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Influence of Emotional Exhaustion on Self-Care among Young Adults

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Over the years the significance of self-care has been researched in increasing number of groups. While there is plenty of research to indicate self-care is essential there is a lack in understanding of the factors that influence the practice of self-care. The current study aims to investigate the extent of emotional exhaustion and its influence on self-care among young adults. The Emotional Exhaustion Scale and the Self-Care Scale questionnaires were used. The sample consisted of 389 young adults in the age group of 25 years to 35 years. Statistical analysis involved the Mann-Whitney U test. Results revealed that among young adults increased emotional exhaustion leads to poor overall self-care, and poor self-care practices for the domains of cognitive, psychological, emotional, interpersonal, existential, and professional self-care. Physical self-care increased with increase in emotional exhaustion. Possible reasons on how emotional exhaustion may impact self-care and its implications in developing self-care training have been delineated.

Keywords: Emotional exhaustion, self-care, Young adults

In the earlier centuries, healthcare has predominantly been self-care or home-based management. It was in the late 18th and 19th centuries, with the modern medical discoveries and inventions, that institutions for healthcare and residential services were started with the masses receiving expert care for their illness (Neuhauser & Kreps, 2003). However, with the increase in healthcare burden and widespread chronic conditions that require lifelong maintenance, self-care again has again come to the forefront of healthcare. Self-care aims to incorporate the individual as an active participant in their healthcare management. In the 1990s, WHO defined self-care as "what people do for themselves to establish and maintain health, prevent and deal with illness".

Current approaches look at self-care as an approach to physical and emotional wellbeing (Myers et al., 2012), while helping lessen stress and other psychological concerns of the individual (Williams et al., 2010). While self-care has gained prominence, it has yet to gain a conceptualized and operational definition. One of the agreed upon view is self-care occurs in multiple life domains of the individual. Butler et al. (2019) and her colleagues developed comprehensive dimensions for self-care which include physical self-care, professional self-care, relational self-care, emotional self-care, psychological self-care and spiritual self-care.

Self-care as an academic interest, was researched mainly as a coping strategy to counteract the effects of emotional labour (Chen, 2019), vicarious traumatization (Pearlman & Saakvitne, 1995) and burnout (Hallam et al., 2020), experienced by helping professionals. Over the years, the significance of self-care in both preventing illness as well as improving the quality of life for the individual has been researched in increasing number of groups. Studies have

shown that low self-care has been associated with higher burnout (Butler et al., 2017; Sharifian, 2019) and stress (Mayorga et al., 2015). Self-care has shown to be effective as a preventive measure for perceived stress among students aged 18 years and above (Feng et al., 2019) and an effective strategy to improve personal wellbeing and career sustainability. There has been a growing demand for including self-care training to improve personal and professional resources and in training for psychologists (Dorociak et al., 2017), youthworkers (Hallam et al., 2020) etc.

Emotional exhaustion is the central quality of burnout. It refers to feelings of being emotionally overextended and depleted of one's emotional resources. Emotional exhaustion occurs when an individual's emotional resources are so depleted that they feel they no longer have anything to give psychologically to others (Maslach & Jackson, 1981). Though research over the past years has focused primarily on emotional exhaustion as a symptom of burnout experienced at work, recent studies show outside of work factors also lead to emotional exhaustion.

Positive personal events were found to decrease and negative personal events were found to increase emotional exhaustion in work related and personal domains (Klusmann et al., 2020; Maslach & Leiter, 2016). Personality characteristics, specifically neuroticism (Klusmann et al., 2020) and traumatic life events (Mather et al., 2014) have also been associated with both burnout and emotional exhaustion. Emotional exhaustion thus has a broader role than merely as a facet of burnout at work. In the conservation of resources model of stress, emotional exhaustion explained as loss of resources or perceived threat to them and dissatisfaction on expected returns.

Emotionally exhausted individuals further find it difficult to deal with interpersonal issues (Consiglio, 2014), due to lack of emotional resources. Emotional exhaustion increases strain in family life (Thompson et al., 2020), increases risk for cardiovascular conditions (Melamed et al., 2006), musculoskeletal pain, prolonged fatigue and gastrointestinal issues (Salvagioni et al., 2017). It is also associated with psychological symptoms of insomnia, depressive symptoms and negative outcomes in occupational domain such as job dissatisfaction absenteeism (Salvagioni et al., 2017).

As per Erikson's psychosocial stages of development, young adulthood is from early 20's to late 30's. Developmental psychology also stresses the tasks of this period as forming relationships, building a career and economic stability and taking charge of household duties. Early adulthood is a period to evaluate one's preference for spouse, family, and profession. Studies have shown that the population of 25-year-olds to 40-year-olds face emotional exhaustion as a growing challenge (Saputra & Rozyanti, 2022; Van Veen et al., 2023), amidst these duties with few young adults seeking mental health care (Vanheusden et al., 2008). Young adults prefer managing their mental health concerns independently through their own resources (Martorell-Poveda et al., 2015).

Self-care is an active, dynamic process that requires individuals to adapt healthy behaviours and empowers the individual to seek out resources, support and environments that promote their wellbeing (Denyes et al., 2001). It thus requires physical energy and psychological readiness to commit to the process. While there is plenty of research to indicate self-care is essential and beneficial, there is a lack in understanding what are the factors that influence the practice of self-care. It is important to understand these influencing factors in order to create an effective

environment that will promote the practice of self-care behaviours. Burnout has been associated with lower personal wellness (Puig et al., 2012), and poor psychological wellbeing (Burke et al., 2016). In a study on childcare workers in Philippines, emotional exhaustion predicted psychological wellbeing (Mata & Tarroja, 2022). The current study looks at emotional exhaustion and its influence on self-care among young adults.

Method

Sample

The sample for the study consisted of 389 young adults in the age group of 25 years to 35 years with 128 (32.9%) males and 261 (67.09%) females. Of the participants 315 (81%) were from the urban sector and 74 (19%) participants were from the rural sector. Convenient sampling method with paper pen questionnaires was used to study the two variables of emotional exhaustion and self-care.

Tools

Emotional Exhaustion Scale: The Emotional Exhaustion Scale has a total of 84 Likert Scale items and 5 subscales. The subscales are: physical, emotional, cognitive, occupational and interpersonal. The physical subscale has 21 items and the emotional subscale has 16 items, the cognitive subscale has 16 items, occupational subscale has 17 items and the interpersonal subscale has 15 items.

The items consist of statements which describe a behaviour, emotion, or idea. There are five options of rarely, occasionally, sometimes, often, always. The participants need to choose an option that accurately describes the frequency of experiencing the item in the last month. The questionnaire contains both positive and reverse coded items. Scoring for positive items was rarely=1, occasionally=2, sometimes=3, often=4, always=5. For reverse coded items the scoring was given as rarely=5, occasionally=4, sometimes=3, often=2, always=1. Each items is scored and the scores are added up to give a total sub-scale score. The scores of all the sub-scale are added to given a final total score of emotional exhaustion.

The scores are divided into low, medium and high category for all the sub-scales and the total emotional exhaustion score. Interpretation of score as low indicates low emotional exhaustion in the individual, moderate category indicates moderate emotional exhaustion and high indicates high emotional exhaustion in the individual.

The reliability coefficients obtained through Cronbach's Alpha were found to be more than 0.8 for 4 out of the 5 subscales in of emotional exhaustion. The reliability coefficient obtained for the total emotional exhaustion scores was 0.948 and highly significant. The individual scales such as physical component has a reliability coefficient of 0.866 and the emotional component the obtained Cronbach alpha was .817 and for the cognitive component it was 0.827. The reliability coefficient for the cognitive component was 0.827 and for the occupational component was .849 and lastly the interpersonal component had a Cronbach alpha of 0.787. They were found to be reliable at 0.001 significance.

Self-Care Scale: It has a total of 110 Likert Scale items, with 7 subscales. The subscale areas are – physical, cognitive, psychological, emotional, interpersonal, existential and professional. The physical subscale has 15 items and the cognitive subscale has 16 items, the psychological subscale has 10 items, the emotional subscale has 17 items, the interpersonal subscale has 20 items, the existential subscale has 18 items and the professional subscale has 14 items.

The items consist of statements which describe a behaviour, emotion, or idea. There are five options of rarely, occasionally, sometimes, often, always. The participants need to choose an option that accurately describes the frequency of carrying out the item in their daily life. The questionnaire contains both positive and reverse coded items. Scoring for positive items was rarely=1, occasionally=2, sometimes=3, often=4, always=5. For reverse coded items the scoring was given as rarely=5, occasionally=4, sometimes=3, often=2, always=1. Each item is scored and the scores are added up to give a total sub-scale score. The scores of all the sub-scale are added to given a final total score of self-care.

The scores are divided into low, medium and high category for all the sub-scales and the total self-care score. Interpretation of score as low indicates low self-care behaviour in the individual, moderate category indicates moderate self-care behaviour and high indicates high self-care behaviour in the individual.

The reliability coefficients obtained through Cronbach's Alpha were found to be more than 0.7 for 5 out of the 7 subscales in the self-care subscale. The reliability coefficient obtained for the total emotional exhaustion scores was 0.948 and highly significant. The individual scales such as physical component has a reliability coefficient of 0.630, in the cognitive component the obtained Cronbach alpha was .816 and for the psychological component it was 0.613. The reliability coefficient for the emotional component was 0.710 and for the interpersonal component it was .757. The existential component scores have a reliability coefficient of .764 and lastly the professional component had a Cronbach alpha of 0.695. They were found to be reliable at 0.001 significance.

Procedure

The test was administered to young adults in the age group of 25 years to 35 years from Mangalore. The young adults were approached through various schools, HR firms, hospitals and automotive centre settings. The participants were briefed on the study and informed consent was obtained. The socio-demographic details of the participants were collected. Instructions to fill the questionnaires were given and they were asked to indicate their responses in the respective sheets given to them. The response sheets were screened for completeness, scored and fed to computer. The data were analyzed using Mann Whitney U test to find out the difference in self-care scores with young adults having low and moderate emotional exhaustion.

Results

Table 1: Results of Mann Whitney U Test between emotional exhaustion scores and self-care scores

Scale Components	Emotional Exhaustion -category	N	Mean Rank	Z Value
Self-care - Physical	Low	203	154.30	-7.463***
	Moderate	186	239.42	
Self-care - Cognitive	Low	203	235.36	-7.401***
	Moderate	186	150.95	
Self-care – Psychological	Low	203	216.52	-3.951***
	Moderate	186	171.52	

Self-care - Emotional	Low	203	227.33	-5.928***
	Moderate	186	159.72	
Self-care - Interpersonal	Low	203	242.79	-8.762***
	Moderate	186	142.84	
Self-care – Existential	Low	203	238.14	-7.910***
	Moderate	186	147.92	
Self-care – Professional	Low	203	241.58	-8.544***
	Moderate	186	144.16	
Self-care - Total	Low	203	246.80	-9.493***
	Moderate	186	138.46	

Note: *** - sig at .001 level

The Mann Whitney U test showed significant difference in the mean ranks of total self-care score between the two categories of low emotional exhaustion with a significant Z value of -9.493 at 0.000 significance indicating that there was difference in self-care patterns between the two groups. The low emotional exhaustion category showed higher overall self-care scores and the higher emotional exhaustion category showed lower overall self-care scores.

In the sub-scale division of self-care components, the areas of cognitive self-care (Z= -7.401), psychological self-care (Z=-3.951), emotional self-care (Z= -5.928), interpersonal self-care (Z= -8.762), existential self-care (Z=-7.910), professional self-care (Z= -8.544) showed a significance difference in the mean ranks at .000 significance indicating there was a difference in the self-care patterns between the two groups. The mean ranks and Z values for the cognitive, psychological, emotional, interpersonal, existential and professional components have a significant difference and indicate that individuals who have lower emotional exhaustion have better self-care practices in these components than individuals who have moderate emotional exhaustion.

For the physical self-care component, there is a significant difference between the scores of the low emotional exhaustion and moderate emotional exhaustion with the mean ranks of 154.30 and 239.42 with a Z value of —7.463 , (p = 0.006). In the physical component of self-care, the mean ranks and Z values show a significant difference and indicate that the physical self- care score in the moderate emotional exhaustion category is higher, indicating that individuals with higher emotional exhaustion have better self-care scores than individuals with lower emotional exhaustion.

Discussion

Major findings of the study:

As emotional exhaustion increased, a significant decrease was observed in the total self-care behaviours of young adults.

In the specific areas of self-care, as emotional exhaustion increased a significant decrease was observed in self-care behaviours of cognitive, psychological, emotional, interpersonal, professional, and existential domain.

Increased emotional exhaustion led to increase in physical self-care practices.

The results show that emotional exhaustion does impact the overall self-practices followed by the young adults.

Studies have shown that among trainees in mental health training programs, lower self-care efforts were associated with higher burnout scores (Butler et al., 2017). Emotional exhaustion is one of the components of burnout and Sweden in 2005 revised the ICD 10 burnout diagnosis (Z73.0) as a difficulty in life management characterized by "vital exhaustion". A scoping review that synthesized studies on the Exhaustion disorder, reported several somatic and psychiatric symptoms which included, headaches, fatigue, cognitive difficulties, interpersonal difficulties as being the symptoms reported across the studies (Lindsäter et al., 2022). Emotional exhaustion leads to a state where the individual has very limited psychological resources which are utilized to help cope with the ongoing stressors or challenges that are causing the emotional exhaustion. Hence, they do not have the energy and readiness to engage in self-care practices. Self-care involves figuring out the unhealthy practices in different domains of one's life and engaging in healthy habits consistently over a period of time. Emotionally exhausted individuals do not have the psychological capacity for such an intensive task. Emotional exhaustion thus has an impact on the activities of self-care, and the reduced motivation and increased fatigue can make it difficult for the individual to pursue self-care practices.

Most studies on burnout, emotional exhaustion and stress have recommended self-care training and improved self-care practices as a coping strategy. The findings of the current study are significant as they show that emotional exhaustion itself can be a barrier for practicing self-care. It would be more beneficial to first address the factors leading to emotional exhaustion and help the individual cope with them and provide them with the right support to increase and manage their resources and then attend to building self-care resources.

Another finding of the study has been that higher emotional exhaustion has been related to lower physical self-care. Individuals with higher emotional exhaustion showed an increase in their physical self-care practices while individuals with lower emotional exhaustion reported lower physical self-care practices. During emotional exhaustion, the body is under tremendous stress and constantly overworked which can lead to several physical health concerns. Burnout has been associated with physical health symptoms such as back pain and neck pain (Kaeding et al., 2017). Physical health concerns have always received more attention and are noticed more easily than psychological health concerns. Hence, emotionally exhausted individuals might be more attuned to their physical health issues and practicing physical self-care to cope with these issues than as a self-care practice. Some studies also show that increased physical activity is not directly related to lowered stress but rather the stressor (Folkins & Sime, 1981) and personality traits (Salmon, 2001). Studies also show a positive relationship between exercise and experience of stress (McKinzie, 2006). These results could indicate that physical self-care is taken as a coping mechanism to manage various health concerns under times of increased stress in to keep functioning than as self-care. This could also be why during periods of lower emotional exhaustion, where there are less noticeable physical health concerns, the individual might not engage in physical self-care as much.

Physical self-care has been shown to be one of the most common forms of self-care practiced (Bloomquist et al., 2016), which could be a factor leading to these results. Physical self-care of managing eating habits, drinking adequate water, restful sleep, exercise, having necessary medical checks and following medication protocols are generally followed more than other self-care

practices such as learning of one's emotional experience, working on interpersonal dynamics or fostering interests to develop cognitive self-care. Hence the finding of increased physical self-care could also be an indicator for need of more widespread education of the different dimensions that require self-care.

Conclusion

Self-care has shown positive effects with multiple health related concerns and has improved well-being. While the benefits of the different self-care practices has been studied, there has been a lack of study done in understanding the factors that impact the practice of self-care behaviours. The current study shows that emotional exhaustion led to poor self-care in the different areas of self-care. Physical self-care increased with increase in emotional exhaustion where it could be taking the place of a coping strategy in times of stress and would be indicative of the most common self-care practices followed. These findings help improve on the understanding of self-care and emotional exhaustion. It is useful in developing better resources and modules for well-being. The limitations of the study include, it was conducted on a limited age group of adults and followed convenient sampling which make the results difficult to generalize. The study was also conducted as a one time questionnaire response which might make it difficult to capture the self-care and emotional exhaustion experience of the individual over time. Further research across different age groups and settings can help provide better understanding of the variables.

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