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RESEARCH ARTICLE

Effect of Psychological Empowerment on Nurses Burnout

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Abstract:

Objective:

The health industry needs motivated and satisfied nursing staff to provide quality health services to medical tourists, as well as in other sectors. This study aimed to examine the effects of psychological empowerment on the dimensions of burnout among the Malaysian nursing staff, as well as exploring the role of age, gender, experience, and marital status on the perception of burnout dimensions.

Methods:

This survey used a sample of 432 nursing staff, using measures of the perception of empowerment and comparing variables with another measure of burnout, collected *via* a self-reported questionnaire. Data were analyzed using PLS-SEM. Moreover, the group analysis in PLS-SEM estimated the differences among the nursing staff's perception of psychological empowerment on burnout factors.

Results:

The findings reveal that psychological empowerment reduces the impact of burnout symptoms. Moreover, gender and age are different for depersonalization by the perception of psychological empowerment among the nursing staff in Malaysia. The Malaysian nursing staff's marital status influences the relationships between psychological empowerment and depersonalization, as well as emotional exhaustion and personal unfulfillment. Moreover, the experience of the nursing staff influences the perception of personal unfulfillment in a significant manner.

Conclusion:

This study offered important managerial implications, such as considering the nursing staff's needs according to age, gender, material status, and working experience to address burnout issues of emotional exhaustion, depersonalization, and personal unfulfillment. Moreover, it is important to note that the different factors of burnout are perceived differently by the nursing staff based on their attributes. There is a need to utilize the provision of psychological empowerment needs.

Keywords: Burnout, Empowerment, Malaysia, Survey, Nurses, Psychological empowerment.

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1. INTRODUCTION

The demanding nature of the nursing profession is well-known, and the nursing profession has a lot of work demands and stressful work schedules with pressures from patients and caretakers. The demanding nature of nursing job demands physical and emotional resources [1]. The physical and emotional resources when depleted are called burnout which is experienced by Malaysian nursing staff [2]. Burnout has a huge impact on the health industry and nursing staff [3].

The provision of psychological empowerment can reduce the impact of burnout and enable better work performance [4]. Psychological empowerment can reduce burnout symptoms [5]. However, the symptoms of burnout may vary among the nursing staff based on their factors such as age, gender, experience, and marital status [6]. Therefore, it is important to formulate the right policies to reduce burnout effects as the provision of psychological empowerment needs to be managed as higher empowerment can have negative effects [7]. Psychological empowerment has different effects on the nursing staff based on their required and personal factors, such as age, gender, experiences, and marital status [8].

The health industry in Malaysia is mutually run by the public and private sectors. Seventy-five percent of the health

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services in Malaysia are provided by the public sector [9]. Nevertheless, the cost of the private sector is higher than the public sector in providing health services [10]. Moreover, the health industry in Malaysia wants to become a hub for health travellers from around the world in increasing the global healthcare travellers industry [11]. However, the rising demands in the nature of work and quality of work have affected the current nursing staff in Malaysia in terms of quantity and quality [12]. The shortage of nursing staff in Malaysia is due to high demand which causes stress, job dissatisfaction, and burnout indications [13]. The escalation in attrition among the Malaysian nursing staff is due to stressful working conditions [14]. This study attempted to explore the impact of psychological empowerment on burnout and the effect of the nursing staff's attributes such as age, gender, experience, and marital status in influencing the burnout symptoms. The differences in the perception of burnout are based on the attributes of the nursing staff in changing the management of the nursing staff to reduce the impact of burnout. This study will expand the literature on managing burnout among nursing staff. The nursing staff has different attributes such as age, gender, experience, marital status, and varying needs for the provision of empowerment. Moreover, the psychological empowerment needs to be managed using the right policies at the workplace because the psychological empowerment of the nursing staff is different based on their factors and impact of burnout symptoms.

The next section is regarding the literature on psychological empowerment, depersonalization, emotional exhaustion, and personal unfulfillment. Then, it is followed by the method of this study based on literature review and the hypotheses development. The analysis and results are reported in section 4 and 5, respectively. Section 6 presents the conclusions with future research opportunities and limitations.

2. LITERATURE REVIEW

2.1. Psychological Empowerment

Perception of empowerment provides the necessary resourcefulness in providing necessary conditions of working in life and organizational work-life [5]. Empowerment can motivate an individual to work with zeal and full capacity in achieving organisational goals [15]. The cognitive state of mind that triggers the state of confidence to work with full force termed as psychological empowerment [16]. Psychological is the process of perception on the realities around the individual, and positive perception can lead to empowerment or otherwise.

Spreitzer [17] defined psychological empowerment as the cognition state resulted from the subjective positive transformation of perceptions, and an individual starts to work with full dedication and fully immersed in the work environment. Psychological empowerment consists of four structural processes namely meaning, competence, self-determination, and impact [15].

Meaning provides the objective of work and direction for a person's actions [5]. Organizational objectives and individual objectives can sync in which an individual builds a strong bond based on common objectives and purposes between him or her and the organization [15]. The two sides can emerge as a common purpose that can lead to psychological empowerment [16].

Individual competency is the notion of having a true unbiased opinion of a person's capacities with the right skills and set of knowledge [15]. This idea is associated with having self-efficacy and believing in oneself [5]. Having a positive belief helps an individual to become more dedicated in completing the task at hand and looking for new opportunities at the workplace [16]. The positive self-evaluation of one's abilities and having the right abilities can influence an individual to work hard for the organization as the purposes match the individual's precise capacities in their job performance.

However, having the right skills and objectives that match the organization is not enough. Individuals should be motivated to use their innate skills and objective at hand in performing with the provision of the right environment [16, 18]. Environment enablers are the autonomy and freedom at the workplace to make choices regarding work-related issues. Meaning, competence, and willingness to put the right efforts can empower individuals to build a sense of power and purpose [5]. When individuals motivated at their workplace, they will put more efforts in the right direction as they have the right motivation for the organization [16]. The perception of autonomy and freedom provides opportunities to manipulate and correct work procedures [15]. The impact is the outcome of individual efforts such as having a common purpose and putting the effort with dedication [19]. The positive impact can lead the individual to put more efforts [5].

The difference between high performing and low performing employees is the self-perceived psychological empowerment at the workplace [20]. If the psychological empowerment prevails at large in the organization, the organization can either perform well or vice versa. The general sense of empowerment leads to higher work performance and lower negative feelings towards the work and workplace.

2.2. Depersonalization, Emotional Exhaustion, and Personal Unfulfillment

2.2.1. Depersonalization

People with depersonalization like to keep a distance from the things they do not like and avoid unpleasant events and situations which happen at the workplace. Keeping personal self at a distance from work and not putting real self in work can be termed as depersonalization [3]. People start developing a sense of lacking purpose or aim at the workplace and keeping their true self and efforts away from work [21]. Workers start avoiding work with no sense of responsibility towards their work [22]. These 'cold' behavior of nurses are projected to the patients and carers of the patients. Nursing staff lose the purpose of work, avoid work-related responsibilities, and keep the distance from their work [6]. This behavior can lead to no purpose at the workplace and trigger frustration which leads to no work responsibilities.

2.2.2. Emotional Exhaustion

The depletion of resources can be in the form of physical and emotional elements. The lack of resourcefulness grows, which also reduces the interest and effort [23]. People engaged in a work-avoiding attitude as they do not feel resources available to discharge the work responsibilities [21]. These resource depleted attitudes bring the harsh and cold behaviors of the worker towards other workers and patients alike [24]. This drain of resourcefulness causes loss of work and work-related motivations and workers with emotional exhaustion will avoid work-related tasks at the workplace [25]. They will look for new work or work with no work-related objectives.

2.2.3. Personal Unfulfillment

This is the perception of depersonalization and loss of resourcefulness with no or low association to engage in personal accomplishments [25]. Workers will avoid work and delegate the work to others as the work accomplished is not important to them [3]. The work becomes unimportant, and the loss of purpose with the lack of resources in physical and emotional levels can worsen the situation and individuals became prey of no work or personal motivation to accomplish work-related tasks [21, 26].

2.3. Hypotheses Development

2.3.1. Psychological Empowerment and Depersonalization

The development of psychological empowerment can create resources for a worker to work and put more efforts into their work [27]. The perception of depersonalization is associated with hiding true efforts from work and keeping a distance from work-related activities. Therefore, psychological empowerment can reduce depersonalization. When nursing staff have empowerment in work by and working with, full competence and self-determination, they can reduce the possibility of depersonalization [21]. Therefore, the above discussion has led to the following hypotheses:

Hypothesis 1 (H1): *Psychological empowerment has a negative effect on depersonalization.*

2.3.2. Psychological Empowerment and Emotional Exhaustion

The perception of psychological empowerment develops a sense of resourcefulness and triggers the necessary physical and emotional inventories that justify reducing the effects on low personal unfulfillment [28]. Nursing staff with psychological empowerment put more efforts and perception of resourcefulness to reduce the effects of personal unfulfillment [5, 21]. Moreover, psychological empowerment can decrease the effects of emotional exhaustion on the nursing staff. Therefore, the above discussion has led to the following hypothesis:

Hypothesis 2 (H2): *Psychological empowerment has a negative effect on emotional exhaustion.*

2.3.3. Psychological Empowerment and Personal Unfulfillment

The development of resourcefulness and having the capacities to perform the assigned tasks affects the natural tendency developed in individuals to get engaged in the achievements, as well as proving the capacities and honor accomplishments [4, 6, 29]. Personal unfulfillment gets corrected with psychological empowerment [3]. Organizational efforts can reduce the negative influence of personal lack of reason and effort putting [30]. Moreover, psychological empowerment can decrease the effects of personal unfulfillment. Therefore, the above discussion has led to the following hypothesis:

Hypothesis 3 (H3): *Psychological empowerment has a negative effect on personal unfulfillment.*

2.3.4. The Moderating Effect of Age, Gender, Marital Status, and Work Experience

Age is important in terms of nurses' perception of the things around them. The effect of psychological empowerment on individual depersonalization, emotional exhaustion, and personal unfulfillment is different depending on age [30]. When people age, they change their perception towards the realities around them, realise the necessities of life, and adjust with the environment [4, 23]. Consequently, the age of the nursing staff can affect their opinion on the effects of psychological empowerment on burnout symptoms such as depersonalization, emotional exhaustion, and personal unfulfillment [29]. Therefore, it leads to the following hypothesis:

Hypothesis 4 (H4a): *The relationships between psychological empowerment and depersonalization as well as emotional exhaustion and personal unfulfillment are affected by the age of the nurses on their experiences of depersonalization, emotional exhaustion, and personal unfulfillment.*

Gender is a factor concerning opinion on the realities of the world. Moreover, gender roles are different in societies. For gender, individual work and career preferences are different. The role of gender on individual perception is significant [28]. The outcome of psychological empowerment on individual depersonalization, emotional exhaustion, and personal unfulfillment differs depending on gender [29]. Gender enables people to have a different perception of the realities around them, realise the necessities of life, and adjust with the environment [5]. With the gender differences the individual beliefs and values change as well [22]. Therefore, it leads to the following hypothesis:

Hypothesis 4 (H4b): *The relationships between psychological empowerment and depersonalization as well as emotional exhaustion and personal unfulfillment are affected by gender for the experiences of nurses on depersonalization, emotional exhaustion, and personal unfulfillment.*

Responsibilities for married and unmarried individuals are not the same [29]. The role of the life changes which affect the people's perception of different things not only at the workplace but also in life in general [22]. The effects of psychological empowerment on individual depersonalization, emotional exhaustion, and personal unfulfillment differ depending on marital status [6]. Particularly, married individuals have responsibilities at 'home' compared to unmarried individuals [21]. Therefore, the perceptions on the

psychological empowerment of married nursing staff are different from unmarried nursing staff on the effects of psychological empowerment on burnout symptoms, such as depersonalization, emotional exhaustion, and personal unfulfillment [8, 23]. Therefore, it leads to the following hypothesis:

Hypothesis 4 (H4c): *The relationships between psychological empowerment and depersonalization as well as emotional exhaustion and personal unfulfillment are affected by marital status on the experiences of depersonalization, emotional exhaustion, and personal unfulfillment.*

The effects of psychological empowerment on individual depersonalization, emotional exhaustion, and personal unfulfillment differ depending on the work experience of the workers [21]. Work experience enables individuals to form and adjust their perception of realities about work-related issues [22]. Individual's beliefs and values vary in work-related realities [23]. Nursing staff with different working experiences have different opinions about the effects of psychological empowerment on burnout symptoms such as depersonalization, emotional exhaustion, and personal unfulfillment. Therefore, it leads to the following hypothesis:

Hypothesis 4 (H4d): *The relationships between psychological empowerment and depersonalization as well as emotional exhaustion and personal unfulfillment are affected by working experiences of the nurses on their experiences of depersonalization, emotional exhaustion, and personal unfulfillment.*

3. RESEARCH METHODOLOGY

3.1. Sample Selection

Two tests were performed to evaluate the sample size for this study. This study used the table by Krejcie and Morgan [31] and determined that the sample size must be 378. Moreover, the GPower V2.0 software was also used to determine the sample size using multiple regression statistical analysis by setting the statistical significance at 0.05 with the statistical power at 0.95 for the null hypothesis rejection level and a medium level of effect size at 0.15. The results suggested that the sample size should be 130 samples. The sample frame of this study is the registered hospitals under MOH and the nursing staff who work at the registered hospitals. The list of hospitals retrieved from MHTC website, and this study selected the full-time registered nurses employed by 78 registered hospitals under MOH. A total of 550 survey questionnaires sent, and 467 respondents completed the questionnaires. However, only 432 questionnaires were used for the final analysis as 35 returned questionnaires were incomplete.

3.2. Research Instruments

We used a total of twelve psychological empowerment items adopted from Spreitzer [15]. The estimations of depersonalization, emotional exhaustion, and personal unfulfillment were performed using the Maslach's Burnout Inventory (MBI) with 4, 7, and 4 items, respectively. Maslach *et al.* [24] reported that the reliability coefficient for the scale is $\alpha = 0.91$ for emotional exhaustion, $\alpha = 0.85$ for depersonalization, and $\alpha = 0.87$ for personal accomplishment.

3.3. Common Method Variance (CMV)

The data collection in social sciences was done using the questionnaires, and this common method has resulted in common method variance and measurement errors [32]. The suggested handling of CMV was after data collection to identify and control the CMV. This study used the single factor Harman's analysis for testing the CMV [33]. The single factor of this study was the limit of less than 40%; hence, there was no CMV for this study [32].

3.4. Multivariate Normality

This study used Mardia's online test for the multivariate normality on the web power website to test the multivariate normality of the data [34]. The web power online tool provided the results with skewness and kurtosis coefficients as well as the *p*-value for the data set. The data considered non-normal if the *p*-value for the Mardia's multivariate coefficient is more than 0.05 [35]. The result confirmed that the data were normal.

3.5. Data Analysis Method

PLS-SEM tested the models using two steps, namely measurement and structural model [36]. Cronbach's alpha (α) and Composite Reliability (CR) are employed to confirm the intern consistency for the constructs. The recommended score for α and CR is 0.70 or above [37]. However, CR is considered a good indicator of internal reliability than α [36].

The Variance Inflation Factor (VIF) represents the inflation of variance due to the presence of multicollinearity within the constructs [37]. The Average Variance Extracted (AVE) value must be 0.50 or above for every construct [36]. The discriminant validity in PLS-SEM was corroborated with cross-loading, Fornell-Larcker, and Heterotrait-Monotrait ratio (HTMT) [36]. The Fornell-Larcker criterion needs to be above 0.700 to provide evidence of discriminate validity. However, HTMT is suggested to discriminate the validity in which the values must be less than 0.90 [36]. The measurement model is represented with r^2 that denotes the explanation power of the endogenous variables with the exogenous variables. The effect size (f^2) and Q^2 are the estimates of the measurement model [37]. The effect size (f^2) signifies the effect of each exogenous variable on the endogenous variable. Cohen [38] offered the guidelines for the mean values of f^2. The effect sizes of 0.30, 0.15, and 0.02 represent large, medium, and small effect sizes, respectively. The Q^2 values of 0.02, 0.15, and 0.35 indicate small, medium, and large predictive relevancies of the model, respectively [36].

Moreover, the Multi-Group Analysis (MGA) in PLS-SEM enables the researchers to identify the different pre-set groups in estimating the differences between the groups based on the pre-defined bases of the group [39]. MGA is efficient to confirm the differences between the groups within the dataset [37]. MGA enables the researchers to track the differences between the structural paths of the multiple groups in the dataset [39]. PLS-MGA determines whether there is any difference in the assessment group and categorises whether the

dataset is homogenous or heterogeneous based on the different groups within the dataset [36]. The first step was to categorize the groups based on categorical variables of interest, such as age, gender, or income. Then, the path coefficients of multiple groups analyzed in determining whether the two groups are significantly different from each other based on the guidelines by Henseler *et al.* [39]. If the difference is significant, the cut-off value of permutation *p*-values should be less than or equal to 0.10 to establish a significant difference between the groups [37]. The differences that may exist within the dataset based on the characteristics of the sample may not be evident in the aggregated data and path coefficients of the subdivided group data; hence, MGA can be used to determine the differences between the data based on categorical bases [39].

4. RESULTS

4.1. Descriptive Statistics

Table **1** presents the profile of the respondents. The total of female respondents was 85%, and the nursing profession is considered a female profession. For the respondents' age, the data show that 86% of the respondents were 31 years or more and 14% of them were less than 31. However, the majority of the respondents (68%) were married or once married. Education is the basic requirement in the nursing profession in which 78.9% of the respondents have a college degree in nursing, and 2.1% of them have a master's degree. The minimum qualification in the profession is a certificate. A total of 42.5% of respondents have working experience of the five years or more, and 58% of the respondents have six years or more experience. About 73% of the respondents were Malaysian citizens, and the remaining were non-Malaysians.

4.2. Validity and Reliability

This study followed the recommendations by Hair *et al.* [36], as shown in Table **2**. The α and CR for each construct are more than 0.871 and 0.869, respectively. Cronbach's alpha value is the measure of inter-correlational approximation on the items for each construct. The Cronbach's alpha values revealed that 0.963 is the minimum value and the other constructs' values are above the prescribed limit of 0.70. The Cronbach's alpha and CR values signify that the constructs are reliable before performing the next analysis. The AVE of all items for each construct must be above 0.50 to achieve convergent validity in approving the uni-dimensionality of each construct [36]. The items display that the constructs have acceptable convergent validity. The loading for every item and cross-loading should be verified to confirm the discriminant validity. The results show that the item loads on particular variables fulfill the notion of discriminant validity. Table **3** shows the results. Another test for discriminant validity is the Fornell-Larcker criterion. The results show that the values are in the acceptable range. Another recommended examination for discriminant validity is the HTMT ratio in which the HTMT values must be 0.90 or fewer to confirm the discriminant validity [37]. Table **3** shows that the study has evidence of discriminant validity.

Table 1. Profile of the respondents.

–	n	%	–	n	%
Gender	–	–	*Age*	–	–
Male	65	15	Less than 30 years of age	57	13.2
Female	377	85	31-41 years of age	228	52.8
Total	432	100	42-52 years of age	95	22
–	–	–	53 and above of age	52	12
Education	–	–	Total	432	100
Certificate	82	19	–	–	–
Degree	341	78.9	–	–	–
Master	9	2.1	*Marital Status*	–	–
Total	432	100	Single	139	32.2
–	–	–	Married	249	57.6
–	–	–	Divorced	42	9.7
–	–	–	Widowed	2	0.5
Working Experience	–	–	Total	432	100
less than 2Years	11	2.5	–	–	–
2-5 Years	174	40.3	–	–	–
6-10 Years	154	35.6	Nationality	–	–
10-15 Years	47	10.9	Malaysian	315	72.9
16-20 Years	46	10.6	Non-Malaysian	117	28.1
Total	432	100	Total	432	100

Table 2. Reliability analysis.

Variables	Number of Items	Cronbach's Alpha	Composite Reliability	Average Variance Extracted
Psychological Empowerment	12	0.963	0.967	0.713
Depersonalization	4	0.817	0.869	0.628
Emotional Exhaustion	7	0.932	0.945	0.714
Personal Unfulfillment	4	0.963	0.918	0.736

Table 3. Outer loading and cross loadings.

–	PYE	DEP	EXU	PUF
PYE. Item - 1	0.801	-0.355	-0.448	-0.190
PYE. Item - 2	0.790	-0.343	-0.327	-0.233
PYE. Item - 3	0.856	-0.356	-0.511	-0.247
PYE. Item - 4	0.798	-0.351	-0.472	-0.383
PYE. Item - 5	0.866	-0.345	-0.496	-0.265
PYE. Item - 6	0.731	-0.392	-0.366	-0.365
PYE. Item - 7	0.753	-0.378	-0.445	-0.364
PYE. Item - 8	0.891	-0.387	-0.517	0.265
PYE. Item - 9	0.895	-0.387	-0.516	-0.296
PYE. Item - 10	0.920	-0.411	-0.560	-0.376
PYE. Item - 11	0.831	-0.422	-0.521	-0.370
PYE. Item - 12	0.967	-0.451	-0.550	0.381
DEP. Item - 1	-0.475	0.910	0.406	0.285
DEP. Item -2	-0.416	0.885	0.213	0.295
DEP. Item - 3	-0.076	0.669	0.108	-0.055
DEP. Item - 4	-0.228	0.672	0.408	0.255
EXU. Item -1	-0.609	0.701	0.922	0.355
EXU. Item - 2	-0.448	0.838	0.853	0.334
EXU. Item - 3	-0.539	0675	0.904	0.303
EXU. Item - 4	-0.359	0.623	0.710	0.320
EXU. Item - 5	-0.379	0.737	0.848	0.374
EXU. Item - 6	-0.442	0.698	0.725	0.378
EXU. Item - 7	-0.530	0.715	0.924	0318
PUF. Item - 1	-0.367	0.260	0.838	0.896
PUF. Item - 2	-0.232	0.247	0.732	0.855
PUF. Item - 3	-0.147	0.059	0.568	0.787
PUF. Item - 4	-0.379	0.371	0.416	0.890
Fornell-Larcker Criterion	–	–	–	–
PSY	0.844	–	–	–
DEP	-0.454	0.792	–	–
EXU	-0.571	0.837	0.845	–
PUF	-0.361	0.308	0.376	0.858
Heterotait-Monotrait Ratios	–	–	–	–
PSY	-	–	–	–
DEP	0.467	-	–	–
EXU	0.587	0.927	-	–
PUF	0.360	0.362	0.374	–

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

4.3. Path Analysis

The adjusted r^2 value for the three paths, namely psychological empowerment and depersonalization, psychological empowerment and emotional exhaustion, and psychological empowerment and personal unfulfillment, are 20%, 32%, and 12%, respectively. The result explains that 20 per cent of the variance in depersonalization can be explained by psychological empowerment as an input variable. Moreover, 32% per cent of the variance in emotional exhaustion can be explained by psychological empowerment as an input variable, and 12 per cent of the variance in personal unfulfillment can be

explained by psychological empowerment as an input variable. The f^2 values for psychological empowerment on depersonalization, emotional exhaustion, and personal unfulfillment are 0.260, 0.485, and 0.150, respectively. The effect of psychological empowerment on emotional exhaustion is large, whereas the effects on depersonalization and personal unfulfillment are small. The predictive relevance (Q^2) values for the part of the model are 0.100, 0.212, and 0.079 for depersonalization, emotional exhaustion, and personal unfulfillment, respectively. The predictive relevance for personal unfulfillment is small, depersonalization is medium, and emotional exhaustion is medium.

Table **4** shows the standardized path coefficients, *t*-values, and significance level. The path coefficient values for psychological empowerment on depersonalization is β = -0.454 and p = 0.000, which provide the supports to accept H1. The result shows that the effect of psychological empowerment on the depersonalized type of burnout is negative but significant. The path coefficient forms psychological empowerment on emotional exhaustion which is β = -0.571 and p = 0.000, indicating a negative and significant effect of psychological empowerment on emotional exhaustion. Hence, H2 is supported. The path coefficient for psychological empowerment on personal unfulfillment is β = -0.361 and p = 0.000. The effect of psychological empowerment on personal unfulfillment perception is negative and significant which supported H3. Table **4** shows the results of path coefficients.

4.4. Multiple Group Analysis

Multiple group analyses were performed to compare the results for different groups based on age, gender, marital status, and work experience. One non-parametric test was utilized to evaluate the differences in the key relationship between the model based on the characteristics of the sample, such as age, gender, marital status, and work experiences (Table **5**). Table **6** shows the path values for two groups with the differences within the groups and *p*-values as recommended by Henseler *et al.* [39]. P_{MGA} represents the *p*-values obtained by the use of multiple group analysis of PLS-SEM as the measure of significant difference among the groups [39].

Table 4. Hypothesis testing.

Hypothesis		Coefficient	t-values	Sig.	r^2	f^2	Q2	Decision
H1	PYE → DEP	-0.454	13.910	0.000	0.20	0.260	*0.100*	*Supported*
H2	PYE → EXT	-0.571	20.550	0.000	0.32	0.485	*0.212*	*Supported*
H3	PYE →PUF	-0.361	9.099	0.000	0.12	0.150	*0.079*	*Supported*

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

Table 5. Multiple group comparisons based on age.

–	Young			Old			–	–
–	β	t-values	Sig.	β	t-values	Sig.	Difference	P_{MGA}
PYE →DEP	-0.428	9.270	0.000	-0.754	15.908	0.000	0.326	1.000
PYE →EEX	-0.643	18.125	0.000	-0.641	13.277	0.000	0.002	0.512
PYE →PUF	-0.488	7.595	0.000	-0.487	8.368	0.000	0.001	0.506

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

Table 6. Multiple group comparison based on Gender.

–	Male			Female			–	–
–	β	t-values	Sig.	β	t-values	Sig.	Difference	P_{MGA}
PYE →DEP	-0.636	9.980	0.000	-0.443	13.195	0.000	0.193	0.995
PYE →EEX	-0.571	7.189	0.000	-0.578	17.597	0.000	0.007	0.480
PYE →PUF	-0.401	2.328	0.000	-0.350	7.379	0.000	0.052	0.737

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

Table 7. Multiple group comparison based on marital status.

–	Married			Unmarried			–	–
–	β	t-values	Sig.	β	t-values	Sig.	Difference	P_{MGA}
PYE →DEP	-0.509	9.796	0.000	-0.388	9.630	0.000	0.121	0.964
PYE →EEX	-0.728	18.587	0.000	-0.493	13.236	0.000	0.236	1.000
PYE →PUF	-0.578	10.889	0.000	-0.227	2.621	0.005	0.350	1.000

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

Table 8. Multiple group comparison based on experience.

–	Low Experience			High Experience			–	–
–	**β**	**t-values**	**Sig.**	**β**	**t-values**	**Sig.**	**Difference**	**P_{MGA}**
PYE →DEP	-0.434	8.714	0.000	-0.431	6.930	0.000	0.003	0.506
PYE →EEX	-0.622	14.877	0.000	-0.578	8.860	0.000	0.044	0.711
PYE →PUF	-0.430	8.724	0.000	-0.654	19.346	0.005	0.224	1.000

Note: PYE: psychological empowerment; DEP: depersonalization; EXU: emotional exhaustion; PUF: personal unfulfillment.

4.4.1. Effects of Age on the Groups

The results of two groups based on the age from the sample confirmed that age has a significant difference in the relationship between psychological empowerment and depersonalization among the nursing staff in Malaysia. The age difference does not affect the relationships between psychological empowerment and emotional exhaustion as well as psychological empowerment and personal unfulfillment.

4.4.2. Effects of Gender on the Groups

The results of the groups based on gender established to have a significant difference in the relationship between psychological empowerment and depersonalization among the nursing staff. Gender makes no difference for the relationships between psychological empowerment and emotional exhaustion as well as psychological empowerment and personal unfulfillment.

4.4.3. Effects of Marital Status on the Groups

The results showed that there is a significant difference between the groups of nurses who are married and unmarried. The relationship between psychological empowerment and depersonalization among the nursing staff differs between the married and unmarried nursing staff. Moreover, the relationship between psychological empowerment and emotional exhaustion also varies between married and unmarried nursing professionals. Besides that, the relationship between psychological empowerment and personal unfulfillment varies among the nursing staff significantly according to their marital status (Table **7**).

4.4.4. Effect of Experience on the Groups

The difference among the nursing staff based on work experiences shows that there is a statistically significant difference in the relationship between psychological empowerment and personal unfulfillment. However, there is no statistically significant difference among the nursing staff based on their work experiences for the relationships between psychological empowerment and depersonalization, as well as psychological empowerment and emotional exhaustion among the nursing staff (Table **8**).

5. DISCUSSION

Nurses require empowerment at the workplace, which addresses the burnout types, namely depersonalization, emotional exhaustion, and personal unfulfillment. Psychological empowerment can negatively and significantly affect depersonalization, emotional exhaustion, and personal unfulfillment in which the nurses in Malaysia can manage their burnout using the psychological empowerment at the workplace. Therefore, this study supported H1, H2, and H3. Psychological empowerment can affect emotional exhaustion ($f^2 = 0.212$) with medium effect, followed by psychological empowerment is depersonalization and the effect size ($f^2 = 0.100$) represents a medium effect, and psychological empowerment has a small effect size on personal unfulfillment ($f^2 = 0.079$) (Table **5**). The results are similar to the results by Laschinger *et al.* [40] and Guo *et al.* [7]. It is revealed that the effect of psychological empowerment on depersonalization is medium that is less than the effect on emotional exhaustion. On the other hand, the effect of psychological empowerment is small on personal unfulfillment. The results also matched the results by Guo *et al.* [7]. The provision of psychological empowerment is effective in reducing the effects of emotional exhaustion, which is a critical part of the burnout conceptualization.

Finally, this study evaluated the differences in age, gender, marital status, and work experience among the nurses for the perception of burnout symptoms. The results revealed that the impact of psychological empowerment on depersonalization occurred among the young nursing staff than the old nursing staff. However, age has no difference in the relationship between psychological empowerment and emotional exhaustion as well as psychological empowerment and personal unfulfillment among the nursing staff in this study. The results revealed that the provision of psychological empowerment is effective for young nurses to reduce depersonalization. The results showed that the differences of gender can affect the relationship between psychological empowerment and depersonalization, and there is no difference of gender is affecting the relationships between psychological empowerment and emotional exhaustion as well as psychological empowerment and personal unfulfillment. The result showed that the provision of psychological empowerment is an effective tool to address the issue of depersonalization among women nursing staff. The results revealed that the differences in marital status can affect the relationships between psychological empowerment and depersonalization, psychological empowerment and emotional exhaustion, as well as psychological empowerment and personal unfulfillment. The results confirmed that the provision of psychological empowerment had addressed emotional exhaustion, depersonalization and personal unfulfillment of married nursing staff. The result shows that the differences of experience can affect by the relationship between psychological empowerment and personal unfulfillment, and there is no difference of experience in affecting the relationship between psychological empowerment and emotional exhaustion as well as psychological empowerment and depersonalization. The results highlighted that the provision of psychological empowerment reduced the effects of personal

unfulfillment among more experienced nursing staff. The results matched the results by Laschinger *et al.* [40].

CONCLUSION

Nursing is a noble profession, and a nation's health will be at stake if the nursing staff are not happy in performing their responsibilities. Nursing has been declared as the most difficult profession in terms of demand and pressures [2]. The Malaysian health system faces tremendous pressure from patients and their carers, and the nursing staff are facing burnout symptoms and leaving the industry in great numbers. Moreover, Malaysia wants to become a health care destination for international patients, which adds to the pressures. The demanding nature of the health industry is a big concern in which management should make necessary arrangements to retain the nursing staff. One of the options is to provide the necessary psychological empowerment to prevent and ameliorate burnout symptoms.

The results of this study revealed that the burnout among the nursing staff could be tackled using the provision of psychological empowerment. Psychological empowerment can reduce the impact of perceptions like depersonalization, emotional exhaustion, and personal unfulfillment. The hospital industry needs to provide the meaning for work by promoting the use of nursing competence with self-determination to reduce the negative perception among the nursing staff so they can work better [29].

Managers from the healthcare industry must provide necessary empowerment to the staff nurses in reducing work-related issues like workload and maintaining good working relationships with colleagues. Moreover, it provides the informal power that facilitates their work. Besides that, better working conditions at the workplace can reduce burnout symptoms. The management staff of the nursing industry in Malaysia must consider the age, gender, experience, and marital status in investigating the nurses' burnout experiences. The effect of psychological empowerment on burnout symptoms is high for emotional exhaustion, medium for depersonalization, and small for personal unfulfillment. The policies need to focus on the progress in improving psychological empowerment and reducing the negative effects of burnout symptoms. The management of the health industry needs to explore the role of marital status as it can affect the nurses' opinions on burnout symptoms. The enhanced psychological empowerment can reduce the effect of burnout among the nursing staff so they can provide better service to the local and foreign patients [10]. The increased influx of medical tourists can be tackled with motivated and psychological empowered nurses so that the country can earn foreign exchange [10].

In conclusion, the health industry management needs to focus on strategies to handle the burnout symptoms using psychological empowerment at the workplace [1]. However, the management needs to keep in mind that the roles of psychological empowerment on burnout symptoms are not the same according to the nursing staff's attributes such as age, gender, marital status, and work experience. It will add value if the nursing staff is considered based on attributes such as age, gender, marital status, and work experiences.

Furthermore, professional training and communication skills of nursing managers can help them to deliver the cognition of psychological empowerment to their nursing staff. Nursing staff's needs for psychological empowerment are different according to their age, gender, marital status, and work experience. The need for psychological empowerment can reduce the burnout effects among the nursing staff.

There are two major limitations in this study. This study is based on self-reported survey method which leads to biases as the respondents describe their perceptions rather than the facts; it leads to subjectivity and potential biases in the responses [32]. The study adopted a cross-sectional stance due to time and cost constraints. Future studies should adopt a longitudinal approach to collect data over a period of time from the nursing and management staff. Moreover, the explorative method of inquiry can be applied to understand the effectiveness of psychological empowerment in addressing the burnout symptoms. Effective work management and empowering work design can reduce the impact of stress on the nursing staff so they can work effectively.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study is approved by Centre for Postgraduate Studies Universiti Malaysia Kelantan.

HUMAN AND ANIMAL RIGHTS

Not Applicable.

CONSENT FOR PUBLICATION

Verbal consent was given by all the participants.

AVAILABILITY OF DATA AND MATERIALS

Not Applicable.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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