a more holistic understanding of the trends or burnout and perceived organizational support in all of Pakistan.

Moreover, Perceptions of Burnout and Organizational Support are shaped not only by the institutional practices, but also by cultural norms. In Pakistan's context, Burnout is often glorified and seen as something to be proud of as it signifies hard work. At its core, people believe that sacrificing personal wellbeing is necessary as a doctor, perpetuating a toxic culture. In addition, Hierarchical structures and fear of authority at the workplace often lead to people restraining their own dissatisfaction and pretend to be satisfied with workplace dynamics in fear of their higher ups. These cultural dynamics should be accounted for as they can potentially impact how participants understand and report their responses.

Lastly, this study does not control for differences in shift patterns, night duties and other departmental workload which have a direct impact on exhaustion levels. Henceforth, this additional layer of variability should be accounted for so it does not impact the results.

Overall, since the nature of healthcare professions is bound to have a constant high-pressure environment and extreme levels of stress, organizations should incorporate support programs to help healthcare workers overcome the impact of these stressors. The support programs can include stress management training, reward systems and also a promotion of work-life balance. Not only this, leaders should be trained to gain specific leadership qualities to ensure their subordinates feel comfortable and do not feel overworked. Henceforth, funding should be allocated for these wellbeing initiatives in public and private hospitals alike.

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