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BURNOUT SYMPTOMS AND WORK-RELATED GOAL DIMENSIONS AMONG RESEARCHERS AND HELPING PROFESSIONALS

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Abstract

Although burnout syndrome has been extensively studied, only a limited number of studies have specifically examined which characteristics of work-related goal attainment are associated with burnout symptoms. Therefore, this online cross-sectional study investigated the associations between burnout symptoms and selected goal dimensions in two distinct occupational groups. Sample 1 consisted of 122 health professionals and social workers (86% female). Sample 2 included 154 researchers (53% female). Participants completed the Burnout Assessment Tool and measures assessing selected goal dimensions (goal attainability, goal self-efficacy, and goal motivation in Study 1; goal effort, goal commitment, goal self-efficacy, and goal motivation in Study 2). Correlation analyses showed that core burnout symptoms (exhaustion, mental distance, emotional impairment, and cognitive impairment) were significantly associated with decreases in goal self-efficacy, goal attainability, goal effort, goal commitment, and autonomous motivation, as well as with increases in controlled motivation. These findings highlight the importance of goal-related processes in the development of burnout and suggest that strengthening adaptive goal dimensions may play a key role in burnout prevention and in promoting healthy work environments.

Keywords: *Burnout symptoms, work goals, goal attainment, goal self-efficacy, goal motivation.*

1. Introduction

Burnout syndrome is an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed (WHO, 2019). It includes symptoms of exhaustion, mental distance, cynicism, a sense of ineffectiveness and a lack of accomplishment (Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli, & Leiter, 2001; WHO, 2019). Schaufeli, de Witte and Desart (2020) distinguish between core burnout symptoms (exhaustion, mental distance, and emotional and cognitive impairment) and secondary burnout symptoms (psychological distress, psychosomatic complaints, and depressed mood). The development of burnout is primarily triggered by chronic exposure to high job demands and low job resources (Demerouti, 2024). Recent research (Bianchi et al., 2024), however, indicates that burnout extends beyond purely occupational determinants. The prevalence of burnout is especially high among helping professionals (Demerouti, 2024; Maslach & Leiter, 2017; Maslach et al., 2001) and researchers and university teachers (Liu, 2023; Sarkar, 2023).

Burnout symptoms are associated with serious consequences for individuals and organizations. The negative effects include health issues (both physical and psychological), decreased productivity and work motivation, job dissatisfaction, absenteeism, turnover or turnover intentions (Alzoubi et al., 2024; Li et al., 2024; Li & Yao, 2022; Ligibel et al., 2023; Maslach et al., 1996; Maslach et al., 2001; Quesada-Puga et al., 2024; Rotenstein, Brown, Sinsky, & Linzer, 2023; Salvagioni et al., 2017), potentially undermining the ability to engage in work-related goals and, eventually, disrupting their pursuit.

Research on goal pursuit has focused on the role of various goal dimensions (characteristics along which goals vary; Austin & Vancouver, 1996) in the process of goal attainment, such as perceived goal progress, self-efficacy, commitment, effort, attainability, importance, and motivation (Austin & Vancouver, 1996; Brandstätter, Herrmann, & Schüler, 2013; Hermann & Brandstätter, 2013; Klein, Cooper, Molloy, & Swanson, 2014; Milyavskaya, Nadolny, & Koestner, 2015; Monzani, et al., 2015; Pomaki, Karoly, & Maes, 2009; Sheldon & Elliot, 1999; Werner, Milyavskaya, Foxen-Craft, & Koestner, 2016). However, despite extensive research on burnout, limited evidence exists regarding which characteristics of work-related goal attainment (goal dimensions) are linked to burnout symptoms. To address this gap in the literature, the present cross-sectional study examined associations between burnout symptoms and selected goal dimensions among two at-risk occupational groups: researchers and helping professionals.

2. Method

2.1. Participants and procedure

The study included 276 employed adults from two independent samples, selected using purposive and snowball sampling methods. Sample 1 included 122 health professionals and social workers (86% female), aged 20–66 years (M = 43.7, SD = 9.83), with 1–40 years of professional experience (M = 15.8, SD = 10.3). Sample 2 consisted of 154 researchers (53% female), aged 25–76 years (M = 44.7, SD = 13.1), with 1–55 years of professional experience (M = 19.1, SD = 13.7).

This study was approved by the Ethical Committee of Pavol Jozef Safarik University in Kosice, Slovakia. The data were collected online, and the participants were recruited via e-mails and social networks. Their participation was voluntary and anonymous. Before completing the survey, the participants provided their informed consent.

2.2. Instruments

Burnout Assessment Tool (Schaufeli et al., 2020) was used to measure the frequency of burnout symptoms (1 = never, 5 = always). In Studies 1 and 2, the internal consistency estimates (McDonald's ω) of the BAT subscales were 0.87 and 0.86 (exhaustion), 0.81 and 0.84 (mental distance), 0.90 and 0.88 (cognitive impairment), 0.88 and 0.82 (emotional impairment), 0.79 and 0.81 (psychological distress), and 0.74 and 0.75 (psychosomatic complaints), respectively.

To measure goal self-efficacy (in Studies 1 and 2), three items adopted from the study by Pomaki et al. (2009) were used (e.g.: *„I have the necessary skills to attain this goal.";* 1 = strongly disagree, 7 = strongly agree). The internal consistency estimates (McDonald's ω) of the items were 0.88 (Study 1) and 0.77 (Study 2).

Goal motivation (in Studies 1 and 2) was measured with four items adopted from the study by Milyavskaya et al. (2015) (e.g.: *„You pursue this goal because somebody else wants you to, or because you'll get something from somebody if you do."* for controlled motivation; 1 = strongly disagree, 7 = strongly agree; *„You pursue this goal because you really believe that it is an important goal to have – you endorse it freely and value it wholeheartedly."* for autonomous motivation; 1 = strongly disagree, 7 = strongly agree). In Studies 1 and 2, the internal consistency estimates (McDonald's ω) were 0.66 and 0.54 (controlled motivation), and 0.89 and 0.89 (autonomous motivation), respectively.

Goal attainability (in Study 1) was measured by one item (*„I think chances are high that I'm going to attain this goal.";* 1 = strongly disagree, 7 = strongly agree) adopted from the study by Brandstätter et al. (2013).

Goal effort (in Study 2) was assessed with one item (*„I have tried really hard to achieve this goal.";* 1 = strongly disagree, 7 = strongly agree) adopted from the study by Werner et al. (2016).

Goal commitment (in Study 2) was measured with four items (e.g. *„I am committed to this goal.";* 1 = strongly disagree, 7 = strongly agree) based on KUT measure of commitment (Klein et al., 2014). Internal consistency estimate of the scale (McDonald's ω) was 0.78.

2.3. Statistical analyses

Data analysis was conducted using Jamovi 2.7.17 software. Spearman correlations were used to test the associations between burnout symptoms and work-related goal characteristics. A sample size calculator indicated that a minimum of 85 participants was required to detect small-to-moderate correlations (r = .30) with statistical power of .80 at p = .05.

3. Results

Correlation analyses revealed several significant associations between burnout symptoms and work-related goal characteristics (Tables 1 and 2). After Bonferroni corrections (p = 0.05/24 in Study 1; p = 0.05/30 in Study 2), correlations at $p \leq 0.002$ (Study 1) and $p \leq 0.001$ (Study 2) were considered significant.

Among health professionals and social workers (Study 1), most burnout symptoms were moderately and negatively associated with perceived goal self-efficacy and goal attainability. High levels of controlled motivation were correlated with mental distance and psychological distress, while autonomous motivation was negatively related to mental distance and emotional impairment (Table 1).

Table 1. Spearman correlations between burnout symptoms and goal characteristics in Sample 1.

	Goal characteristics			
	Self-efficacy	Attainability	Controlled motivation	Autonomous motivation
Exhaustion	**-.404*** **	**-.367*** **	.223*	-.220*
Mental distance	**-.444** **	**-.404*** **	**.248** **	**-.336*** **
Cognitive impairment	**-.417*** **	**-.336*** **	.200*	-.262**
Emotional impairment	**-.435*** **	**-.438*** **	.290**	**-.376*** **
Psychological distress	**-.360*** **	**-.320*** **	**.309*** **	-.176
Psychosomatic complaints	-.204*	-.206*	.162	-.109

*Note. * p < .05, ** p < .01, *** p < .001*

Among researchers (Study 2), the analyses revealed predominantly moderate negative associations between all burnout symptoms and perceived goal self-efficacy (Table 2). Decreases in goal effort and goal commitment were related to increased mental distance and cognitive impairment. High levels of controlled motivation and low levels of autonomous motivation were also associated with increased mental distance (Table 2).

Table 2. Spearman correlations between burnout symptoms and goal characteristics in Sample 2.

	Goal characteristics				
	Effort	Commitment	Self-efficacy	Controlled motivation	Autonomous motivation
Exhaustion	-.194*	-.177*	**-.403*** **	.234**	-.177*
Mental distance	**-.310*** **	**-.412*** **	**-.451*** **	**.315*** **	**-.344*** **
Cognitive impairment	**-.332*** **	**-.322*** **	**-.354*** **	.092	-.103
Emotional impairment	-.167*	-.179*	**-.349*** **	.116	-.063
Psychological distress	-.127	-.162*	**-.417*** **	.137	-.095
Psychosomatic complaints	-.049	-.251**	**-.274*** **	.162*	-.215**

*Note. * p < .05, ** p < .01, *** p < .001*

4. Discussion

The aim of the current study was to analyze relationships between burnout symptoms and goal dimensions among researchers and helping professionals. Examining burnout symptoms in these groups is particularly important, as these professions rely heavily on sustained cognitive and emotional engagement (Demerouti, 2024; Liu, 2023; Maslach & Leiter, 2017; Sarkar, 2023). Overall, research findings showed significant associations between work-related goal dimensions and burnout symptoms in both samples. This underscores the importance of processes underlying goal pursuit in occupational settings for burnout development.

Across both samples, goal self-efficacy emerged as the strongest correlate of burnout symptoms. Regardless of profession, low perceived competence in attaining work goals was associated with increased intensity of the core burnout symptoms (exhaustion, mental distance, emotional impairment, and cognitive impairment) and psychological distress. This finding can be explained within the framework of Social Cognitive Theory (Bandura, 2001), which highlights the importance of self-efficacy beliefs and outcome expectations in individuals' behavior. When self-efficacy beliefs are low, engagement in goal pursuit can decrease. In occupational settings, where individuals face work-related goals but feel less competent, this may increase perceived stress levels and contribute to burnout symptoms. Conversely, high goal self-efficacy can lead to greater engagement in work goals, which may also increase the risk of becoming overwhelmed and developing burnout symptoms.

Burnout symptoms were also related to decreases in goal attainability, effort, and commitment. More specifically, a low probability of successful goal achievement was associated with exhaustion, mental distance, emotional impairment, cognitive impairment, and psychological distress. Additionally, low effort

and commitment were linked to increased mental distance and cognitive impairment. These findings indicate that difficulties in goal attainment can facilitate the development of burnout symptoms. However, an explanation of the role of effort and commitment in the process is more complex when considering the role of engagement. Engaged individuals put a lot of effort into pursuing work goals and are involved and committed. From a long-term perspective, however, this can become demanding and stressful. As a result, burnout symptoms can start to develop, accompanied by a decrease in effort, involvement, and commitment.

The findings also point to the importance of motivation to achieve work-related goals in the development of burnout symptoms. The role of controlled and autonomous motivation (Ryan & Deci, 2000) seems to be especially relevant to mental distance. In both samples, mental distance was associated with increased controlled motivation and decreased autonomous motivation. Controlled motivation seems to be a risk factor for burnout, while autonomous motivation may have a protective role.

The current study extends existing knowledge on the role of goal dimensions in goal pursuit (Brandstätter et al., 2013; Klein et al., 2014; Milyavskaya et al., 2015; Monzani et al., 2015; Pomaki et al., 2009; Sheldon & Elliot, 1999; Werner et al., 2016) by examining their role in the development of burnout symptoms. Since correlation analyses do not allow causal interpretations, several explanations may be considered. First, high goal self-efficacy, attainability, effort, commitment, and autonomous motivation, together with low controlled motivation, may increase work involvement and engagement, which, in turn, may elevate stress levels and contribute to burnout symptoms. Second, low goal self-efficacy, attainability, effort, commitment, and autonomous motivation, together with high controlled motivation, may also increase stress and contribute to burnout symptoms. In this case, stress may arise from a perceived discrepancy between reduced work involvement and the need to continue pursuing work goals. Third, burnout symptoms may themselves lead to changes in goal dimensions, such as decreased perceived goal self-efficacy and attainability or reduced effort, commitment, and autonomous motivation.

The generalizability of the findings is limited for several reasons. First, the research samples were not representative, although the number of participants was sufficient for the analyses. Second, data were collected online, which prevented researchers from answering questions about survey items in real time. Consistent with this limitation, several respondents noted in email feedback that some questionnaire items were ambiguous. Third, responses may have been biased due to the use of self-report measures. Fourth, the internal consistency estimates of the items measuring controlled motivation fell below acceptable levels in both studies. Therefore, associations between controlled motivation and burnout symptoms should be interpreted with caution and require further investigation.

Despite these limitations, the study contributes by highlighting the importance of goal-related processes in the development of burnout symptoms among researchers and helping professionals. The findings suggest that adaptive goal dimensions may play an important role in burnout prevention and in promoting healthy work environments. Future research should examine the development of burnout symptoms in relation to goal dimensions more comprehensively, particularly by focusing on interactions between goal dimensions or including investigations of causal effects.

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