



IMPLICATIONS OF EMOTIONAL EXHAUSTION ON HEALTHCARE PROFESSIONALS DURING COVID-19

Dr. Usha Prabhu *, Mr. N. Sathyanarayana **

* Associate Professor, Adarsha Institute of Management & Information Technology (AIMIT), Bangalore, India,

Email: ushaprabhu321@gmail.com

ORCID iD: <https://orcid.org/0000-0001-6219-5358>

** Assistant Professor, School of Commerce, Jain (Deemed to be University), Bangalore -560069, Email:

n.sathya1985@gmail.com

ORCID iD: <https://orcid.org/0000-0002-4185-7751>

Abstract:

Corona Virus Disease Outbreak in 2019 (COVID-19) was a major concern across the world. The health sector has been badly hit; healthcare professionals have taken the responsibility of treating COVID-19 patients. On the one side, there is an acute shortage of qualified medical professionals, a crunch of vaccines and the infrastructure-hospital beds, ICU beds, ventilators and other side experts are anticipating the third wave of the virus. Healthcare Professionals were undergoing emotional exhaustion, emanating from emotional dissonance. The present study aims to understand the emotional exhaustion experienced by healthcare professionals include-nurses, including junior doctors, and senior doctors. Emotional Exhaustion happens when an individual's emotional resources are so exhausted that they feel they no longer have anything to contribute psychologically to others (Maslach & Jackson, 1981). The Emotional Exhaustion questionnaire (Hills, 2019) is administered which is an updated version of the Maslach Burnout Inventory (MBI) questionnaire is used as a base model for the preparation of a self-administered questionnaire. The study reveals that near to 24% of respondents feel depression very often. Very few respondents are always in depression due to continuous emotional dissonance leading them to heavy stress. Most of the responses sometimes are facing stress and emotional exhaustion. The SEM model also shows case the proper fit with this situation & issues faced by the healthcare professionals.

Keywords: Depression, Stress, Emotional Exhaustion, Emotional Dissonance, Healthcare professionals,

1. Introduction:

Corona Virus Disease (COVID-19) was first recognized in Wuhan, China in 2019. It was first identified, as a novel infectious disease that spread globally creating havoc across the countries. Disease spread quickly, increases in the figure of positive tested cases and related death resulted in fear and anxiety (Prakash & Pabalkar, 2020). The sudden emergency lockdown was declared throughout the country in combating it, but the economy was affected enormously & its revival is a challenge.

Today, the work environment has changed; work tension has created emotional fatigue leading to lack of motivation for work, a sense of powerlessness, depression, and defection (Romani & Ashkar, 2014). The attitudes of individuals towards their career were reflected in the organization (Chang, 1999). Like any other, healthcare professionals were subjected to psychological pressure with increased risk of disease and concern of transmission to relatives as a result of active involvement in the treatment of infected patients but healthcare professionals were ethically bound to save the life of the patients (Rolim Neto, et al., 2020). Abiding to the ethics of medicine, healthcare professionals, throughout the world are exerting their efforts in coping with the pandemic and saving lives. But they are in the same way susceptible to infection as the rest of the general community. Statistics indicate that a significant percentage of healthcare professionals have been infected (Simonds & Sokol, 2009) and few have lost their life. In this phase, healthcare professionals are undergoing an exceptional amount of mental stress stuck between their professional and private lifetime (Delfrate, et al., 2018) and leading to apprehension and dejection (Chen, et al., 2021).

Health care workers were experiencing significant amount of tension, nervousness, dejection, sleeplessness due to the second wave of COVID-19.(Spoorthy, Pratapa, & Mahant, 2020). Besides doctors, nurses, ward staff, cleaning employees and clerical staff were also prone to the danger of getting infected and posing of mental health problems (Que, et al., 2020).

During COVID-19 crises, undue over-burden in hospitals, high deficiency of medical services resources, intense lack of medical experts resulted in extra responsibility (Serena, et al., 2021). In this recent outbreak, healthcare staff undergoing stress symptoms such as anxiety, depression, aggression, and insomnia (Mak, 2009) leading to emotional exhaustion. Emotional exhaustion is defined as the experience of “feeling tired of feeling” (Hills, 2019). Emotional exhaustion is a chronic or a persistent state of physical and emotional depletion when a job demands human effort excessively and continuously throws in hassles. (Zohar, 1997). Emotional exhaustion arises when a person’s emotional resources are exhausted and feel that they have nothing to offer psychologically to others. (Maslach & Jackson, 1981) From literature reviews, emotional exhaustion concentrated on professional contentment and burnout. Burnout is depicted as emotional exhaustion and pessimism which arises in persons who work closely with people in critical situations and experience complete burnout physically & psychologically (Wright & Cropanzano, 1998). Emotional exhaustion is strongly linked with various employment issues; struggle at the workplace, and that there are thoughts of leaving one’s current employment or Re-skilling for new professions or finding employment elsewhere(Jackson, Schwab, & Schuler, 1986).

In the early phase, emotional dissonance is exhibited in individuals and later turns to emotional exhaustion. The term 'Emotional dissonance' was popularized by (Ashforth & Humphrey, 1993) as the inconsistency between action and feeling. Emotional dissonance derives from the theory of emotional labour (Rutner, Hardgrave, & MCKnight, 2008). Emotional dissonance is defined "as the conflict between expressed and experienced emotions" (Abraham, 2000). Employees obey organizational rules, but actual feelings are different in reality (Rafaeli & Sutton, 1987)-acting cheerful or pleasant while encountering stress and fatigue from emotional dissonance or due to depletion of resources. In normal times, literature study focuses on the interactions between the increased quality of work-life, high employee commitment, increased job satisfaction and reduced turnover rates. (Arvey & Sackett, 1993) Not only healthcare professionals were affected but all sectors and all strata of people suffered from COVID 19

2. Factors Contributing to Emotional Exhaustion

Researchers viewed various contributing factors to emotional exhaustion, (Wright & Cropanzano, 1998) developed a conservation of resources (COR) model of stress. Emotional exhaustion occurs when actual resources are lost (time & effort) when a person feels that his/her resources are depleting to encounter the demands at work or anticipated returns. COR theory envisages that persons will tolerate uneasiness to the particular level and subsequently try to reduce damages by minimizing effort or abandoning the work, in the process, their emotional resources are drained and influenced as interpersonal stressors (Hills, 2019). High neuroticism and low extraversion were important predictors of burnout, and research found a link between neuroticism and high burnout among people who had few unpleasant job experiences. (Bakker, Van Der Zee, Lewing, & Dollard, 2006) Few studies focusing on other personality traits- extroversion, findings reveal that extroverts were shielded from emotional weariness; it means individual will release their vent up frustration. (O' Neill & Xiao, 2010).

2.1 Emotional Dissonance

Emotional Dissonance implies emotional exhaustion. Emotional dissonance is defined as "the conflict between expressed and experienced emotions" (Abraham, 2000). Acting joyful or comfortable while subjected to stress may cause emotional exhaustion as when individual experiences tension due to emotional resources are drained out. Studies from (Kenworthy, Fay, Frame, & Petree, 2014) reveal on around 16000 employees showed a consistent relationship between emotional dissonance and emotional exhaustion.

2.2 Emotional Exhaustion:

Enthusiasm depletes in an individual, exhaustion appears, and which is linked to several negative work-related, physiological and psycho-social outcomes. Consequences of emotional exhaustion can lead to low quality of self-care by staff, turnover, absenteeism, low morale, being felt physically exhausted, insomnia, depression, stress, and anxiety in the workplace and family life (Maslach & Jackson, 1981). Emotional exhaustion is intensely associated with various employment-related negative outcomes including role conflict at work, thoughts about leaving the present job or updating for the new careers (Jackson, Schwab, & Schuler, 1986) Employer may notice changes in job performance and team morale when their employees are overworked and emotionally exhausted. Observations were failure to meet deadlines, lower commitment to the organization and more absenteeism impacting on the organisation.

3. Problem Statement

Literature concentrated on emotional exhaustion from a burnout perspective, which is more focused on personality characteristics and loss of resources. It foresees various negative employee-related qualities such as absenteeism and job turnover. The current global pandemic of COVID-19 necessitates re-looking on healthcare strategies. In India, the second-most populous country in the world, real challenges for healthcare professionals were very much evident. In most of the states, COVID-19 second wave situation was in a critical position due to a shortage of doctors, hospital beds, oxygen concentrators, shortage of medicines, the crunch of medical equipment. Healthcare professionals faced emotional exhaustion in the second wave of COVID-19- the current study concentrated on it. The study views healthcare professionals in one district of Karnataka– Madikeri.

4. Objectives of the Study:

- I) To understand emotional demands, exhaustion among healthcare professionals.
- II) To examine the relationship among emotional dissonance, depression, stress leading to emotional exhaustion

5. Research methodology:

The present study has been conducted based on primary data and is descriptive. The emotional Exhaustion questionnaire (Hills, 2019) is administered which is an updated version of the Maslach Burnout Inventory (MBI) questionnaire is used as a base model for the preparation of a self-administered questionnaire. The required Primary data has been collected from Senior Doctors (Specialists), Junior Doctors (UG Degree) and Nurses (Diploma in Nursing) by using a self-administered questionnaire at their leisure in their preferred place without the intervention of the researchers, requested to return the questionnaire within 15 days of receiving it. A follow up was initiated, to fill the questionnaire within the stipulated time. The data were collected using a questionnaire and was classified and analysed carefully. The statistical analysis was carried out in the study by using MS-Excel and SPSS v.26, AMOS v.24 Software. SEM Model The statistical technique like Chi-square, ANOVA, has been used for the analysis. Analysed & interpreted data have been presented in the form of tables, charts and figures.

6. Data analysis & Discussion of Results:

The researcher has used Cronbach's Alpha reliability test to evaluate the reliability of the questionnaire for the survey study. The academic e-learning dimensions were found reliable (19 items; $\alpha = .893$).

Normality tests are conducted (Table-1) as per (Cramer, 1998) (Cramer & Howitt, 2004) (Doane & Seward, 2011). **H₀: Data follows the normal distribution**

Table – 1: Normality test

Variables			Skewness			Kurtosis			Result ($\alpha = 0.05$)
			Statistic	Std. Error	Z Value	Statistic	Std. Error	Z Value	
Emotional	V1	I have suppressed my emotions and appeared "neutral" on the outside	-0.312	0.233	-1.340	0.388	0.461	0.841	Unable to reject H ₀

Variables		Skewness			Kurtosis			Result ($\alpha = 0.05$)	
		Statistic	Std. Error	Z Value	Statistic	Std. Error	Z Value		
V2	I have to display emotions that do not agree with my actual feeling towards the patients	0.197	0.233	0.846	0.972	0.461	2.109	Rejected H_0	
Depression	V3	I couldn't experience any positive feelings at all	0.080	0.233	0.345	0.076	0.461	0.164	Unable to reject H_0
	V4	I found it difficult in taking up the initiatives in the things I used to do earlier	-0.330	0.233	-1.419	-0.188	0.461	-0.408	Unable to reject H_0
	V5	I felt that I had nothing to look forward in the task	-0.410	0.233	-1.762	0.200	0.461	0.435	Unable to reject H_0
	V6	I was unable to do the task enthusiastically as done earlier	0.003	0.233	0.013	-0.223	0.461	-0.484	Unable to reject H_0
Stress	V7	I tend to over-react to the situations in the work place	0.266	0.233	1.143	-0.429	0.461	-0.931	Unable to reject H_0
	V8	I feel expelling lot of my nervous energy	-0.120	0.233	-0.517	0.099	0.461	0.215	Unable to reject H_0
	V9	I feel difficulties to relax from work pressure	0.069	0.233	0.295	0.409	0.461	0.887	Unable to reject H_0
	V10	I feel getting agitated over small issues	0.036	0.233	0.154	-0.740	0.461	-1.604	Unable to reject H_0
Emotional Exhaustion	V11	I feel that, I am emotional exhausted at the work	0.000	0.233	0.000	0.875	0.461	1.898	Unable to reject H_0
	V12	I feel upset, distressed, anxious, sad in this situation	0.145	0.233	0.626	-0.052	0.461	-0.114	Unable to reject H_0
	V13	I feel that, I am emotionally worn out in this situation	0.193	0.233	0.831	0.556	0.461	1.207	Unable to reject H_0
	V14	I feel that, I have emotional resources to take-up the situation	-0.189	0.233	-0.812	0.400	0.461	0.867	Unable to reject H_0
	V15	I feel that, I am emotionally drained in this situation	-0.109	0.233	-0.467	0.603	0.461	1.308	Unable to reject H_0
	V16	I am limiting my emotions	0.151	0.233	0.649	0.715	0.461	1.551	Unable to reject H_0
	V17	I feel that my emotions are depleting in this situation	-0.297	0.233	-1.278	1.329	0.461	2.884	Rejected H_0

Variables		Skewness			Kurtosis			Result ($\alpha = 0.05$)
		Statistic	Std. Error	Z Value	Statistic	Std. Error	Z Value	
V18	I feel that emotionally burn out in this situation	-0.252	0.233	-1.084	0.902	0.461	1.956	Unable to reject H_0
V19	I experience emotional fatigued in this situation	-0.295	0.233	-1.268	0.811	0.461	1.758	Unable to reject H_0

Source: Authors Calculations

Table – 2: Emotional Dissonance

Particulars	Never (1)	Rarely (2)	Sometimes (3)	Very Often (4)	Always (5)	Total
I have suppressed my emotions and appeared “neutral” on the outside	2	11	50	40	5	108
	1.85	10.19	46.30	37.04	4.63	100.00
I have to display emotions that do not agree with my actual feeling towards the patients	2	10	65	24	7	108
	1.85	9.26	60.19	22.22	6.48	100.00
Total	4	21	115	64	12	216
	1.85	9.72	53.24	29.63	5.56	100.00

Source: Primary Data

Table - 2 Reveals the responses of the respondents for Emotional Dissonance variables. The majority of respondents (53.24 %) falls under the “Sometimes” category followed by (29.63 %) “very often” Category. The least comes under (1.85 %) “Never” Category.

Table – 3: Depression

Particulars	Never (1)	Rarely (2)	Sometimes (3)	Very Often (4)	Always (5)	Total
I couldn't experience any positive feelings at all	17	26	53	8	4	108
	15.74	24.07	49.07	7.41	3.70	100.00
I found it difficult in taking up the initiatives in the things I used to do earlier	3	20	48	35	2	108
	2.78	18.52	44.44	32.41	1.85	100.00
I felt that I had nothing to look forward to in the task	7	13	49	33	6	108
	6.48	12.04	45.37	30.56	5.56	100.00
I was unable to do the task enthusiastically as done earlier	4	25	47	27	5	108
	3.70	23.15	43.52	25.00	4.63	100.00
Total	31	84	197	103	17	432
	7.18	19.44	45.60	23.84	3.94	100.00

Source: Primary Data

Table - 3 Reveals the responses of the respondents for the Depression variables. The majority of respondents (45.60 %) falls under the “Sometimes” category followed by (23.84 %) “very often” Category. The least comes under (3.94 %) “Always” Category.

Table – 4: Stress

Particulars	Never (1)	Rarely (2)	Sometimes (3)	Very Often (4)	Always (5)	Total
I tend to over-react to situations in the workplace	16	36	36	16	4	108
	14.81	33.33	33.33	14.81	3.70	100.00
I feel expelling a lot of my nervous energy	7	22	53	22	4	108
	6.48	20.37	49.07	20.37	3.70	100.00
I feel difficulties relaxing from work pressure	4	16	58	22	8	108
	3.70	14.81	53.70	20.37	7.41	100.00
I feel getting agitated over small issues	2	32	42	30	2	108
	1.85	29.63	38.89	27.78	1.85	100.00
Total	29	106	189	90	18	432
	6.71	24.54	43.75	20.83	4.17	100.00

Source: Primary Data

Table - 4 Reveals the responses of the respondents for Stress variables. The majority of respondents (43.75 %) falls under the “Sometimes” category followed by (24.54 %) “very often” Category. The least comes under (4.17 %) “Always” Category.

Table – 5: Emotional Exhaustion

Particulars	Never (1)	Rarely (2)	Sometimes (3)	Very Often (4)	Always (5)	Total
I feel that I am emotionally exhausted at the work	6	16	64	16	6	108
	5.56	14.81	59.26	14.81	5.56	100.00
I feel upset, distressed, anxious, sad in this situation	2	22	52	26	6	108
	1.85	20.37	48.15	24.07	5.56	100.00
I feel that I am emotionally worn out in this situation	2	21	61	20	4	108
	1.85	19.44	56.48	18.52	3.70	100.00
I feel that I have the emotional resources to take up the situation	4	25	61	17	1	108
	3.70	23.15	56.48	15.74	0.93	100.00
I feel that I am emotionally drained in this situation	6	12	60	22	8	108
	5.56	11.11	55.56	20.37	7.41	100.00
I am limiting my emotions	1	7	61	33	6	108
	0.93	6.48	56.48	30.56	5.56	100.00
I feel that my emotions are depleting in this situation	5	8	65	25	5	108
	4.63	7.41	60.19	23.15	4.63	100.00
I feel that emotionally burn out in this situation	3	7	56	35	7	108
	2.78	6.48	51.85	32.41	6.48	100.00
I experience emotional fatigued in this situation	6	10	60	26	6	108
	5.56	9.26	55.56	24.07	5.56	100.00
Total	35	128	540	220	49	972
	3.60	13.17	55.56	22.63	5.04	100.00

Source: Primary Data

Table - 4 Reveals the responses of the respondents for Stress variables. The majority of respondents (55.56 %) falls under the “Sometimes” category followed by (22.63 %) “very often” Category. The least comes under (3.60 %) “Never” Category.

Hypothesis:

Structural Equation Modeling (SEM) is used to test the impact of Emotional Dissonance, Depression & Stress on Emotional Exhaustion.

H₀: The model fits perfectly.

Figure - 1: Unstandardised Estimates

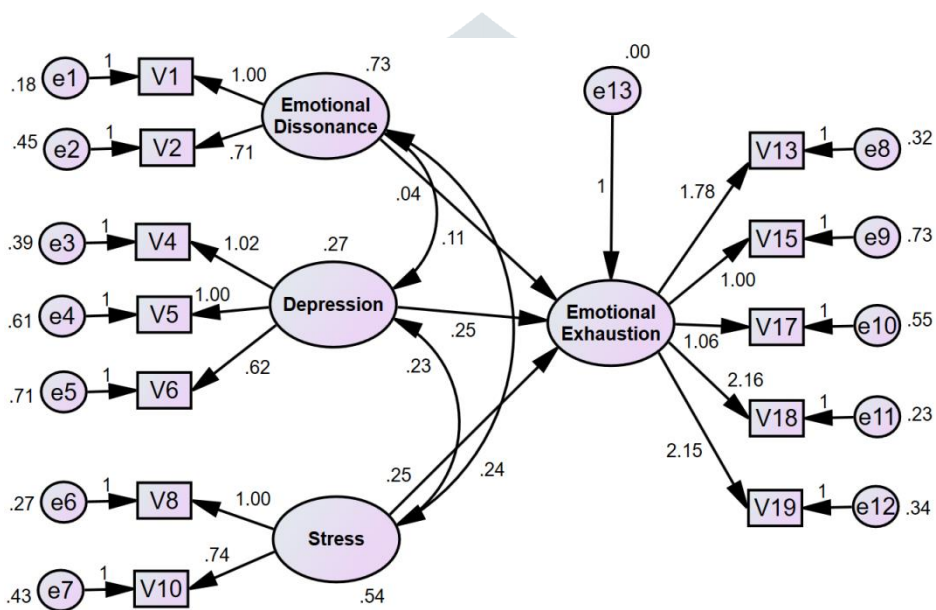


Figure - 2: Standardised Estimates

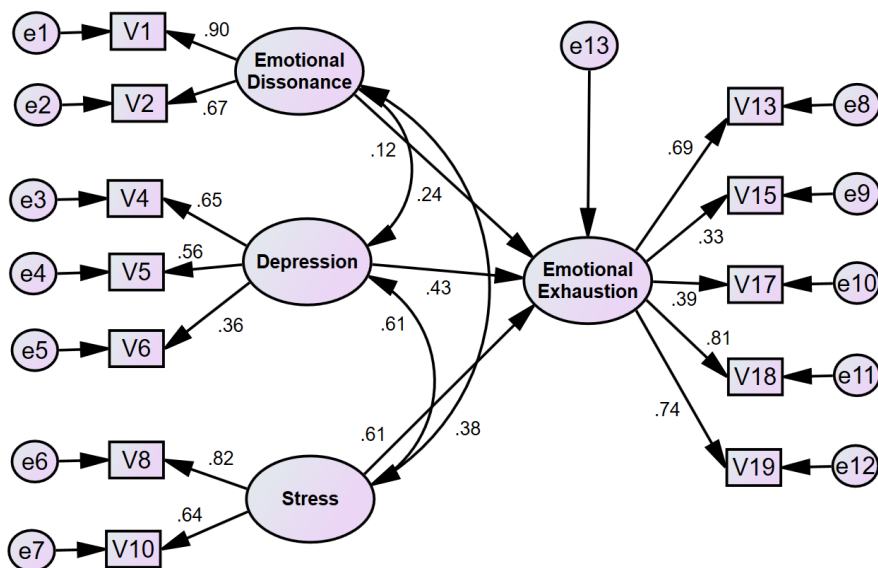


Table 6: Regression Weights: (Group number 1 - Default model)

	Estimate	S.E.	C.R.	P	Label
Emotional Exhaustion <--- Emotional Dissonance	.042	.035	1.170	.242	par_3
Emotional Exhaustion <--- Depression	.248	.123	2.026	.043	par_4
Emotional Exhaustion <--- Stress	.249	.101	2.474	.013	par_5
V2 <--- Emotional Dissonance	.707	.198	3.566	***	par_1
V1 <--- Emotional Dissonance	1.000				
V4 <--- Depression	1.024	.243	4.222	***	par_2
V8 <--- Stress	1.000				
V15 <--- Emotional Exhaustion	1.000				
V17 <--- Emotional Exhaustion	1.056	.401	2.632	.008	par_6
V18 <--- Emotional Exhaustion	2.162	.657	3.293	***	par_7
V19 <--- Emotional Exhaustion	2.149	.663	3.244	.001	par_8
V10 <--- Stress	.736	.121	6.102	***	par_9
V5 <--- Depression	1.000				
V6 <--- Depression	.618	.217	2.855	.004	par_10
V13 <--- Emotional Exhaustion	1.780	.557	3.193	.001	par_12

Source: Compiled by using (SPSS) AMOS v.24

Table 7: Model Fit Summary (CMIN)

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	30	62.805	48	.074	1.308
Saturated model	78	.000	0		
Independence model	12	417.437	66	.000	6.325

Source: Compiled by using (SPSS) AMOS v.24

Table 8: Model Fit Summary (RMR, GFI)

Model	RMR	GFI	AGFI	PGFI
Default model	.054	.911	.856	.561
Saturated model	.000	1.000		
Independence model	.217	.473	.377	.400

Source: Compiled by using (SPSS) AMOS v.24

Table 9: Model Fit Summary (Baseline Comparisons)

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	
Default model	.850	.793	.960	.942	.958
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Source: Compiled by using (SPSS) AMOS v.24

Table 10: Model Fit Summary (Parsimony-Adjusted Measures)

Model	PRATIO	PNFI	PCFI
Default model	.727	.618	.697
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

Source: Compiled by using (SPSS) AMOS v.24

Table 11: Model Fit Summary (NCP)

Model	NCP	LO 90	HI 90
Default model	14.805	.000	39.432
Saturated model	.000	.000	.000
Independence model	351.437	290.640	419.732

Source: Compiled by using (SPSS) AMOS v.24

Table 12: Model Fit Summary (FMIN)

Model	FMIN	F0	LO 90	HI 90
Default model	.587	.138	.000	.369
Saturated model	.000	.000	.000	.000
Independence model	3.901	3.284	2.716	3.923

Source: Compiled by using (SPSS) AMOS v.24

Table 13: Model Fit Summary (RMSEA)

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.054	.000	.088	.411
Independence model	.223	.203	.244	.000

Source: Compiled by using (SPSS) AMOS v.24

The χ^2 fit index for the Hearing (Right) model suggested that the absolute fit may not be acceptable ($\chi^2(6) = 62.805$, $P = 0.0.74$) as its p-value is greater than cut-off point of $P > 0.05$, but as stated in the Methods section, other descriptive fit statistics (RMR = 0.054, GFI = 0.911, AFGI = 0.856, RMSEA = 0.054) reflect a good overall fit, hence this model was not rejected in our analyses.

Conclusion:

Key learning from the study, it can be inferred that most of the respondents are somewhat sometimes feeling emotional dissonance, which causes depreciation a few times. Near to 24% of respondents feel depression very often. Very few respondents are always in depression due to continuous emotional dissonance leading them to heavy stress. Most of the responses sometimes are facing stress and emotional exhaustion. The sudden disaster of the Corona virus forced all to embrace emotions, depression, stress with no other options. Very few respondents are managing the daily routine work without falling under emotional dissonance, depression, stress. If these people council their colleagues the situation will not become worse, but this is also not possible because a country like India, cannot have sufficient resources to handle the COVID-19 disaster effect in the healthcare sector

dumping the work on the healthcare professionals continuously without identifying the works can manage by them. Moreover, with sleepless night shifts & day shifts, some people are working with the ICU situation of COVID patience and fear of their health and family responsibilities cause this type of situation. The SEM model also shows case the proper fit with this situation & issues faced by the healthcare professionals.

1) References

- Abraham, R. (2000). The role of job control as a moderator of emotional dissonance and emotional intelligence-outcome relationships. *The journal of psychology*, 134(2), 169-184.
- Arvey, R., & Sackett, P. (1993). Fairness in Selection: Current developments and perspectives. *Personnel selection Jossey-Bass*.
- Ashforth, B. E., & Humphrey, R. H. (1993, Jan). Emotional Labor in Service Roles: The Influence of Identity. *The Academy of Management Review*, 18(1), 88-115.
- Bakker, A., Van Der Zee, K., Lewing, K., & Dollard, M. (2006). The relationship between the big five personality factors and burnout: A study among volunteer counsellors. *The Journal of social psychology*, 146(1), 31-50.
- Chang, E. (1999). Career commitment as a complex moderator of organizational commitment and turnover intention. *Human Relations*, 52, 1257-1278.
- Chen, J., Liu, X., Wang, D., Jin, Y., He, M., Ma, Y., et al. (2021). Risk factors for depression and anxiety in healthcare workers deployed during the COVID-19 outbreak in China. *Social Psychiatry and Psychiatric Epidemiology*, 56(1), 47-55.
- Cramer, D. (1998). *Fundamental statistics for social research*. London: Routledge.
- Cramer, D., & Howitt, D. (2004). *The SAGE dictionary of statistics*. London: SAGE.
- Delfrate, F., Ferrara, P., Spotti, D., Terzoni, s., Lamiani, G., Canciani, E., et al. (2018). Moral Distress(MD)and biurnout in mental health nurses: amulticenter survey. *L del lavoroa Medicina*, 109(2), 97.
- Doane, D., & Seward, L. (2011). Measuring Skewness. *Journal of Statistics Education*, 19(2), 1-18.
- Hills, M. (2019). *Emotional exhaustion: Creation of a new measure and exploration of the construct*. Degree of Master of Science, Oklahoma State University, Faculty of the Graduate College, Oklahoma.
- Jackson, S., Schwab, R., & Schuler, R. (1986). Toward an understanding of the burnout phenomenon. *Journal of applied psychology*, 71(4), 630.
- katariya , M. (2020, March 23). *verbally abusedat, harassed: Northeastern citizens come under attack amid coronavirus panic*.
- Kenworthy, J., Fay, C., Frame, M., & Petree, R. (2014). A meta-analytic review of the relationship between emotional dissonance and emotional exhaustion. *Journal of Applied Social Psychology*, 44(2), 94-105.
- Mak, I. (2009). Long-term Psychiatric morbidities among SARS survivors. *Gen. Hosp Psychiatry*, 31(4), 318-326.
- Maslach, C., & Jackson, S. (1981). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.
- Maslach, C., Jackson, S., & Leiter, M. (1981). *Maslach Burnout Inventory*. University of California; New York University, Department of Psychology ; Department of Manaement. Palo Alto, CA: Consulting psychologist press.
- O' Neill , J., & Xiao, Q. (2010). Effects of organizational/ occupational characteristics and personality traits on hotel manager emotional exhaustion. *International Journal of Hospitality management*, 29(4), 652-658.
- Prakash, S., & Pabalkar, V. (2020). Occupational Stress among Indian Doctors during COVID-19. *European Journal of Molecular & Clinical Medicine*, 7(11).

- Que, J., Le Shi, J., Liu, J., Zhang, L., Wu, S., Gong, Y., et al. (2020). Psychological impact of the COVID-19 pandemic on healthcare workers: a cross-sectional study in China. *General psychiatry*, 33(3).
- Rafaelli, A., & Sutton, R. L. (1987). Expression of emotions as part of the workrole. *Academy of Management Review*, 12(1), 23-37.
- Rolim Neto, M., Nobre, C., Pinheiro, W. R., Lima, N. N., SILVA, C., Moreira, M. M., et al. (2020). When Health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak. *Psychiatry Research*, 288.
- Romani, M., & Ashkar, K. (2014). Burnout among pPhysicians. *Libyan Journal of Medicine*, 9(1).
- Rutner, P., Hardgrave, B., & MCKnight, D. (2008). Emotional dissonance and information technology professional. *MIS Quarterly*, 32(3), 635-652.
- Ryan, W. (1971). *Blaming the victime: The folklore of cultural Deprivation*. This Magazine is About Schools.
- Serena, B., Rosario, C., Lorenzo, P., Tiziana, N., Federica, D., Loris, B., et al. (2021, March). Factors associated with Emotional exhaustion in heathcare Professionals involved in the COVID-19 pandemic: an application of job demands-resource model. *International Archives of Occupational and Environmental Health*.
- Simonds, A., & Sokol, D. (2009). Lives on the line? Ethics and pracricalities of duty of care in pandemics and disasters. *European Respiratory*, 34(2), 303-309.
- Slater, J., & Masih, N. (2020, March 28). In India, the world's biggest lockdown ha forced migrants to walk hundreds of miles home. *The washington post*.
- Spoorthy, M., Pratapa, S., & Mahant, s. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic- A review. *Asian journal of psychiatry*, 51.
- UNESCO. (2020). Retrieved from <https://en.unesco.org/covid19/education> response
- Vij; Shivam;. (2021, April 13). *More than 300 Indians have died of the coronavirus, and nearly 200 of the lockdown*.
- Wills, T. (1978). Perceptions of clients by professional helpers. *psychological Bulletin*, 85(5), 968.
- Wright, T., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of applied psychology*, 83(3), 486.
- Zohar, D. (1997). Prediction burnout with hassle based measure of role demands. *Journal of Organization Behavior*, 18, 101-115.