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Burnout and Social Support among Healthcare Workers during Covid-19: Evidence from Italy.

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Abstract: In this study, I examine the relationship between burnout and social support among healthcare workers in Italy. Burnout has been a serious concern among professions who must work closely and help other individuals. Due to the epidemic of the Covid-19 Pandemic, it has especially been a challenge for healthcare workers in the past few years. A validated Italian version of the MBI scale is conducted from 332 healthcare workers. Burnout scale is measured by its three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Social support is analyzed from the questionnaires regarding partners or spouses, family, friends, and colleagues. Multiple regression analysis shows social support is correlated to less emotional exhaustion and depersonalization and higher personal accomplishment. Regression discontinuity design is used to observe the causality between burnout subscales and social support instruments of partners and coworkers. Although the study finds social support is associated to less burnout among the participated Italian healthcare workers, the regression discontinuity design indicates there is no significant causal effect of burnout subscales on social support instruments.

1. Introduction

In recent decades, burnout has been a rising concern in different kinds of professional fields, and economists have been taking a great interest on the subject. Burnout is defined as a chronic stress caused by an individual's own profession. More importantly, burnout affects professionals who are required to work closely and help other people in daily basis more frequently (Schaufeli and Enzmann 1998). Maslach and Jackson (1981) first introduced the Maslach Burnout Inventory (MBI) that presented three subscales of burnout in work environment to determine an individual's burnout level: emotional exhaustion (EE) subscale, depersonalization (DP) subscale, and personal accomplishment (PA) subscale. From then on, the MBI has become the most important scale that is being used in various burnout empirical studies for many years. Emotional exhaustion is considered to be highly correlated with burnout due to its role as a measurement of mental and physical well-beings of individuals in relation to their jobs. Depersonalization measures indifferent attitude, that has been changed from before, towards their work and people. Personal accomplishment is a positive measurement scale that examines self-achievements, accomplishments, and productivity at work.

Healthcare workers are a group of professionals who are more likely to be prone to burnout. Undoubtedly, a study shows critical care physicians and nurses have reported much frequent and higher burnout levels (Embriaco et al., 2007). Gandi et al., (2011) also demonstrates burnout is extremely common in the healthcare sector as the findings indicate more than half of the participated nurses being impacted by burnout. Moreover, especially since the Covid-19 Pandemic, healthcare professionals have been experiencing the most stressful time period all around the world compared to any other years. According to World Health Organization (WHO), as of May 10 2022, around 516 million cases are confirmed with more than 6 million deaths worldwide. Just until May 8, 2020, which was only a few months after the Pandemic started, around 153 thousand infections and 14 hundred deaths were recorded only among healthcare workers globally (Bandyopadhyay et al., 2020). During this epidemic, healthcare workers have

been physically strained from overworking, having constant mental fear of treating positive patients, getting exposed to the virus as frontline workers, and experiencing uncomfortable working conditions. In India, post-Covid burnout among doctors and support staffs has had a significant increase compared to pre-Covid period, especially among female participated workers (Khasne et al., 2020). Furthermore, Romanian doctors also have recorded much higher burnout levels during Covid-19 due to higher workload and higher chance of exposure to the virus through their patients (Dimitriu et al., 2020).

In addition, many studies have implied that another important aspect of burnout is its relationship with social support. Social support is described as one of the important coping mechanisms that can reduce work stressors (House 1981). Cohen and Syme (1985) provides significant conceptual contexts on the potential role of social support and its function as a therapeutic strategy for physical health and mental well-being. Some studies have shown women are more likely to engage in coping strategies and seek emotional support from others than men (Tamres et al., 2002). Nevertheless, for both genders, the quality of social support matters more than the quantity of the support (Antonucci and Akiyama 1987). Although social support cannot change the reality of stressful situations such as the amount or the burden of workload, it may help with reducing stress and changing an individual's perception of work-related problems to prevent burnout (Velando-Soriano et al., 2020).

The objective of this study is to examine the relationship between burnout and social support using the data of 332 participated healthcare workers in Italy. Some participants have experiences of working during the Pandemic. I first conduct multiple regressions with socio-demographic and work-related characteristics to see the correlation between burnout and social support. I find that social support decreases both emotional exhaustion and depersonalization. On the other hand, when there is support, personal accomplishment is recorded more among these participated healthcare workers. Once the correlation is established, I carry out a Regression Discontinuity (RD) design to discuss the causality between burnout subscales and

support instruments of partners and coworkers by creating various cutoff points on burnout subscales. However, the result shows no significant causation between burnout subscales and support instruments of both partners and coworkers. Therefore, I conclude the study that although more social support is correlated to less burnout, there is no significant causal evidence on burnout eliciting more social support among the participated Italian healthcare workers.

The rest of the paper is structured as follows: Section 2 introduces a brief overview of relevant literatures on burnout and social support, as well as existing empirical studies on the relationship between them. Section 3 shows the data and the methodology that are used in this study. Section 4 discusses the results. Finally, Section 5 summarizes and concludes the findings of this study.

2. Literature Review

2.1 Burnout

Some existing studies have introduced possible determinants of work-related stressors that can lead to burnout. The stressors come from a variety of different sources. For example, environmental work-related stressors that are significantly associated with burnout are high workload, time pressure, role ambiguity, role and staff conflict (Cordes and Dougherty 1993). To the question of why some employees, who work in a similar environment or the same place, produce different levels of burnout, a few studies have proposed potential personality and individual differences which could also take a part in the association (Savicki and Cooley 1983). These personality characteristics, which may have an influence on the three subscales of burnout, depend on idealistic expectations of job and career goals (Jackson and Schuler 1983). Furthermore, traits such as self-esteem, self-efficacy, optimism, emotional stability, extroversion, and many more can trigger an individual's psychological response which then affects their emotional exhaustion, depersonalization, and personal accomplishment (Alarcon et al., 2009).

Most of the early research ignored such individual differences and other specific determinants. After more than a decade, studies now have started focusing on different sources of determinants to provide more highly significant findings on burnout studies.

The consequences of burnout result severe damages to the employment organizations as well as to the individual. Indeed, the quality of work performance declines, personal life declines, mental health worsens, and physical health suffers (Jackson and Schuler 1983). Burnout among physicians can lead to an increase in medical errors, reduced patient care, higher costs, lower productivity, poor self-care, depression, and more (C.P. West et al., 2018). Due to burnout, T.D. Shanafelt et al., (2010) presents about 9% of physicians made major medical errors in the last three months and received low satisfaction scores on the surveys from the patients. Similarly, for psychotherapists, Lee et al., (2011) states withdrawing tendencies has an impact on both emotional exhaustion and depersonalization subscales. Some of the common withdrawing tendencies include spending little time at work, taking longer breaks, or distancing themselves from their job (R.L. Schwab et al., 1986). Burnout can also cause a harm to one's family, because it becomes very difficult for the family members to remain supportive of the afflicted individual (Jackson and Maslach 1982). Negative attitudes and changes caused by burnout can also lessen the number of close friends of individuals over time. In worst cases, not only it worsens psychological and mental health such as depression and suicide, burnout also can lead to substance or alcohol dependence problem which can cause serious injuries such as motor vehicle accidents or near-miss events (R.S. Patel et al., 2018).

2.2 Social Support

The primary theory of human responses to stress is "Fight-or-Flight" by Walter B. Cannon which was developed in 1915. It explains the process of sympathetic nervous system developing fighting or fleeing responses to survival under stress. Unfortunately, the research was mostly based on male participants as the theory was introduced many years ago. As time goes by, another theory was introduced: "Tend-and-Befriend". This theory explores additional

social behavioral responses to stress such as forming relationships and finding support which opened a way for the idea of social support to be one of the important coping mechanisms. Taylor (2006) also implies that the most important aspect of human response is coming together in groups to support each other during difficult times. Furthermore, although both men and women benefit from social support, women may tend to rely more emotionally on friends and likely to focus on getting support from their colleagues under stress (Morrison 2009). Women may also have greater circle of networks and receive support from multiple sources of people, but in overall, the quality of social support matters more than the quantity for both men and women (Antonucci and Akiyama 1987).

Individuals can use received support to cope in any professional fields. An experimental study in Malaysia finds that the experimental group of students, who had classes that teach social support as a coping mechanism, coped with academic stress better than the control group, who had no such classes (Baqutayan 2011). A partner's or a spouse's support can have a positive impact on burnout, too. A study involving healthcare department chairs shows their partners' support significantly reduces burnout among the participants (Gabbe et al., 2002). Workplace support can be a mediator variable that buffers burnout and enhances job and life satisfaction (Hombrados-Mendieta and Cosano-Rivas 2013). Teachers in Canada also reported less depersonalization and higher personal accomplishment assessments in regards to receiving more support from their coworkers (E.R Greenglass et al., 1997). Moreover, frequent supervisors' support and coworkers' support are both correlated with higher productivity and performance among healthcare workers in China (Yang et al., 2019).

In spite of the fact that there are many existing literatures today that focus on burnout, most of the research are cross-sectional. Therefore, further research based on longitudinal methodology that can provide a stronger and significant causal relationship between burnout and social support are still needed and encouraged.

3. Methodology

3.1 Design

Cross sectional data are conducted to examine burnout, social support, socio-demographic and work-related characteristics. The sample population are 332 healthcare workers who are currently working in Italy: 162 (48.8%) nurses, 138 (41.6%) doctors, 21 (6.3%) assistants, and 21(3.3%) “other” positions. Their workplace departments consist of 86.6% Emergency room/Intensive Care/Sub-Intensive Care departments, 1.6% General Practice, and 11.8% “other”. More importantly, about 80% of the participants reported that they have worked since the beginning of the Pandemic, Covid-19. More detailed information about socio-demographic characteristics of the participants are shown in Table 1.

3.2 Measures

All scales of this study are formed from a validated Italian version of the Maslach Burnout Inventory (MBI). English translation is also conducted again in order to match all the questions with the original version. The measures are composed of the MBI scale, social support scale, socio-demographic characteristics, and work-related characteristics.

Socio-demographic and work-related characteristics are composed of the participants’ age, gender, marital status, children’s age if they have any, education level, economic well-being, pets if they have any, profession level, workplace department, distance between home and work in kilometers, length of experience in general, length of experience during Covid-19, and any changes that have happened due to Covid-19.

The MBI scale is used to determine the level of burnout among the healthcare workers. It consists of 22 questions that are composed by three subscales which were also mentioned in the introduction: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). EE subscale is measured by nine items (e.g., “I feel emotionally exhausted from my job”). DP subscale is measured by five items (e.g., “I seem to treat some patients as if

they were objects”). PA subscale is measured by eight items (e.g., “I believe that I positively influence other people’s lives through my work”). Each item is based on a seven-point response scale ranging from 0 “never” to 6 “everyday”. A higher point scale for EE and DP means there is a higher level of burnout. On the other hand, a lower point scale for PA indicates a higher level of burnout. The three subscales have total scale ranges which are 0-54 for EE, 0-30 for DP, and 0-48 for PA. These scales can be labeled as “low”, “medium”, and “high” levels of burnout. For example, the EE subscale is labeled as “low” if the scale is less than 14, “moderate” if it is between 15 and 23, and “high” if it greater than 24. For the DP subscale, less than 3 is considered “low”, 4 to 8 is “moderate”, and anything greater than 9 is “high”. In contrast, the PA subscale is “low” if it is less than 37, “moderate” if it is 30-36, and “high” if it is less than 29.

Social support scale is created to examine the participants’ received support from their family, friends, colleagues, partners or spouses if they have any. It consists of six items with six point response scales ranging from 0 “not applicable” to 5 “always”. In order to create the social support scale, some response point scales needed to be adjusted. Point scales of the two negative questions (e.g., “I have a conflict with my partner”, “I feel controlled by my partner”) about partners or spouses are reversed to match the context of other positive support questions. In that case, higher point scale for social support represents more social support. However, due to the possibility of some healthcare workers who may not be applicable to the given questions about specific group of people, the study had to limit the number of observations. Therefore, the social support scale is measured only from the participants who have reported the point scales ranging from 1 “never” to 5 “always” on questions regarding partners or spouses, friends, family, and colleagues. The scale of 0 “not applicable” is excluded from the social support scale.

To see if there is a causality between burnout and social support, the study focuses on burnout subscales and support from partners and coworkers using Regression Discontinuity (RD) design. The RD design is one of the methods that can estimate a causal effect by using a cutoff point in a non-experimental research setting. This approach assesses the difference between

healthcare workers who received partners or coworkers support and have reported less burnout compared to those who experienced higher burnout with received support.

To utilize the RD design, social support instruments are created by three items. These three instruments are composed of talking, receiving care, and getting advice from both partners or spouses and coworkers(e.g., “How often do you talk to them?”, “Would they take care of you in case of need?”, “Do they give you good advice?”). Each of these items also has point scales ranging from 0 “not applicable” to 5 “always”. Similarly, all 0 “not applicable” responses are also excluded.

Once support instruments are established, cutoff points are created on burnout subscales. In theories, there are no specific given cutoff scores on burnout measurements. Therefore, multiple cutoff scores are created for each (e.g., “low”, “moderate”, and “high”) levels of burnout subscales according to the given ranges shown in Table 2. For EE subscale, the low cutoff score is 10, the moderate cutoff is 15, and the high cutoff is 25. For DP subscale, the cutoffs are 3, 7, and 10. Lastly, for PA subscale, the cutoff points are 40, 30, and 25, respectively. Then, possible causal outcomes of burnout and social support are observed between the healthcare workers who are above the cutoff points and others who are right below.

4. Results

4.1 Correlations between Burnout and Social Support

The Statistical Software for Data Science (STATA) is used to analyze all the data throughout the study. Table 2 shows detailed categorized information of the three burnout subscales. In average, among these participated Italian healthcare workers, the EE subscale is in the “high” burnout level as its mean score is 30.35 (SD=13.61). The DP scale is also “high”, because the mean score is 13.46 (SD=6.44). The PA subscale’s mean score is 32.68 (SD=7.48)

which indicates personal accomplishment recorded among the healthcare workers is in the moderate category.

Table 3 shows the correlation results of burnout and social support with other socio-demographic and work-related characteristics. To analyze the relationship, multiple regressions are conducted with the new sample size of 167 healthcare workers. Again, the sample size is decreased due to the social support scale limitation mentioned above. As a result, the EE subscale has a negative relationship with social support as the coefficient of social support scale is -0.50. It means more social support (e.g., one-point scale increase in the social support scale) reduces emotional exhaustion among participants by 0.50 scale, holding all other characteristics constant. The result is statistically significant at $p < 0.05$ level. In other words, if the healthcare workers are influenced positively by social support, it can be associated with less emotional exhaustion. The DP subscale is also negatively correlated with social support scale, so getting more support also decreases depersonalization of the participants by 0.25 scale. It is also statistically significant at $p < 0.05$ level. Lastly, the PA subscale has a positive relationship with social support. Unlike the EE and DP subscales, the PA subscale is the only positive aspect of burnout. Therefore, one-point scale increase in the social support scale enhances workers' personal accomplishments by 0.43 scale. The result for the PA subscale is statistically significant at $p < 0.01$ level. All regressions are robust across different tests.

Some of the workers' characteristics are associated to specific burnout subscales. For example, the DP subscale is buffering depending on their workplace department by 1.26 scale ($p < 0.1$) and the PA subscale is increased by 1.88 scale ($p < 0.05$). It can also decrease the EE subscale even though the evidence is not significant. Children's age also helps with improving the PA subscale by 0.53 scale ($p < 0.1$). The older the children are, the more personal accomplishment the healthcare workers achieve. It also has negative relationships both with the EE and DP subscales, but these tests are not statistically significant. On the contrary, their work experience length indicates more emotional exhaustion ($p < 0.05$) and any work changes occurred

due to Covid-19 causes higher emotional exhaustion ($p < 0.01$) as the EE subscale goes up by 2.01 and 3.54 scales, respectively. There are more characteristics that have negative association with burnout such as age, children's age, and economic wellbeing, but the evidence are not statistically significant. Table 3 shows more detailed results of all the variables and their associations to the three burnout subscales with their significance.

4.2 Gender Differences

The study has a limitation on the gender of the participants. Out of all 332 healthcare workers, only 197 workers have provided their genders on the questionnaires: 72 (36.6%) male and 125 (63.4%) female workers. In addition, due to the limitation on the social support scale, the sample size becomes much more less with the new limitation: 37 for male workers and 49 for female workers.

Based on the multiple regression estimations shown on Table 4, there are a few differences in the relationship between burnout and social support among the 197 workers. For male workers, the EE subscale decreases in response to higher social support by 0.99 scale. Although it is only statistically significant at $p < 0.1$ level, it shows a negative relationship between the EE subscale and the social support scale. On the other hand, the male workers' DP subscale increases by 0.07 scale at the same time. However, this result is not statistically significant at any level. The PA subscale also increases by 0.60 scale as they receive more support, and it is highly statistically significant at $p < 0.01$ level which is the strongest significance out of all the outcomes.

Some other characteristics that are correlated with less burnout among the male healthcare workers are their age, economic wellbeing, workplace department, and their experience length. If the male workers are older, it brings higher personal accomplishment of 4.83 scale at $p < 0.1$ level. If they are economically sufficient, it decreases the EE subscale by 4.71 scale ($p < 0.05$). The department they work also has a negative relationship with the DP subscale ($p < 0.05$). Lastly, workers with longer work experience report diminished DP subscale of -2.05 scale ($p < 0.1$), but it slows down their personal accomplishment by 3.51 scale as well ($p < 0.05$).

However, longer work experience during Covid-19 causes more depersonalization by 4.26 scale at $p < 0.01$ level. Moreover, although the evidence are not statistically significant, variables such as their education, marital status, and their workplace distance from home indicate less general burnout among the male workers.

Among female workers, social support leads to reduced EE and DP subscales of -1.05 and -0.60 scales at $p < 0.1$ and $p < 0.05$ levels, respectively. In addition, the PA subscale is decreased by 0.09 scale but with no statistical significance. Their workplace department is also correlated to less emotional exhaustion of -6.87 scale ($p < 0.05$) and depersonalization is decreased by 2.88 scale ($p < 0.1$). The longer the female health workers' work experience are, the more depersonalization of 2.11 scale ($p < 0.05$). More work experience during the Covid-19 Pandemic also leads to less depersonalization (-1.64 scale) at $p < 0.05$ level. Lastly, for female workers, having pets also improves their personal accomplishments by 3.57 scale ($p < 0.1$). Again, all the results above are robust but with a very small sample size. Detailed results are shown in Table 4.

4.3 Regression Discontinuity

Regression discontinuity (RD) design is used to determine the causality between burnout and social support. Tables 5.1 - 6.3 show different levels of cutoff scores for each burnout subscales in order to compare the workers who reported less burnout with partners and coworkers support with those who had higher burnout with received support. The variables, EE Index, DP Index, and PA Index, display the correlations between burnout subscales as independent variables and support instruments as dependent variables. The indicator variables represent whether the burnout subscales elicit support instruments or not.

The EE subscale shows some evidence of elicited support of talking and getting advice from partners only if the cutoff scores are in the "low" and "moderate" ranges. The DP subscale also has some causal effect on talking with partners only if the cutoff score is "low". When the cutoff scores are in the "moderate" and "high" ranges, it indicates that the DP subscale prevents talking with partners and getting their advice as the indicator variables are negative. For the PA

subscale, the indicator variables can be negative due to personal accomplishment being the only good aspect of burnout. However, the PA subscale elicits support instruments only with the “low” cutoff score. For other cutoff scores, the indicator variables of the PA scale become positive instead.

Even though higher EE subscale is associated with less talking, receiving care, and getting advice from coworkers, there is no causal effect of emotional exhaustion eliciting more coworkers’ support. The DP subscale also does not elicit more coworkers’ support, because the indicator variables are mostly negative. In all the tests with three cutoff scores, the PA subscale is highly associated with coworkers’ support instruments at $p < 0.01$ levels, but it also doesn’t bring out significant causality.

Tables 7.1 – 8.3 contain multiple regressions with socio-demographic and work-related characteristics added on above tests. These results imply that even if other variables are added, evidence on the causal effect does not change. Therefore, the study concludes although more social support is correlated to less burnout, burnout does not seem to elicit support from partners and coworkers among the participated healthcare workers. The burnout subscales do not have highly statistically significant causal effect on the support instruments of both partners and coworkers.

5. Conclusion

Burnout has been a concerning problem in various kind of professions, but relevant evidence suggest those who must work and help other individuals closely are exposed to burnout much more. This study explores the relationship between burnout and social support among Italian healthcare workers who have worked during the Covid-19 Pandemic, despite the possible direct risks. The MBI scale, social support scale, socio-demographic, and work-related

characteristics are assessed by the cross-sectional data which is composed from the questionnaires given to 332 Italian healthcare workers.

The levels of emotional exhaustion (EE) subscale, depersonalization (DP) subscale, and personal accomplishment (PA) subscale are examined first among the participants. In overall, the results indicate that these healthcare workers have reported high levels of EE and DP subscales, and a moderate level of PA subscale. Multiple regressions with socio-demographic and work-related characteristics are tested in order to find the correlation between burnout and social support. The tests show that more social support is associated with less burnout by decreasing the EE and DP subscales while increasing the PA subscale significantly. In other words, healthcare workers, who have received more support from their partners, family, friends, or colleagues, correlate with less burnout. Moreover, their work departments are also associated to less depersonalization and more personal accomplishments. If their children are older, it brings more personal accomplishments among the workers. In spite of these positive results, characteristics such as longer work experience and more work-related changes occurred due to Covid-19 cause significant emotional exhaustion among the healthcare workers.

In addition, among male workers, social support reduces the EE subscale and improves the PA subscale. Economic wellbeing minimizes the EE subscale significantly. The DP subscale is diminished based on their workplace department and their experience length. Although the PA scale is decreased by their experience length, it goes up as the workers' age gets older. For female workers, social support decreases the EE and DP subscales. Their workplace department also brings down both the EE and DP subscales. Their experience length increases the DP subscale, but on the other hand, their experience during Covid-19 moderates it. Moreover, having pets helps female workers with boosting their personal accomplishments.

Lastly, although regression discontinuity (RD) design is applied to find a causality between burnout subscales and support instruments of partners and coworkers using various levels of cutoff points, there are no significant causal effects between burnout and social support

among the participated healthcare workers. For that reason, the study concludes that social support is correlated to less burnout, but burnout does not elicit social support among the participated Italian healthcare workers.

However, there are some limitations to be considered in this study. First, the total number of healthcare workers, who participated in this study, is not a big sample size. More importantly, as explained above, the answer of “0 or Not Applicable” on the given questionnaires, which needed to be excluded, are common among the healthcare workers. Second, 135 healthcare workers did not report their gender status. Due to these reasons, the number of observations is reduced significantly on a variety of tests of this study. For that reason, to provide a strong causal evidence on burnout and social support, further research on burnout and social support are needed. Specifically, studies with a bigger sample size and a longitudinal methodology are highly encouraged. If information is collected at different times during the research with broader data, it would be useful for increasing confidence and significance regarding the causal effect between burnout and social support.

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TABLE 1
Socio-Demographic and Work-related Characteristics (N=332)

Variables	Frequency	Percent
1 What is your qualification?		
Assistant	21	3.31
Nurse	162	48.80
Doctor	138	41.57
Other	11	6.33
2 What kind of education did you get?		
Physician, Nurse Practitioner	37	11.14
Supporting Profession	88	26.51
Other	207	62.35
3 What is your age in years?		
Less than 26	10	3.01
26-35	147	44.28
36-45	71	21.39
46-55	62	18.67
56-65	38	11.45
66 or more	4	1.20
4 What is your marital status?		
Single	82	24.70
In a de facto relationship	105	31.63
Married	117	35.24
Separate	10	3.01
Other	18	5.42
5 Do you have any children? If yes, enter the age of the youngers in years.		
I don't have any children	213	64.16
0-2	15	4.52
3-5	13	3.92
6-8	10	3.01
9-11	15	4.52
12-14	10	3.01
15-17	10	3.01
18 or more	46	13.86
6 What is your workplace?		
Emergency room, Intensive Care, Sub-Intensive Care Inpatient Department	288	86.75
General Practice	5	1.51
Other	39	11.75
7 What is your length of service?		
Less than 6 months	19	5.72
6 months – 1 year	41	12.35
2 – 5 years	87	26.20
6 – 10 years	43	12.95
11 – 15 years	40	12.05
16 or more years	102	30.72
8 How many months have you been working in the Covid environment?		
Less than 1 month	5	1.51
1 – 3 months	8	2.41
4 – 6 months	32	9.64
More than 6 months	21	6.33
Since the beginning of the Pandemic	266	80.12
9 How much did you reorganize work activity due to Covid?		
No change	26	7.83
Minimal Change	53	15.96
Moderate Change	95	28.61
Significant Change	115	34.64
My life has been turned outside down	43	12.95
10 Is your work located far from your family of origin? If so, how many km away?		
0 – 50	191	57.53
51 – 100	22	6.63
101 – 200	22	6.63
201 – 500	13	3.92
More than 500	80	24.10
Other	4	1.20
12 Do you have a pet?		
Yes	152	45.78
No	180	54.22
13 What do you think about your state of economic well-being?		
In difficulty	36	10.84
Sufficient	196	59.04
Wealthy	29	8.73
Affluent	71	21.39

TABLE 2
 Burnout Subscales: Mean Scores, Frequencies, and Percentages of Healthcare Workers
 (N=332)

Variable	Mean (SD)	Low <i>n</i> (%)	Moderate <i>n</i> (%)	High <i>n</i> (%)
EE	30.35 (13.61)	52 (15.66)	50 (15.06)	230 (69.28)
DP	13.46 (6.44)	17 (5.12)	62 (18.68)	253 (76.20)
PA	32.68 (7.48)	105 (31.63)	115 (34.64)	112 (33.73)

EE: Emotional Exhaustion (*low* ≤ 14, *moderate* 15–23, *high* ≥ 24)

DP: Depersonalization (*low* ≤ 3, *moderate* 4–8, *high* ≥ 9)

PA: Personal Accomplishment (*low* ≥ 37, *moderate* 30–36, *high* ≤ 29)

TABLE 3
Correlations between Burnout Subscales, Social Support, and Socio-Demographic
Characteristics
(N=167)

VARIABLES	(1) Emotional Exhaustion	(2) Depersonalization	(3) Personal Accomplishments
Social Support	-0.50** (0.19)	-0.25** (0.11)	0.44*** (0.10)
Age Group	-2.12 (1.46)	-0.48 (0.72)	1.17 (0.83)
Education	0.14 (1.50)	-0.02 (0.73)	-0.16 (0.76)
Marital Status	0.67 (1.19)	0.86 (0.63)	0.75 (0.65)
Children Age	-0.58 (0.54)	-0.38 (0.30)	0.53* (0.29)
Pets	-1.24 (2.07)	1.72* (1.03)	1.51 (1.07)
Work Department	-1.85 (1.41)	-1.26* (0.69)	1.88** (0.74)
Work Experience Length	2.01** (0.99)	0.57 (0.45)	-0.59 (0.59)
Workplace Distance	0.39 (0.59)	-0.10 (0.30)	0.08 (0.32)
Economic Wellbeing	-1.39 (1.01)	-0.09 (0.54)	0.58 (0.61)
Work Experience Length during COVID	-0.57 (0.94)	0.16 (0.40)	0.56 (0.65)
Work Changes due to COVID	3.54*** (1.07)	0.77 (0.53)	-0.10 (0.55)
Constant	39.91*** (10.42)	15.02*** (4.89)	8.27 (5.40)
Observations	167	167	167
R-squared	0.23	0.14	0.28

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 4
Gender Differences: Correlations between Burnout and Social Support

VARIABLES	MALE			FEMALE		
	EE	DP	PA	EE	DP	PA
Social Support	-0.99*	0.07	0.60***	-1.05*	-0.60**	-0.09
	(0.49)	(0.31)	(0.21)	(0.56)	(0.25)	(0.31)
Age Group	-4.76	3.44	4.83*	1.28	-0.23	1.22
	(4.70)	(2.46)	(2.39)	(2.72)	(1.63)	(1.54)
Education	-4.59	-0.13	1.60	-3.52	0.33	-3.61*
	(3.39)	(2.20)	(1.94)	(3.14)	(1.51)	(2.05)
Marital Status	-1.18	-0.44	1.66	-0.06	0.80	2.37
	(1.98)	(1.13)	(1.05)	(3.06)	(0.81)	(1.47)
Children Age	1.65	-0.47	-0.55	-1.45	-0.80	-0.43
	(1.57)	(0.84)	(0.84)	(1.15)	(0.58)	(0.72)
Pets	1.08	3.92	2.03	1.68	0.23	3.57*
	(4.84)	(2.83)	(2.43)	(4.35)	(1.70)	(1.98)
Work Department	-4.65	-4.20**	1.72	-6.87**	-2.88*	1.50
	(3.91)	(2.02)	(1.46)	(2.84)	(1.61)	(1.33)
Work Experience Length	2.62	-2.05*	-3.51**	1.10	2.11**	-0.38
	(2.55)	(1.15)	(1.51)	(1.89)	(0.81)	(1.05)
Workplace Distance	-1.62	-0.60	0.83	-0.28	-0.01	-0.72
	(1.54)	(0.67)	(0.66)	(1.18)	(0.51)	(0.62)
Economic Wellbeing	-4.71**	-0.20	1.64	-2.22	0.63	1.72
	(2.12)	(1.21)	(1.09)	(2.04)	(0.77)	(1.19)
Work Experience during COVID	0.47	4.26***	0.16	-0.60	-1.64**	1.22
	(3.94)	(1.36)	(2.09)	(1.81)	(0.67)	(0.91)
Work Changes due to COVID	8.78***	2.22	-0.65	2.23	0.50	-0.86
	(2.50)	(1.52)	(1.15)	(2.19)	(0.79)	(1.04)
Constant	56.15*	-12.14	0.44	72.53**	28.50**	27.32*
	(27.48)	(11.02)	(11.99)	(28.97)	(11.35)	(15.05)
Observations	36	36	36	49	49	49
R-squared	0.55	0.41	0.50	0.31	0.35	0.45

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 5.1
Regression Discontinuity (RD): Emotional Exhaustion with Partners Support

	LOW								
	TALK			CARE			ADVICE		
EE Index	0.01 (0.00)	0.01 (0.01)	-0.16*** (0.06)	0.00 (0.00)	0.00 (0.01)	-0.09 (0.07)	0.00 (0.01)	0.00 (0.01)	-0.14* (0.08)
Indicator		0.00 (0.28)	0.70* (0.37)		0.24 (0.28)	0.63 (0.44)		0.20 (0.33)	0.81* (0.46)
Indicator x EE Index			0.16*** (0.06)			0.09 (0.07)			0.14* (0.08)
Constant	3.99*** (0.12)	3.98*** (0.22)	3.27*** (0.34)	4.34*** (0.12)	4.18*** (0.22)	3.78*** (0.41)	3.88*** (0.13)	3.74*** (0.27)	3.12*** (0.44)
R-squared	0.01	0.01	0.02	0.00	0.01	0.01	0.00	0.00	0.01

	MODERATE								
EE Index	0.01 (0.00)	0.01 (0.01)	-0.03 (0.04)	0.00 (0.00)	0.00 (0.01)	-0.01 (0.04)	0.00 (0.01)	-0.00 (0.01)	-0.05 (0.04)
Indicator		0.00 (0.25)	0.25 (0.32)		0.14 (0.25)	0.23 (0.37)		0.40 (0.27)	0.72** (0.33)
Indicator x EE Index			0.04 (0.04)			0.01 (0.04)			0.05 (0.04)
Constant	4.02*** (0.10)	4.02*** (0.16)	3.76*** (0.28)	4.37*** (0.10)	4.29*** (0.18)	4.19*** (0.34)	3.89*** (0.11)	3.66*** (0.19)	3.32*** (0.28)
R-squared	0.01	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01

	HIGH								
EE Index	0.01 (0.00)	0.00 (0.01)	-0.00 (0.02)	0.00 (0.00)	0.00 (0.01)	0.01 (0.02)	0.00 (0.01)	0.01 (0.01)	0.02 (0.02)
Indicator		0.06 (0.25)	0.09 (0.27)		0.01 (0.24)	-0.02 (0.26)		-0.40 (0.27)	-0.47 (0.30)
Indicator x EE Index			0.01 (0.02)			-0.01 (0.02)			-0.01 (0.02)
Constant	4.08*** (0.07)	4.05*** (0.15)	4.00*** (0.23)	4.41*** (0.07)	4.41*** (0.15)	4.46*** (0.22)	3.92*** (0.08)	4.13*** (0.16)	4.24*** (0.25)
Observations	261	261	261	259	259	259	261	261	261
R-squared	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.01

Robust Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 5.2
Regression Discontinuity (RD): Depersonalization with Partners Support

	LOW								
	<u>TALK</u>			<u>CARE</u>			<u>ADVICE</u>		
DP Index	0.00	-0.00	-0.14	-0.01	-0.01	0.21	0.00	-0.00	-0.50
	(0.01)	(0.01)	(0.31)	(0.01)	(0.01)	(0.45)	(0.01)	(0.01)	(0.83)
Indicator		0.73*	0.99		0.13	-0.27		0.56	1.45
		(0.39)	(0.63)		(0.55)	(0.69)		(0.75)	(2.05)
Indicator x DP Index			0.14			-0.22			0.50
			(0.31)			(0.45)			(0.83)
Constant	4.07***	3.40***	3.14***	4.50***	4.39***	4.79***	3.91***	3.40***	2.50
	(0.12)	(0.36)	(0.62)	(0.11)	(0.54)	(0.68)	(0.14)	(0.73)	(2.04)
R-squared	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.01

	MODERATE								
DP Index	0.00	0.02	0.07	-0.01	0.00	0.05	0.00	0.02	0.21*
	(0.01)	(0.01)	(0.09)	(0.01)	(0.01)	(0.10)	(0.01)	(0.01)	(0.11)
Indicator		-0.30	-0.44		-0.26	-0.37		-0.35	-0.82***
		(0.22)	(0.30)		(0.19)	(0.27)		(0.24)	(0.30)
Indicator x DP Index			-0.06			-0.05			-0.20*
			(0.09)			(0.10)			(0.12)
Constant	4.09***	4.26***	4.41***	4.48***	4.63***	4.75***	3.92***	4.13***	4.63***
	(0.09)	(0.14)	(0.27)	(0.08)	(0.13)	(0.23)	(0.10)	(0.17)	(0.26)
R-squared	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.02

	HIGH								
DP Index	0.00	0.03**	0.05	-0.01	0.00	-0.01	0.00	0.02	0.06
	(0.01)	(0.01)	(0.05)	(0.01)	(0.01)	(0.05)	(0.01)	(0.02)	(0.06)
Indicator		-0.49**	-0.55**		-0.21	-0.16		-0.41*	-0.52*
		(0.21)	(0.26)		(0.20)	(0.25)		(0.23)	(0.29)
Indicator x DP Index			-0.02			0.02			-0.03
			(0.05)			(0.05)			(0.06)
Constant	4.10***	4.36***	4.43***	4.46***	4.57***	4.51***	3.93***	4.15***	4.28***
	(0.07)	(0.13)	(0.22)	(0.07)	(0.11)	(0.21)	(0.08)	(0.14)	(0.26)
Observations	261	261	261	259	259	259	261	261	261
R-squared	0.00	0.02	0.02	0.00	0.01	0.01	0.00	0.01	0.01

Robust Standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 5.3
Regression Discontinuity (RD): Personal Accomplishment with Partners Support

	LOW								
	<u>TALK</u>			<u>CARE</u>			<u>ADVICE</u>		
PA Index	0.02*	0.03**	0.03*	0.01	0.02*	0.02*	0.01	0.02	0.02
Indicator	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.02)
Indicator x PA Index		-0.29	-0.37+		-0.43**	-0.41+		-0.34	-0.49*
		(0.21)	(0.23)		(0.22)	(0.25)		(0.25)	(0.26)
Constant	4.25***	4.39***	4.37***	4.48***	4.69***	4.70***	3.98***	4.16***	4.12***
	(0.08)	(0.14)	(0.14)	(0.09)	(0.13)	(0.13)	(0.10)	(0.17)	(0.17)
R-squared	0.02	0.02	0.03	0.00	0.02	0.02	0.00	0.01	0.02

	MODERATE								
	PA Index	0.02*	0.01	0.03	0.01	-0.00	0.05	0.01	-0.00
Indicator	(0.01)	(0.01)	(0.04)	(0.01)	(0.02)	(0.03)	(0.01)	(0.02)	(0.04)
Indicator x PA Index		0.23	0.14		0.16	-0.02		0.13	0.02
		(0.21)	(0.24)		(0.20)	(0.22)		(0.26)	(0.29)
Constant	4.06***	3.94***	4.09***	4.42***	4.34***	4.64***	3.92***	3.86***	4.05***
	(0.08)	(0.14)	(0.20)	(0.07)	(0.12)	(0.18)	(0.08)	(0.16)	(0.24)
R-squared	0.02	0.02	0.02	0.00	0.00	0.02	0.00	0.00	0.01

	HIGH								
	PA Index	0.02*	0.00	-0.06	0.01	-0.02	0.02	0.01	-0.02
Indicator	(0.01)	(0.01)	(0.08)	(0.01)	(0.01)	(0.07)	(0.01)	(0.01)	(0.08)
Indicator x PA Index		0.51*	0.73*		0.63***	0.52		0.67**	0.90**
		(0.27)	(0.38)		(0.24)	(0.35)		(0.29)	(0.39)
Constant	3.97***	3.67***	3.42***	4.40***	4.02***	4.14***	3.90***	3.49***	3.24***
	(0.11)	(0.22)	(0.36)	(0.10)	(0.20)	(0.34)	(0.12)	(0.23)	(0.36)
Observations	261	261	261	259	259	259	261	261	261
R-squared	0.02	0.03	0.04	0.00	0.03	0.03	0.00	0.02	0.03

Robust Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 6.1
Regression Discontinuity (RD): Emotional Exhaustion with Coworkers Support

	LOW								
	<u>TALK</u>			<u>CARE</u>			<u>ADVICE</u>		
EE Index	-0.01** (0.00)	-0.01** (0.01)	-0.00 (0.09)	-0.01 (0.01)	-0.01 (0.01)	-0.11 (0.09)	-0.01* (0.01)	-0.01* (0.01)	-0.08 (0.08)
Indicator		0.08 (0.28)	0.04 (0.47)		0.23 (0.33)	0.67 (0.54)		0.12 (0.29)	0.43 (0.48)
Indicator x EE Index			-0.01 (0.09)			0.10 (0.09)			0.07 (0.08)
Constant	3.78*** (0.12)	3.73*** (0.23)	3.76*** (0.44)	2.86*** (0.13)	2.70*** (0.27)	2.25*** (0.51)	3.42*** (0.12)	3.35*** (0.24)	3.03*** (0.45)
R-squared	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01

	MODERATE								
EE Index	-0.01** (0.00)	-0.01+ (0.01)	0.01 (0.04)	-0.01 (0.01)	-0.01* (0.01)	-0.01 (0.05)	-0.01* (0.01)	-0.02** (0.01)	-0.04 (0.05)
Indicator		0.01 (0.24)	-0.10 (0.34)		0.29 (0.28)	0.30 (0.40)		0.39 (0.25)	0.53 (0.39)
Indicator x EE Index			-0.02 (0.04)			0.00 (0.05)			0.02 (0.05)
Constant	3.72*** (0.10)	3.72*** (0.17)	3.84*** (0.31)	2.82*** (0.11)	2.65*** (0.20)	2.64*** (0.37)	3.38*** (0.10)	3.16*** (0.18)	3.01*** (0.36)
R-squared	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.02	0.02

	HIGH								
EE Index	-0.01** (0.00)	-0.02* (0.01)	-0.01 (0.02)	-0.01 (0.01)	-0.00 (0.01)	0.02 (0.02)	-0.01* (0.01)	-0.01 (0.01)	0.01 (0.02)
Indicator		0.17 (0.24)	0.16 (0.26)		-0.08 (0.27)	-0.23 (0.29)		0.00 (0.24)	-0.14 (0.25)
Indicator x EE Index			-0.00 (0.02)			-0.03 (0.02)			-0.03 (0.02)
Constant	3.62*** (0.07)	3.53*** (0.14)	3.54*** (0.21)	2.75*** (0.08)	2.79*** (0.16)	3.04*** (0.23)	3.29*** (0.07)	3.29*** (0.14)	3.52*** (0.19)
Observations	329	329	329	273	273	273	318	318	318
R-squared	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.02

Robust Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 6.2
Regression Discontinuity (RD): Depersonalization with Coworkers Support

	LOW								
	<u>TALK</u>			<u>CARE</u>			<u>ADVICE</u>		
DP Index	-0.01 (0.01)	-0.02 (0.01)	0.54 (0.39)	-0.01 (0.01)	-0.01 (0.01)	0.83*** (0.27)	-0.02 (0.01)	-0.02 (0.01)	0.42 (0.43)
Indicator		0.19 (0.51)	-0.77 (0.73)		-0.44 (0.58)	-1.70** (0.84)		0.15 (0.51)	-0.59 (0.84)
Indicator x DP Index			-0.56 (0.39)			-0.84*** (0.27)			-0.43 (0.43)
Constant	3.71*** (0.12)	3.54*** (0.49)	4.50*** (0.72)	2.82*** (0.15)	3.24*** (0.55)	4.50*** (0.82)	3.40*** (0.13)	3.26*** (0.49)	4.00*** (0.83)
R-squared	0.01	0.01	0.01	0.00	0.00	0.01	0.01	0.01	0.01

	MODERATE								
DP Index	-0.01 (0.01)	-0.01 (0.01)	0.03 (0.10)	-0.01 (0.01)	-0.01 (0.02)	0.05 (0.11)	-0.02 (0.01)	-0.01 (0.01)	0.07 (0.10)
Indicator		-0.07 (0.22)	-0.16 (0.31)		-0.10 (0.26)	-0.23 (0.36)		-0.06 (0.22)	-0.25 (0.30)
Indicator x DP Index			-0.04 (0.10)			-0.06 (0.12)			-0.08 (0.10)
Constant	3.65*** (0.09)	3.69*** (0.15)	3.79*** (0.28)	2.78*** (0.11)	2.84*** (0.18)	2.98*** (0.32)	3.34*** (0.09)	3.37*** (0.15)	3.58*** (0.27)
R-squared	0.01	0.01	0.01	0.00	0.00	0.00	0.01	0.01	0.01

	HIGH								
DP Index	-0.01 (0.01)	-0.00 (0.02)	0.03 (0.05)	-0.01 (0.01)	0.00 (0.02)	0.01 (0.07)	-0.02 (0.01)	-0.01 (0.02)	0.03 (0.06)
Indicator		-0.20 (0.21)	-0.32 (0.26)		-0.27 (0.25)	-0.31 (0.38)		-0.09 (0.22)	-0.24 (0.29)
Indicator x DP Index			-0.04 (0.06)			-0.01 (0.08)			-0.04 (0.06)
Constant	3.61*** (0.07)	3.72*** (0.13)	3.86*** (0.23)	2.75*** (0.08)	2.90*** (0.17)	2.94*** (0.36)	3.29*** (0.07)	3.34*** (0.14)	3.51*** (0.26)
Observations	329	329	329	273	273	273	318	318	318
R-squared	0.01	0.01	0.01	0.00	0.01	0.01	0.01	0.01	0.01

Robust Standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 6.3
Regression Discontinuity (RD): Personal Accomplishment with Coworkers Support

	LOW								
	<u>TALK</u>			<u>CARE</u>			<u>ADVICE</u>		
PA Index	0.02*** (0.01)	0.03*** (0.01)	0.03** (0.01)	0.03*** (0.01)	0.03** (0.01)	0.03* (0.01)	0.03*** (0.01)	0.04*** (0.01)	0.04*** (0.01)
Indicator		-0.20 (0.21)	-0.30 (0.26)		-0.08 (0.25)	-0.26 (0.29)		-0.28 (0.22)	-0.41 (0.26)
Indicator x PA Index			0.05 (0.06)			0.10 (0.07)			0.07 (0.06)
Constant	3.74*** (0.08)	3.83*** (0.13)	3.81*** (0.13)	2.90*** (0.10)	2.94*** (0.15)	2.90*** (0.15)	3.47*** (0.09)	3.60*** (0.13)	3.57*** (0.14)
R-squared	0.03	0.03	0.03	0.03	0.03	0.04	0.04	0.04	0.05

	MODERATE								
PA Index	0.02*** (0.01)	0.01 (0.01)	-0.02 (0.03)	0.03*** (0.01)	0.03** (0.02)	0.03 (0.03)	0.03*** (0.01)	0.02 (0.02)	0.01 (0.03)
Indicator		0.28 (0.23)	0.36 (0.25)		-0.15 (0.26)	-0.14 (0.29)		0.23 (0.24)	0.25 (0.25)
Indicator x PA Index			0.04 (0.03)			0.00 (0.04)			0.01 (0.04)
Constant	3.49*** (0.07)	3.35*** (0.14)	3.20*** (0.22)	2.64*** (0.08)	2.72*** (0.16)	2.70*** (0.24)	3.16*** (0.07)	3.03*** (0.14)	2.99*** (0.21)
R-squared	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.04	0.04

	HIGH								
PA Index	0.02*** (0.01)	0.03*** (0.01)	0.01 (0.06)	0.03*** (0.01)	0.02* (0.01)	0.00 (0.07)	0.03*** (0.01)	0.04*** (0.01)	0.04 (0.06)
Indicator		-0.23 (0.25)	-0.13 (0.34)		0.06 (0.29)	0.14 (0.40)		-0.15 (0.25)	-0.15 (0.32)
Indicator x PA Index			0.03 (0.06)			0.02 (0.07)			0.00 (0.06)
Constant	3.37*** (0.10)	3.51*** (0.17)	3.39*** (0.31)	2.50*** (0.11)	2.47*** (0.20)	2.37*** (0.37)	3.00*** (0.10)	3.09*** (0.17)	3.09*** (0.28)
Observations	329	329	329	273	273	273	318	318	318
R-squared	0.03	0.03	0.03	0.03	0.03	0.03	0.04	0.04	0.04

Robust Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 7.1

RD: Emotional Exhaustion and Socio-Demographic Characteristics with Partners Support

VARIABLES	LOW			MODERATE			HIGH		
	TALK	CARE	ADVICE	TALK	CARE	ADVICE	TALK	CARE	ADVICE
EE Index	-0.12** (0.06)	-0.10 (0.07)	-0.10 (0.08)	-0.03 (0.04)	-0.01 (0.04)	-0.05 (0.05)	-0.01 (0.02)	0.00 (0.02)	0.02 (0.02)
Indicator	0.52 (0.37)	0.72+ (0.44)	0.64 (0.48)	0.21 (0.30)	0.19 (0.38)	0.67** (0.34)	0.20 (0.27)	0.06 (0.26)	-0.40 (0.31)
Indicator x EE Index	0.12** (0.06)	0.09 (0.07)	0.10 (0.08)	0.03 (0.04)	0.01 (0.04)	0.04 (0.05)	0.01 (0.02)	-0.01 (0.02)	-0.02 (0.03)
Age Group	-0.11 (0.10)	-0.22** (0.09)	-0.27** (0.11)	-0.12 (0.10)	-0.23** (0.09)	-0.28** (0.11)	-0.12 (0.10)	-0.23** (0.09)	-0.27** (0.11)
Education	0.05 (0.10)	0.32*** (0.11)	0.19 (0.13)	0.04 (0.10)	0.30*** (0.11)	0.17 (0.13)	0.04 (0.10)	0.30*** (0.11)	0.17 (0.13)
Marital Status	0.28*** (0.08)	0.20** (0.10)	0.21** (0.10)	0.28*** (0.08)	0.19* (0.10)	0.20** (0.10)	0.28*** (0.08)	0.19** (0.10)	0.21** (0.10)
Children Age	-0.09** (0.04)	0.00 (0.04)	-0.03 (0.04)	-0.09** (0.04)	-0.00 (0.04)	-0.03 (0.04)	-0.09** (0.04)	-0.00 (0.04)	-0.03 (0.04)
Pets	-0.28** (0.13)	0.05 (0.13)	-0.06 (0.15)	-0.28** (0.13)	0.06 (0.13)	-0.06 (0.15)	-0.28** (0.13)	0.06 (0.13)	-0.05 (0.16)
Work Department	-0.08 (0.09)	0.04 (0.10)	0.07 (0.13)	-0.08 (0.09)	0.04 (0.11)	0.07 (0.12)	-0.08 (0.09)	0.04 (0.11)	0.07 (0.12)
Work Experience Length	0.06 (0.06)	0.14** (0.06)	0.11 (0.07)	0.06 (0.06)	0.14** (0.06)	0.10 (0.07)	0.06 (0.06)	0.14** (0.07)	0.09 (0.07)
Workplace Distance	0.06* (0.03)	-0.02 (0.03)	0.05 (0.04)	0.06* (0.03)	-0.02 (0.03)	0.05 (0.04)	0.06* (0.03)	-0.02 (0.03)	0.05 (0.04)
Economic Wellbeing	-0.08 (0.07)	-0.03 (0.06)	-0.06 (0.08)	-0.08 (0.07)	-0.02 (0.06)	-0.06 (0.08)	-0.08 (0.07)	-0.02 (0.06)	-0.06 (0.08)
Work Experience during COVID	0.06 (0.09)	0.05 (0.08)	0.00 (0.08)	0.07 (0.09)	0.06 (0.08)	0.02 (0.08)	0.07 (0.09)	0.06 (0.08)	0.00 (0.08)
Work Changes due to COVID	0.02 (0.06)	-0.02 (0.05)	0.00 (0.07)	0.02 (0.06)	-0.01 (0.05)	0.01 (0.07)	0.02 (0.06)	-0.01 (0.05)	0.01 (0.07)
Constant	3.31*** (0.75)	2.39*** (0.78)	2.86*** (0.83)	3.66*** (0.70)	2.92*** (0.77)	2.94*** (0.76)	3.70*** (0.73)	3.06*** (0.73)	3.77*** (0.80)
Observations	261	259	261	261	259	261	261	259	261
R-squared	0.01	0.11	0.10	0.14	0.10	0.11	0.14	0.10	0.10

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 7.2

RD: Depersonalization and Socio-Demographic Characteristics with Partners Support

VARIABLES	LOW			MODERATE			HIGH		
	TALK	CARE	ADVICE	TALK	CARE	ADVICE	TALK	CARE	ADVICE
DP Index	0.02 (0.25)	0.43 (0.42)	-0.36 (0.76)	0.10 (0.09)	0.09 (0.11)	0.24* (0.12)	0.03 (0.05)	-0.01 (0.06)	0.03 (0.06)
Indicator	0.65 (0.51)	-0.39 (0.65)	1.18 (1.84)	-0.56* (0.30)	-0.48 (0.30)	-1.01*** (0.34)	-0.46* (0.24)	-0.17 (0.26)	-0.42 (0.29)
Indicator x DP Index	-0.03 (0.25)	-0.44 (0.42)	0.35 (0.76)	-0.10 (0.09)	-0.09 (0.11)	-0.24* (0.13)	-0.02 (0.05)	0.01 (0.06)	-0.02 (0.07)
Age Group	-0.13 (0.10)	-0.25*** (0.09)	-0.27** (0.11)	-0.14 (0.10)	-0.25*** (0.09)	-0.30*** (0.11)	-0.11 (0.10)	-0.23** (0.09)	-0.26** (0.11)
Education	0.06 (0.11)	0.31*** (0.11)	0.19 (0.13)	0.04 (0.10)	0.30*** (0.11)	0.18 (0.12)	0.05 (0.11)	0.30*** (0.11)	0.18 (0.13)
Marital Status	0.28*** (0.08)	0.21** (0.10)	0.21** (0.10)	0.28*** (0.08)	0.20** (0.10)	0.21** (0.10)	0.28*** (0.08)	0.20** (0.10)	0.21** (0.10)
Children Age	-0.08** (0.03)	-0.01 (0.04)	-0.03 (0.04)	-0.09** (0.03)	-0.01 (0.04)	-0.04 (0.04)	-0.09*** (0.03)	-0.01 (0.04)	-0.04 (0.04)
Pets	-0.27** (0.13)	0.07 (0.13)	-0.04 (0.15)	-0.27** (0.13)	0.07 (0.13)	-0.06 (0.15)	-0.26** (0.13)	0.07 (0.13)	-0.03 (0.15)
Work Department	-0.10 (0.09)	0.01 (0.11)	0.05 (0.13)	-0.10 (0.10)	0.01 (0.11)	0.02 (0.12)	-0.09 (0.09)	0.02 (0.11)	0.06 (0.13)
Work Experience Length	0.06 (0.06)	0.14** (0.06)	0.10 (0.07)	0.06 (0.06)	0.14** (0.06)	0.10 (0.07)	0.05 (0.06)	0.14** (0.06)	0.10 (0.07)
Workplace Distance	0.06* (0.03)	-0.03 (0.03)	0.05 (0.04)	0.05+ (0.03)	-0.03 (0.03)	0.04 (0.04)	0.05* (0.03)	-0.03 (0.03)	0.05 (0.04)
Economic Wellbeing	-0.08 (0.06)	-0.03 (0.06)	-0.04 (0.08)	-0.07 (0.06)	-0.01 (0.06)	-0.03 (0.08)	-0.07 (0.06)	-0.02 (0.06)	-0.03 (0.08)
Work Experience during COVID	0.07 (0.09)	0.06 (0.08)	0.01 (0.08)	0.07 (0.09)	0.06 (0.08)	0.00 (0.08)	0.06 (0.09)	0.05 (0.08)	0.01 (0.08)
Work Changes due to COVID	0.03 (0.06)	0.00 (0.05)	0.01 (0.07)	0.02 (0.06)	-0.00 (0.05)	0.00 (0.07)	0.03 (0.06)	0.00 (0.05)	0.02 (0.07)
Constant	3.25*** (0.87)	3.58*** (0.96)	2.25 (1.98)	4.44*** (0.69)	3.61*** (0.70)	4.49*** (0.78)	4.10*** (0.68)	3.17*** (0.66)	3.62*** (0.72)
Observations	261	259	261	261	259	261	261	259	261
R-squared	0.14	0.11	0.10	0.15	0.11	0.13	0.15	0.11	0.11

Robust standard errors in parentheses

*** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 7.3

RD: Personal Accomplishment and Socio-Demographic Characteristics with Partners Support

VARIABLES	LOW			MODERATE			HIGH		
	TALK	CARE	ADVICE	TALK	CARE	ADVICE	TALK	CARE	ADVICE
PA Index	0.04** (0.01)	0.03** (0.01)	0.02 (0.02)	0.03 (0.04)	0.04 (0.03)	0.03 (0.04)	-0.06 (0.08)	0.00 (0.07)	-0.08 (0.08)
Indicator	-0.30 (0.23)	-0.34 (0.25)	-0.43 (0.27)	0.14 (0.24)	0.03 (0.22)	-0.01 (0.28)	0.63* (0.36)	0.54+ (0.33)	0.85** (0.39)
Indicator x PA Index	0.04 (0.05)	-0.02 (0.07)	0.09 (0.06)	-0.02 (0.04)	-0.06 (0.04)	-0.03 (0.04)	0.08 (0.08)	-0.01 (0.07)	0.09 (0.08)
Age Group	-0.17* (0.09)	-0.26*** (0.09)	-0.30*** (0.11)	-0.17* (0.09)	-0.26*** (0.09)	-0.30*** (0.11)	-0.19** (0.10)	-0.27*** (0.09)	-0.33*** (0.11)
Education	0.04 (0.10)	0.29*** (0.11)	0.16 (0.13)	0.04 (0.10)	0.28** (0.11)	0.17 (0.13)	0.04 (0.09)	0.28*** (0.11)	0.16 (0.12)
Marital Status	0.25*** (0.08)	0.19* (0.10)	0.19* (0.10)	0.26*** (0.08)	0.18* (0.10)	0.20** (0.10)	0.26*** (0.07)	0.18* (0.10)	0.19** (0.10)
Children Age	-0.08** (0.03)	-0.00 (0.04)	-0.03 (0.04)	-0.09*** (0.03)	-0.00 (0.04)	-0.03 (0.04)	-0.08** (0.03)	0.00 (0.04)	-0.03 (0.04)
Pets	-0.28** (0.13)	0.04 (0.14)	-0.03 (0.16)	-0.30** (0.13)	0.04 (0.13)	-0.07 (0.16)	-0.30** (0.13)	0.05 (0.13)	-0.07 (0.16)
Work Department	-0.13 (0.09)	0.02 (0.11)	0.04 (0.13)	-0.13 (0.09)	0.02 (0.11)	0.04 (0.13)	-0.14 (0.09)	0.02 (0.10)	0.03 (0.12)
Work Experience Length	0.08 (0.06)	0.15** (0.06)	0.10 (0.07)	0.08 (0.06)	0.15** (0.06)	0.11 (0.07)	0.09 (0.06)	0.16** (0.06)	0.13* (0.07)
Workplace Distance	0.06* (0.03)	-0.03 (0.03)	0.05 (0.04)	0.06* (0.03)	-0.03 (0.03)	0.05 (0.04)	0.05* (0.03)	-0.03 (0.03)	0.04 (0.04)
Economic Wellbeing	-0.10 (0.06)	-0.03 (0.06)	-0.06 (0.08)	-0.08 (0.06)	-0.02 (0.06)	-0.05 (0.08)	-0.09 (0.06)	-0.03 (0.06)	-0.06 (0.08)
Work Experience during COVID	0.04 (0.09)	0.04 (0.08)	-0.01 (0.08)	0.04 (0.09)	0.04 (0.08)	-0.01 (0.08)	0.03 (0.08)	0.03 (0.07)	-0.02 (0.07)
Work Changes due to COVID	0.04 (0.06)	0.01 (0.06)	0.02 (0.07)	0.04 (0.06)	0.01 (0.05)	0.01 (0.07)	0.02 (0.06)	0.00 (0.05)	-0.00 (0.07)
Constant	4.46*** (0.61)	3.48*** (0.64)	3.80*** (0.70)	4.05*** (0.67)	3.38*** (0.70)	3.68*** (0.76)	3.54*** (0.65)	2.95*** (0.69)	3.01*** (0.70)
Observations	261	259	261	261	259	261	261	259	261
R-squared	0.17	0.12	0.12	0.17	0.12	0.11	0.18	0.13	0.13

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 8.1

RD: Emotional Exhaustion and Socio-Demographic Characteristics with Coworkers Support

VARIABLES	LOW			MODERATE			HIGH		
	TALK	CARE	ADVICE	TALK	CARE	ADVICE	TALK	CARE	ADVICE
EE Index	-0.01 (0.09)	-0.13 (0.11)	-0.07 (0.09)	-0.01 (0.04)	-0.04 (0.06)	-0.05 (0.05)	-0.02 (0.02)	0.01 (0.02)	0.00 (0.02)
Indicator	-0.05 (0.45)	0.60 (0.53)	0.24 (0.47)	-0.03 (0.34)	0.39 (0.43)	0.56 (0.39)	0.27 (0.27)	-0.08 (0.29)	-0.06 (0.25)
Indicator x EE Index	-0.00 (0.09)	0.12 (0.11)	0.06 (0.09)	0.00 (0.04)	0.02 (0.06)	0.04 (0.05)	0.00 (0.02)	-0.02 (0.02)	-0.02 (0.02)
Age Group	-0.03 (0.10)	0.03 (0.12)	-0.10 (0.10)	-0.03 (0.10)	0.02 (0.12)	-0.11 (0.10)	-0.03 (0.10)	0.01 (0.12)	-0.11 (0.10)
Education	0.09 (0.10)	0.03 (0.11)	0.03 (0.11)	0.09 (0.10)	0.03 (0.12)	0.02 (0.11)	0.09 (0.10)	0.03 (0.12)	0.02 (0.11)
Marital Status	0.01 (0.06)	0.05 (0.10)	0.04 (0.07)	0.01 (0.06)	0.04 (0.10)	0.03 (0.07)	0.01 (0.06)	0.05 (0.10)	0.03 (0.07)
Children Age	-0.07** (0.04)	-0.14*** (0.05)	-0.10** (0.04)	-0.07** (0.04)	-0.14*** (0.05)	-0.09** (0.04)	-0.08** (0.04)	-0.13*** (0.05)	-0.09** (0.04)
Pets	0.04 (0.13)	-0.01 (0.15)	-0.20 (0.14)	0.04 (0.14)	-0.01 (0.15)	-0.20 (0.14)	0.05 (0.13)	-0.01 (0.15)	-0.19 (0.14)
Work Department	-0.14 (0.11)	0.06 (0.11)	0.02 (0.11)	-0.14 (0.11)	0.05 (0.11)	0.01 (0.11)	-0.15 (0.11)	0.06 (0.11)	0.01 (0.11)
Work Experience Length	0.07 (0.06)	0.19** (0.07)	0.11* (0.06)	0.07 (0.06)	0.12* (0.07)	0.11* (0.06)	0.08 (0.06)	0.12* (0.07)	0.11* (0.06)
Workplace Distance	-0.08** (0.04)	0.03 (0.04)	-0.03 (0.04)	-0.08** (0.04)	0.03 (0.04)	-0.02 (0.04)	-0.08** (0.04)	0.04 (0.04)	-0.02 (0.04)
Economic Wellbeing	-0.06 (0.07)	-0.04 (0.07)	0.00 (0.07)	-0.06 (0.07)	-0.04 (0.08)	-0.00 (0.07)	-0.06 (0.07)	-0.04 (0.07)	-0.00 (0.07)
Work Experience during COVID	0.07 (0.08)	0.07 (0.09)	0.01 (0.08)	0.07 (0.08)	0.08 (0.09)	0.02 (0.08)	0.07 (0.08)	0.08 (0.09)	0.02 (0.07)
Work Changes due to COVID	0.03 (0.06)	-0.06 (0.08)	-0.08 (0.06)	0.03 (0.06)	-0.06 (0.08)	-0.08 (0.07)	0.03 (0.06)	-0.06 (0.08)	-0.08 (0.07)
Constant	3.64*** (0.79)	1.69* (0.86)	3.70*** (0.78)	3.56*** (0.71)	1.99** (0.85)	3.49*** (0.73)	3.20*** (0.75)	2.34*** (0.82)	3.97*** (0.69)
Observations	329	273	318	329	273	318	329	273	318
R-squared	0.07	0.08	0.06	0.07	0.08	0.07	0.07	0.08	0.06

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 8.2

RD: Depersonalization and Socio-Demographic Characteristics with Coworkers Support

VARIABLES	LOW			MODERATE			HIGH		
	TALK	CARE	ADVICE	TALK	CARE	ADVICE	TALK	CARE	ADVICE
DP Index	0.66 (0.44)	0.69*** (0.25)	0.41 (0.43)	0.05 (0.11)	0.06 (0.12)	0.07 (0.10)	0.02 (0.05)	0.01 (0.07)	0.01 (0.06)
Indicator	-0.97 (0.87)	-1.56** (0.72)	-0.67 (0.85)	-0.27 (0.33)	-0.26 (0.36)	-0.34 (0.32)	-0.31 (0.27)	-0.32 (0.38)	-0.19 (0.29)
Indicator x DP Index	-0.69 (0.44)	-0.70*** (0.25)	-0.43 (0.43)	-0.07 (0.11)	-0.08 (0.12)	-0.09 (0.10)	-0.04 (0.06)	-0.02 (0.07)	-0.03 (0.06)
Age Group	-0.03 (0.10)	0.02 (0.12)	-0.10 (0.10)	-0.02 (0.10)	0.02 (0.12)	-0.11 (0.10)	-0.01 (0.10)	0.03 (0.12)	-0.10 (0.10)
Education	0.10 (0.11)	0.02 (0.12)	0.02 (0.11)	0.09 (0.11)	0.03 (0.12)	0.02 (0.11)	0.10 (0.11)	0.03 (0.12)	0.02 (0.11)
Marital Status	0.01 (0.06)	0.06 (0.10)	0.04 (0.07)	0.01 (0.06)	0.06 (0.10)	0.04 (0.07)	0.01 (0.06)	0.05 (0.10)	0.04 (0.07)
Children Age	-0.07* (0.04)	-0.14*** (0.05)	-0.09** (0.04)	-0.07** (0.04)	-0.14*** (0.05)	-0.09** (0.04)	-0.07** (0.04)	-0.14*** (0.05)	-0.10** (0.04)
Pets	0.10 (0.14)	0.02 (0.15)	-0.15 (0.14)	0.10 (0.13)	0.03 (0.15)	-0.16 (0.14)	0.11 (0.14)	0.04 (0.15)	-0.14 (0.14)
Work Department	-0.17 (0.11)	0.04 (0.11)	-0.00 (0.11)	-0.17 (0.11)	0.04 (0.12)	-0.00 (0.11)	-0.16 (0.11)	0.05 (0.11)	0.00 (0.11)
Work Experience Length	0.06 (0.06)	0.11* (0.07)	0.10 (0.06)	0.06 (0.06)	0.11* (0.07)	0.10 (0.06)	0.06 (0.06)	0.11* (0.07)	0.10 (0.06)
Workplace Distance	-0.09** (0.04)	0.02 (0.04)	-0.03 (0.04)	-0.09** (0.04)	0.03 (0.04)	-0.03 (0.04)	-0.09** (0.04)	0.02 (0.04)	-0.03 (0.04)
Economic Wellbeing	-0.04 (0.07)	-0.02 (0.07)	0.02 (0.07)	-0.03 (0.07)	-0.01 (0.07)	0.03 (0.07)	-0.03 (0.07)	-0.00 (0.07)	0.02 (0.07)
Work Experience during COVID	0.07 (0.08)	0.08 (0.09)	0.02 (0.08)	0.07 (0.08)	0.08 (0.09)	0.02 (0.08)	0.07 (0.08)	0.08 (0.09)	0.02 (0.08)
Work Changes due to COVID	0.01 (0.06)	-0.07 (0.07)	-0.10 (0.06)	0.01 (0.06)	-0.07 (0.07)	-0.10 (0.06)	0.01 (0.06)	-0.07 (0.07)	-0.10 (0.06)
Constant	4.53*** (1.14)	3.87*** (1.13)	4.62*** (1.13)	3.71*** (0.71)	2.49*** (0.85)	4.18*** (0.66)	3.57*** (0.69)	2.30*** (0.85)	3.94*** (0.66)
Observations	329	273	318	329	273	318	329	273	318
R-squared	0.06	0.08	0.06	0.06	0.07	0.06	0.06	0.07	0.06

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11

TABLE 8.3

RD: Personal Accomplishment and Socio-Demographic Characteristics with Coworkers Support

VARIABLES	LOW			MODERATE			HIGH		
	<u>TALK</u>	<u>CARE</u>	<u>ADVICE</u>	<u>TALK</u>	<u>CARE</u>	<u>ADVICE</u>	<u>TALK</u>	<u>CARE</u>	<u>ADVICE</u>
PA Index	0.03*** (0.01)	0.03** (0.01)	0.04*** (0.01)	-0.02 (0.03)	0.03 (0.03)	0.01 (0.03)	0.00 (0.07)	0.01 (0.06)	0.03 (0.06)
Indicator	-0.26 (0.25)	-0.18 (0.28)	-0.30 (0.26)	0.38 (0.25)	-0.13 (0.28)	0.29 (0.25)	-0.15 (0.35)	0.08 (0.40)	-0.15 (0.32)
Indicator x PA Index	0.06 (0.06)	0.09 (0.07)	0.06 (0.06)	0.05 (0.03)	0.01 (0.04)	0.02 (0.04)	0.04 (0.07)	0.02 (0.06)	0.02 (0.06)
Age Group	-0.05 (0.10)	-0.00 (0.12)	-0.13 (0.10)	-0.05 (0.10)	-0.00 (0.12)	-0.13 (0.10)	-0.04 (0.11)	-0.01 (0.12)	-0.12 (0.11)
Education	0.07 (0.10)	0.02 (0.12)	0.00 (0.11)	0.09 (0.10)	0.03 (0.12)	0.02 (0.11)	0.09 (0.10)	0.03 (0.12)	0.02 (0.11)
Marital Status	-0.02 (0.06)	0.03 (0.10)	0.01 (0.07)	-0.01 (0.07)	0.04 (0.10)	0.02 (0.07)	-0.01 (0.06)	0.04 (0.10)	0.02 (0.07)
Children Age	-0.07* (0.04)	-0.14*** (0.05)	-0.09** (0.04)	-0.08** (0.04)	-0.14*** (0.05)	-0.10*** (0.04)	-0.08** (0.04)	-0.14*** (0.05)	-0.10*** (0.04)
Pets	0.10 (0.13)	0.04 (0.15)	-0.14 (0.13)	0.06 (0.13)	0.02 (0.15)	-0.17 (0.13)	0.07 (0.13)	0.01 (0.15)	-0.17 (0.13)
Work Department	-0.16 (0.11)	0.05 (0.11)	0.00 (0.11)	-0.17 (0.11)	0.06 (0.11)	-0.01 (0.11)	-0.17 (0.11)	0.05 (0.12)	-0.00 (0.11)
Work Experience Length	0.07 (0.07)	0.12* (0.07)	0.11* (0.06)	0.08 (0.06)	0.12* (0.06)	0.12* (0.06)	0.07 (0.07)	0.13* (0.06)	0.11* (0.07)
Workplace Distance	-0.09** (0.04)	0.03 (0.04)	-0.04 (0.04)	-0.08** (0.04)	0.03 (0.04)	-0.03 (0.04)	-0.08** (0.04)	0.03 (0.04)	-0.03 (0.04)
Economic Wellbeing	-0.06 (0.07)	-0.03 (0.07)	0.00 (0.07)	-0.04 (0.07)	-0.03 (0.07)	0.02 (0.07)	-0.05 (0.07)	-0.03 (0.07)	0.01 (0.07)
Work Experience during COVID	0.05 (0.08)	0.06 (0.09)	-0.01 (0.07)	0.05 (0.08)	0.06 (0.09)	-0.01 (0.07)	0.05 (0.08)	0.06 (0.09)	-0.01 (0.07)
Work Changes due to COVID	0.00 (0.06)	-0.07 (0.07)	-0.10 (0.06)	-0.00 (0.06)	-0.07 (0.07)	-0.10* (0.06)	0.00 (0.06)	-0.07 (0.07)	-0.10+ (0.06)
Constant	3.88*** (0.67)	2.49*** (0.77)	4.38*** (0.64)	3.16*** (0.69)	2.24*** (0.77)	3.71*** (0.65)	3.39*** (0.73)	2.02** (0.79)	3.80*** (0.69)
Observations	329	273	318	329	273	318	329	273	318
R-squared	0.09	0.10	0.10	0.09	0.10	0.10	0.09	0.10	0.10

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1, + p<0.11