

AN INVESTIGATION INTO BURNOUT OF MEDICAL REPRESENTATIVES – A STUDY WITH SPECIAL REFERENCE TO JOB DEMANDS

M.J. Senthil Kumar¹ and P. Sundara Pandian²

¹Department of Commerce, Sri Kaliswari College, India

E-mail: ¹mjs_senthilkumar@yahoo.com

²Virudhunagar Hindu Nadars' Senthikumara Nadar College, India

E-mail: ²vnrsundar@yahoo.com

Abstract

Sales representatives play a critical role in the development and sustainability of their business through the selling of products and services. It is not an easy job. The Medical Sales representative profession is a high-risk sector for job stress with negative consequences for individuals. It requires more skills, wider knowledge and emotional stability than the other profession. Due to extensive traveling, wandering and waiting time, target issues, work-life balancing problems and lack of job security the medical representative feels exhausted. The target issues, waiting time and adjusting family/personal obligations are therefore charged with feelings of anger, embarrassment, fear or despair. It becomes more ambiguous and frustrating. At that time the medical representatives' chronic stress can be emotionally draining and lead to burnout. So the pharmacy institution must provide more attention to prevent and reduce the burnout of the medical representatives, otherwise the institution will lose its reputation.

Keywords:

Burnout, Frustrating, Medical Representatives, Stress and Work-Life Balancing Problems

1. INTRODUCTION

The pharmacy companies are not directly floating their advertisements on various channels. They have to depend solely on direct sales. Similarly the pharmacy companies do not target the customer or consumer; rather they target the reference person i.e. the medical practitioner. It is so because medical representatives are the key personnel employed in promoting their products. However this profession has been considered as one of the most rewarding and challenging fields of employment in India. Sales representatives play a critical role in the development and sustainability of their business through the selling of products and services. This field has its own charm and identity, which is different from other fields of specializations. The Medical Sales representative profession is a high-risk sector for job stress with negative consequences for individuals. This field is always based on the target-driven performance incentives and involves extensive traveling. The company retains only those who achieve the target and their salary in always depends upon their performance. It increases the stress level of the employee. The nature of work is changing at whirlwind speed. This field is most suitable for aggressive, extrovert, result-oriented persons, who like extensive traveling and meeting people. However it is not an easy job. The pharmacy industry retains the medical representatives' one who achieves the target. If the medical representatives' achieves the target the company promotes them, increase salary and allowances. On the other hand if the medical representatives' are not achieving the target the company takes

many remedial actions against their representative. Similarly the targets become increasingly difficult to meet, sales representatives may no longer experience satisfaction in a job that does not yield incentives (commission), and could end up with a negative response towards them. In most of the time medical representatives are unable to achieve the target. It increases the stress level of the medical representatives. Apart from that the pressure of achieving targets is resulting into the work induced stress. The continuous stress leads to the employee burnout. Burnout possesses a threat to the health of workers and in-turn to the health of the organization. The burned employee feels a lack of control over their environment, has unclear expectations placed on them and lacks of social support. It reduces the employee's productivities, increases the absenteeism and turnover.

1.1 STATEMENT OF THE PROBLEM

Job demands are physical, psychological, social or organizational aspects of job that requires sustained physical and or psychological (cognitive or emotional) efforts and are associated with the physiological and organizational costs.

The job demands refers to the degree to which the working environment contains stimuli that require some effort (Jones, 1981) and encapsulates the idea that job demands lead to negative consequences if they require additional effort beyond the usual way of achieving work goals (Demerouti, Bakker, Nachreiner and Schaufeli, 2001). Although job demands are not necessarily negative, they may turn into job stressors when meeting those demands requires high effort and is therefore associated with high costs that elicit negative responses such as depression, anxiety, or burnout.

The uniqueness of the pharmacy sector lies in the fact that the companies do not target the customer or consumer, rather they target the reference person i.e. the medical practitioner. A sales person in pharmacy company has to meet the doctors, explain about the medicines and recommend for prescriptions. Similarly, the representatives also create a good rapport with the medicine retailers (medical stores) for ensuring regular supply of company's products. Generally the medical representatives are travelling from one location to another location. It is one of the most time-consuming activities for medical representative. Due to extensive travelling, wandering and waiting time, target issues, work-life balancing problems and lack of job security the medical representative feels exhausted. The target issues, waiting time and adjusting family/personal obligations are therefore charged with the feelings of anger, embarrassment, fear or despair. It becomes more ambiguous and frustrating. At that time the medical representatives' chronic stress can be

emotionally draining and lead to burnout. The burnout makes the medical representative as hopeless.

2. NEED FOR THE STUDY

Medical representative play a critical role in the development and sustainability of their business through the selling of products and services. The Medical representative profession is a high-risk sector for job stress with negative consequences for individuals. It requires more skills, wider knowledge and emotional stability than the other profession. Most of the time, the medical representatives are waiting for a long time to meet their clients. Due to extensive traveling, wandering and waiting time, target issues, work-life balancing problems and lack of job security the medical representative feels exhausted. The target issues, waiting time and adjusting family/personal obligations are therefore charged with feelings of anger, embarrassment, fear or despair. It becomes more ambiguous and frustrating. At that time the medical representatives' chronic stress can be emotionally draining and lead to burnout. The burnout makes the medical representatives' as hopeless. Burnout tends to be very harmful not only to the employees, but to the residents as well as to the organization. So it is very important to study about the job demands of the medical representatives which are leads to burnout.

3. LITERATURE REVIEW

The study about Employee Burnout and analyzing the reasons causes and impact of employee burnout has attracted many researchers. There has been a continuous research in the field of employee burnout but no researches have been made in the field of burnout of Medical Representatives'. Medical representative field is a very competitive field, which often includes tight deadlines, travel, working in the public eye, physical demand and danger keeps stress at high-levels for marketing professionals. It involves long and irregular working hours. The medical representative targets the medical practitioner. Therefore, compare with the other profession the burnout rate is higher in the medical representative profession. The available contribution from the following authors and researchers are reviewed and brief accounts of review are as follows.

Payne (2001) pointed out that contributors to emotional exhaustion were conflict with staff and accepting responsibility. Conflict with staff, inadequate preparation, escape, and reduced problem solving were the contributors to depersonalization. Death and dying was the most frequent problematic stressor. Demographic factors were reported to contribute the least to burnout.

Jeffrey Dorman (2003) highlighted that the role conflict, work overload, classroom climate, decision making, peer support, self-esteem and external locus of control as predictors of the burnout dimensions. Consequences of burnout are teacher behaviour which influences student perceptions and evaluation, and subsequent student behaviours and outcomes.

Borritz (2006) revealed that burnout concept emerged in human services. The major prospective findings regarding causes for burnout were that high possibilities for development, high predictability, high role-clarity, and low role conflicts at baseline had a protective effect against subsequent burnout. The

burnout increases the likelihood of sickness absence. Burnout is preventable and that burnout prevention is of importance for the reduction of sickness absence.

Most of the research carried out in the nursing, medical practitioner and police man. So there is a need to study about the burnout of the medical representatives. This study aims to fill the gaps identified in existing research. The researcher has undertaken the study with the following objectives.

- To analyze the demographic classification of medical representatives
- To understand the Quantitative Demands of the medical representatives
- To measure the Cognitive Demands of the medical representatives
- To evaluate emotional demands of the respondents

3.1 HYPOTHESIS

Based on the objectives of the study the researcher is framing the following hypothesis.

1. There is no significant difference between married and unmarried medical representatives with regards to quantitative demands of job.
2. There is no significant difference among the experiences and cognitive job demands.
3. There is no significant difference among the mean ranks of age groups with respect to emotional demands of job.

4. METHODOLOGY

The present study is descriptive in nature. To fulfill the objectives, the researcher has used both primary and secondary data. Various statistical tools are used in analyzing the primary data. This involves a lot of calculation and computations. In order to economize the time and ensure accuracy computer is used for analysis, whenever possible. The researcher mainly used the percentage, ranking method, independent samples T-test, One Way (ANOVA) test, Kruskal Wallis Test to analyze and interpret the data collected.

4.1 SAMPLING DESIGN

The sampling design is formulated by the researcher to collect the data from the medical representatives. The researcher has collected the registered medical representatives available in the Virudhunagar district from the medical representatives association. After that using lottery method the researcher has selected 225 medical representatives.

4.2 ANALYSIS AND INTERPRETATION

4.2.1 Demographic Classification of the Medical Representatives:

Among all of the demographic factors age plays an important role. Age of the respondents affects the performance, way of discharging various functions, taking risk etc. Regarding the age of the respondents, 20.88% of the employee belongs to the age group of up to 25 years, 37.78% of the total respondents are

between 25 years and 30 years and the 11.11% of the respondents are above 45 years.

The way of thinking and approaching the client depends upon the educational qualification of the medical representative. The data shows that among 225 respondents 30.67% of the medical representatives are educated up to Diploma level, 49.33% of the respondents have PG qualification and the rest of the 20% of the informants possess professionals.

In any demographic analysis marital status plays an important role. The marital status of the respondents affects the opinion and needs of the medical representatives. The information regarding the marital status shows that, 45.33% of the representatives are married and the remaining 54.67% of the informants are unmarried.

The Indian Pharmacy sector is ever growing and demand full sector than any other countries. After globalization many MNC companies are entered in the Indian market. There is a keen competition between the Indian companies and the MNCs. The data reveals that, 30.67% of the respondents are working in the MNCs and the remaining 69.33% of the informants are working in the Indian companies.

The product of the pharmacy companies are broadly classified into drugs and medicine, nutrition food items and surgical items. Based on this classification the medical representatives marketing strategies and job requirements are differing. The survey reveals that 74.67% of the medical representatives are dealing the medicine products, 12% of the informants are marketing the surgical items and the remaining 13.33% of the respondents are selling the nutrition items.

Experience is one of the most important components to handle the present situation in the successful manner. Experience promotes innovative, sprit, foresight, determination to succeed, positive thinking and ability to take risks. The analysis replicates that 52.45% of the respondents have got work experience of less than 5 years, followed by 26.22% of the medical representatives belong to 6 to 10 years of experience category.

The company recruits the employee on the permanent basis or temporary basis. If the company recruits the employee on the temporary basis, based on the performance of the employee, the company will promote the employee as permanent employee. The nature of the employment data reveals that, 32.44% of the medical representatives are employed on the temporary basis and the remaining 67.56% of the respondents are working as the permanent basis.

The demographic characteristics of the respondents are depicted in Table.1.

Table.1. Demographic Characteristics of the Respondents (N = 225)

Sl. No.	Demographic Variables	Number	Percentage
Age in Years			
1	Below 25 Years	47	20.88
2	25 Years to 30 Years	85	37.78
3	31 Years to 35 Years	55	24.45
4	36 Years to 40 Years	13	5.78
5	Above 40 Years	25	11.11

Educational Qualifications			
1	Diploma	69	30.67
2	Degree	111	49.33
3	Professional	45	20.00
Marital Status			
1	Married	102	45.3
2	Unmarried	123	54.7
Nature of the Company			
1	MNC	69	30.67
2	Indian Company	156	69.33
Products Marketed			
1	Medicine	168	74.67
2	Surgical Item	27	12.00
3	Health Food	30	13.33
Experience in Years			
1	Below 5 Years	118	52.45
2	6 Years to 15	59	26.22
3	16 to 25 years	37	16.44
4	Above 25 Years	11	4.89
Nature of Employment			
1	Temporary	73	32.44
2	Permanent	152	67.56
Remuneration in ₹ (Per Month)			
1	Below ₹10,000	42	18.67
2	₹10,001 to 15,000	95	42.22
3	₹15,001 to 20,000	59	26.22
4	Above ₹20,001	29	12.89

Source: Primary Data

The above Table.1 makes it obvious that, the majority of the respondents belong to the age group of 25 years to 30 years. Their mean age is 27.4 and the standard deviation is 1.20. Majority of the medical representatives are degree holders. The study respondents are mostly unmarried. The study respondents are mostly working in Indian Companies. It is observed that, majority of the respondents are with less than 5 years of experience. The mean experience of the medical representatives is 12.4 years with the standard deviation of 0.905. It is clear that 42.2% of the respondents are earning between ₹10,000 and ₹15,000. The average remuneration of the respondents is ₹16,650 and the standard deviation comes to 0.926.

4.2.2 Opinion about the Quantitative Demands:

Job demands are physical, psychological, social or organizational aspects of job that requires sustained physical or psychological (cognitive or emotional) efforts and are associated with the physiological and organizational costs. Job demands were measured by quantitative demands (e.g. workload), cognitive and emotional demands. Quantitative job demands refer to the degree of overall difficulty an executive experiences in their work. In simple quantitative demands reflect how much workload a person faces.

From the Table.2 it is inferred that, 12.4% of the informants are pointed out that their work loads are always unevenly distributed so it piles up the medical representatives. 16% of the medical representatives' workloads are unevenly distributed frequently, 36.4% of the informants feel that, their work loads are unevenly disturbed sometime only, 30.7% of the respondents are think that their work loads are rarely distributed unevenly and the remaining 4.44% of the informants believed that their work loads are evenly distributed and never it piles up the medical representatives.

Out of 225 medical representatives, 5.3% medical representatives are always behind with their work, 12.4% of informants are frequently behind with the work, 45.3% of the respondents are occasionally behind with their work. Another 28.4% of the informants are rarely behind with the work and the remaining 3.22% of the medical representatives are complete the task successfully and they never behind with their work.

The survey about whether the medical representatives take it their work easily and still do the job joyfully reveals that, 44.4% of the medical representatives always take the medical profession easily and still do the job. 33.3% of the informants frequently take their task as easy, 6.2% of the informants are take their job easily sometimes only. 4.4% of the informants are rarely taking their job as easily and the remaining 11.6% of the respondents are never taking their work load as easy.

In view of whether the medical representatives have enough time for his job or not, 39.1% of the medical representatives are always having enough time for performing their job, 37.3% of the informants have adequate time to perform their job frequently, 16% of the representatives are occasionally having enough time to execute the tasks, 5.8% of the medical representatives are rarely have enough time to complete their task and the remaining 1.8% of the informants never complete their task in time and they felt that they never have enough time to complete their work. The Table.2 shows the opinion of the respondents about quantitative demands.

From the opinion level of medical representatives regarding the quantitative demands reveal that, most of the medical representatives reported that they are behind with the work, the mean score denoted was 3.22 followed by the workloads

distribution with a mean score of 2.99, which is followed by taking job easily and perform the task with a mean score of 2.05.

Research Proposition: 1

Ho: There is no significant difference between married and unmarried medical representatives with regards to quantitative job demands.

To test the Hypothesis the researcher used the independent samples T-test. The result has been brought to the forefront in Table.3.

Table.3. Significance between the marital status and quantitative demands of the medical representatives

Marital Status	Mean	Standard Deviation	T	Significance	Accept/Reject Ho
Married	10.37	1.717	5.463	0.020	Reject
Unmarried	10.06	1.357			

Source: Computed Value

Since P value is less than 0.05 the null Ho is rejected at 5% level of significant. Hence conclude that, there is significant difference between married and unmarried medical representatives with regards to quantitative demands of job demands

However based on the mean score the married employee quantitative demands (10.30) are better than the unmarried medical representatives.

4.2.3 Opinion about the Cognitive Demands:

Cognitive Demand means the kind and level of thinking required in order to successfully engage with and solve the task as per Stein, Smith, Henningsen, & Silver, (2000). The cognitive demand of the medical representatives highlights that, 18.2% of the informants are always keeping many things in their eyes while working, 41.8% of the medical representatives are frequently preserve many things, 11.6% of the medical representatives are maintaining many thing some time only, 2.7% of the informants are keeping several things rarely and the remaining 25.8% of the medical representatives are never keep lot of things in their eyes while working.

Table.2. Opinion about the Quantitative Demands

Sl. No.	Quantitative Demands	Always		Often		Some times		Seldom		Never		Mean	Std. Dev.
		N	%	N	%	N	%	N	%	N	%		
1	My workload unevenly distributed so it piles up	28	12.4	36	16.0	82	36.4	69	30.7	10	4.4	2.99	1.071
2	I get behind with my work	12	5.3	28	12.4	102	45.3	64	28.4	19	8.4	3.22	0.956
3	Often I take it easy and still do my work	100	44.4	75	33.3	14	6.2	10	4.4	26	11.6	2.05	1.315
4	I have enough time for do my work tasks	88	39.1	84	37.3	36	16.0	13	5.8	4	1.8	1.94	0.971

Source: Primary Data

The survey about the memory power require that the medical representative profession pinpointed that, 18.7% of the

informants pointed out that they are always requires to maintain many things to remember, 11.1% of the informants are

frequently remember many things for their work, 58.7% of the respondents are occasionally remember, 2.7% of the medical representatives are rarely remembered and the remaining 8.9% of the informants are never remembering any things.

The enquiry is about whether the medical representatives are require to change the idea or marketing strategy to meet their prospective customer or to market the goods narrated that, 12% of the representatives are pointed out that they always need new and innovative idea to market their products, 40.9% of the informants are narrated that, they frequently change the marketing ideas, 40% of the respondents are changing their ideas some time only, 3.1% of informants are rarely change their ideas and the remaining 4% of the informants are following the traditional method and never come with new ideas.

The marketing work is always challenging field. It requires innovative thinking and immediate decision making. In view whether the medical representative profession requires me to make difficult decisions narrate that 12.29% of the informants viewed that their works always requires making difficult decision, 35.1% of the informants are pointed out that they frequently take difficult decision, 44.4% of the medical representatives works are occasionally required difficult decision, 3.6% medical representatives are rarely take difficult decision and the remaining 4% of the respondents are never take any difficult decision.

From the opinion level of medical representatives regarding the cognitive demands reveal that, most of the medical representatives reported that they keep many things while they are working, the mean score denoted was 2.76 followed by the works required to remember a lot of things with a mean score of 2.72, which is followed by work requires to take difficult decision with new ideas with a mean score of 2.51.

Research Proposition: 2

Ho: There is no significant difference between the experiences and cognitive job demands.

To test the Hypothesis the researcher used the One Way (ANOVA) test. The result has been has been displayed in Table.5.

Table.5. Significance between the experience and cognitive demands of the medical representatives

Experience	Mean	Standard Deviation	F	Significance	Accept/Reject Ho
Below 5 Years	10.42	2.209	2.928	.035	Reject
6 Years to 15	9.97	2.173			
16 to 25 years	10.92	1.891			
Above 25 Years	11.73	1.794			

Source: Computed Value

Since P value is less than 0.05, the null hypothesis is rejected at 5% level of significant. Hence it is concluded that, there is significant difference among the experience of the medical representatives and cognitive demand of the medical representatives.

4.2.4 Opinion about the Emotional Demands:

Generally the medical representatives are travelling from one location to another location. The medical representative spends on average more than a third of their working day on the road, in normal weather. Similarly the medical representatives wait for a long time to get the appointment from the doctor. At the time the medical representative must control his emotions.

The survey about the medical representative profession is an emotionally disturbing situation highlighted that, 9.3% of the medical representatives are always having emotionally disturbing situations, 40.4% of the respondents are having frequently disturbing situations, 9.3% of the informants are emotionally disturbed some time only, 33.8% of the informants are rarely face emotional disturbing situation and the remaining 7.1% of the respondents are never having emotionally disturbing situations.

Table.4. Opinion about the Cognitive Demands

Sl. No.	Cognitive Demands	Always		Often		Sometimes		Seldom		Never		Mean	Std. Dev.
		N	%	N	%	N	%	N	%	N	%		
1	I keep my eyes on lot of things while I am working	41	18.2	94	41.8	26	11.6	6	2.7	58	25.8	2.76	1.468
2	My works require me to remember a lot of things	42	18.7	25	11.1	132	58.7	6	2.7	20	8.9	2.72	1.080
3	My works demand me ought to come up with new ideas	27	12.0	92	40.9	90	40.0	7	3.1	9	4.0	2.42	0.891
4	My work requires me to make difficult decisions	29	12.9	79	35.1	100	44.4	8	3.6	9	4.0	2.51	0.907

Source: Primary Data

Out of 225 medical representatives, 8.4% of the respondents feel that their work is always require emotional control, 45.3% of the medical representatives are frequently require emotional control, 39.1% of the informants are occasionally require emotional control, 5.3% of the representatives are rarely control their emotions and the remaining 1.8% of the medical representatives believe that their work never demands emotional control. The enquiry about whether the medical representative profession demands emotional involvement narrate that, 11.1% of the medical representatives are always emotionally involved in their work. 31.6% of the representatives are frequently, 41.8% of the informants are occasionally, 6.2% of the medical representatives are rarely and the remaining 2.71% of the employees are never emotionally involved in their work.

Regarding the work bar with their fair opinion, the respondents opinion are as follows 11.6% of the respondents are always, 33.3% of the informants are often, 16.4% of the medical representatives are sometimes, another 33.3% of the respondents are seldom and the remaining 5.3% of the respondents are not having their wok bar with their fair opinion. The mean score is 2.88.

In view of the factor having a constraint to hide their feeling pinpointed that, 10.2% of the representatives are always having a constraint to hide their feeling, 13.8% of the informants are frequently having constraint to hide their feelings frequently, 64% of the respondents have constraints to hide their feeling occasionally, 5.8% of the informants are rarely and the remaining 6.2% of the informants are never having a constraint to hide their feelings. It has been brought to the forefront in Table.6.

From the opinion level of medical representatives regarding the emotional demands reveals that, most of the medical representatives reported that, the medical representative profession is an emotionally disturbing situations, the mean score denoted was 2.89 followed by the their work bar with their fair opinion with a mean score of 2.88, which is followed by the work having constraints to hide the feeling with a mean score of 2.84.

Table.6. Opinion about the Emotional Demands

Sl. No.	Emotional Demands	Always		Often		Sometimes		Seldom		Never		Mean	Std. Dev.
		N	%	N	%	N	%	N	%	N	%		
1	My work put me in emotionally disturbing situations	21	9.3	91	40.4	21	9.3	76	33.8	16	7.1	2.89	1.181
2	My work demands emotional control	19	8.4	102	45.3	88	39.1	12	5.3	4	1.8	2.47	0.796
3	I have emotional involvement in my work	25	11.1	71	31.6	94	41.8	14	6.2	21	9.3	2.71	1.057
4	My work bar my fair opinion	26	11.6	75	33.3	37	16.4	75	33.3	12	5.3	2.88	1.154
5	I have a constraint to hide my feelings	23	10.2	31	13.8	144	64.0	13	5.8	14	6.2	2.84	0.912

Source: Primary Data

Research Proposition: 3

Ho: There is no significant difference among the mean ranks of age group with respect to emotional demands of job.

To test the Hypothesis the researcher used the Kruskal Wallis Test. The result has been has been displayed in Table.7.

Table.7. Significance between the age and emotional demands of the medical representatives

Age	Number of Respondents	Mean	Chi Square Value	Significance	Accept/Reject Ho
Below 25 Years	47	145.69	19.436	0.001	Reject
25 Years to 30 Years	85	97.04			
31 Years to 35 Years	55	109.87			
36 Years to 40 Years	13	131.54			
Above 40 Years	25	103.04			

Source: Computed Value

Since P value is less than 0.01 the null Ho is rejected at 1% level of significant. Hence conclude that, there significant difference among the mean ranks of age group with respect to emotional demands of job demands.

Based on mean rank of the age groups, the age group of below 25 years has more emotional demands than other age groups.

5. RECOMMENDATION

From the study the following suggestions are given to avoid the burnout.

1. The organization maintains the cordial relationship with their employees and also sustains the good relationship between the colleagues and the supervisors.
2. The organization provides all the relevant information needed for the medical representatives as quick as possible.
3. The management must arrange proper training program, refreshment program and orientation program to overcome the stress level.
4. The company also provides adequate incentive plan to retain the talented workforce and minimum incentives to new and those who have not achieved the target.
5. To satisfy the medical representatives, the company must provide job guarantee and adequate salary.
6. Jobs should be made permanent. It reduces exhaustion. There by the institutions redress the burnout very easily.

6. CONCLUSION

The present study found that, workloads are unevenly disturbed; not having enough time for performing their job, preserve many things in their mind, and remembering required information are leads to burnout. Moreover medical representative profession always having emotionally disturbing situations and requires to take difficult decision. It increases the burnout level. This study also identified that married respondents' quantitative job demands are higher than the unmarried medical representatives. Similarly the young age groups have more emotional demands than other age groups.

Attracting and retaining a talented workforce is a top priority for any type of organization and especially it is more essential to pharmaceutical industry. Pharmaceutical industry spends millions each year for training and developing their sales representatives. It is so because medical representatives are the key personnel employed in promoting their products. Pharmacy marketing are generally regarded as a high-stress environment that makes unique demands on medical representative. Stress inevitably develops into burnout and affects the performance and happiness of the medical representative. It reduces the marketing capacity and increases the absenteeism and turnover rate.

Burnout not only has a direct effect on an individuals' health and well-being but also leads to high economic cost in the form of high absenteeism, turnover and reduce marketing capacity. To avoid burnout of medical representatives the management must provide the job security with guaranteed and adequate salary, allotting adequate area with reasonable and achievable target and maintain good relation within the colleagues and the supervisor. It reduces the employee attrition. Otherwise the organization can face great losses in financial and market momentum.

REFERENCES

- [1] Arzu Cakinberk, "Studying the Relationship Between Employees' Occupational Burnout Levels and Satisfaction of Life: A Research in Private Banks", *African Journal of Business Management*, Vol. 5, No. 16, pp. 6825-6838, 2011.
- [2] Evangelia Demerouti, Arnold B. Bakker and Annemieke J. Bulters, "The Loss Spiral of Work Pressure, Work Home Interference and Exhaustion: Reciprocal Relations in a Three-Wave Study", *Journal of Vocational Behavior*, Vol. 64, No. 1, pp. 131-149, 2004.
- [3] J.W. Jones, "Diagnosing and treating staff burnout among health professionals", New York: Norton, 1981.
- [4] Jeffrey Dorman, "Testing a Model for Teacher Burnout", *Australian Journal of Educational & Developmental Psychology*, Vol. 3, pp. 35-47, 2003.
- [5] Muhammad Jamal, "Burnout among Employees of a Multinational Corporation in Malaysia and Pakistan: An Empirical Examination", *International Management Review*, Vol. 4, No. 1, pp. 60-71, 2008.
- [6] N. Payne, "Occupational Stressors and Coping as Determinants of Burnout in Female Hospice Nurses", *Journal of Advanced Nursing*, Vol. 33, No. 3, pp. 396-405, 2001.
- [7] Patricia A. Rupert and Jamie Scalette Kent, "Gender and Work Setting Differences in Career-Sustaining Behaviors' and Burnout among Professional Psychologists", *Professional Psychology: Research and Practice*, Vol. 38, No. 1, pp. 88-96, 2007.
- [8] K.R. Sowmya and N. Panchanatham, "Job Burnout: An Outcome of Organizational Politics in Banking Sector", *Far East Journal of Psychology and Business*, Vol. 2, No. 1, pp. 49-58, 2011.