

Till Work Do us Part. An Investigation of Occupational Burnout, Familial Relationships, and Quality of Life

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ABSTRACT

Background: Burnout is a work-oriented psychosomatic syndrome that gradually develops in response to chronic occupational stress, resulting in adverse health alterations. Recent evidence indicates that burnout can actually develop across all occupational fields, in every industrialized society, effectively making it a significant concern for employees and employers alike.

Objectives: To address the intrapersonal and interpersonal implications in terms of determinants and health-inclined outcomes, the current study aims to investigate the paradigms of occupational burnout, quality of life, and familial relationships, and explore the underlying considerations of these variables.

Methods: The current study combined two coordinated, yet distinct analytical designs. Firstly, the ANOVA examined the possible effects of occupational burnout and familial relationships on quality of life, and secondly, the multiple regression analysis explored the relationship and whether or not quality of life and familial relationships, can actually predict occupational burnout. Volunteers recruited opportunistically, and the sample size consisted of 201 Greek participants.

Results: The (a) analysis of variance (ANOVA), indicated that occupational burnout and familial relationships in isolation, significantly affect quality of life, to a considerable 19,1% margin of effect. Yet, the interaction effect of these factors produces non-

significant results. Concerning the (b) correlational design (Multiple Regression), the investigation also corroborates significant results demonstrating that quality of life and familial relationships predict occupational burnout, by a 27,6% effect amplitude.

Interpretation: The current study considers burnout as a substantial factor that influences, and is influenced by, various aspects of one's life; with often detrimental effects to the general well-being. Several implications concerning burnout determinants, health-inclined consequences, as well as probable amplifying, nullifying, and even synergistic effects among the triumvirate of burnout, familial relationships, and quality of life, are discussed.

Keywords: Burnout, familial relationships, quality of life, determinants, health implications

INTRODUCTION

Burnout is a work-oriented psychosomatic syndrome that gradually develops in response to chronic occupational stress, resulting in adverse health alterations [1-4]. This relatively recent concept was initially identified and considered to be specific to human-centered occupations with elevated risk factors, such as in health care and educational settings [5-6], or in senior, high-level management positions with substantial responsibilities and stressors [7]. Yet, recent evidence indicates that burnout can actually develop across all occupational fields, in

every industrialized society, effectively making it a significant concern for employees and employers alike [8-9]. In fact, this phenomenon, presents a growing trend, with worldwide prevalence rates upsurging to 36% [10-11], and an estimated annual cost to the global economy approximated at 1 trillion USD [12].

The initial point of burnout is mainly psychological in nature causing cognitive, emotional, and attitudinal impairments toward oneself, work, colleagues, clients, and the professional role itself [13]. However, if maintained over time, it can traverse into detrimental physio-biological health repercussions [14-15], negatively impact interpersonal relationships [16], and promote behaviors that reinforce dysfunctional occupational patterns, which perpetuate both the severity and the scope of this syndrome [17]. Correspondingly, to address the intrapersonal and interpersonal implications in terms of determinants and health-inclined outcomes, the current study aims to investigate the paradigms of occupational burnout, quality of life, and familial relationships, and explore the underlying considerations of these variables. The internal structure of burnout is typically characterized by a three-dimensional set of symptoms, including exhaustion, cynicism, and a sense of reduced personal and professional efficacy [18-20]. Exhaustion reflects the physio-psychological overexertion one experiences in the workplace, often described by emotional depletion, weariness, fatigue, and generally manifested by an ongoing struggle to cope with occupational tasks [21-22]. Cynicism refers to a sense of indifference, detachment, and apathy towards one's work, or the individuals who benefit from it [23]; and is predominantly represented by inappropriate and dysfunctional behavior, unidealism, negative attitude, irritability, and a tendency to avoid, or needlessly complicate interactions with co-workers and clients alike [24-25]. Lastly, lack of personal and professional efficacy, mirrors the pessimistic and doubtful self-evaluation

of one's professional capabilities, and the inclination to perceive outcomes in a negative light [26]; which translates to feelings of incompetence and uncertainty in meeting occupational demands, decreased productivity, commitment, and performance, reduced adaptability, and low self-confidence [27-28]. While certain individual tendencies may contribute to the development and perpetuation of these features, and ultimately to the onset of this syndrome; burnout is not a personal issue or condition, but rather the combination of work-related antecedents coupled with the individualistic interpretation of one's work environment [29].

Accordingly, the primary determinants that seemingly prompt, sustain, and aggravate this occupational phenomenon, can be broadly classified into organizational and individual factors [30, 15]. Organizational factors refer to certain burnout-inducing occupational conditions, policies, and conducts, extending from the type and arrangement of tasks to the relationship among colleagues, employers and/or clients [31, 9]. Studies indicate that work overload, both quantitative and qualitative, is a leading burnout factor, as individuals working excessively (>40 hours/week) or with demands beyond their capabilities (skill-job incongruence), are frequently obligated to generate more physio-psychological effort than they have in reserve. This may equate to exhaustion and reduced cognitive performance, and consequently, to emotional distancing and indifference towards one's profession, as a self-defense coping mechanism [32-33]. In addition, working outside conventional day-time hours, including night work, or high rotation shifts, can also trigger key features of burnout, such as feelings of depersonalization, depletion, loneliness, or disconnection [34]. This mainly stems from the disruption of circadian rhythms and sleep-wake patterns, associated with physio-cognitive recovery [35-36], as well as from the social isolation and work-life imbalance,

correlated with overnight working and daytime sleeping [37-38].

Furthermore, ambiguity of designated professional role, described by vague and inexact allocation of responsibilities, is also strongly associated with burnout, as employees may not know what is expected of them; leading to role confusion, task uncertainty, stress, and frustration [39-40]. Analogously, inadequate management and perception of injustice, represented by hyper-directive, nitpicking, unfair, or inept supervision that neglects efforts and achievements, significantly affects burnout, particularly in facets related to personal and professional efficacy [41-42]. Under these circumstances, employees may feel undervalued and unsupported, leading to demotivation, disengagement, sense of incompetence, and reduced productivity [43, 41]. Equally important, lack of occupational autonomy, which portrays the restriction to influence conditions and activities in the workplace, is an additional risk factor of burnout [44-45]; while contrarywise, effectively guided employees who experience autonomy and control over their work, exhibit lower burnout susceptibility and higher professional fulfillment [32]. Lastly, emotional labor, described as the process of concealing negative emotions (anger, discomfort, or fear) to comply with the ones desired by the organization (cheerfulness, empathy, or composure), coupled with unsupportive workplace environment characterized by internal conflicts and passive-aggressive behaviors between co-workers, have been additionally correlated to burnout vulnerability [46-47]. Individual factors that predispose, facilitate, or modulate the development of burnout, both in the presence or independently of the above-mentioned organizational determinants, are also well documented [48-49, 9]. For instance, personality traits are considered as leading individualistic contributors to burnout [50]. In particular, neuroticism, described by emotional instability and an innate predisposition towards negative, stress-oriented emotions,

is positively associated with burnout [51], while contrarywise, extraversion, which is the extent to which an individual is enthusiastic, sociable, assertive, and talkative, is negatively associated [52]. Similarly, increased levels of conscientiousness, characterized by self-discipline, organization, and goal-oriented planning [53], agreeableness, described by cooperation, trustworthiness, and sympathy [54], and openness, presenting the capacity of being receptive to new experiences [55], are all viewed as protective factors towards burnout. Such findings suggest that personality traits, shaped by a number of environmental (e.g., adverse experiences, maladaptive learned behaviors) and biological factors (e.g., genetic inclination toward increased neuroticism), can significantly influence how individuals choose to interpret the world and their general system of attitudes and values. Ultimately, this may provide the structural basis of functional or dysfunctional beliefs and coping strategies about occupational circumstances [56].

Other individualistic determinants may also play an integral part. For example, perfectionistic striving, represented by high personal standards, an innate desire for achievement, and an extreme fear of failure, is a prime burnout factor, particularly in the presence of high job demands and in the absence of job autonomy [57-59]. In addition, personal stressors, such as financial and relationship issues [60], and unhealthy behavioral patterns concerning eating habits (i.e., emotional eating) and sedentarism [61], can significantly contribute to burnout. This mainly occurs because life adversities, coupled by inactive and inward focused lifestyle, can amplify stress while reducing effective plans of action [62]. Unavoidably, this may transition to occupational terrains, leading to ill-suited coping strategies of internally modifying and constantly reprocessing negative emotions of a stressful occupational event (emotion-focused coping), instead of attempting to act directly

and effectively on the stressful situation at hand (problem-focused coping) [63]. Lastly, concerning physiological determinants, although no biological marker has been consistently identified [64], burnout has been increasingly regarded as a stress-related hypocortisolemic condition, in which by affecting cortisol, the end product of the neuroendocrine stress response system, also affects the general pathogenesis, symptomatology and course of this syndrome [65-66]. This evidence provides a detailed view on the concealed complexity of factors that seemingly prompt the onset of burnout and unsurprisingly signify the substantial negative impact of this modernized issue towards every single prospect of one's quality of life.

Quality of life encompasses the subjective interpretation of an individual's overall well-being and degree of satisfaction with various aspects of life, including physical and mental health, social relationships, or environmental conditions [67], and can be affected by a series of factors such as employment, healthcare access, economic stability, values and beliefs, or social support [68]. Literature abounds with evidence consistently indicating a substantial parallel between quality of life and occupational burnout, with all across detrimental aftereffects [15, 9]. At a psychological level, these consequences are associated with cognitive impairments in concentration, memory, attention, and decision-making [69], reduced resilience and coping capacity [70], depression and anxiety disorders [71], sleep disturbances [72], discontent towards life and negative self-perception [13], and even suicidal ideation [73].

In terms of physiological consequences, the manner in which quality of life is associated to burnout, prospectively predicts, and contributes to various health complications including cardiovascular diseases [74], gastrointestinal and respiratory conditions [75], type II diabetes [76], sexual dysfunction to both males and females [77], and overall increased hospital admissions

[78]. Additional repercussions may also include chronic fatigue [79], obesity [80], musculoskeletal pain [81], vulnerability to infections and immune system suppression [82], as well as accelerated aging [83], and all-cause mortality [84]. Conversely, studies indicate that elevated levels of quality of life, serve as a protective barrier towards factors that adversely influence physio-psychological well-being, including burnout; which stands in logical grounds, as individuals with better life quality, tend to possess enhanced coping skills, social support, and resources, to manage everyday stressors [85-86]. This information highlights the substantial impact of burnout on quality of life, and indirectly implicate that this phenomenon may act both as fuel and byproduct; meaning that, its adverse aftereffects may incite behavioral patterns that further entrench and exacerbate this syndrome.

Behavioral consequences that intensify the already detrimental outcomes of burnout towards quality of life, may include self-neglect [87], verbal and physical aggressiveness [88], avoiding medical and therapeutic advice [89], tobacco, alcohol, and substance abuse [90], as well as engaging in isolated and potentially detrimental activities including excessive, competitive-oriented gaming [91], or thrill-seeking gambling [53]. As expected, these behaviors also permeate into occupational landscapes, resulting in increased absenteeism [92], performance decline [31], job dissatisfaction [93], reduced organizational commitment [13], turnover intention [94], or deviant, counterproductive behaviors, such as misuse of corporate material, and even theft [95]. Correspondingly, such dysfunctional and inappropriate conduct may cause a 'contagion effect' that generates a negative work atmosphere, which burdens not only the quality of life of individuals experiencing burnout, but also the overall well-being of those working alongside them [96]. These data highlight the substantial causality between burnout and quality of life

and point out the reciprocal nature of this syndrome on various aspects of relational dynamics; thus implicating, that if burnout possess the capacity to influence occupational relationships, it could also affect or be affected by additional, and potentially more significant interpersonal connections [97].

Familial relationships which refer to the ties and bonds that exist among family members, are commonly regarded among the most decisive relationships with profound impact on the individual's development, identity, socialization, and sense of belonging [98-99]. Studies indicate a well-established link between familial relationships and occupational burnout that has come to be acknowledged as work-family conflict [100-101]. This concept mainly refers to the imbalance between work and home life and is characterized by a two-way manner, in which stressful occupational factors, including excessive workload, dispute among coworkers, or placing an undue importance on one's profession (i.e., workaholism), interrelate with strained familial relationships such as children misconduct, or parents that are constantly absent, tired, or reliant on others for their family needs [102-105]. Accordingly, this tension significantly increases stress in both family and occupational affairs, thus triggering burnout [106, 9].

In the same lines, evidence for specificity indicates that work-family conflict produces negative occupational outcomes, including impairments in performance and productivity [107-108], feelings of 'missing out' familial events, due to overworking [109], work-life unfulfillment, and increased turnover probability [110]. Noteworthy enough, this phenomenon is especially present in circumstances of teleworking, wherein the line between job's ending point and familial starting threshold, is blurred [111-112]. In a reciprocal manner, work-family conflict and its correlates, also prompts significant familial considerations, including higher divorce rates [113], marital

and parental dissatisfaction and less time spent in family occurrences, such as family dinners or vacations [114], reduced family bonding due to insufficient energy available for family activities [115], interparental conflict and emotional strain associated with imbalance between meeting children's needs and managing work demands [116], and offspring's neglect and maltreatment [117]. Correspondingly, it is apparent that family and work, two of the most important components of a fulfilling life, form a mutually incompatible role conflict, such that increased involvement in one role (professional), renders participation in the other (family) more difficult, and vice versa [118].

On the other hand, healthy investment, and equal prioritization in both familial relationships and professional affairs, without neglecting either one, is associated with all-across positive effects in general, and as a protective burnout factor in particular [119-120]. For example, literature suggest that robust familial relationships support the achievements of personal and professional goals and buffer the negative emotional effects of adverse occupational circumstances, while providing instrumental resources [121]. This may augment organizational commitment, effort, and positively impact work ethics [122], as well as enhance performance and job satisfaction [123]. In a converse manner, findings reveal that encouragement from co-workers, besides being a mediating and protective burnout factor [124-125], can actually predict overall family satisfaction [125]; supporting the long-standing notion that familial relationships are influenced not only by familial antecedents, but also by occupational ones [126]. In a similar vein, sociodemographic data indicate that although women in general tend to exhibit more burnout characteristics [127], men who are single or divorced are actually more exposed to burnout compared with those living with a partner [113, 9]. These data suggest that the condition of one's familial relationships can be actually viewed as an

amplifying or nullifying agent in burnout susceptibility and point out the interdependent fashion between occupational and familial affairs.

The present study

Accounting for the information provided, the current study aims to explore the triumvirate of occupational burnout, quality of life, and familial relationships. The rationale for this research is to comprehensively address the gaps in understanding burnout within psychosocial and familial perspectives, and across various professions; from fast-food workers and cleaners, to data analysts and lawyers. This is crucial as most of the available papers have potential restrictions, either because they examine only job-related predictors (performance, high workload) or focus on specific occupational groups (nurses, physicians, teachers). Moreover, by addressing this paradigm from an organizational (burnout), interpersonal (familial relationships) and intrapersonal standpoint (quality-of-life), the present study may yield more accurate data, as it reflects the impact of this syndrome through various bio-psycho-social aspects of the individual's life. These premises are in accordance with the implications for future research proposed by Edú-Valsania and colleagues (2022). Lastly, to the best of the researcher's current knowledge, no other study has examined the combination of the under-studied variables, nor utilized both a design of variance analysis (ANOVA) and a correlational one (Multiple Regression).

The (two-tailed) ANOVA hypotheses are: (H₁) There is a significant effect of occupational burnout on quality of life. (H₂) There is a significant effect of familial relationships on quality of life. (H₃) There is a significant interaction effect of occupational burnout and familial relationships on quality of life. The Multiple Regression hypothesis is: (H₁) quality of life and familial relationships predict occupational burnout.

MATERIALS & METHODS

Design

The current study was conducted by two separated, yet complementary design methods. Initially, a factorial (2x2) independent measures analysis of variance (ANOVA) was implemented to assess the possible effects of burnout and familial relationships on quality of life; comprised of one dependent variable, which was the scores that participants exhibited on the quality-of-life questionnaire, and two independent variables, consisting of occupational burnout and familial relationships. Each independent variable encompassed two experimental conditions, in which participants, based on their questionnaire responses, were allocated (Median split method) in the appropriate experimental setting. More specifically, with regard to occupational burnout, participants exhibiting scores above or equal to the median value (79) were categorized as "high burnout", whereas participants below the median value were classified as "low burnout". Similarly, familial relationships scores that surpassed or were equal to the median value (40) were classified as "high familial relations", and contrarywise, scores below the median value were classified as "low familial relations". Secondly, a "forced entry" multiple regression analysis was also utilized to examine the potential relationship between two predictor variables, consisting of quality of life and familial relationships, and one outcome variable, involving occupational burnout. By implementing a forced entry regression design, which is extensively suggested while examining a small number of predictor variables [128], every score across all predictor variables, were simultaneously correlated to the data of the outcome variable, thus providing integrated insights to disposition tendencies, in each corresponding participant. In essence, this study, combined two coordinated, yet distinct analytical designs to provide a more comprehensive understanding of the

investigated paradigms, and from distinct standpoints; as the ANOVA examines the possible effects of occupational burnout and familial relationships on quality of life, whereas the multiple regression investigates the relationship and whether or not quality of life and familial relationships, can actually predict occupational burnout.

Participants

The current research involved a total number of 201 participants of Greek origin, of which, 70.6 % were females ($N=142$) and 29.4 % were males ($N=59$), with ages spanning from 18 to 53 with mean age at 31.49 years ($SD=8.79$). Inclusion criteria encompass individuals residing in Greece, who demonstrate bilingual competence in both Greek and English so they would be able to engage in the English-written questionnaires. Participation exclusions include individuals under 18 or over 55 years old, do not currently have an active employment (typical 40 hours/week), exhibit attentional and developmental impairments, do not have close affinity with at least one family member of either orientation or procreation (e.g., mother, sister, spouse, or offspring), are under heavy medication or suffer from harsh physiological and/or psychological conditions. Volunteers recruited opportunistically, based on their socio-environmental availability (non-probability-based sampling), with no specification to gender, occupational orientation, or socio-economic status.

Materials

The materials utilized for the current research consisted of three Likert scale, standardized questionnaires. Initially, the Maslach Burnout Inventory (MBI) [129], examined occupational burnout, comprised of 22 items; responses spanned from 1 (Never) to 7 (Every day), and presented significant internal consistency ($\alpha=0.80$). Item examples include “I feel emotionally exhausted because of my work”, “I get the feeling that I treat some clients/colleagues

impersonally, as if they were objects”, or reverse-coded items such as “I find it easy to build a relaxed atmosphere in my working environment”. Secondly, the Brief Family Relationship Scale (BFRS) [130], assessed the quality of familial relationships, consisted of 16 items in total; responses ranged from 1 (Not at all) to 3 (A lot), and exhibited creditable internal consistency ($\alpha=0.79$). Examples of this scale also include typical “In our family we really help and support each other”, “I am proud to be a part of our family” and reverse-coded items “In our family we lose our tempers a lot”. Lastly, the Quality-of-Life questionnaire (QOL) [67], comprised of 26 items; responses extended from 1 (Not at all / Very dissatisfied) to 5 (Completely / Very satisfied), while demonstrating substantial internal consistency ($\alpha=0.93$). Item examples involved multidimensional aspects of ones’ life quality, including—among others—, physical wellbeing “How much do you need any medical treatment to function in your life?”, psychological state “How often do you have negative feelings, such as blue mood, despair, anxiety, depression?”, social factors “How safe do you feel in your daily life?”, or economic considerations “Do you have enough money to meet your needs?”. Every questionnaire utilized, have been approved by the Psychology Test Bank (PTB) committee, of University of Derby.

Procedure

The procedure initiated by providing participants with information concerning the aim of this study, inclusion and exclusion criteria, experimental process and duration (approximately 11 minutes), privacy and confidentiality considerations, and the accredited conduct in which the researcher ought to use their data, in full accordance with the General Data Protection Regulation (GDPR). Individuals attending the experimental procedure, were also informed that participation was completely voluntary and that they can withdraw from the process at any time, without giving any justification,

whatsoever. Ensuing that, they were provided with contact information (email) of both the researcher and the supervisor of the current study, as well as with the University's appointable counselling center, in case the process made them feel unease in any way. Once informed consent was obtained, participants were invited to fill three questionnaires in a consecutive order: initially the 22-item occupational burnout scale (MBI), then the 16-item familial relations scale (BFRS), and lastly the 26-item quality of life scale (QOL). Directly afterwards, participants were debriefed about the study and reminded that they can retract their data, up to two weeks after the experimental procedure. Prior to any research-related conduct, ethics and risk assessment forms were signed and approved at the 21st of November 2022, by all the members of the university of Derby thesis project committee, operating in Athens, Greece.

STATISTICAL ANALYSIS AND RESULTS

Parametric assumptions

Prior to inferential analysis, data screening indicates that parametric assumptions are already fulfilled and sequentially, no other measure of adjusting the data (e.g., Winsorization) would be required. Across

all experimental settings, histograms, and Q – Q plots present a general linearity, with no apparent skewed or kurtosed outlines, boxplots do not exhibit any outliers, values do not produce Z-scores that exceed the approximation limits, and homogeneity of variance calculations (Levene's test) conclude to non-significant results ($p = .254$). Furthermore, additional tests most important for multiple regression, also conform to parametric assumptions as scatterplots appear linear, Durbin-Watson test suggest positive autocorrelation ($DW= 1,611$), and Variance Inflation Factor demonstrates satisfactory values ($VIF_{QOL}= 1,204$, $VIF_{BFRS}= 1,204$). These data form an acceptable groundwork for the parametric tests of Factorial Independent Measures ANOVA and Multiple Regression Analysis to be properly implemented. The complete analysis of the data can be presented upon request.

Analysis of Variance (ANOVA)

The first analytic approach implemented a factorial independent measures ANOVA to investigate the possible effects of occupational burnout and familial relationships on quality of life. Mean (SD) values in each experimental condition are presented in table 1.

Table 1: Mean (SD) values in each experimental condition, across independent variables.

	High Burnout	Low Burnout	Total
High Familial Relationships	85,20(9,07)	92,87(9,05)	89,83(9,77)
Low Familial Relationships	77,97(11,81)	86,41(10,80)	81,26(9,77)
Total	80,83(11,33)	90,35(10,22)	85,57(11,77)

Descriptive analysis indicates that occupational burnout in total, possesses the biggest capacity to influence individuals' quality of life, producing an 11.77% fluctuation between high (80.83) and low (90.35) burnout participants. In an analogous manner, familial relationships, generate variations of 10.54%, between high (89.83) and low (81.26) familial relationships participants. Across all experimental settings, individuals within the low familial relationships – high burnout spectrum, presented the lowest quality of

life scores (77.97) producing a dispersion of 19,1% compared to their high familial relationships – low burnout (92.87) counterparts.

Inferential analysis conducted via 2 (high/low burnout) x 2 (high/low familial relations) independent measures ANOVA. There was a significant main effect of occupational burnout on quality of life, $F(1, 197)=29.281$, $p<0.0001$, $\eta^2=0.112$, indicating that participants with high burnout experience significantly lower quality of life than low burnout participants.

Similarly, there was a significant main effect of familial relationships on quality of life, $F(1, 197)=21.144$, $p<0.0001$, $\eta^2=0.080$, illustrating that individuals with subordinated familial relationships are significantly more subjected to hindered quality of life. Yet, there was no significant interaction effect of occupational burnout and familial relationships on quality of life, $F(1, 197)=0.068$, $p=0.795$. These data suggest although occupational burnout or familial relationships in isolation, possess the potential to influence one's life quality, as individuals with reduced family relationships and elevated levels of occupational burnout, manifest, by a

significant and considerable margin the lowest quality of life index, the interaction effect of these variables conclude to non-significant results.

Multiple Regression Analysis

The second analytic approach utilized a multiple regression analysis to examine the relationship and probable predictive tendencies of familial relationships and quality of life, towards occupational burnout. Correlation coefficients (p) for the two predictor variables (Familial relations / Quality of life), and the outcome variable (Burnout) are presented in table 2.

Table 2: Correlation coefficients (p) values for the predictors and the outcome variable.

	Familial relationships	Quality of life
Burnout	-0,287($p<0,0001$)	-0,519($p<0,0001$)
Familial relationships		0,412($p<0,0001$)

predicting that a decrease in quality of life by one unit, would correspond to an increase in occupational burnout by 0.934. However, familial relationships were not a significant predictor to occupational burnout, $t=-1.328$, $df=200$, $p=0.186$. These data suggest that quality of life, both in isolation, and in conjunction with familial relationships, significantly predicts occupational burnout; yet familial relationships in solitude, conclude to non-significant predictive results towards occupational burnout.

Correlation coefficients descriptive summary concluded anticipated evidence. Initially, both familial relationships ($r=-0,287$) and quality of life ($r=-0,519$), depict a strong negative relationship towards burnout, meaning that, individuals presenting decreased rates towards the condition of their familial relationships and/or their overall life quality, possess susceptibility to experience increased levels of occupational burnout. Data also exhibit a notable positive relationship between the predictor variables ($r=0,412$), indicating that increased rates of one's familial relationship status, is correlated to an upsurge in quality of life.

DISCUSSION

The current research utilized two experimental designs, to assess (a) the effects of occupational burnout and familial relationships on quality of life, and (b) whether quality of life and familial relationships can actually predict occupational burnout. Study concludes almost exclusively significant results. Concerning the analysis of variance (ANOVA), there is a significant main effect of occupational burnout on quality of life, thus supporting hypothesis¹. Similarly, there is a significant main effect of familial relationships on quality of life, hence supporting hypothesis². Yet, there seems to be no significant interaction effect of occupational burnout and familial relationships on quality of life, therefore hypothesis³ is rejected. With regard to the

Data were analyzed by implementing a "forced entry" multiple regression approach. Analysis concluded to large effect size ($R^2=0.278$, $R^2_{adj}=0.268$), signifying that, collectively, quality of life and familial relationships significantly predict occupational burnout $F(2, 198)=37.699$, $p<0.0001$. In particular, there is a significant negative relationship between quality of life and occupational burnout, $t=-7.273$, $df=200$, $p<0.0001$, with the experimental design

Multiple Regression analysis, the investigation corroborates significant results signifying that quality of life and familial relationships predict occupational burnout, thereby supporting hypothesis¹ of the correlational design.

The data produced in the current research, in conjunction with the insights provided by prior studies, generate varied implications. Initially, the current findings concur with previous literature, both on the subject of the effects and correlational dynamics between burnout and quality of life [e.g. 9, 13, 15, 31, 69, 70, 77, 80, 82, 87], as well as between burnout and familial relationships [e.g. 98-101, 104, 105, 108, 110, 118, 125, 126, 128]. This concurrence is represented by a 19,1% dispersion, indicating that strained familial relationships, accompanied by elevated levels of occupational burnout can produce negative effects that impair one's quality of life, to a sizable margin. To expand upon these premises, the current study also diversified itself from typical cause-effect methods, and by rearranging the variables and utilizing a correlational design, demonstrated that low levels of quality of life, coupled by dysfunctional familial relationships, can actually predict occupational burnout, by a 27,6% magnitude of effect. These estimates indicate that not only there is a significant effect between the triumvirate of burnout, quality of life, and familial relations, but adverse conditions in one variable possess the capacity to universally drag everything down, effectively undermining all domains. Accordingly, these implications suggest a synergistic fashion between occupational, familial, and well-being affairs; a synergy that is evident in the latest literature that the current study was based upon, yet its importance is largely underdiscussed in the light of data. One plausible interpretation to this "mutual cooperation" between burnout, familial relationships, and quality of life is supported by literature investigating economic anxiety⁽²³⁾. This is based on logical reasoning as key characteristics of economic anxiety, including feelings of

worry, stress or unease that relate to one's job security, financial situation, and economic conditions in general, are in close affinity with the stress-oriented syndrome of burnout and its correlates. Correspondingly, this idea pertains that individuals may deliberately choose to overwork, overperform, or in many instances, be subjected to adverse and abusive occupational conditions in order to provide for themselves or their family's needs, and to forestall actual or perceived economic scenarios with detrimental consequences. In turn, excessive worry generated by these circumstances unavoidably debilitates one's quality of life and strains familial ties. This consideration is also evident in the current research as by conducting supplementary tests, it produced findings indicating that besides their negative association to burnout; familial relationships and quality of life exhibit a positive autocorrelation between each other, suggesting that the poorer someone's familial relations are, the lower life quality they appear to have.

By delving further into the subject, the correlation among burnout, familial affairs, and quality of life is associated to a substantial degree, to the extent in which individuals consider that circumstances of their own lives are or are not within their reach; an area of interest known as locus of control. Several studies [e.g. 15, 9] illustrate the significant role of external locus of control, in shaping the perception that forces beyond command, such as powerful others, fate, or luck primarily decide the trajectory of one's life, while personal choices and actions are considered powerless or inconsequential. This mentality effectively sets the world as completely unchangeable and unaffected by one's presence and accordingly, may evoke feelings of insignificance and helplessness when confronted with the vastness of occupational and economic affairs or prompt a sense of vanity and resignation in improving one's familial ties or life quality. Yet, although some circumstances are indeed rigid and undeniably impervious to amendments, by

adopting this perception uniformly, individuals are “rewarded” with certain temporary benefits with long-term repercussions. To put it more plainly, when actions are regularly undertaken by someone, on someone else’s behalf, the latter may feel relieved from the burden of personal responsibility, albeit at the expense of their own weakening, diminished resilience, and dysfunctional coping. Consequently, powerful others and external factors in general are to blame, for one’s potential inaction and idleness in circumstances that they could potentially change for the better.

On the other hand, internal locus of control, referring to the notion that individuals have control over their own decisions and actions, and they can largely determine the outcomes of their life, is considered as a buffering factor towards occupational, familial and life quality concerns [45]. However, when taking it to absolutes, elevated levels of internal locus of control have been linked to perfectionism [57], and in turn, perfectionistic striving have been associated to both work-family conflict [59], and burnout [58]. These studies, in the light of the data yielded in the present research indicate that the modernized, never-ending pursuit of being “perfect” in every aspect of life, places immense pressure and sets unrealistic standards towards oneself, occupation, and family affairs; and more importantly, focusing only on accomplishments and success, can overshadow the importance of genuine familial relationships and physiological well-being.

This absolutistic approach relating to external versus internal locus of control is somewhat present in the current analysis, as in a specific statement of the burnout questionnaire “I have the feeling that my colleagues blame me for some of their problems”, a polarization has been identified that existed nowhere else, with 54% of the answers ranged from “occasionally” to “almost every day”, whereas 46% of the answers were “never”.

This dipole, in a question that mostly pertains elements of blame, responsibility, and the extent in which individuals understand their actual or perceived-by-others liability in matters that exceed beyond themselves, may reflect the common all-or-nothing professional perception towards matters of personal accountability. Of particular importance, this could reflect occupational scenarios in which individuals almost willingly take all the criticism for a mishap, or employees that conveniently blame others for setbacks. Sequentially, it could also highlight the importance of realistic and balanced perception in recognizing things that are and are not within one’s sphere of influence, and the foresight to discern which is which.

Lastly, even though the current study produced almost exclusively significant findings concerning the topics it discussed, the interaction effect of occupational burnout and familial relationships on quality of life yielded non-significant results, which by its own accord generates meaningful implications. Initially, these non-significant results may be a product of the independent measures design utilized, in which participants are categorized into one of four levels within two settings (high/low burnout – high/low familial relationships), regardless if they could express data that simultaneously concern both conditions. In other words, this design although it produces significant results in each variable separately, it does not encapsulate the interaction effect as efficiently a repeated measures design would, in which the same participants would perform across all conditions. However, this could be an oversimplified and rather convenient interpretation of results that could otherwise provide substantial implications, with potentially protective health-inclined properties.

The rationale for this assertion is based on the premise that while burnout is distressing and debilitating, its symptomatology could also serve as an incentive towards healthy change⁽⁶⁶⁾. Accordingly, adverse symptoms

could stimulate initiation of functional cognitive and behavioral patterns, that give rise to re-evaluation of priorities as well as self-reflection of circumstances that lead to burnout in the first place. In turn, this could propel the development of healthier coping strategies, including setting boundaries concerning facets of work, family, and personal well-being, focus on self-care, and increased growth, and self-awareness. Therefore, the current analysis, by identifying that occupational burnout or familial relationships in isolation, significantly affects quality of life, while the interaction effect of these variables produce non-significant findings, could also implicate the possible existence of positive synergistic effects between burnout and familiar affairs. However, this is but a hint of an implication and additional research should be conducted for this notion to be worth considering.

The limitations of this research are primarily appertaining to certain unaccounted sociodemographic factors that literature indicates as essential burnout considerations [9, 113, 128]. At the outset, the current investigation was predominantly carried out within the confines of the Greek demographic. While the outcomes of the study may yield significant implications, it is imperative to conduct further research in diverse international settings to facilitate the broad applicability of these implications to the general population. In addition, gender and age, although were used to describe the sample and have not been included as a variable for examination, may in fact provide eminent implications towards, burnout, familial relations, and life quality. This assumption is mainly attributed to the individual differences between females and males concerning their response to the stress-oriented burnout syndrome, and their overall, age-dependent resilience to adverse circumstances. Conversely, one of the prime assets of the current examination is that no data-adjusting measure were necessary in order for the inferential analysis to be utilized. This reflects that research criteria,

concerning the method implemented and the questionnaires utilized, were suitable for the current sample, and correspondingly analysis may produce more transparent and realistic data concerning the general population.

Future research, accounting for the limitations and assets of the current study, should focus on re-evaluating the multidimensional concepts of occupational burnout, familial affairs, and quality of life, as well as to give due consideration to equal gender proportionality and more narrow age limits. This could provide better insights towards burnout, while acknowledging the importance of commonly overlooked sociodemographic variables.

CONCLUSION

To summarize, the current study investigated the paradigms of burnout, familial relationships, and quality of life. Analysis concludes that both occupational burnout and familial relationships in isolation, significantly affect quality of life, whereas quality of life and familial relationships can predict occupational burnout. Several implications concerning determinants, health-inclined consequences as well as amplifying, nullifying, and even synergistic effects among these variables are discussed. Future research is suggested to re-assess these topics to provide an improved perspective on early intervention.

Declaration by Authors: The current research is the result of the researcher's original work and was conducted in strict accordance with the Code of Conduct and Ethics of the British Psychological Society.

Ethical Approval: Prior to any research-related conduct, ethics and risk assessment forms were signed and approved at the 21st of November 2022, by all the members of the university of Derby thesis project committee, operating in Athens, Greece.

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