

IMPACT OF BURNOUT OF HEALTHCARE PROFESSIONALS ON PATIENT CARE UNDER MEDIATION OF WORK RELATED ANXIETY AND MODERATION OF SELF COMPASSION

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Abstract

Burnout is a growing dilemma of the healthcare organizations. The healthcare workers are routinely face the multiple factors such as work overload, patient influx, sexual harassment, physical harassment at workstation which could increase their burnout conditions while performing there clinical practices. The burnout of the healthcare providers is a psychological state, which may cause the least intention toward their professional obligation turning into the deteriorated patient care. The aim of concurrent research study was to identify the impact of burnout on patient care under mediation of work related anxiety and moderation of self-compassion. To achieve the desired objective of this research study, a quantitative correlational research study was planned. The total research sample of this research study was 352 individuals working in private institutions of Rawalpendi and Islamabad. The data was analyzed to through a statistical package of social sciences after collecting with the convenient sampling technique. It was analyzed that burnout negatively

impacts the patient care. Statistic concluded that burnout negatively impacts the patient care with beta coefficient of - 0.189 and devalue 2.382 and p value 0.017. Similarly, it was concluded that the work related anxiety of the healthcare professional is increased due to the burnout with beta coefficient is 0.95, t value 15.58 and p value 0.00 which in turn can decrease the patient care with - 1.48 and t value - 9.04 and p value 0.000. Similarly, it was concluded that the work related anxiety significantly mediates the relationship between burnout and patient care. However, it was identified that the self-compassion moderates to change the negative impact of work related anxiety on patient care from - 1.48 to significant value of 0.283 with the t value 7.129 and p

value 0.000. It was concluded on the statistical analysis that burnout is an organizational dilemma which can affect the healthcare professionals to pay least attention towards their professional obligation and serve the patients with deteriorated level of patient care. Similarly, the work related anxiety is another organizational factor which strengthens the negative impact of burnout on the patient care. However, the healthcare professionals have coping intrinsic factors such as self-compassion. The self-compassion factor is a factor which can neutralize the negative impact of work related anxiety on the patient care because the health care professionals are considering their job as a noble profession.

INTRODUCTION

CHAPTER 1

INTRODUCTION

Background

Healthcare institution have been largely divided into multiple classes based on their services, orientation, and authorization. The public healthcare institution are those which are run through government for providing healthcare facilities to common and general public of country. The private healthcare institution are operated in society under ownership of individuals or organizations. These healthcare institution are either profit oriented or charity intuitions. The healthcare institutions are also classified on the base of services being provided to them. These services are classified as primary healthcare facility, secondary healthcare facility and tertiary healthcare facility. All of these healthcare setups are operated through healthcare workers such as doctors, nurses, technologist, board of governors, chief executive officers and the presidents of the boards (Pakpour et al., 2020). The hospital chose a suitable site for providing the healthcare facility to a larger number of population. In recent modern era the healthcare institution are providing the healthcare services at international standard and advance technological based. These services are authorized and regulated through the permission of World Health Organization and ministry of health in every country. May hospitals and medical clinics and oriented to provide singe medical services with advance medical facilities and resources. These clinics and nursing homes are maintaining the adequate environment and standardization for optimization of medical services (Pakpour et al., 2020). In recent eras, some new medical facilitating modes resources have been adopted to cover the large masses for easy provision of medical series. In this regard, many hospitals and diagnostic centers have been opened their units in peripheral part or remote areas for sample collection or provision of basic medical care. Similarly, some countries have adopted the mobile medical services for coverage of large number of their citizens because of limited resources. Furthermore, the recent addition is telemedicine. It provides the internet based medical series and consultation to the patients. It is providing the medical services through video consultation. All the medical care providing units remain strict to their vision and goal. They do effective efforts to achieve their vision by providing the services in society (Nyashanu, Pfende, Ekpenyong, & community, 2020). The hospital are unit to provide the medical care and accommodate the patients of emergencies such as accidents and disaster, diagnosis, investigation, prescription, management and cure to the acute and chronic medical problems (Fang, Karakiulakis, & Roth, 2020). Hospital employees are routinely subjected to workplace violence and bullying,

which can diminish their passion for their jobs. The goal of this study is to explore how self-compassion and burnout affect patient care when work-related anxiety is managed and resilience is modulated. The most crucial details for each of these factors are shown below.

Human beings are inherited with large and diverse number of behavioral and psychological traits. All these traits possess either positivism or negativism. The human behavior as a whole is the net outcome of a mixture of all these traits. Self-compassion is one of these human traits which brings the aspect of kindness and care for others in a person. A person with a trait of self-compassion possesses three fundamental aspects of goodness such as kindness, sympathy and loyalty. The human trait such as self-compassion has been defined by a large number of scientists. One of these scientists is Kristin Neff. She was a renowned social scientist. She defined self-compassion as it is composed of three basic elements such as common and general humanity for all without the discrimination of cost and race, kindness for everyone and mindfulness for everyone. Furthermore, self-compassion is a positive factor of human behavior which controls and limits negative emotions and eradicates harmful thoughts from a person. Therefore, self-compassion makes a person community friendly and beneficial for everyone (Alcadipani, Cabral, Fernandes, Lotta, & Praxis, 2020).

The mindfulness is an intellectual human trait which makes a person to compensate his negative emotions with justifiable reasons to reduce the harmful conjectures. It empowers a person to use his emotional intelligence abilities to reduce the extreme emotional reactions. This latter type of response involves narrowly focusing and ruminating on one's negative emotions. In different eras several authors have worked on the human behavioral aspect such as self-compassion. The theoretical work of Carl Rogers resembles more to his notion commonly known as Roger's notion. This notion is called as the unconditional positive regard. The unconditional positive regard means that possessing positive emotions for everyone in belongings without any lust of benefit or reward. This emotion is also clear from the discrimination of any race, cost or sect (Bowen & Ostroff, 2019). Similarly, the second popular theoretical work on the topic of self-compassion was done by Albert Ellis. The theoretical notion of Albert Ellis was known as unconditional acceptance. The unconditional acceptance means acceptance of someone with his original identity and dignity without the difference of belief and point of view. The unconditional acceptance reduces the chances of conflict in diversified society (Alcadipani, Cabral, Fernandes, Lotta, & Praxis, 2020). Similarly, the notion of Maryellen Snyder such as internal empathizer, the gentle notion of A.W. Cornell and the concept of self-empathy introduced by Judith Jordan were well explain the dimensions of self-compassion (Bowen & Ostroff, 2019).

The human trait of self-compassion provides the benefits to both persons: one who is possessing the self-compassion and the other who is being treated with this emotion. The person who is possessing the behavior of self-compassion experiences a higher degree of life satisfaction and happiness in his life. The good deeds of a person bring peace and satisfaction into his inner-self. Therefore, he/she can think more intellectually because such a person thinks without any lust and greediness. In this way the self-compassion brings wisdom to the person who is having the aspect of self-compassion in his life. Furthermore, self-compassion also provides a person the habit of maintaining the social connections, optimism, self-learning and achieving self-goals. It also brings positivism in life and

makes the person resilient to bear the crude behaviors of society. The self-compassion also controls some negative behaviors such as social depression, angeriness, self-criticism, and through suppression. The self-compassion also provides a person the ability to cope with the societal criticism and pressure. The self-compassion brings professionalism in a person and reduces the professional jealousy in employees. In recent research studies, it has been identified that the self-compassion provides the sense of self-esteem to a person. The person possessing the trait of self-compassion never feels let down because he/she have served the community at large level (Bowen & Ostroff, 2019).

Additionally, the job induced psychological disorder such as burnout is a complex syndrome found prevalent in workers of numerous fields especially the healthcare workers. The prevalence rate of burnout in healthcare workers reported by several primary and secondary reviews have been reported between 25% and 75%. The burnout largely remain asymptomatic till exhaustion level. However, the symptoms of burnout varies according to level of burnout. It also varies from individual to individuals and across the genders. The burnout has three dimension such as psychological or emotional exhaust, depersonalization and self-accomplishment (Prgomet, Georgiou, & Westbrook, 2019). A research papers published in research journal of oncology has suggested the earlier screening of healthcare workers for diagnosis of burnout in employees. The recommended guidelines documented by that publication should be implemented in hospitals to reduce the prevalence of burnout in employees. Some organization hire psychologist for routine check, screening and maintenance of mental health of their employees (Lusch, Vargo, & Malter, 2016). The comprehensive definition of burnout given documented in literature narrates that he burnout is a syndrome resulted by chronic and untreated workplace stress due to number of organizational factors such as workplace violence, work overload, organizational injustice and lack of organizational compensations. It is recognized as energy depletion, exhaustion and mental disturbance. It is also contributed by job related criticism (Lusch, Vargo, & Malter, 2016).

Managers and supervisors frequently notice in the modern period that certain recently created and previously existed mental health concerns, physical problems, behavioral changes, and patterns of living standards impact a person's contentment from his activities. Among them, concerns like anxiety at work, high blood pressure, and sedentary behavior are hotly disputed because of how they affect employees' everyday lives. Some academics advise doing a statistical analysis to determine if these factors serve as dependent, independent, mediator, or moderator variables in the field of management and social sciences (De Clercq, Haq, & Azeem, 2017; Nardi et al., 2020; Petitta, Probst, Ghezzi, & Barbaranelli, 2021).

At this point in time, profit-driven healthcare organizations prefer to use strategic approaches, tactics, and policies to increase profitability, productivity, organizational growth, and the number of consumers served by providing effective services while upholding adequate, modern, professional health care practices that are based on international standards. The goal is to increase patient loyalty, foot traffic, and word-of-mouth. In order to establish a productive, high-performing work structure that fosters employee satisfaction, hospitals improve the professional practices of their medical staff, including first-line healthcare practitioners and management personnel. Patient performance is

related to service delivery, care quality, the patient-service quality gap, consumer demographics, and staff professional practice (Tellis, Yin, & Bell, 2018).

Due to their current knowledge and keen interest in contemporary professional procedures, all of these items rely on the competent services of healthcare professionals. However, there were still certain obstacles in the way of employees using high caliber professional practices under Covid-19. The level of professional practices among Pakistan's autonomous medical institutions is significantly influenced by professional practice factors in developing nations like Pakistan, including pay, promotion, job safety and security, working conditions, job autonomy, relationships with coworkers and supervisors, and nature of the work (Shaikh & Hatcher, 2015).

There is a conceptual haziness around psychological resilience in general and when applied to suicide events in particular. In this article, we make the case that psychological models of resistance to suicide triggers and suicidal experiences need to be based on the real-world experiences of subject-matter experts. There are at least five theories that explain resistance to suicide events, all of which need to be thoroughly researched. Due to its simple uni-dimensionality, which is represented by the two poles of resilient and non-resilient, at risk and not at danger, the prevailing methodological approach is deficient (Tellis, Yin, & Bell, 2018). It is important to promote more complex theories of psychological resistance to suicide experience that take into account cultural, social, and personal knowledge. Convergent qualitative, quantitative, and mixed method studies should be used to examine such techniques. Additionally, innovative use of more advanced diary study techniques should be made in this area. It is crucial that methods for comprehending resistance to suicidality take into account the difficulties that mental health practitioners face (Tellis, Yin, & Bell, 2018).

In light of the aforementioned facts, the current study's objective is to examine how self-compassion and burnout in healthcare workers affect patient care when anxiety at work and resilience are moderated. The desired results included assisting national and international health departments in managing and enhancing their patients' health.

Research Problem

The investigation about patients care in healthcare institutions is prime concerns of hospital managers since a long time (Faizullah, Rahman, Umar, Anwar, & Sarfraz, 2019). Despite the several work the need to evaluate the factors which can deteriorate the patient care are not truly revealed (Faizullah, Rahman, Umar, Anwar, & Sarfraz, 2019). The upcoming researchers have to explore all such factors which can positively or negatively affect the patients care in healthcare institution through research (Khan, Mamun, Griffiths, Ullah, & addiction, 2020). The parameters which can affect the patients care are dynamic with timeframe that is why it is not be outdate for researcher early (Gundogan, 2021). Furthermore the research studies have also recommended to evaluate the impact of organization affair, policies and healthcare providers own physical and mental health status on patient care (Khan et al., 2020). The above mentioned details elevates to conduct a research on topic to identify the impacts of different attributes of healthcare providers and their organization work related attributes on patient care.

In light of above mentioned fact the reviewed literature provides a gap to conduct research study to find the impact of self-compassion and burnout of healthcare professionals on patient care under mediation of work related anxiety and moderation of resilience. The variable of interest have not been investigated in this research framework. The expected outcomes was provide beneficial information to the management sciences for enhancement of managerial skills and techniques to improve the patients care in healthcare setups.

Research Question

This study looks for potential responses to the following queries:

1. What is impact of burnout of healthcare employees on the patients care?
2. What is impact of burnout of healthcare professionals on their work related anxiety?
3. What is impact of work related anxiety of healthcare workers on patients care?
4. What mediating role of work related anxiety is between burnout of healthcare professionals and patient care?
5. What moderating role of self-compassion is between works related anxiety and patients care?

Significance of Study

This research study was significant to find out the factors which can cause the impact on the patients care in a healthcare setup. It was highlight, how self-compassion and burnout of healthcare professionals are effecting the care of patient being provided by them. It was also be significant to provide a scholarly review that how the work related anxiety of healthcare professionals is deteriorating the level of care being provided by these professionals in hospital setups. This research study was provide benefits to the management of healthcare institutions, their work force and their patients.

Objectives of Study

This study looks for potential responses to the following queries:

1. To investigate the impact of burnout of healthcare employees on patients care.
2. To investigate the impact of burnout of healthcare professionals on their work related anxiety.
3. To identify the impact of work related anxiety of healthcare professionals on patients care.
4. To investigate the mediating impact of work related anxiety between burnout and patient care.
5. To find out the moderating role of self-compassion between works related anxiety and patients care.

Underpinning Theory

Below is a description of the theory used in this research investigation.

Self Determination Theory of Motivation

According to the self-determination theory of motivation, three inborn and common psychological requirements drive people to develop and change. According to this idea, when people's demands

for competence, connection, and autonomy are met, they can become self-determined (Chaudhry, Zahir, Farooq, & Arif, 2020). According to this theory a person having fulfilled his/her psychological needs is motivated to do good this for other human beings. In this research model the self-compassionated healthcare person could have a positive effect of patients care. He/she could have an intrinsic desire to do more effective efforts for wellbeing of ill persons. The other view of self-determination theory of motivation explains that a person having less opportunities and degree of relaxation to complete his/her psychological demands becomes psychologically exhausted and acquires psychologically burnout state. According to self-determination theory of motivation such a healthcare worker who has psychologically burnout state is not self-motivated to think for wellbeing of others. Therefore the current research model explains that a person having high degree of burnout state could negatively affect the patients care. Under the support of this underpinning theory, the work related anxiety is mediating the above mentioned both relationships. The resilience is an intrinsic capacity of a person to cope with the negative mental conditions and environmental effect. The association between work-related anxiety and patient care is moderated by resilience in light of the self-determination theory discussed above.

Definitions of study variables

The current research project was intended to investigate the detail association and relationship between variables described below. These variables are defined here from authentic and reliable resources.

Burnout: The burnout is a complex psychological syndrome originated from the chronic insignificant job problems. It is largely manifested through three dimensional disorders such as chronic energy depletion or psychological exhaust due to job problems, elevated level of mental disturbance and irritation and prevailing negativism. The burnout is a harmful aspect for the health of employees as well as for his/ her performance in organizations (Wagnild, 2019).

Work Related Anxiety: The organizational focus and priority for the enhancement of performance exert extra load to the employees which causes stress and anxiety to the employees. Such a kind of work induced stress is called work related anxiety. It is multi-source originated anxiety whose main concern belongs to the work of employees (Lindberg & Rantatalo, 2018).

Self-Compassion: The humanitarian aspect of human drives the act of kindness and mindfulness for the co-workers and his belongings. Such aspect of human behavior is called as self-compassion. It is the main source of human behavior which forces him or her toward the goodness for society or his working community in an organization. (Mauksch & Medicine, 2019)

Patient Care: Patient care is a diversified proportion of disease management. It is an effective aspect to treat the patient after correct diagnosis and prescription. It is multi-dimensional which ranges from psychological, behavioral, mental and physical care of the patient (Mauksch & Medicine, 2019).

CHAPTER 2

LITERATURE REVIEW

Burnout and Patients Care

The healthcare sectors are oriented for the prevention and management of illness. The healthcare sectors primarily treat the emergency medical states, acute medical disorders and chronic medical issues. The sudden drastic medical crises such or abrupt spread of any infectious diseases gains the attention of whole world. The current spread of covid-19 infection was the attention of whole world. The healthcare sector of whole world was dealing collectively the healthcare crisis of covid-19 (King, Cormack, McLeod, Harris, & Gurney, 2020). As the management of covid-19 infected patients were prime focus of every healthcare unit therefore there were some degree of suffrage of other patients. The routine patients of cardiovascular problems or chronic obstructive pulmonary disease were not being attended in outdoor patient department of hospitals. Similarly, the patients suffering from hypertension, diabetes mellitus, and pediatrics and orthopedic patients have faced some degree of problems during the surge of covid-19.

The juvenile kid who contracted COVID-19 had a death rate of zero. In a similar vein, there were very few cases that required the services of an intensive care unit. Children under the age of 18 are included in this group of kids (who contracted the COVID-19 virus in Italy). There were just two incidences of Covid-19 infection in China, according to a research paper that was released there. (Cui, Li, Zheng, & psychiatry, 2020). There were two cases presented with the mild to moderate symptoms. However, the symptoms of covid-19 were ranged from mild to moderate (Cui et al., 2020). There was a significant prevalence of sporadic infections, acute cancer complications, endocrine illnesses including diabetes mellitus, and surgical complications like acute appendicitis, among other things. Hospitals gave the least attention to pediatric patients who had had similar diseases. They had no choice except to use telemedicine. This was done to prevent the infection of adults and children with COVID-19. In accordance with the World Health Organization's advice, these tactics were implemented as preventative and therapeutic measures (Rujittika, Viroj, & Ophthalmology, 2020). The health treatment of the juvenile kid who had epileptic encephalopathy and many serious syndrome diseases was severely hampered by such preventative measures. Italian researchers have recorded several instances of inadequate and delayed medical care in the areas of immunosuppression, cerebral palsy, and other possible risk conditions (Rujittika et al., 2020).

In the healthcare sector's aim is to focus at the primary and secondary health care of the patients who are suffering from any kind of chronic illness. The profit oriented healthcare organization are primarily focused on the comfort level of the customers and patients. They maintain the hospital and hospitality like services to maintain high level patient satisfaction by providing a degree of care during the COVID-19. The patients other than the Coronavirus have faced or remarkable level of deterioration in patient care. In Italy, it was observed that the patients suffering from diabetes mellitus type one were suffering from the shortage of medicine. They were not routinely attended in the hospital and in nursing care was not appropriate for the patient who were suffering from the diabetes mellitus. Such patient have faced the higher level polyuria, polydipsia and dyspnea during the whole surge of COVID 19 infection (Marazuela, Giustina, Puig-Domingo, & Disorders, 2020).

There were two pediatric cases of illness who possessed least medical care in Italy during the pandemic of covid-19 infection. These two were the chronic cases of the thalassemia. These thalassemia patients were not receiving the adequate care and blood transfusion during the surge of covid-19. The Italian healthcare industry have tried hard to maintain the good healthcare series for the patients. These healthcare services were inappropriate for the treatment of the patients (Parri et al., 2020).

The patient care is the hidden vision of the all healthcare facilities. For maintaining th appropriate healthcare facilities for all patients the healthcare outlets maintain appropriate policies and working procedures. The management always try to maintained and focus the behavior of healthcare workers. The healthcare workers training for minting the adequate patient care services involve the clinical work programs, psychological training for preparing the workers with major behavior modification. It also involve the coaching of patients form bearing the stressed environment of hospitals. Despite all these measures adopted in healthcare outlets there were two patients of chronic anemia who suffered during the covid-19 infection because the attention of all medical sectors was diverted toward the eradication of Covid-19 infection from world. By having this prime concern in mind all the healthcare setups had have closed their outdoor services (Ahmed & Hassan, 2020). A case of pyelonephritis was also documented with a history of six days of delayed hospital admission, a high-grade fever of at least 39 degrees Celsius, and sepsis after pyelonephritis. In accordance with the aforementioned statistics, a two-year-old child was reportedly brought to the hospital after experiencing acute vomiting for a number of days. He was unable to eat because of the vomiting, which resulted in acute hypoglycemia (Kang, Jung, & chemotherapy, 2020). The Italian journal have also reported some cases of the chronic tumor which are not paid due attention in the Italian hospitals. It has been reported that in Italian hospitals there are number of the patients who were suffering from chronic tumors. These patients have been waiting for the cheap medical services and drugs for their treatment during COVID 19 infection. The medicine to cure the chronic tumors were very expensive. A number of patients were not capable to afford all these expensive drugs. However, these patients were largely remained neglected during the covid-19 pandemic.

An adult patient who had a history of high-grade fever for 10 days and elevated oxygen demand reportedly passed away in the ambulance on the route to the hospital. The COVID-19 infection was not present in this patient. Due to the extensive COVID-19 preventive measures, there were numerous cardiac difficulties in both adults and children who got substandard and delayed medical care. The juvenile example was noted to have a heartbeat that was 50 beats per minute slower than normal, poor oxygen saturation, mixed acidosis, and elevated creatinine levels (equal to four milligrams per deciliter). Four days after the problem began, the youngster was brought to the hospital (Tavazzi et al., 2020). The Intensive Care Unit of the hospital is highly complex and the critical area of hospital. These units are always kept prepare for the patient suffering from the critical illness. These units are also facilitated with the mechanical ventilation and facilities to support the patient in life threatening conditions. In the severe condition of the pandemic, such as COVID-19, these healthcare facilities were oversaturated and a large number of hospitals. The intensive care units were fully equipped with the patient suffering from COVID 19 infection. Because of these

situations, the patients having critical traumas or other surgical patients have been suffered largely. At that point of time, the patient's care was largely deteriorated because of such a universal crisis. Therefore, in upcoming times the healthcare sectors should must be equipped with enough facilities in the intensive care units to accommodate a large number of patients (Tavazzi et al., 2020).

Burnout which is a psychological exhaust among the employees is prevalent in the resident physician who experienced it about 57% of burnout in their routine physical and clinical work. Some studies which were conducted in 1996 and the conjuncture years before 2000 have also documented the higher level of burnout status among the healthcare employers. Similarly, another research study has been taken the resident physicians as a research population and studied the burnout among these healthcare professionals. The result of that study has shown that these healthcare professionals suffer from the 49 to 64% of burnout (Bateman, M. E., & Denson, J. L., 2020).

Similarly, the resident trainees, and healthcare employees in the different hospitals also have faced the higher level of the burnout in their routine physical, clinical work. The medical students who are working under the supervision of senior medical physicians face a higher level of burnout because of sexual harassment, distortion and mental disturbance from the studies and higher managers as well as the senior managers and senior physicians. The emergency medical department is also a hub of higher burnout because of severe influx of the patients. The emergency department of the hospital faces an exaggerated level of severe medical problems from influx of patient and belligerent patient's attendants (Bateman, M. E., & Denson, J. L., 2020).

All these things create a stressful environment for the employees working in medical emergency department of hospitals. Therefore the healthcare worker working in emergency department are very prone to the higher level of burnout in hospitals. The medical staff working the sections of hospital other than emergency staff are also face sever level of burnout. The healthcare employees of intensive care unit and Operation Theater face a higher level of stressful environment and workload. Therefore, the burnout status of all these employees is at higher level (Bateman, M. E., & Denson, J. L., 2020).

In the healthcare students working as the medical post graduate training trainees also more prone to burnout working in the different sectors of the hospital. The research study published in the Journal of American medicine have identified the prevalence of burnout in post graduate trainees of different medical fields such as gastroenterology, medicine, surgery and orthopedics. It has been identified that the medical postgraduate trainees are prone to the higher level of burnout because of multiple factors. Some medical trainees are suffering from the lower wages and higher work hours, tough duty routines, harsher behavior for higher medical staff and study pressures (Prentice, S., & Elliott, T., 2020). Similarly it was identified that some healthcare professionals are even prone to the higher level of depression and anxiety due to their exaggerated level of burnout and psychological exhaust.

The female postgraduate trainees face sexual harassment, abusive words, sexual intention of senior medical professionals as well as the harassment from the patient and male attendance of the patient. Therefore, all these factors are exaggerating the burnout status of healthcare professionals. Burnout is a psychological syndrome which is very injurious to the psychological and mental status of medical

professional as well as their professional abilities to provide the standard medical care to the patient (Prentice, S., & Elliott, T., 2020). Therefore, the burnout at one hands affect the medical staff add on other hand, it also badly impacts the patient care. In this way the healthcare workers are at the edge of attaining the very sever level of stress, energy depletion and emotional exhaust. It has been suggested in different research studies that the higher management should necessarily maintain the policies to reduce the workplace factor causing the burnout in healthcare employees (Prentice, S., & Elliott, T., 2020).

In above mentioned discussion it has been revealed by studying on the different research article that the burnout of healthcare professional is affecting the physical, mental and psychological abilities of a healthcare professional which in turn could deteriorate the their professional performance. Such type of factors which are hampering the professional performance of healthcare employees could affect the patient care. It has been determined by self-determination theory of motivation that any factor which is negatively affecting the self-esteem and motivation of employees could hamper their routine performance until they take work from their internal or intrinsic motivation to overcome the negative effect of such factors. In this way by reviewing the above mentioned literature and under the support of underpinning theory it has been tentatively and theoretically assessed that the burnout of a healthcare professional have some degree of relevance with patient care being provided in different institutions by medical professionals. Especially the healthcare employees working in emergency department, surgical department and intensive care units of hospitals are under the higher intense pressure (burnout) which could impair their routine professional activities and the patient care which is very critical in these departments. On the base of abovementioned discussion it could be hypothesized that:

H₁: Burnout of healthcare professionals significantly negatively impacts to the patients care.

Burnout and Work Related Anxiety

A research study was conducted in the Spain. The original research site of that research study was hospitals of Granada province of Spain. The Spanish healthcare workers working in the Granada province of Spain were selected as research population of that research study. The aim of that research study was to analyze the impact work place violence including physical and psychological aggression on the work place anxiety, work related stress and burnout. The results of that research were interpreted to conclude that the healthcare workers working in Granada province of Spain suffered form mental health problems including burnout, depression and anxiety. However, the healthcare workers face different kind of workplace aggression in hospital. Each type of aggression has different level of impact of the psychological health of healthcare workers. For example, the physical aggression impacts the employees at severe level and makes them to respond aggressively. Similarly, the mental torture and psychological violence at employees is disturbing them and make them to silently bear the negative percussion of the mental disturbance (Prentice, S., & Elliott, T., 2020).

Similarly, another research study published in recent years have documented the impact of physical aggression in term of physical assaults of the professional capabilities of the employees under

mediatory role of burnout, anxiety and depression. The research study have concluded that the healthcare professional who suffer from the physical assaults, psychological pressures, and job induced torture and heavy work load undergoes through the depression, anxiety and burnout or psychological exhaust. All these things facilitate the previously discussed factor to severely deteriorate the professional capabilities of healthcare professional. They make mistakes and adopt disloyalty to keep them mistakes secret from the higher management (Prentice, S., & Elliott, T., 2020).

Similarly, the research study discussed above also have provided the evidences that the physical and psychological aggression and assaults effect the personality attributes of the individuals. The person who have faced these circumstance attain a permanent aggressive behavior. The gain the social isolation and reduce the social connectivity. Such type of people intentionally attain the behavioral mode of introvert and rarely face the general public. All these things they do to attain the peace of mind but their level of irritation, disturbance and inner restlessness do not get normalize (Bateman, M. E., & Denson, J. L., 2020).

The healthcare worker working in the emergency department of different hospitals are at the edge of facing high level of aggression, physical assault and psychological pressures. Therefore all these healthcare workers are facing severe type of depression, anxiety and work related casualties and problems. The reason for high all these high pressure areas and associated to negative psychological outcomes are the larger influx of patient emergency medical states crisis and disasters. The emergency department of hospitals is a workplace in a hospital where the employees face physical assault by multiple number of the patient (Boland, L. L., & Stevens, A. C., 2018). A large number of deliberated and psychologically angry patients that come into the hospital and exert pressure on the agency department employs sometime, misshapen with the patient or mistreatment by emergency medical staff due to any mistake brings a large number of storm by the patient's attendants on the medical staff. The female workers also face the sexual harassment and bear physical gestures for the sexual persuasion by the male patient and attendants in emergency medical department. Therefore, the fresher healthcare worker working in the emergency department are at a higher level of medical psychological depression. Due to all these depressions they have least interest in their jobs and suffer from the higher level of burnout (Boland, L. L., & Stevens, A. C., 2018).

The nature of the stimulus (a blow, a shove, an injury, etc.), which is damaging in and of itself and immediately sets off an emotional response of dread, clearly justifies the presence of anxiety disorders in situations of physical aggression. If not managed properly, this type of response signifies a higher level of physiological engagement, which may later result in anxiety issues for the person. In summary, a physical stimulus has the potential to be stronger and more destructive than a psychological (or verbal) stimulus, hence it is believed that physical aggressiveness, as opposed to psychological aggression, increases the likelihood of experiencing anxiety and poor levels of personal success (Campos, A., & Crowe, R. P., 2021). Psychological aggressiveness, although being intended to undermine self-efficacy and professional competence, does not have the same negative effects on an individual's ability to succeed on a personal level at work. This link has only lately been examined in regard to the psychological impacts of violence, in one sense. According to several studies, violence can result in emotional difficulties including anxiety, sadness, sleep issues, etc. and is a risk factor

for burnout (Campos, A., & Crowe, R. P., 2021). Several research studies have also identified the level of psychological pressure and depression in employees due to hospital environment. Some research studies have identified that the employees working in different hospital feel the hospital environment very congested and suffocated for the working of employees. The congested working environment is due to several factors. The organizational and professional rivalry among the people of organization are enforcing the employees to quit the job. The high level of work related anxiety and depression among healthcare professional are also effecting the other organization citizenship behavioral factors of employees Campos, A., & Crowe, R. P., 2021).

According to this risk model, individuals with anxiety disorders and low self-esteem are more likely to experience physical assault. If anxiety were thought of as an emotional response to exaggerated dread or concern (apprehensive anticipation) in light of circumstances that healthcare professionals believe they are unable to handle, the aforementioned model could be easier to comprehend. If this preoccupation and physiological-emotional activation is significant, it is highly likely that behavior will be negatively impacted. They may exhibit nervousness when speaking with patients and may not have used (or not have had) the necessary and appropriate skill set to handle challenging situations that may arise in an emergency services department. Contrary to what has previously been said, certain studies of nursing personnel have shown no links between reported violence and burnout (Campos, A., & Crowe, R. P., 2021). The above research study has indicated that the burnout have an association with work related anxiety. The work related anxiety have psychological degree of perception from the burnout. The self-determination theory of motivation explains that the psychologically detracted person have greater number of psychological impairments. The person who is suffering from any psychological problems may be engaged into psychological syndrome or complexity of mental health issues. Under the support of underpinning theory and in light of above mentioned revised literature it can be narrated that the burnout of healthcare employees have some association with the work related anxiety. Therefore, in light of above mention revised literature it could be hypothesized that:

H₂: The burnout significantly positively effects to the work related anxiety of healthcare professionals.

Work Related Anxiety of Patient Care

A meta-analysis systemic review was published in the American Journal of Psychological Health of Employees. The study was conducted in the Virginia State of America. They included the articles published related to the work related anxiety in a specific period of time. The main target of the research study was to identify the different factors causing the work related anxiety in different hospitals (Evanoff, B. A., & Gray, D. L., 2020). It was identified that the worker load is the major pillar to create the higher prevalence rate of work related anxiety in employees. The unfair and unjustified division of the work among employees create work overload. Similarly, the shortage of the adequate number of employees in a division also create higher burden of the workload. The second major factor which deteriorates the level of work related anxiety employees of healthcare institutions is environment of hospitals. The congested and suffocated environment of the hospital

due to several factors including higher management attitude, executive's behavior and employee's relationship, the less favorable environment for the employee's mental health. A higher level of deteriorated environment creates a higher level of work related anxiety (Evanoff, B. A., & Gray, D. L., 2020).

Similarly, the loss of employees citizenship behavior in an organization, loss of tolerance, low degree of acceptance, reduced cooperation and organizational rivalry and professional jealousy are the employees behavior related factor which create higher level of dissatisfaction among employee and elevate the higher level of work related anxiety among them. Similarly, the criticism on the work of employees is a major factor creating the work related anxiety. The criticism is very negative factor which deteriorates the mental and psychological health of employee. The criticism comes from inside the organization and outside the organization as well as from the family feedback. The social pressure also creates some degree of criticism to the employees which create work related anxiety. It was investigated in that systemic review that, there are several employees who are not interested in their job and just because of the high inflation and loss of employment they were restricted to do that job. That was not according to their attitude or interest and they were totally miss fit into that job. This loss of interest also create higher level of dissatisfaction and work related anxiety in workers. Among healthcare professionals, the negative feedback of the patient despite the higher efforts of employers to make them satisfied, also exert some level of work related anxiety among the healthcare professionals (Chopra, V., & Washer, L., 2020).

Similarly, stressful environment of the hospital is very holistic for the mental and psychological health of healthcare professionals. The stressful environment of hospitals means unjustified disturbance of higher management and just to hide and a regulated duty routine employee's rivalry among them. Similarly, the low compensation and a salary from higher management is also a key factor causing the work related anxiety among the worker. The other key issues which create the work related anxiety among the healthcare professionals are issues related to the work family balance. High risk of job such as risk of infection injury and there it is radiological exposures. The healthcare professionals working in the digital radiological department are at a higher risk of absorbing the radiation which could cause cancer (Chopra, V., & Washer, L., 2020). Similarly, the healthcare professional working in the operation theater are very injurious to the toxic and infectious material. At the same time some other factors such as job insecurity, social harassment, social insecurity, are also the key factor in the hospital causing the higher level of work related anxiety among the healthcare professionals. The prevalence rate of work related anxiety documented in different research articles ranges from 35 to 75%. The work related anxiety also varies from gender to the gender and it also varies from the department to the department. The healthcare professional working in the very intense units of hospitals such as Operation theatres, emergency department, and Intensive Care Unit suffer from the high level of work related anxieties (Chopra, V., & Washer, L., 2020). The prevalence of work related anxiety among these healthcare professionals was 85%. However, the compensation such as allocation of well-educated and trained staff, extra wages, reasonable salaries and social compensation in terms of honor and regards play considerable role to reduce the work related anxiety among these healthcare professionals. The patient care is the

ultimate vision of the hospital. All the hospitals are having their mandate to provide the adequate and standard patient care to all the patients. The patient care involves several types of the patient care. The first type of the patient care means the medical treatment. It involves the indicator i.e. diagnosis, laboratory investigation and timely disclosure of their reports (Chopra, V., & Washer, L., 2020).

Similarly, the treatment of the patient at time according to the prescription and treatment plan is also another type of the care to the patient. Furthermore, in outdoor patient department be reduced to waiting hours and provision of the necessity is such as setting plan, adequate water supply and material to pass the time such as newspaper, magazines, storybooks, religious and historical literature as well as the provision of electronic media also involves the management's intention to provide the adequate level of patient care in outdoor patient departments. The standard nursing care is adequate and mandatory standard patient care involves the careful treatment of the pain careful and safe communication between patients and nurses and good behavior of the nursing department. The sterilization of the equipment's and cloths used for the patient in the hospital is another adequate level of patient care. It also involves the provision of basic necessities to the patient such as water, clean and safe washrooms and adequate temperature of the hospital in comparison to the weather and season (Heathcote Sr, & Fillion, M. M., 2019). It has been witnessed during the COVID-19 period that, all the type of patient care prescribed in above mentioned article was disturbed and badly affected during the surge of COVID 19 infection. The outdoor patient department was closed. There was inadequate patient care in intensive care unit of a hospital such as emergency department Intensive Care Unit and operation theatres. It was just because they had the health care employees were suffering a higher level of workload anxiety due to several factors. Based on a boom mentioned factor, it can be a bit sized that the exaggerated level of work related anxiety can reduce the patient care in hospitals.

H₃: Work related anxiety significantly negatively impacts to patients care.

Mediating Role of Work Related Anxiety between Burnout and Patients Care

A research article was published in 2019 in journal of career development international. The career development international journal is well credible journal for researches of social sciences and applied theories. The literature published there is considered adequate and authentic. A research study was published in this research journal related to the burnout of healthcare professionals. The study was under the title of assessment of burnout in different medical professionals. The research study was described for quantitative research analysis within 219 (Doulougeri, K., & Montgomery, A., 2016). Medical professional individuals were as the research population. It was investigated through data of research study, that which are the basic elements of burnout among the different medical professionals in the field of oncology, gynecology, gastroenterology, urology and orthopedic surgeries. Through review study, the reserve population probably provided the primary data for investigation. According to the author, it was concluded that burnout is a psychological state of chronic mental disturbance due to the variety of situations and circumstances it is psychologically exhausted, which makes a person offended and arrogant toward the routine. Work induced burnout

is a chronic psychological exhaust which should disturb the professional responsibilities of employees (Naji, L., & Sohani, Z. N., 2021).

Similarly, the work related anxiety is in other psychological problem which is caused by the routine work related impairments. The work related anxiety is a facilitating factor which can boost up the psychological exhaust state of the employees. The patient who are suffering from the psychological exhausted state such as burnout and anxiety related to the work suffer from the large number of complexities and problems. The face psychological issue to stay loyal and competent toward their professional obligations. A research study published in the journal of anxiety disorders documented the several organizational factors contributing to work related anxiety among the healthcare professionals (Naji, L., & Sohani, Z. N., 2021). Among the several contributing factors which can cause the work related anxiety among the healthcare professionals, the few are workload, organizational environment, employee behavior, criticism, loss of interest in the personnel job as well as the patient negative feedback. The above mention factors are very severely affect the psychological state of employees and make them feel that the organization is not protecting their basic rights therefore they get victim of psychological illnesses (Naji, L., & Sohani, Z. N., 2021).

In addition to over mentioned factor some others are the stressful environment of the organization, low compensation from the organization, salary problems, or the low wages and loss of work family balance. Similarly, the low job security and high risk related to the job are also contributing to the higher level of work related anxiety the prevalence rate of work related anxiety in post graduate trainees of urology and oncology were 39% and 45% respectively (Zaman, S., & Uddin, K. N., 2014). Similarly, the prevalence rate of the work related anxiety and burnout in post graduate trainees of gynecology and orthopedic surgeries was 45 and 33% respectively (Zaman, S., & Uddin, K. N., 2014). The patient care is a factor which is under the higher influence of both of these psychological environments. The patient care in terms of medical treatment, diagnosis, laboratory investigation, introduced strategy of overcome the prolong waiting hours in the outdoor patient department, early provision of the drugs to the patient, adequate nursing care and cleanliness of the hospital as well as the supply of sterilized equipment is very important for the early recovery of the patient. Similarly, the basic necessities of the patient and in hospital in the form of adequate water supply and clean washing washrooms as well as the clean wards and intensive care units are also the necessity part of the patient care inside the hospital. Behavior of the working staff is an important aspect of adequate patient care inside the hospital. All of these medical cares could only be provided by a peaceful and calm employ inside the hospital. A person who himself is suffering from a mental disorder cannot pay attention towards the adequacy of the medical treatment of a patient (Zaman, S., & Uddin, K. N., 2014).

Therefore, healthcare employee who is the victim of work related anxiety or burnout could provide a deteriorated level of patient care inside the hospital. Hence in light of a well mentioned literature review and under the support of the underpinning theory entitled as self-determination theory of motivation relates that the psychologically disturbed person who have low intrinsic motivation and less attention toward his vision and goal can betray from his professional responsibilities of patient care in this way, it can be hypothesized in following way:

H₄: Work related anxiety mediates the relationship between burnout of healthcare professionals and patient care.

Moderating Role of Self Compassion between Works Related Anxiety and Patient Care

Healthcare professionals (HCPs) strive to maintain patients' health, yet ironically, the strenuous demands of their employment have a negative impact on their own wellbeing. According to a recent National Academy of Medicine study (National Academies of Medicine, 2019). HCPs are under pressure to manage increased workloads, difficult technology, and higher expectations of efficiency and output at the price of patient care and personal and professional values as a result of significant changes in how the healthcare system operates. Chronic work stress, poor mental health, and burnout are caused by HCPs' lack of supportive services in the face of mounting job expectations (National Academies of Medicine, 2019). After adjusting for job and other characteristics, the risk of burnout is really twice as high in the healthcare industry as it is for the entire American population (Shanafelt et al., 2012). HCPs run the risk of using unhealthy coping mechanisms including abusing alcohol or other drugs (Jackson, Shanafelt, Hasan, Satele, & Dyrbye, 2016; Salvagioni et al., 2017). The burnout is also associated with some severe medicals problems. These medical problems are originated from the chronic mental disturbance and stress caused by burnout. The medical problems originated from such bases are cardiovascular problems, respiratory disorders, chronic mental stress and insomnia (Salvagioni et al., 2017).

Some interventional research studies have adopted the randomized control trial to analyze the impact of stress reducing strategies for assessment of the impact of burnout on patient care. As it was evident from the previous research studies, that the healthcare professionals who are having self-compassion or having a deep sense of care and lovingness with humility are deeply motivated to overcome their own personal problems and focus more on the cure and treatment of the patient. For all these type of the healthcare professionals who are more moral regarding the humanitarian pain are more deeply responsible for their professional responsibilities (McCade & Fassnacht., 2021). Similarly and there are numerous control trial whose reference was given above involved two group of healthcare professionals. Each group was consisting of a specific number the people. The control group was not given any kind of intervention, and they were directly absorbed throughout the research period for their burnout status and patient care being provided by them. However, in the treatment group, the healthcare professional were undergone through some stress reducing exercises (Atkinson, & Lim., 2017). They were involved in community for some charity work. They were also involved in community to reduce the personnel problem of people. At the same time, all of these healthcare professionals were voluntarily sent to the different sectors of society to overcome the minor to moderate social issues of the people. It was absorbed in through statically results of study that the people who are sent to the Society for finding out the solutions of community problem and to help the people were more interested inside the hospital to pay attention towards the patient care as compared to the people who are badly stuck in the congested and stressful environment of the hospital McCade & Fassnacht., 2021).

The comparative analysis of data randomized controlled trial study evaluated that the number of individual who are possessing the self-compassion and act of kindness and goodness they overcome their personal problems and stay focused toward the patient care. At the other end, the healthcare professionals who are suffering from the burnout they suffer from the psychological and physical problem as well as some chronic illnesses, they stocked into the vicious cycle of their own personal problems (Atkinson, & Lim., 2017).. For that reason, they suffer from the greater level of work related anxiety and pay least attention towards their professional responsibilities. They remain absent minded during the treatment and diagnosis of the patient and also makes mistakes during treatment. Under the concept of self-determination, theory of motivation, it can be narrate that the healthcare professionals who are having self-compassion they are more resilient and have a higher level of kindness and loyalty toward their work of patient care (Atkinson, & Lim., 2017). On other hand the healthcare professionals without patience and attraction towards the pain and suffering of the patient do not pay due attention towards the standardized treatment of the patient or high degree of the patient care. Based on above mentioned discussion, it can be hypothesized that:

H₅: Self compassion moderates the relationship between work related anxiety and patient care in such a way that the negative effects of work related anxiety are reduced.

Research Model

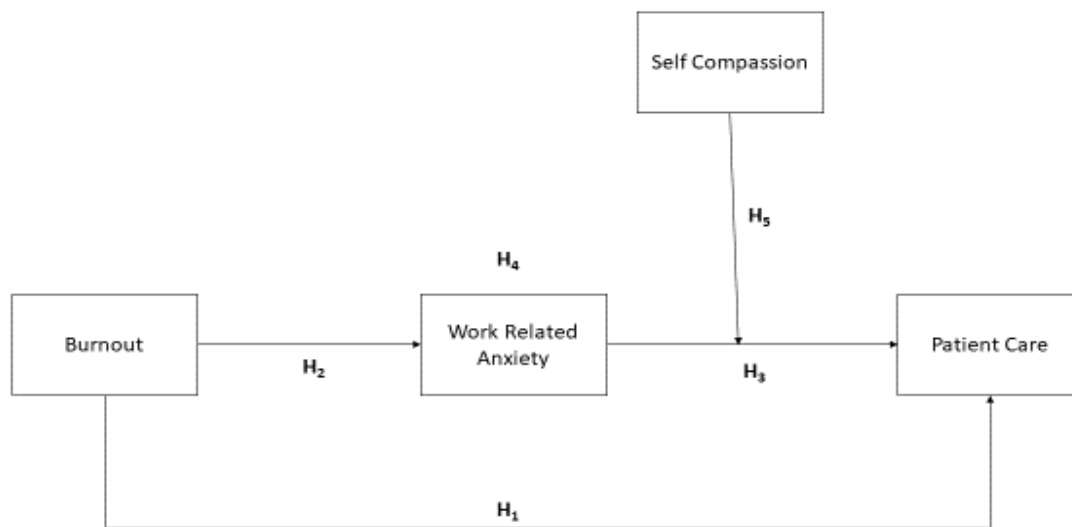


Figure 2. 1: Research Model

CHAPTER 3 METHODOLOGY

The specific steps or techniques to locate, select, analyses, and scrutinize content information constitute the research methodology employed in this study. The methodology section of such analytical research enables the reader to evaluate the study's overall strength and trustworthiness in a major way. This chapter focuses only on the methods for investigating the effects of healthcare workers' burnout on patient care while reducing stress connected to their jobs and increasing self-compassion. The discussion of research design, demographic and sampling techniques, sample characteristics, and measurements of study parameters are covered in this part.

Research Design

Research design is a schematic framework which includes the overall strategy for attainment of desired objectives of research. It explains the whole procedure which has been followed. To attain the proposed objectives, the research project has been designed as following:

Study Type

A quantitative study has been developed to investigate the effect of healthcare professional burnout on patient care under mediation of work-related anxiety and moderation of self-compassion in order to attain objectivity and testify suggested hypothesis. In a quantitative research study, numerical data from a tiny fraction of the target population is gathered and processed to provide trustworthy results. In general, the public as a whole benefits from the results. **3.1.2 Study Tool**

In this quantitative investigation, a pre-structured questionnaire adapted from earlier studies is used to measure the influence of burnout on patient care while controlling for work-related anxiety and self-compassion. Five components make up the questionnaire: demographics, burnout (Van Scotter and Motowidlo, 2020), work-related anxiety (Rokhman, 2019, King et al., 2020), self-compassion (King et al., 2020), and patient area (Maurksch et al., 2019). Each variable has a certain number of items (questions) that are rated on the Likert scale from strongly disagree to strongly agree.

Study Setting

Private hospitals in Rawalpindi that provide tertiary care are where this research study was carried out.

Unit of Analysis

Healthcare professionals working at Rawalpindi's private tertiary care facilities served as the study's unit of analysis.

Study Duration

The research took six months to complete (January, 2022 to June, 2022).

Population and Sampling

The following subjects were covered under this heading:

Population

The study's target population consisted of medical professionals employed by tertiary care private institutions in Rawalpindi and Islamabad. Since studying the entire population was not feasible, information was acquired from a suitable sample that represented the characteristics of the entire population.

Sample Size

As previously stated, a sample is a subset of the population that allows researchers to make generalizations about the population at hand (Faizullah et al., 2019) Sampling is the process of choosing a sufficient number of constituents from the population, allowing the test to accurately sum up the properties of the population as a whole. More than 250 people were included in the study's sample (250).

Sampling Technique

Data were gathered using the convenience sampling approach.

Inclusion Criteria

The healthcare workers who have been working in tertiary care level private hospitals of Rawalpindi and Islamabad for last six months were included in this research study. The working experience of six months have been chosen as mandatory because the workers must be familiar to the hospital environment.

Exclusion Criteria

Healthcare professionals who did not work in the tertiary care level private hospitals in Rawalpindi and Islamabad or who did work there but had less than six months of work experience were not included in this study.

Measurement Instrument

This quantitative research study's primary data, or data obtained directly from respondents, were acquired via questionnaires. There has been use of a pre-structured questionnaire. It has already been utilized in academic publications. It has been acknowledged and modified in accordance with industry requirements for better understanding by healthcare practitioners. The demographic factors that have been associated with this data collection cost include age in years and gender in terms of masculinity and femininity. Additional significant professional information is offered in this section of the questionnaire, including the respondent's current job, working department, and experience with the current employer.

Scale

Six variables have been included to the study model to test the proposed hypothesis for the evaluation of the influence of self-compassion and burnout on patient care under the mediation of work-related anxiety and moderation of resilience. For measuring each variable, a collection of

trustworthy scales from earlier studies was used. Below is a detailed discussion of these scales. Table 3.1 provides a summary of all variables along with their pertinent scales.

Table 3. 1: Summary of Scale Items

| N | Variable | Source | No of Item |
|---|----------------------|-------------------------------------------------|--------------------------------|
| 1 | Demographics | (Kaim, Siman-Tov, Jaffe, Adini, & Health, 2021) | Age, Gender and Marital Status |
| 2 | Burnout | (Faasse & Newby, 2020) | 15 items |
| 3 | Work Related Anxiety | (Gostin & Wiley, 2020) | 07 items |
| 4 | Self-Compassion | (Van Scotter & Motowidlo, 2020) | 06 items |
| 5 | Patient Care | (Bowen & Ostroff, 2019) | 14 items |

Study Procedure

After receiving clearance from RIPHAH International University's institutional review board, the study was carried out. The ethics review committee and several boards of governors provided their consent. All participants in this research project should have given their informed permission in writing or verbally. Participants were asked to complete questionnaires that were labelled with an identifying number to prevent them from being reluctant to provide personal information. Before and after data collection, no indoor nor outside sharing of participant responses occurred. For analysis, the data were input into SPSS version 22.

Data Analysis

For analysis, data were input into the 22nd edition of the Statistical Package for Social Sciences (SPSS). Responses are provided on a five-point Likert scale, with strongly disagree = 1, disagree = 2, not disagree/neither agree = 3, agree = 4, strongly agree = 5. After performing a reliability test on the variables, SPSS version 22 was used to do correlation regression analysis, moderation analysis, and mediation analysis on the data.

CHAPTER 4

DATA ANALYSIS AND RESULTS

Analysis of the Demographic Characteristics of Research Population

The current research study was aimed to analyze the impact of psychological exhaust such as burnout on the patient care under mediation of the work related anxiety and moderation of their self-compassion. To execute the target study the research sample of 352 individuals was obtained from

Rawalpindi and Islamabad through online and physical survey. The online survey was accomplished with the help of a Google Form link. The link was separated across the healthcare professionals through social media forums. Whereas the physical surveys was conducted with the help of hard copies of pre structured questionnaire. The hard copies were directly distributed to the healthcare professional by means of data collectors. Out of total gathered questionnaires 352 were isolated based on completely filled and accurate information being provided in them. The rest of 48 questionnaires were discarded because they were partially filled or incompletely filled and their information was not appropriate. In this way, out of total 400 respondent the selected sample size was 352.

Among these 352 individuals, the proportions of the male gender was high. Out of total 352 individuals 208 (58.9%) were male, whereas 144 (40.8%) were female. The proportion of female was low as compared to the male individual. The age of responded were categorized in three main categories. One of them was 20 to 30 years second was 30 to 40 years 31 to 40 years. And third one was 41 to 50 years. The criteria was clearly mentioned that the individuals belonging to age limit 20 to 50 years were included in a research study. There were about 240 60 point 68.1. There were about 241 68.3% individuals who are belonging to that 20 to 30 years of age. Similarly, there were about 80 22.7% of individuals who were belonging to the 31 to 40 years of age and 39.1% individuals were belonging to the age group 41 to 50 years of age.

Similarly, the ground of education, the healthcare professionals were also categorized into the three main categories. The first one was of the individual who were having intermediated diploma level healthcare, education and are pursuing their medical carrier as attendants and a support staff in the health care setups. The proportion of these healthcare individuals was 48 13.6% in this research study whereas the healthcare professionals who are having their graduation which includes the medical doctors having MBBS degree, healthcare technician and technologist nursing staff and others includes 185 52.1 52.4% whereas the healthcare professionals having posted graduation level education and I versified the fields such as doctors belonging to the multiple sectors radiology, cardiology and medicine, along with the nurses and technologists work 120 34.0%. Similarly the respondent to this research study were categorized into five categories based on their positions which they were pursuing in their respective healthcare institutions. These were the doctors who were having clinical as well as the managerial responsibilities in healthcare setups. They were 33 9.4% 9.4% whereas, doctors who are only responsible for the clinical practices in healthcare setups there proportion was 16 4.5%. The majority of responding to this research study was belonging to the nursing staff did about 264 74.8% nurses responded to the questionnaire through online survey or the physical survey.

Similarly, the proportion of the technicians in technologist was 16 4.5% and 24 6.8%. Among out of the total 352 individuals. The inclusion criteria of this research study was setting dead the healthcare professionals who are having their work experience from greater than one year and over the 31 years was included in this research study. The interval of their experiences was categorized into the five major categories. The healthcare professionals who are having their working experience between one and five year were 225 63.8%. Whereas the proportion of the healthcare professional

who was having their experience between 11 to 20 years were 64 18.1%. And deeper population having their working experience 21 to 30 year were 16 4.5%. The category of healthcare professionals having their experience between six to 10 years' worth 40 11.3%. Whereas the individual having their educated working experience more than 31 years while we're eight 2.3%. The demographic characteristics study of this research study is showing that. The majority of healthcare professionals who responded to this research study were young and their experience was about one to five here and majority of them was belonging to the nursing staff. Table 4.1 is categorically and tabulated, categorically displaying the information in tabulated form.

Table 4. 1: Analysis of the Demographic Characteristics of Research Population

| | | Frequency | Percent |
|------------|-------------------------------------------------------|-----------|------------|
| Gender | Female | 144 | 40.8 |
| | Male | 208 | 58.9 |
| Age | 20 - 30 Years | 245 | 68.3 |
| | 31 - 40 Years | 80 | 22.7 |
| | 41 - 50 Years | 32 | 9.1 |
| Education | Graduation | 185 | 52.4 |
| | Intermediate (diploma) | 48 | 13.6 |
| | Post-graduation | 120 | 34.0 |
| Position | Doctor (Having managerial responsibilities) | 33 | 9.4 |
| | Doctor (Not having managerial responsibilities) | 16 | 4.5 |
| | Nurses | 264 | 74.8 |
| | Technician Technologist | 16 24 | 4.5 6.8 |
| Experience | 1 to 5 Years | 225 | 63.8 |
| | 11 to 20 Years | 64 | 18.1 |
| | 21 to 30 Years | 16 | 4.5 |
| | 6 to 10 Years | 40 | 11.3 |
| | More than 31 Years | 8 | 2.3 |

N=352

Reliability Analysis of Core Variables

Reliability is the overall consistency of a measure. A measure is said to have a high reliability if it produces similar results under consistent conditions. It is the characteristic of a set of test scores that relates to the amount of random error from the measurement process that might be embedded in the scores. Scores that are highly reliable are precise, reproducible, and consistent from one testing occasion to another. That is, if the testing process were repeated with a group of test takers, essentially the same results would be obtained. Various kinds of reliability coefficients, with values ranging between 0.00 (much error) and 1.00 (no error), are usually used to indicate the amount of error in the scores. The significant reliability values has threshold limit of 0.5. The variable having reliability value above 0.5 has all his measuring scale items reliable to measure the parent variable whereas, the value below this limits shows that there is insignificant reliability of the variables. The table 4.2 shows the reliability analysis of the core variables involved this research work. It indicates that the Cronbach Alpha value indicating the reliability of variable is above 0.5 for all variables of interest.

Table 4. 2: Reliability Assessment of the Variables of Interest

| S.No | Variables | Cronbach's Alpha | N of Items |
|------|----------------------|------------------|------------|
| 1. | Burnout | .791 | 15 |
| 2. | Work Related Anxiety | .814 | 7 |
| 3. | Self-Compassion | .771 | 6 |
| 4. | Patient Care | .965 | 14 |

Descriptive Analysis of the Latent Variables

The table 4.3 is showing the descriptive analysis of a Latin variable involved in this research study. The information shown in this table is total number of responded. Responded the questionnaire the minimum score to this research study in maximum score similarly the mean and standard deviation of the total responses to the research study. The minimum score in this table is one which is showing that which was labeled on the five point Likert scale as strongly disagree whereas, the maximum score which is five was labeled as strongly agree the mean \pm standard deviation always chose a range of response. The range of response includes the lower limit and upper limit the range of response shown by the mean \pm standard deviation is F near to the maximum value given the table shows that the most of the respondent are agreed to the mining scale items of variable whereas, it is more and equal to the minimum value given them the table which is labeled as strongly disagree then it is visible that most of the respondents are strongly disagree with the Miring scale item of the variable the mean \pm standard deviation value for burn out is two point 3.29 ± 0.651 .

It shows that the range of response between is between 2.639 and 3.941 the lower limit of this range is below three, whereas a parliament is almost near to the four it shows that the majority of respondent were strongly disagree or disagree with the mining scale items of the variable whereas, a small proportion it was agreed to the mining scale items of this variable which shows that there was

a small portion of individual who was suffering from burnout it indicates that the level of burnout in the healthcare professionals is minimum or low. Similarly, the work allotted in xiety possesses the mean \pm standard deviation as 3.17 and plus us minus 0.970. It also indicates dead new work related anxiety in the society of healthcare professionals is also low. However, there is a considerable level of the self-convention of healthcare professionals because the mean \pm standard deviation value for the self-compassion is 3.66 ± 0.59 . The mean \pm standard deviation of patient care is 4.40 ± 0.715 . It the range shown by this value is take 16852 5.115 it indicates that the patient care being provided by the healthcare professionals in health care institutions is very high. The descriptive statistical analysis has shown that the level of burnout and work related anxiety among the healthcare professional is considerably low. Whereas, their self-compassion and patient care level is considerably high.

Table 4. 3: Descriptive Analysis of the Latent Variables

| | N | Minimum | Maximum | Mean | Std. Deviation |
|----------------------|-----|---------|---------|------|----------------|
| Burnout | 352 | 2 | 5 | 3.29 | 0.651 |
| Work Related Anxiety | 352 | 2 | 5 | 3.17 | 0.970 |
| Self-Compassion | 352 | 2 | 5 | 3.66 | 0.759 |
| Patient Care | 352 | 2 | 5 | 4.40 | 0.715 |

Correlation Analysis

Table 4.4 explains the correlation balances of latent variable involved in current research study which was attended and intended to analyze the impact of burnout on patient care under the mediation of work related anxiety and self-compassion of healthcare professionals the correlation analysis was run by Pearson correlation method D video Pearson correlation coefficient is abbreviated by r the value of R ranges from zero to one zero to plus minus one where the minus one complete see complete 100% negative relation and plus one shows 100% positive relation and zero states that there is no relationship between variable of interest the minus one shows that if there is one degree increase in one variable there is 100% decrease in the cross corresponding other variable whereas, plus one shows that a one degree rise in one variable had causes in 100% increase in corresponding other variable.

The negative sign shows a reversible reaction which is always explained as the rise of one variable is responsible for the decrease in another variable whereas, the positive sign is representative of the direct relationship which means that a positive change in one variable is associated with the positive change in other variables. And vice versa. The table 4.4 shows that burnout is significantly positively related to the work related anxiety with Pearson correlation coefficient value 0.640. This relationship is double steric a significant relationship with p value less than 0.001. Similarly, by converting this relationship into the coefficient of the variance it can be narrated dead. By one degree rise in the burnout of a healthcare professional there could be 40.96% increase in work related anxiety of healthcare professionals or it can be stated that by one degree rise of workload returns it there could

be 60 point there could be 40.96% rise in burnout of the healthcare professionals the coefficient of the various is always calculated by multiplying the square root of are scare her scare multiply by 100. Similarly, the relationship between burnout and self-compassion is minus 0.4 0.64 0.564. This is also double static significant relationship with Pearson correlation coefficient less than the p value less than 0.001.

This relationship also states that there is negative relationship between burnout and self-compassion of healthcare professionals. It means that by riser self-invasion, the burnout of healthcare professionals can be controlled the statistical figures showing that one by one degree rise of centralization of healthcare professionals there was 31.896% Decrease in burnout of healthcare professionals. This was use also find it by correlation coefficient, which is our scale country similarly, it is shown in the table that burnout is negatively associated with the patient care. However, the relationship is not significant because P value for this relationship is greater than 0.05. It is indicated by the table dead. Burnout is associated with the patient care with Pearson correlation coefficient as minus 0.081. It states there the statistical figure by converting into the Pearson correlation coefficient that one degree rise of healthcare professionals in burnout there could be 0.65% decrease in the patient care however, this relationship is insignificant. Similarly, the work related anxiety is negatively associated with the self-compassion of healthcare professionals and insignificantly associated with the patient care but self-compassion of medical professional is significantly associated with the patient care with the Pearson correlation coefficient as 0.338 and P value less than 0.01.

Table 4. 4: Correlation Analysis of Latent Variables

| | 1 | 2 | 3 | 4 |
|----------------------|----------|----------|--------|---|
| Burnout | 1 | | | |
| Work Related Anxiety | .640** | 1 | | |
| Self-Compassion | -0.564** | -0.685** | 1 | |
| Patient Care | -0.081 | -0.026 | .338** | 1 |

Hypothesis Testing through Multiple Regression Analysis

The table 4.5 shows the hypothesis distinct through the multiple regression analysis. The first hypothesis is or this study is stating that burnout is negatively related to the patient care. This hypothesis was accepted true based on the beta coefficient value minus 0.1809k value 2.3829 and P value 0.0177. These statistical figures are stating that with every one degree rise of burnout of healthcare professionals there are significant chances to decrease the patient care up to. Key Point to 7% 3.272% similarly, the second hypothesis is stating that burnout is positively associated to the work related anxiety of healthcare professionals. This hypothesis was also accepted true based on the beta coefficient value 0.9542 table yo 15.5864 and the p value 0.000. These states statistical figure stating that, with every one degree rise of burnout of the healthcare professional there are significant chances of rise of work related anxieties of healthcare professionals up to 91.049% It means that the psychological exhaust is a potent factor which was increase the work related anxiety of healthcare

professionals. Similarly, the work related anxiety is negatively associated with the healthcare professionals. As a hypothesis number three of this study was stating that the rise of work related anxiety could decrease the patient care the hypothesis was accepted true based on the statistical figure beta coefficient of minus 1.48 DB u minus 9.045 and P value 0.000. It also indicates that the rise of one degree of work related anxiety there could be measure decrease in the health care and measure decrease in the patient care.

Table 4. 5: Hypothesis Testing through Multiple Regression Analysis

| Variables | β | SE | T | P | CI-LL | CI-UL |
|--------------------------------------|---------|--------|---------|--------|---------|---------|
| Burnout -> Patient Care | -0.1809 | 0.0759 | 2.3829 | 0.0177 | -0.0316 | -0.3302 |
| Burnout -> Work Related Anxiety | .9542 | .0612 | 15.5864 | 0.0000 | 0.8338 | 1.0746 |
| Work Related Anxiety -> Patient Care | -1.48 | 0.1636 | -9.045 | 0.000 | -1.8018 | -1.1582 |

Analysis of Mediating Role of Work Related Anxiety between Burnout and Patient Care

The table 4.6 shows mediating role of the work related anxiety between burnout and patient care. It indicates that the work related anxiety significantly mediates the relationship between burnout and patient care. The direct impact of independent variable burnout on mediating variable work related anxiety is 0.9541 with significant p value less than 0.001, whereas, the total effect is of IV on dependent variable patient care is .0886**. These statistical figures are indicating the work related anxiety mediates the relationship between burnout and patient care.

Table 4. 6: Mediation Analysis

| IV | Effect of IV on MV (Path a) | Effect of MV on DV (Path b) | Direct Effect of IV on DV (Path C') | Total Effect of IV on DV (Path C) | Bootstrapping for Indirect LL95CI | Result Effect UL95CI |
|---------|-----------------------------|-----------------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------|
| Burnout | .9542 ** | -1.48** | -.1809 ** | .0886** | -.2058 | -.0106 |

**P<0.001

Where, IV: Independent Variables, MV: Mediating Variable, DV: Dependent Variables, UL: Upper Limit. LL: Lower Limit, CI: Confidence Interval

Moderation Analysis of Self Compassion between Work Related Anxiety and Patient Care

The table 4.5 shows the hypothesis distinct through the multiple regression analysis. The first hypothesis is or this study is stating that burnout is negatively related to the patient care. This hypothesis was accepted true based on the beta coefficient value minus 0.1809k value 2.3829 and P value 0.0177. These statistical figures are stating that with every one degree rise of burnout of

healthcare professionals there are significant chances to decrease the patient care up to 7% 3.272% similarly, the second hypothesis is stating that burnout is positively associated to the work related anxiety of healthcare professionals. This hypothesis was also accepted true based on the beta coefficient value 0.9542 t-value 15.5864 and the p value 0.000. These states statistical figure stating that, with every one degree rise of burnout of the healthcare professional there are significant chances of rise of work related anxieties of healthcare professionals up to 91.049% It means that the psychological exhaust is a potent factor which was increase the work related anxiety of healthcare professionals. Similarly, the work related anxiety is negatively associated with the healthcare professionals. As a hypothesis number three of this study was stating that the rise of work related anxiety could decrease the patient care the hypothesis was accepted true based on the statistical figure beta coefficient of minus 1.48 T-value minus 9.045 and P value 0.000. It also indicates that the rise of one degree of work related anxiety there could be measure decrease in the health care and measure decrease in the patient care.

The table 4.7 shows the moderating role of self-compassion between work related anxiety and patient care. It is highlighted through this variable that work related anxiety is significantly negatively associated with the patient care with beta coefficient minus 1.48. dB u minus 9.045 and P value 0.00 vs self-compassion has a significantly positive impact on the patient care with beta coefficient is 0.137 for T value 2.1292 And a p value of 0.0196. It is evident through the table that self-compassion moderates the negative relationship between work related anxiety and patient care from minus 1.48 to 0.2838 It indicates that the potentiated negative impact of work related anxiety on patient care can be neutralized and decreased by self-compassion of healthcare professionals. Which says that despite a significant level of work related anxiety due to the self-compassion of healthcare professionals they can absorb and bear their work related anxiety but never compromise on the care of patient

Table 4. 7: Assessment of Moderating Role of Self Compassion between Work Related Anxiety and Patient Care

| Variables | Patient Care | | | | | |
|--------------------------------------|--------------|--------|--------|--------|---------|---------|
| | β | SE | T | P | CI-LL | CI-UL |
| Step 1 | | | | | | |
| Work Related Anxiety | -1.48 | 0.1636 | -9.045 | 0.000 | -1.8018 | -1.1582 |
| Step 2 | | | | | | |
| Self-Compassion | 0.1374 | 0.1217 | 2.1292 | 0.0196 | 0.3767 | 0.1019 |
| Step 3 | | | | | | |
| work Related Anxiety*Self-Compassion | 0.2838 | 0.0398 | 7.1293 | 0.000 | 0.2055 | 0.3621 |

CHAPTER 5

DISCUSSION AND CONCLUSION

Discussion

Burnout is a psychological exhaust state of workers working in any organization. There are multiple factors which can contribute to the worsening condition of burnout of healthcare professionals or any other employee in an organization the major contributory factors of burnout identified with by the multiple previous researchers are lack of control or inability to make effective decisions in capability to fulfill the assigned task do to lack of professional skills are extremely workload lack of social support. Imbalanced work life and unclip here. Job expectations of healthcare employee although the previous researchers had, has identified the multiple contributor, receptors of the burnout however, there have limited work done on the effects of burnout on professional and personal life of the employees in any organization the current research study was fulfilling the research gap by conducting a research project on the impact of burnout of healthcare professionals on patient care under mediation of work related in xiety and moderation of self-compassion as it is evident that the work related in xiety is a major evil of workplace. Organizations which deteriorates the multiple professional and personal attributes implies it is the anxiety induced to the workers due to the excess of work. Similarly, the patient care is very delegate and significant matter of practices of healthcare professionals because it is directly linked with the health and life of diseased patient diseased individual. Similarly, the self compassion is in intrinsic motivational factors which can affect to motivate a person for sure, empowered social and psychological work for betterment of the society for accomplishment of the design objective of this research study a correlational research study was designed to analyze the impact of predictive variable on the outcome variables such as patient care. For achievement are the desired objective of this research study. Research sample of 352 individuals was collected from the healthcare professionals of Rawalpendi and his lumbar d data was collected by circulating the online google forms among the community of healthcare professionals with the sources of social media platforms and physical hardcopy of questionnaire by directly distributed among the healthcare professionals. The collected data was first accumulated in microsoft excel sheet, which was laterally transported into the spss the core analysis was performed in the statistical package of social sciences sciences version 23. An assessment of the demographic variables it was analyzed debt out of 352 individuals, the majority was male. They were contributing about 58.9% of the total research sample, whereas the rest of the 14.8% were female. Similarly, the higher majority of the healthcare individuals were belonging to the young aged between 20 to 30 years of the age, the proportion of these a young participants of the research study were 68 one 3%. Similarly, the proportion of the graduate to healthcare professionals were 52.4% and did that off the nurses was 74.8% it was indicating dead majority of the research sample was belonging to the nursing professional professions and they were having he's young age then the research center of this research study was assessed based on their experience. It was highlighted dead majority of the health care professionals were having experience between one to five years and their proportion was 63.8%. This demographic assessment is indicating a homogeneous and safe dreamed distribution of healthcare professionals working in the city of islam about. Several research studies conducted on

the healthcare professionals of private and public sectors islam overall in different perspective has shown a nearly close result regarding to the demographic variables of their sample size. Research study published in the journal of your medical college achterberg which was analyzing the job satisfaction of nurses working in tertiary level healthcare settings of islam herbal have indicated that out of their total research sample nearly similarly, demographic variables were carried out by the research population of the research study.

The level of core variable in this study were indicated to the descriptive statistic analysis with the help of statistical package of Social Sciences version 23. Then, level of burnout was assessed with the help of descriptive statistical analysis it was found that the mean plus minus standard deviation for burnout was 3.29 plus minus is 0.651. It was indicating there was average a low level of the burnout among the healthcare professionals after all, pindy and Islamic research study previously conducted in Rawalpindi of Istanbul, which was my ranking the stress and this was meeting the prime minister of stress and burnout among the healthcare professional after all pindy In Islam, but it was primarily focusing on the dental practitioners of our country and Islam. This cross sectional research study was having 150 dentist out of these dentists 50 dentists 38.8% Were having specialization in their respective field whereas the rest of all we're not having any post-graduation education when they were made for level of stress and psychological exhaust such as burnout, it was analyzed that there were only 6.1% healthcare in Vancouver facing severe say psychological exhaust or burnout whereas 17.8% were facing moderate level of burnout however, there was greater majority of the World Health Care individual who are being focusing on mild level of psychological exhaust. The second research study was also big on the healthcare professionals of Rawalpindi in Islam, which was my hearing the prevalence rate of work related anxiety among these health care professionals. Their particular research study was meeting the work related anxiety of Doctor Nurses and paramedic staff. It was analyzed the data during the period of pandemic there was an exaggerated level of mental health crisis. Sleep Disorder mood swings and poor low tolerance level. It was also assessed where the healthcare professional was being victimized by depression and anxiety. However, there was a low level of work related anxiety among the healthcare professionals. Previous research study have also identified that the level of work related anxiety among the healthcare professional is very low. Study is indicating the level of work plotted anxiety in terms of mean plus minus standard deviation deviation is 3.17 plus minus 0.9700 D level of self-compassion and patient care indicated by mean plus minus standard deviation is 3.66 plus minus 0.759. And 4.40 plus minus 0.715 respectively. It indicates that despite the crucial time the humanity heavy in facing the healthcare professionals are not compromising on their professional obligation and are very firm and determinant for the betterment of society. It is clear to do statistical analysis that the level of patient care in private healthcare setups in Islam is very high therefore, the public being admitted in these hospitals is very high. Are you sir research study curiously previously published in the Journal of BMC pregnancy and childbirth in 2019. How am I here? Today? It was my ear Ted how effective the environment in professional educational level of healthcare professionals in Islam what is enabling the institute buttes to provide a reliable and safe health care facilities to the patient associated with the territories This is our study has indicated that the private sector of the healthcare Islam world is being provided

with the advanced medical equipment. And provide the standardized medical care to the patient admitted in these hospitals

The first hypothesis of this research study was stating that burnout of the healthcare professional is negatively related to the patient's care. In other words, it was being precepted dead. The rise of psychological exhaust of healthcare professionals entered in form of burnout could drag the attention of healthcare professionals away from their professional obligations? And to the negative impact of that lack of attention result in decreased level of patient

T care and healthcare organizations. The hypothesis was incepted true based on the statistical analysis in terms of beta coefficient, T value and P value the beta coefficient of this very relationship is minus 0.1809. P value was 2.38 to nine and P value was 0.0177. These statistical figures are indicating that there is a significant negative impact of burnout on patient care in health care institutions In a previous research study, it has been indicated that the burnout is phenomena characterized by this depersonalization, emotional weakness or the sense of the personnel in adequacy or and ability among the physicians emergency room employers implies the rate of burnout has been indicated at the higher level. Research study published in German law of the West and then didn't see medicine indicated the impact of burn out on the self-reported a patient care and emergency room is after significant importance in field of Management Sciences and that cross sectional research study the purpose was to measure the quality of the life and career satisfaction of the healthcare professionals in line an exaggerated level of burnout in their field of work for this purpose our research sample of 155 individual was taken. They were asked for the their level of burnout and impact of their burnout on the on their professional obligation the research study have resulted at the quality of life of the day physicians were impacted about 6.7 to 7.4%. And they were perceiving at 5.2% with low carrier satisfaction because of this elevated level of burnout. Similarly, it has been established a link between burnout and patient care. Significant P value of 0.011. However, however, the research study was limited only to the emergency room for hospital which was having and a paramount amount of factors which can exaggerate the. Psychological burnout state of patient and physicians therefore the outcome of that research study was not a generalizable to all the kinds of healthcare professionals the current research study is fulfilling this gap by established and Lake debt to the burnout is a potent psychological exhaust factor with which is negatively affecting the pace patient care in every sector of medical field

Similarly, the second hypothesis of this research study is stating that burnout is positively related with the anxiety of healthcare professionals. The hypothesis was accepted. See significantly drew based on the statistical figures such as beta coefficient 0.95 for two t value 15.5864 and P values 0.000. This statistical analysis is revealing that when a healthcare professionals suffers from the psychological exhausts such as burnout his workload created in xiety is exaggerated because of contributing factors related to the work, overload and work environment the acceptance of hypothesis also find some relevancies in the existing literature such as a research study conducted previously states that. Anxiety and Barnette out in the healthcare, work environment are injurious for the both development of organization and employees. The anxiety related to the worker impacts the again engagement of the praqma healthcare professional towards their work. Therefore, it

hampers the personal development of the employee as well as impacts the growth of our organization. However, the research study was taking the workload anxiety as independent variable for assessment of its negative effects in organization the current research study is analyzing the mediated and role of work related anxiety between burnout and profession patient care similarly, the third hypothesis of this research study is indicating dead workload anxiety is negatively related to the patient care. The hypothesis was also accepted true based on the statistical figures such as beta coefficient minus 1.48, d value minus 9.4045 and P value 0.000. It is evident from statistical analysis that when the healthcare professionals are feeling exaggerated level of the workload anxiety, they cannot pay attention to what their professional obligation and this lack of attention towards their work results in deterioration of the level of patient care and health care organizations. The hypothesis also friends close relevance's and get flooded application and preexisting literature research study published in the Journal of frontiers in psychology under the title of the relationship between burnout depression anxieties and implies working capabilities in this research study the researcher was focusing the contributing factors which are responsible for the deteriorated level of. Organization enhancement due to suffering of the employees in this research study it was indicated that the employees who are suffering from the work related anxiety they are least productive for the benefits of urbanization in this way it can be narrated dead the health care professionals suffering from the work related anxiety or least productive for the standard care of patient in their organizations.

similarly, the hypothesis number four of this research study was analyzing the mediating impact of work related anxiety between barber burnout of healthcare professionals and patient care. The hypothesis was accepted based on the statistical analysis that showing that the data work related anxiety is facilitating the negative impact of burnout on the patient care. It means that both the synergic effect of work related anxiety and burnout are decreasing the medical services provided by the healthcare professionals in the different organization have role Bindi and Islam similarly the force hypothesis default hypothesis of this research study was indicating that the self-compassion of healthcare professionals moderates the negative impact of work related anxiety on the patient care. This statistical analysis has shown dead the self-compassion converted the negative impact of work related anxiety on patient care from minus 1.482 0.2838 it means that the self-compassion of healthcare professionals significantly converts the negative impact of work related anxiety into the positive one on patient care in other words the self-compassion of healthcare professional is a factor which can neutralizes the negative impact of work related anxiety and improves the patient care in multiple organizations. In a research study, published in the Journal of. International Journal of Human Resource Management it has been analyzed dead. The healthcare professionals are interesting intrinsically motivated and they consider their profession as a prestige our Nobel Prize therefore they absorb the multiple factors and the psychological negative impacts and neutralize them to maintain the standard medical services in the routine service although that is our study was holding some limitations however, it was strengthening the current research studies outcomes by providing a existence in previously proven literature. Hence it has proved dead. From the self-compassion of the healthcare professionals is a factor it is providing a buffer in cohesion. Factor

between the negative impacts of work related anxiety on services being provided by healthcare professionals and term of patient care

Conclusion

A multi-dimensional conclusion has been drawn on the basis of statistical analysis but performed on the collected data. The data of food 352 individual was collected from community of healthcare professionals working in private sectors of Islam about di D careful analysis through the statistical package of Social Sciences has concluded that there is a potent significant negative impact of burnout of healthcare professionals on patient care of in private organizations. Hence, it is proved that all those factor which are exaggerating the burnout of healthcare professionals are destroying the level of medical services being provided in different institutes. Thus only those management strategies which are being implemented to increase the statistical coverage of a large quantity of task cannot man maintain the standard of medical services and term of patient care. Similarly, it has been concluded that the burnout of healthcare professional increases the work related in society which in turn decreases the patient care therefore, the work related anxiety is facilitating the negative impact of burnout on patient care however, and the self-compassion of the employee employees is effector. This can help the employees to neutralize the negative impact of work related anxiety and burnout for preservation and maintenance of deep patient care institutes.

Limitations and Future Recommendations

Limitation of the research study are usually the shortcomings of laws which are due to the problems with the research design methodology and data collection procedures. Furthermore, it is a human activity which you cannot be free from the any human error or environmental issues the issue of accessibility of the target population and migration an enduring procedure from a research study setting area and hesitation of the respondent to share their actual data are some constraints which are associated with the higher degree of limitation the research study. Furthermore, the biasness of the researcher during the collection of the data and its presentation as a factor of the limitation and resource studies. Research researchers usually feel reluctant to documented their limitation by considering their to these limitation and affect the generalizability of their results. However, it is always an effective method to represent the limitation of a research study by making it clear that the researcher is well aware from the limitation of his arsenal study and provides the acceptable justification for this limitation. Furthermore, the limitation of the research study provides the opportunity of hatred feature a search service or to conduct such projects for generalizable results the current research study also have some limitations which are given below number one the samples of size of this research study was only taken from the Institute of Rawalpindi and Islamabad. At the same time, the sample size of this research study was similar as compared to the total population of her research study. Therefore, the future researchers should enhance the sample side and cover the multiple areas of Pakistan for any enhance the enhancement of the generalizability of a research study number two the target population of this research study was healthcare professional as a whole. The future researchers should follow the research work on the individual sectors of the research.

Population four assessment of the impact of burnout in different domains of health care sector number three. The level of the patient care was actually the self-reported level of health care being provided to the patient and institutes. The future researchers should absorb the patient care directly by the routine observation of healthcare professionals our involvement of the higher management to assess the extra level of patient care being provided in health care institutions buy and care providers.

Theoretical Implications of Outcomes

The theoretical implication of research certainty are always a justification of the implemented research theory and that particular research study D research model of this research study was based on the self-determination theory of motivation according to the self-determination theory of modification motivation a factor of intrinsic empowerment always empowers our person to overcome the negative effects of society and constraints related to the job and preserves the inner sense of an individual to focus on its aims for higher contribution in in the betterment of the society the research model of current research study was stating dead the self-compassion is affected, which moderates the negative impact of work related anxiety and burnout on the patient care is being provided by the healthcare professionals. The outcome of this research study has justified that the self-compassion moderates the negative impact for work related anxiety and controls their negative effects for preservation and maintenance of a higher quality of patient care in health care organizations in this way. Theoretically it is justified dead defector of intrinsic empowerment such as self-compassion according to the theory of self-determination, theory of motivation can reduce the negative effects of work related anxiety on patient care being provided by the healthcare professionals

Practical Implications of Outcomes

This study is beneficial for the practical implication point of view, because it is contributing significantly for the management perspective the management of healthcare institution can use the outcome of this research study for enhancement of level of patient care it can be realized by this research study dead. The level of the patient take care can only be maintained by preserving the psychological conditions and needs of the employees because it is not only fruitful to increase the quality of task being performed in the healthcare institutions, but isn't is necessary to improve the quality of level of health care or patient care being provided in these institutions. Therefore, it is necessity to preserve the psychological burnout status and reduce the level of burnout in healthcare organizations as well as the level of work related anxiety the management shouldn't necessarily provide the psychological sessions to their employees for empowering them the dear factors of inner motivation such as self-impatience, which can realize them that they are serving in a very noble and prestigious job by these. Practical implications the result of steady state can contribute for enhancement of the quality of patient care in different institutes.

REFERENCES

- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: development and initial validation. *International Journal of Mental Health and Addiction*, 1-9.
- Alcadipani, R., Cabral, S., Fernandes, A., & Lotta, G. (2020). Street-level bureaucrats under COVID-19: Police officers' responses in constrained settings. *Administrative Theory & Praxis*, 42(3), 394-403.
- Asmr, Y., Beza, L., Engida, H., Bekelcho, T., Tsegaye, N., & Aschale, Y. (2019). Assessment of knowledge and practices of standard precaution against blood borne pathogens among doctors and nurses at adult emergency room in Addis Ababa, Ethiopia. *Emergency Medicine International*, 2019.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events?. *American Psychologist*, 59(1), 20.
- Bowen, D. E., & Ostroff, C. (2004). Understanding HRM-firm performance linkages: The role of the "strength" of the HRM system. *Academy of Management Review*, 29(2), 203-221.
- Chaudhry, M. O., Zahir, M., Farooq, F., & Arif, R. (2013). Contribution of Health Outcomes to Economic Growth in Pakistan. *Pakistan Journal of Social Sciences (PJSS)*, 33(2).
- Cirincione, L., Plescia, F., Ledda, C., Rapisarda, V., Martorana, D., Moldovan, R. E., ... & Cannizzaro, E. (2020). COVID-19 pandemic: Prevention and protection measures to be adopted at the workplace. *Sustainability*, 12(9), 3603.
- De los Santos, J. A. A., & Labrague, L. J. (2021). The impact of fear of COVID-19 on job stress, and turnover intentions of frontline nurses in the community: A cross-sectional study in the Philippines. *Traumatology*, 27(1), 52.
- Faasse, K., & Newby, J. (2020). Public perceptions of COVID-19 in Australia: perceived risk, knowledge, health-protective behaviors, and vaccine intentions. *Frontiers in Psychology*, 11.
- Faizullah, M., Rahman, N., Umar, M. I., Anwar, M., & Sarfraz, M. (2017). A cross-sectional study on knowledge, attitude and practices of medical doctors towards antibiotic prescribing patterns and resistance in Khyber Pakhtun Khawah. *J Appl Pharm Sci*, 7(12), 38-46.
- Fang, L., Karakiulakis, G., & Roth, M. (2020). Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection?. *The Lancet Respiratory Medicine*, 8(4), e21.
- Freeman, D., Loe, B. S., Chadwick, A., Vaccari, C., Waite, F., Rosebrock, L., ... & Lambe, S. (2020). COVID-19 vaccine hesitancy in the UK: the Oxford coronavirus explanations, attitudes, and narratives survey (Oceans) II. *Psychological medicine*, 1-15.
- Frey, L. M., & Wilhite, K. (2005). Our five basic needs: Application for understanding the function of behavior. *Intervention in School and Clinic*, 40(3), 156-160.
- Gautam, S., & Hens, L. (2020). COVID-19: Impact by and on the environment, health and economy, *Springer*, 40(3), 156-160.

- Gostin, L. O., & Wiley, L. F. (2020). Governmental public health powers during the COVID-19 pandemic: stay-at-home orders, business closures, and travel restrictions. *Jama*, 323(21), 2137-2138.
- Gundogan, S. (2021). The mediator role of the fear of COVID-19 in the relationship between psychological resilience and life satisfaction. *Current Psychology*, 1-9.
- Kaim, A., Siman-Tov, M., Jaffe, E., & Adini, B. (2021). From Isolation to Containment: Perceived Fear of Infectivity and Protective Behavioral Changes during the COVID-19 Vaccination Campaign. *International Journal of Environmental Research and Public Health*, 18(12), 6503.
- Khan, K. S., Mamun, M. A., Griffiths, M. D., & Ullah, I. (2020). The mental health impact of the COVID-19 pandemic across different cohorts. *International journal of mental health and addiction*, 1-7.
- Kim, J., & Lee, J. C. (2020). Effects of COVID-19 on preferences for private dining facilities in restaurants. *Journal of Hospitality and Tourism Management*, 45, 67-70.
- King, P., Cormack, D., McLeod, M., Harris, R., & Gurney, J. (2020). COVID-19 and Māori health—when equity is more than a word. *Public Health Expert*, 45, 67-70.
- Labrague, L. J., & de Los Santos, J. A. A. (2021). Fear of Covid-19, psychological distress, work satisfaction and turnover intention among frontline nurses. *Journal of nursing management*, 29(3), 395-403.
- Lillie, P. J., Samson, A., Li, A., Adams, K., Capstick, R., Barlow, G. D., ... & Schmid, M. L. (2020). Novel coronavirus disease (Covid-19): the first two patients in the UK with person to person transmission. *The Journal of Infection*, 80(5), 578.
- Lindberg, O., & Rantatalo, O. (2015). Competence in professional practice: A practice theory analysis of police and doctors. *Human Relations*, 68(4), 561-582.
- Lusch, R. F., Vargo, S. L., & Malter, A. J. (2006). Marketing as service-exchange:: Taking a leadership role in global marketing management. *Organizational Dynamics*, 35(3), 264-278.
- Miller, R., & Englund, K. (2020). Clinical presentation and course of COVID-19. *Cleveland Clinic Journal of Medicine*, 87(7), 384-388.
- Nyashanu, M., Pfende, F., & Ekpenyong, M. S. (2020). Triggers of mental health problems among frontline healthcare workers during the COVID-19 pandemic in private care homes and domiciliary care agencies: Lived experiences of care workers in the Midlands region, UK. *Health & Social Care in the Community*, 87(7), 384-388.
- Pakpour, A. H., Griffiths, M. D., Chang, K. C., Chen, Y. P., Kuo, Y. J., & Lin, C. Y. (2020). Assessing the fear of COVID-19 among different populations: A response to Ransing et al.(2020). *Brain, Behavior, and Immunity*, 89, 524-525.
- Prgomet, M., Georgiou, A., & Westbrook, J. I. (2009). The impact of mobile handheld technology on hospital physicians' work practices and patient care: a systematic review. *Journal of the American Medical Informatics Association*, 16(6), 792-801.
- Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability*, 12(9), 3834.

- Shaikh, B. T., & Hatcher, J. (2005). Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of Public Health*, 27(1), 49-54.
- Tarantino, A. (2008). Governance, risk, and compliance handbook: technology, finance, environmental, and international guidance and best practices. *John Wiley & Sons*, 27(1), 49-54.
- Tellis, G. J., Yin, E., & Bell, S. (2009). Global consumer innovativeness: Cross-country differences and demographic commonalities. *Journal of International Marketing*, 17(2), 1-22.
- Van Scotter, J. R., & Motowidlo, S. J. (1996). Interpersonal facilitation and job dedication as separate facets of contextual performance. *Journal of Applied Psychology*, 81(5), 525.
- Walley, P., & Davies, C. (2002). Implementing IT in NHS hospitals-internal barriers to technological advancement. *International Journal of Healthcare Technology and Management*, 4(3-4), 259-272.