

The Role of Job Resources in Reducing Employee Burnout among Hospital Staff in Tanzania

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Abstract—The purpose of this study is to investigate the role of job resources in reducing burnout in hospital workforce in Tanzania. The study used quantitative approach with cross-sectional design. The study involved 384 employees who worked in different departments in and around hospitals. The employees included in the study were of different professions such as physicians, nurses, health administrators, health porters and other health professionals. A quantitative cross-sectional study was conducted where 384 participants were included in the study. Participants consisted of physicians, nurses, and a host of supporting cadres working in administrative roles and other roles of support. Quantitative approach was therefore used in this study where data were collected using questionnaires designed by the researcher to achieve objectives of the study. Correlation and simple regression analysis were used to determine the relationship between the variables under study in this research. The measures used in the study were found to be reliable as supported by the reliability tests conducted. For example, internal consistency of the JRS was found to be adequate and therefore strong, with Cronbach's alpha of 0.796. The findings from the correlation analysis revealed negative and significant relationship between job resources and burnout ($r = -0.292$, $p < 0.001$). The findings from the regression analysis revealed that job resources significantly predicted burnout with $\beta = -0.292$, $SE = 0.049$ and $t = -5.967$. The job resources explained 8.5% of variance in burnout. Therefore, the study concludes that burnout is not just an individual problem but also an organizational challenge. It is recommended that hospitals enhance job resources, optimize staffing levels, support employee development initiatives, and implement workplace wellness programs to mitigate burnout and improve service delivery. These interventions may positively affect employee well-being, retention, overall performance, and the quality of healthcare services.

Keywords— Job Resources, Employee Burnout, Hospital Staff, Healthcare Workers, Tanzania.

I. INTRODUCTION

Burnout of health care workers has become a global problem. Studies in sub-Saharan Africa reported high but variable levels of burnout among health care workers with prevalence ranging from 51% (Kokonya, 2014) to 94% (Owuor et al., 2020). The high levels of burnout of health care workers in sub-Saharan Africa could be explained by a number of factors including, poor working conditions, excessive job demands, low remuneration, low job satisfaction, interpersonal conflicts with patients' relatives and others, lack of support from other staff members and from institutions. In addition to these, health care workers face serious challenges in their work including shortages of staff and heavy workloads due to patient load in the face of serious shortages of health care personnel and of resources such as equipment, health care facilities and others.

In contrast, studies conducted in developed countries reported lower prevalence of burnout ranging from 42% to 55% (Kokonya, 2014).

The health workforce in Tanzania is insufficient in terms of numbers and distribution. There are only 0.64 health care providers for every 1,000 citizens in Tanzania, which is below the minimum of 2.5 health care workers for every 1,000 citizens recommended by World Health Organization (WHO) (Manzi et al., 2012). The challenges to health care delivery in Tanzania are compounded by very limited public health care finance, very poor health care infrastructure and the lack of necessary equipment to deliver health care. Geographical dispersal of health facilities to rural areas also pose significant barriers to accessing health care. There are also huge disparities in access to health care between and within rural and urban settings and between different socioeconomic groups. The challenges faced by the existing health workforce are compounded by their long working hours and the additional roles and responsibilities that they are expected to take up within and outside of their scope of work. They are expected to manage with very limited human and institutional resources, often working beyond their physical and mental capacities (Wang & Rosemberg, 2018).

Burnout of health care workers is becoming problem in Tanzania. An empirical study conducted by researcher involved 266 health care workers from all levels of health care facilities in Kasulu District. Results showed that 54.5% of the health care workers in the district suffered from burnout. Risk of burnout is higher in early years of health care service, certain professional categories, poor working relationships with colleagues, dissatisfaction with remuneration packages and others that work night shifts. Furthermore, workloads that are too heavy and too many contacts with patients are also increasing risk of burnout. Also, study conducted at Muhimbili National Hospital found out that 62% of health care workers in acute care settings were experiencing burnout. Description of burnout was given as: being exhausted; showing cynicism at work; and lack of feeling efficacy at work. Burnout among health care workers is not only individual problem but also an organizational problem that stem from environment in which health care workers work.

Workplace burnout is influenced by a number of broader economic and health systems determinants. However, within the hospital context, working conditions are a critical set of determinants that hospital management can influence. As noted above, management may have limited influence on the national economic situation, on health care financing and on

the national workforce. However, in order to strengthen resources for staff at work, hospital management must focus on a number of key workplace resources. These include: supportive supervision; equipment for work that is adequate for tasks to be carried out; opportunities for professional development; recognition; participation in decision-making at work; autonomy at work; communication with others that is effective; support from colleagues; and fair organizational practices.

This study is grounded in the Job Demands–Resources (JD-R model (Demerouti et al., 2001; Bakker & Demerouti, 2007). This model suggests that employees' health, motivation and work outcomes are largely determined by their working conditions. The working conditions of employees can be described in terms of job demands and job resources. Job demands refer to the physical, psychological, social and organizational aspects of the work which require some kind of persistent physical or mental effort at work. For hospital employees excessive work pressure, emotional demands, long working hours, shift work, large numbers of patients and contacts with patients and their relatives can be seen as typical demands of their job. Additional demands for employees are caused by conflicts between different roles that they fulfill. These role conflicts, as well as tense and difficult interpersonal relationships with colleagues and patients and their relatives, can negatively affect employees. In cases where demands are consistently high, they may result in exhaustion, psychological problems, disengagement and even burnout (Hu, Schaufeli & Tarcis, 2010).

Resources, also referred to as job resources, are aspects of the job that can be physical, psychological, social or organizational in nature. They can be used by employees to achieve work objectives and to reduce job demands. In the support of supervisors and coworkers, recognition, autonomy, appropriate staffing, adequate resources, opportunities for growth and development, fair wages, good communication, involvement in organizational decision-making, are just a few examples of resources at employees' disposal. As stated in the Job Demands–Resources model (Bakker & Demerouti, 2007; Demerouti et al., 2001), job resources can directly decrease burnout and can also buffer the negative effects of high job demands on employees' well-being. By having enough support from the organization and by having control over their work, employees can manage stress, come back to optimal levels of functioning after having been involved in stressful work situations and can maintain their psychological resources at work.

Burnout among health workers globally is increasingly a subject of concern. However, very few studies have explored organizational causes of burnout and interventions for it in sub-Saharan Africa. Occupational health research in sub-Saharan Africa has so far largely focused on physical health hazards, occupational accidents and diseases, and exposures to infectious diseases at the workplace and ways to control them to protect the health of workers at the workplace. However, there is a growing recognition of importance of mental health at workplace and promotion of psychological well-being of workers at work place. The majority of the studies that have

investigated burnout have focused on physical health hazards at work place and how to prevent them in order to protect health workers from burnout. Only very few studies have attempted to identify the causes and determinants of burnout among health workers.

Moreover, little evidence exists about the effective job resources that could help reduce burnout in hospitals in Tanzania. Most studies on burnout in hospitals and health care in general, describe the prevalence and the causes of burnout and the organizational resources to prevent it that can be influenced by management and policy makers, are lacking. Thus, an investigation into the job resources is necessary to go from identifying burnout and the causes of it to the development and evaluation of strategies for preventing burnout in the workplace.

The main aim of this study was to examine the role of job resources in reducing burnout among employees in hospital setting in Tanzania. The study sought to establish the relationship between number of job resources such as organizational support, supervisor support, coworker support, employee recognition, opportunities for professional growth and development, employee involvement, autonomy and working conditions and burnout. The study further sought to establish causes of burnout and employees' ways of coping with their demanding work situations. The study therefore aims at identifying good practices that prevent burnout and those that could increase risk of burnout.

The main purpose of the present study is to explore how different job resources could protect employees from burnout or even increase the risk of burnout when working in a sector of great need of staff, like the health sector in Tanzania, where health facilities are forced to rely on a large number of paid and unpaid overtime, on long working hours, on task flexibility and on a number of additional tasks and responsibilities. In the short term these practices may help to maintain health and healthcare services, but in the long term they will cause employees' physical and mental fatigue. Burnout can lead to a range of negative outcomes, such as absenteeism, low commitment and low intention to stay, bad interpersonal relationships, and reduced quality of care, which may even pose a threat to patients' safety (Shanafelt et al., 2019).

This study intends to identify job resources that can prevent or reduce burnout at work place. The findings from this study will be very useful for hospital managers, health care policies makers, and human resources at work places. The study findings will help in developing interventions such as proper staffing, employee recognition, good supervision, proper work load, employee involvement in decision making, career development, for recovery from burnout and psychological support at work place. In general, by strengthening job resources at work place, there will be production of healthy employees of hospitals, retention of staff at work places, good job performance, and good patient care services and efficient health care services delivery in health care system in Tanzania.

II. LITERATURE REVIEW

Job Burnout

The phenomenon of burnout has a long history of research starting with Herbert Freudenberger in the 1970s who described the effects of 'burnout' on people working in very demanding, stressful, and often draining human-service type jobs. However, most of the research on burnout has been conducted by Christina Maslach and her colleagues. They describe burnout as a psychological syndrome that people can experience as a result of the prolonged exposure to high levels of stress and pressing emotional and interpersonal demands in the workplace. Importantly, the individual experiencing burnout lacks adequate resources to cope with what is required of him or her in the job. A more recent definition of burnout describes it as a 'syndrome arising from chronic workplace stress that is not managed'. Importantly, burnout is viewed as an occupational phenomenon which essentially means that it is related only to experiences which occur in the work environment. Therefore, burnout is not classified as a medical condition (World Health Organization, 2019).

Burnout is generally described by three dimensions that interact with each other. The first dimension is emotional exhaustion, which is characterized by the psychological, physical, emotional and mental exhaustion of employees and is caused by prolonged exposure to stressful work situations. Employees who suffer from emotional exhaustion do not have enough energy to meet the requirements of their job. The second dimension is depersonalization or cynicism. This dimension describes a distance or a lack of interest of employees towards their patients, their colleagues and the organization in which they work. As a result of this lack of interest, the employee's empathy with their patients is reduced. As a consequence, the employee starts to detach himself or herself from the patients. The patients are then seen as cases instead of people who need care and attention. The third dimension is the reduction of personal growth. Employees who suffer from burnout experience a decline in their feelings of competence. In addition, they have fewer ideas and feel less to realize their potential. Finally, the quality and magnitude of work that they do also decreases. In general, burnout is seen as a state in which people experience a decrease in their well-being. This decrease in well-being is caused by their emotional exhaustion, their feelings of detachment and their decreased sense of competence (Maslach & Leiter, 2016; Edú-Valsania et al., 2022).

Burnout is typically a gradual process. At first, when stressful, demanding work situations are not balanced with the chance for recovery and adequate job resources at work, employees are still committed to their jobs, work harder and invest more time and energy in their work. However, over time, when the demands of work are not met by sufficient job resources such as good management, sufficient staff, fairness, autonomy, adequate rewards, suitable resources and equipment, on-going support, adequate and constructive feedback, opportunities for development and learning, employees' physical and psychological resources are gradually depleted. Therefore, burnout is not just an individual problem that stems from an employee's inability to cope with

stress, but also from the organizational context in which the employee works. It is also caused by the way work is designed in terms of the amount of workload, the degree of control, the level of rewards, the quality of relationships with managers and colleagues and the level of fairness at work. Strategies to combat burnout therefore need to be organized and focus on improving the work environment and increasing the quality and amount of job resources, rather than putting further pressure on employees' own resources (Maslach et al., 2001; Edú-Valsania et al., 2022).

It's critical to comprehend hospital employees' occupational burnout since they work constantly with patients who are ill, experiencing human suffering, and needing a lot of emotional effort. Some of the difficulties they encounter include long work hours and the enormous obligation to make decisions that could have an impact on people's lives. In health care system with limited resources, staff are exposed to high levels of stress due to lack of staff, inadequate equipments to work environment with too many patients among others. Studies have reported high levels of burnout among health care workers in both tertiary and primary health care delivery system within Tanzania. These studies were conducted at Muhimbili National Hospital and Kasulu District Health Facilities among others (Lwiza & Lugazia 2023; Mfuru et al., 2024). In this study, burnout is understood as a multidimensional, work-related condition characterized by emotional exhaustion, detachment from work, and declining professional efficacy, resulting from prolonged job demands that are not adequately balanced by job resources.

Job Resources

In the Job Demands–Resources model (Demerouti et al., 2001), job resources are physical, psychological, social and organizational characteristics of the work environment that can support employees in achieving their work goals and coping with the demands of their jobs. Furthermore, job resources can foster personal growth, development and learning. The term job resources concept is closely related to the Job Demands–Resources model. Every job has specific work conditions, i.e. job demands and job resources. While job demands require sustained physical and psychological effort, job resources are intended to support employees in managing their job demands. Examples of job resources are proper equipment, good supervision, autonomy, feedback, a fair salary and training and development opportunities. Furthermore, good relations with colleagues and involvement in decision-making processes can be considered as job resources. (Bakker & Demerouti, 2007).

Resources for the job can be found on different levels within an organization. First of all, on the task level. The degree to which employees have control over their work (autonomy), clear job requirements (role clarity), have the information they need (information), and can apply their professional skills (skill utilization) at their work. On the interpersonal level, employees receive support from their supervisor, from their colleagues and from other people on their work team. On the organizational or work level, employees are provided with resources such as fair policies,

good management, opportunities for development, adequate staff, recognition, job security and adequate communication systems. Finally, on the personal development level, employees receive training, are coached or mentored in order to increase their knowledge and confidence to perform their job well (Bakker & Demerouti, 2017).

When it comes to doing a good job, having the right tools and support can make all the difference. The Job Demands-Resources model says that having things like recognition, autonomy, and chances to learn and grow can really motivate employees and help them do their best work. It's like having a boost of energy that helps them stay engaged, committed, and willing to go the extra mile. On the other hand, when employees are under a lot of stress or pressure, having the right resources can help protect them from burning out. For example, having a supportive boss can help them deal with tough situations, and having enough staff and equipment can reduce their workload and frustration. This is especially important when the job is really demanding, because it gives employees the support they need to stay healthy and effective. Research has shown that having the right resources can help prevent things like emotional exhaustion, cynicism, and declining performance (Bakker, Demerouti, & Sanz-Vergel, 2014; Lesener, Gusy, & Wolter, 2019).

In hospitals, having the right resources for the job is crucial because healthcare workers have to deal with a lot of pressure, emotional stress, not enough staff, and the huge responsibility of taking care of patients' lives. The resources that really matter include having enough medical supplies, enough staff, a hospital management that supports them, teamwork, flexible schedules, chances to learn and grow professionally, and recognition for the hard work they do. In a country like Tanzania, where many hospitals don't have enough healthcare workers or equipment, having these resources can make a big difference in how staff handle the stress of their jobs. When hospital employees get support from their organization, have the equipment they need, and are involved in decisions at work, they're more likely to stay motivated and less likely to burn out. So, in this study, job resources are all about the conditions at work - organizational, social, and related to the job itself - that help hospital staff do their jobs well, cope with the tough work environment, and take care of their mental health.

The Relationship between Job Resources and Burnout

Job resources play a big role in whether employees experience burnout, because they shape how well people can handle the physical, psychological, and emotional demands of their work. The Job Demands Resources model explains that burnout happens when job demands are high but the resources needed to meet them are limited (Demerouti et al., 2001). Helpful resources at work include support from supervisors, enough staff to share the workload, freedom to make decisions, useful feedback, the right equipment, and chances to grow professionally. When these supports are missing, employees have to rely more heavily on their own energy and effort. Over time, this imbalance can drain them and lead to

burnout symptoms such as emotional exhaustion, pulling back from work, and feeling less accomplished in their role.

Job resources help protect employees from burnout in two main ways: by easing the strain of heavy demands and by keeping people motivated. On the protective side, resources act like a buffer. When workers have support from supervisors and colleagues, they gain both emotional reassurance and practical advice during stressful times. Having enough staff and the right equipment also makes a big difference, reducing pressure and allowing tasks to be completed more smoothly.

On the motivational side, resources give employees a sense of purpose and recognition. Autonomy, appreciation, and involvement in decision-making help people feel valued and capable. This sense of engagement keeps them committed to their work and lowers the risk of cynicism or feelings of inadequacy (Bakker & Demerouti, 2007; Bakker et al., 2014).

The link between resources and burnout becomes especially clear when job demands are high or long-lasting. Research shows that resources are most powerful in tough situations because they help employees conserve energy and stay resilient. For example, even a heavy workload may not lead to burnout if workers have strong managerial support, control over how they do their tasks, and chances to recover. On the other hand, even moderate demands can feel overwhelming if basic resources like clear roles, fair treatment, and organizational support—are missing. In this way, resources not only directly reduce burnout but also soften the harmful impact of job demands (Bakker & Demerouti, 2017; Lesener et al., 2019).

III. METHODS

Design and Data Collection

A cross-sectional survey was conducted between February 2024 and June 2026 among hospital staff across multiple institutions in Tanzania, utilizing a pretested questionnaire. Recruitment of participants was facilitated through collaboration with departmental leadership and human resources personnel. Depending on the available digital infrastructure, staff members were invited to complete either an online or paper-based version of the questionnaire. Eligibility criteria required participants to have been employed at their current hospital for a minimum of one year; otherwise, convenience sampling procedures were applied. Of the 450 staff members invited to participate, 384 completed the questionnaire, yielding a response rate of 85%.

Content of the Questionnaire

In addition to demographic data, standardized and validated measurement instruments were employed to evaluate job demands, job resources, work engagement, burnout, and job performance.

Burnout

Burnout was assessed using the 14-item Maslach Burnout Inventory (MBI), originally developed by Maslach et al. (1986). Items were rated on a seven-point Likert scale ranging from 0 ("never") to 6 ("always"). Example items included: "I felt emotionally exhausted because of my work in this

hospital,” “I felt totally tired at the end of a working day in this hospital,” and “I felt frustrated by my work in this hospital.”

Job Resources

Job resources were assessed using 13 items adapted from Bakker and Demerouti (2007). Responses were recorded on a five-point Likert scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). Example items include: “Did your work provide you with direct feedback on how well you were doing your work?”, “Did your work allow you to check on how well you were doing your work?”, and “Did your superior inform you about how well you were doing your work?”

IV. RESULTS

Demographic and Occupational Characteristics of Respondents

The study sample comprised 384 hospital employees. Of these, 200 respondents (52.1%) were female, 183 (47.7%) were male, and one respondent (0.3%) did not disclose gender. Overall, the sample was relatively balanced by gender, with female employees representing a slightly larger proportion. This distribution is consistent with the strong representation of women in healthcare professions, particularly in nursing and other patient-care roles.

Table 1							
Gender	Female	200	Male	183	No Info	1	
Education	Primary	Secondary	Vocational training	Bachelor	Masters	PhD	
	10	57	33	150	26	3	
Work experience	Mean		Median		Maximum		
	4.780 yrs		3 yrs		57 yrs		
Status	Regular part-time job		37	Regular full time job		267	Temporary
Profession	Nurse		Doctor	Administrative		Attendant	Others
and work schedule	Day	34	53	15	14	41	
	Evening	0	1	0	2	6	
	Night	2	6	0	2	5	
	Rotation	83	66	6	11	26	
	Sum	119	126	21	29	78	

With respect to educational attainment, the largest proportion of respondents held bachelor’s degrees ($n = 150$; 40.2%). This was followed by 94 respondents (25.2%) with other educational qualifications, 57 (15.3%) with secondary education, and 33 (8.8%) with vocational training. Additionally, 26 respondents (7.0%) reported holding master’s degrees, 10 (2.7%) had completed primary education, and 3 (0.8%) possessed doctoral qualifications. These findings suggest that the hospital workforce was generally well educated, with a substantial proportion of employees possessing university-level and professional qualifications essential for healthcare service delivery.

Respondents reported an average of 4.78 years of work experience, with a median of three years. This indicates that while many employees had relatively limited tenure, some reported considerably longer service, with the maximum reported experience being 57 years. The discrepancy between the mean and median values suggests that a small number of highly experienced employees elevated the overall average. This variation in work experience provided an opportunity to capture perspectives from both recently employed staff and long-serving hospital personnel.

In terms of employment status, the majority of respondents were regular full-time employees ($n = 267$; 70.8%). Temporary employees accounted for 73 respondents (19.4%), while 37 respondents (9.8%) were regular part-time staff. These results indicate that permanent full-time employment was the predominant arrangement among hospital staff. The high proportion of full-time employees may contribute to continuity in service delivery, although the presence of temporary and part-time staff highlights hospitals’ reliance on less permanent employment structures.

Regarding professional categories, doctors constituted the largest group ($n = 126$; 33.8%), followed closely by nurses ($n = 119$; 31.9%). Other professional categories accounted for 78 respondents (20.9%), attendants for 29 (7.8%), and administrative employees for 21 (5.6%). Collectively, doctors and nurses represented nearly two-thirds of the sample, indicating that the study primarily captured the experiences of employees directly engaged in clinical care and patient interaction.

The findings further indicate that rotational work schedules were the most prevalent, reported by 192 respondents (51.5%). Day shift employment was reported by 157 respondents (42.1%), while 15 respondents (4.0%) worked night shifts and 9 (2.4%) worked evening shifts. Rotational schedules were particularly common among nurses and doctors, with 83 nurses and 66 doctors reporting this arrangement. In contrast, the majority of administrative employees worked during the day. This distribution reflects the continuous nature of hospital operations, which necessitates clinical staff coverage across multiple shifts.

Overall, the sample was relatively balanced by gender, generally well educated, and predominantly employed on a regular full-time basis. Doctors and nurses constituted the majority of respondents, and rotational and day shift schedules were the most common work arrangements. These workforce characteristics are salient to the study, as employment conditions, professional responsibilities, work experience, and shift structures may influence employees’ exposure to job demands, access to job resources, and susceptibility to burnout.

Reliability Test Results

The reliability of the research instruments was evaluated using Cronbach's alpha. The Job Resources Scale produced a coefficient of 0.796, while the Burnout Scale yielded 0.767. Both values exceeded the commonly accepted threshold of 0.70, thereby indicating satisfactory internal consistency for the items measuring the respective constructs.

Table 2

Scale	Cronbach's Alpha	Interpretation
Job Resources	0.796	Reliable
Burnout Scale	0.767	Reliable

Note: Cronbach's alpha values above 0.70 indicate acceptable internal consistency

The alpha coefficient of 0.796 for the Job Resources Scale suggests that items assessing supervisory support, availability of work equipment, employee autonomy, recognition, staffing adequacy, and opportunities for professional development consistently captured the underlying construct of job resources. The coefficient's proximity to 0.80 further reflects a relatively strong level of reliability.

In the same vein, the Burnout Scale had a Cronbach's alpha of 0.767, indicating that the items measuring decreased professional effectiveness, detachment from work, and emotional exhaustion were adequately consistent with one another. Accordingly, the scale can be considered reliable for assessing burnout among hospital staff.

Overall, the reliability analysis confirmed that both scales were suitable for subsequent statistical procedures. Given that the Cronbach's alpha coefficients exceeded the 0.70 benchmark, no major reliability concerns were identified, and all questionnaire items were retained for descriptive, correlational, and regression analyses.

Correlation Results

Table 3. Correlation between Job Resources and Burnout

Variable	Burnout	Job Resources
Burnout	1	-0.292***
Job Resources	-0.292***	1

Note: *** indicates statistical significance at $p < 0.001$. The negative correlation shows that higher job resources are associated with lower levels of employee burnout

The correlation analysis revealed a statistically significant negative association between job resources and employee burnout among hospital staff ($r = -0.292$, $p < 0.001$). The negative coefficient indicates that greater availability of job resources is linked to lower levels of burnout. In practical terms, hospital employees who report access to adequate equipment, supportive supervision, recognition, training opportunities, job autonomy, sufficient staffing, and collegial support are less likely to experience emotional exhaustion, detachment, or diminished professional efficacy.

Regression Analysis Results

A simple linear regression analysis was conducted to assess the effect of job resources on employee burnout among hospital staff. Employee burnout was treated as the dependent variable, and job resources as the independent variable.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
1	0.292	0.085	0.083	0.958

Predictor: Job Resources

Dependent variable: Employee Burnout

The model summary shows an R value of 0.292, indicating a negative relationship between job resources and employee burnout. The R-squared value was 0.085, meaning that job resources explained approximately 8.5% of the variation in employee burnout. The adjusted R-squared value of 0.083 indicates that, after adjusting for sample size and the number of predictors, job resources explained approximately 8.3% of the variation in burnout.

Table 5: Analysis of Variance

Model	Sum of Squares	Degrees of Freedom	Mean Square	F-value	Significance
Regression	32.66	1	32.66	35.607	<0.001
Residual	350.34	382	0.917		
Total	383.00	383			

Dependent variable: Employee Burnout

Predictor: Job Resources

The analysis of variance results indicate that the regression model was statistically significant, ($F(1,382)=35.607$), ($p<0.001$). This means that the model containing job resources predicted employee burnout significantly better than a model without the predictor. Therefore, job resources made a statistically significant contribution to explaining employee burnout among hospital staff.

Table 6: Regression Coefficients

Predictor	Standardised Beta	Standard Error	t-value	Significance
Job Resources	-0.292	0.049	-5.967	<0.001

Dependent variable: Employee Burnout

The regression coefficient results show that job resources had a negative and statistically significant effect on employee burnout among hospital staff, ($\beta = -0.292$), ($SE=0.049$), ($t=-5.967$), ($p<0.001$). The negative beta coefficient indicates that an increase in job resources was associated with a reduction in employee burnout.

The estimated standard error of 0.049 was relatively small compared with the standardised regression coefficient. This indicates that the coefficient was estimated with reasonable precision. The corresponding t-value of -5.967 further confirms that the effect of job resources on burnout was statistically significant.

V. DISCUSSIONS OF THE FINDINGS

The correlation analysis showed a negative and statistically significant relationship between job resources and employee burnout among hospital staff ($r=-0.292$, $p<0.001$). This means that more job resources were linked to lower levels of employee burnout. Hospital employees with better access to supportive supervision, adequate work equipment, recognition, job autonomy, training opportunities, and help from colleagues were more likely to report feeling less burnt

out. While the relationship was modest, its statistical importance indicates that job resources are important for the psychological well-being of hospital staff.

The regression analysis confirmed that job resources significantly predicted employee burnout. The job resources had a negative standardized regression coefficient of -0.292, a standard error of 0.049, a t-value of -5.967, and a probability value below 0.001. This suggests that a one-standard-deviation increase in job resources was related to a 0.292-standard-deviation decrease in employee burnout. The regression model was statistically significant ($F(1,382) = 35.607$, $p < 0.001$), which shows that job resources significantly contribute to predicting burnout among the hospital employees in the study.

These findings support the Job Demands-Resources theory. This theory suggests that burnout occurs when employees face demanding work conditions without enough resources to handle them. Demerouti et al. (2001) state that high job demands drain employees' physical and mental energy, while insufficient job resources lead to withdrawal and disengagement. Bakker and Demerouti (2017) also explain that job resources help reduce burnout by enabling employees to fulfill their responsibilities, handle tough situations, and grow professionally. The negative relationship found in this study supports the idea that employees with adequate organizational, social, and task-related resources are less at risk of burnout.

The results are consistent with a study by Lwiza and Lugazia (2023), which found a high rate of burnout among healthcare workers in acute-care settings at Muhimbili National Hospital. Their study showed that participating in workplace wellness programs was linked to a lower prevalence of burnout. Workplace wellness programs act as job resources by offering employees psychological support, stress management, and chances for recovery. The similarities between the two studies suggest that hospitals can reduce burnout by fostering supportive work environments and implementing programs that protect employees' mental and physical health.

The findings also align with those of Mfuru et al. (2024), who reported that burnout impacted many healthcare providers in Kasulu District, Tanzania. Their study noted that heavy patient loads, insufficient workplace resources, and poor relationships among coworkers were significant factors behind burnout. Good relationships among employees serve as an important job resource, allowing hospital staff to share tasks, receive emotional support, and ask for help during challenging situations. Thus, enhancing teamwork and colleague support may help hospital staff manage demanding work conditions more effectively.

Additionally, the findings match those of Naburi et al. (2017) regarding healthcare workers in Dar es Salaam. The researchers found that inadequate recognition from supervisors, lack of performance feedback, and worries about job security were tied to job dissatisfaction and intentions to leave. Recognition, feedback, supportive supervision, and job security are crucial job resources because they show that employees' contributions matter to their organizations. Although Naburi et al. (2017) focused mainly on job

satisfaction and turnover intentions, their results back the point that limited organizational resources can lead to negative outcomes for employees in Tanzania's healthcare sector.

The coefficient of determination showed that job resources accounted for about 8.5% of the variation in employee burnout. This means job resources played a role in reducing burnout, but other factors also influenced the situation. Other factors may include high workloads, emotional demands, staff shortages, long hours, rotating schedules, work-family conflict, and individual coping skills. The relatively modest explanatory power of the model aligns with the Job Demands-Resources theory, which recognizes that burnout arises from the interplay of job demands, job resources, and personal traits rather than from just one workplace factor.

The correlation and regression findings indicate that job resources are crucial for reducing employee burnout among hospital staff. Therefore, hospitals should enhance supervisory support, employee recognition, teamwork, involvement in decision-making, professional development, workplace wellness programs, and access to necessary equipment. However, since the study used cross-sectional data, the results highlight a statistically significant relationship rather than proving causation. Future longitudinal studies may provide stronger evidence on how changes in job resources affect burnout over time.

VI. CONCLUSION

The study found that job resources are key to reducing employee burnout among hospital staff in Tanzania. The correlation analysis showed a negative relationship between job resources and burnout, meaning that employees with more access to workplace support and resources were less likely to feel burned out. The regression analysis further confirmed that job resources were a strong predictor of burnout, with greater job resources linked to lower levels of employee fatigue, detachment, and decreased professional effectiveness.

Although job resources explained only a small part of the variation in burnout, the findings indicate that they are still an important factor in promoting employee well-being. Resources like supportive supervision, adequate equipment, recognition, job autonomy, teamwork, professional development, and employee input in decision-making can enhance employees' ability to handle the demands of hospital work.

Therefore, the study concludes that burnout among hospital staff should not be seen just as an individual issue, but also as a result of the work environment and the level of organizational support available. Hospitals that offer adequate job resources are more likely to have a healthier, motivated, and productive workforce. Improving these resources may help reduce burnout, boost employee retention, and enhance the quality of healthcare services in Tanzania.

Recommendations

Hospital management should strengthen job resources by improving supervisory support, employee recognition, teamwork, communication, and participation in decision-making. Adequate staffing, medical equipment, and fair

workload distribution should also be prioritized to reduce work pressure and emotional exhaustion.

Hospitals should provide regular training, mentoring, counseling, and workplace wellness programs to help employees cope with demanding working conditions. Work schedules should allow sufficient rest, especially for staff working rotational and night shifts.

The Ministry of Health should develop and monitor policies that promote employee well-being, ensure adequate staffing, and prevent burnout in hospitals. Regular assessments of job resources and burnout should be conducted to guide appropriate interventions.

Areas for Future Studies

Future studies should use longitudinal research designs to examine how job resources influence employee burnout over time. Researchers should investigate specific job resources, such as supervisory support, job autonomy, recognition, staffing, training, and equipment availability.

Further studies may compare burnout across public, private, and faith-based hospitals, as well as between rural and urban healthcare facilities in Tanzania. Mixed-methods research should also be used to provide a deeper understanding of employees' experiences.

Future research should include additional factors such as workload, leadership style, work-family conflict, emotional demands, and personal resilience, as job resources explained only a limited portion of the variation in burnout.

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