Original Article

Burnout among the Nurses of Kashan Beheshti Hospital During 2014

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Abstract

Aims: Research suggests that burnout levels have always been higher in the health-care populations and the nurses were at high risk too. It can increase staff turnover and reduce the quality of care. Hence, this study was performed with the purpose of evaluating the rate of professional burnout in the nurses of Beheshti hospital's staff. **Materials and Methods:** The study population comprised 230 nurses of the Beheshti hospital of Medical Sciences using sampling in 2014. Maslach Burnout Inventory and staff demographic characteristics questionnaire were used in this study. Data were analyzed using the SPSS software, Pearson's independent, Fisher's exact test, ANOVA, and Chi-square test. **Results:** Most of the participants were in mild-to-moderate levels of exhaustion. they had mild level until severe in depersonalization, and mild in reduced personal accomplishment. however, burnout was higher in women . Health-care staff nurses had a higher level of job burnout than that of administrative staffs ($P < 0.001$). **Conclusions:** The findings suggest the research focused could yield important advances in understanding burnout in this group and yield potential interventions to buffer burnout and its consequences.

Keywords: Burnout, the nurses, the staffs of Kashan medical university

Introduction

The most influential model of professional burnout that was developed by Christina Maslach and jackson is defined as a three- dimensional construct,including exhaustion, cynicism or depersonalization (DE), and inefficacy or reduced personal accomplishment PA).[1,2] More precisely, exhaustion involves feelings of strain and chronic fatigue. Cynicism consists of an indifferent or distant attitude toward work, losing interest in one's work, or not seeing work as meaningful. Cynicism refers to detachment a rising as a means to gain emotional distance from work, while ineffectiveness refers to feelings of incompetence or the inability to fulfill the job responsibilities.[3] Moreover, the lack of professional efficacy refers to reduced feelings of competence, achievement, and accomplishment.[4]

Job burnout occurs due to the long-term exposure of a person to psychological stress associated with work and people, and it has been recognized as a major problem worldwide.[5,6] It among staff can lead to decreased work performance and increased absenteeism.[7] Work-related stress occurs when there is a gap between workplace demands and requests and an individual's abilities.[8] Stress occurs and develops by increasing workplace demands and requests. Research has shown that there is a close relationship between stress and job burnout. It affects the physical and mental health of the people, and consequently, impairs their performance such.[9] Burnout consists of three aspects as follows: emotional exhaustion (EE), DE, and reduced personal efficiency. Exhaustion refers to the long-term experience of physical, cognitive, or emotional stress because of some specific occupational demands.[8] Occupational DE refers to an individual's emotional job avoidance and

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inability to control the reduced sense of personal efficiency. It reduces the sense of competence and increases negative self-appraisal.[10]

Job burnout is not only related to an individual's mental health but it also related to his/her productivity.[11,12] In this regard, increasing knowledge about effective coping strategies (to overcome stress and job burnout) can help improve mental health and increase the effectiveness and productivity of human resources. Moreover, some scholars believe that some degrees of job burnout occur among individuals who work with people regardless of the type of their occupation.[13]

Therefore, understanding the causes and preventing the occurrence of job burnout is necessary for all those involved in planning for staff and managers. The results will help those active in the educational system and medical organizations and centers to work effectively to reduce job burnout rates and to increase the quantity and quality of their employees' activities.

Materials and Methods

The study sample was done from the nurses employed at the Beheshti hospital. Most respondents were employees. Printed copies of the survey were distributed to the different health-care groups. All responses were collected anonymously. A total of 260 health care and administrative nurses commenced the survey. However, only 230 nurses completed the key.

In this study two questionnaires were used that distributed among the staffs after training. In the first questionnaire, demographic properties of individuals such as age, sex, experience, and marital status studies, major and working hours had mentioned. The second questionnaire was the Maslach Burnout Inventory (MBI) General Survey, a widely self-report measure assessing burnout job was measured using the MBI-General Survey (MBI-GS).[12,13] Najafi calculated the stability of this test 0.86 using Cronbach's alpha test. This coefficient has been reported 0.89, 0.70, and 0.83, respectively, for partial tests.[14] The rate of questionnaire credit in terms of frequency and intensity using Cronbach's alpha in this rest for Maslach was 0.78 and 0.78, respectively.

The MBI-GS consists of 22 items to measure the three domains of burnout: EE, DE, and reduced PA.

Items included: EE (nine items); DE (five items) and reduced PA (eight items).[15,16]

Using a 7-point Likert scale, the MBI-GS was used and work-related special feeling frequencies ranged (0–30) for DE (0–30) for exhaustion and (0–36) for reduced PA. The reduced PA subscale is reverse scored with lower scores indicative of burnout. There were significant direct relationships between stress and anxiety with job burnout.[17-19]

The study was conducted according to the declaration of Helsinki, and participants signed an informed consent form approved by the Ethics Committee of the Faculty of Medicine. Information entered in the application SPSS version 19 and was performed using the Pearson's independent, least significant difference (LSD), ANOVA, and Chi-square test.

Results

This study was carried out among the nurses of the Beheshti hospital. In this study, 41.30% were male and 58.69% were female. Almost 13.04% were ≤25 years old in the first group, 46.95% in 26–35 years and 40.01% in the age group of 36–60 years. The average age of the staff was 36.4 years old. Nearly 64.37% of people were married, 27.39% single, and 8.24% divorced. Almost 26.08% of nurses were in the morning shift, 16.95% in the afternoon shift, and 56.97% in the cycle shift. Almost 71.73% of participants were in medical centers and 28.27% in the administrative field. Hence, most people in this research were chosen from the medical field [Table 1].

The relationship between age and mean burnout in frequency in three groups of staffs was observed meaningful ($P = 0.03$). The two-way comparisons (LSD test) between the two age groups (first and second) showed no statistically significant difference ($P = 0.39$), however, between the two age groups (first and third) with ($P = 0.025$) and (second and third) with ($P = 0.037$) was observed meaningful. The relationship between age and mean burnout in intensity in the three groups of staffs was observed meaningful ($P = 0.038$). The two-way comparisons between the two age groups (first and second) showed no statistically significant difference ($P = 0.42$), however between the two age groups (first and third) with ($P = 0.03$) and (second and third) with ($P = 0.04$) was observed meaningful [Table 2].

From total men based on the frequency, 89.5% had mild signs of emotional exhaustion and 10.5% were moderate. From total women, 94.8% had mild signs of emotional exhaustion and 5.2% were moderate, and 64.4% did not observe any signs of severe sign exhaustion. The meaningful difference was not observed as statistically significant ($P = 0.12$).

From total men based on frequency, 5.3% had mild signs DE, 33.7% were moderate, and 61.6% were severe. From total women, 10.4% had mild signs DE and 39.3% were moderate and 50.4% were severe. The meaningful difference was not observed as statistically significant ($P = 0.18$). From total men based on intensity, 93.7% had mild signs of emotional exhaustion and 6.3% were moderate. From total women, 94.8% had mild signs of emotional exhaustion and 5.2% were moderate, 64.4% did not observe any signs of severe sign exhaustion. The meaningful difference was not observed as statistically significant ($P = 0.71$).

From total men based on intensity, 3.2% had mild signs DE, 67.4% were moderate, and 29.5% were severe. From total women, 7.4% had mild signs DE and 63% were moderate and 29.6% were severe. The meaningful difference was not observed as statistically significant ($P = 0.27$). From total men and women based on the frequency and intensity in reduced PA were mild. The standard deviation was in emotional exhaustion

6.4%, in DE was 3.2%, and in reduced PA was 3.04%. The frequency rate between job and among people participated in the two groups of medical staff and the nonmedical staff was meaningful (P = 0.001) and declared that the burnout among medical staff was more than nonmedical staff. The average score of burnout was 31.4, and the standard deviation was 11.1 [Table 3]. This study suggests that the health-care personnel experience high levels of stress and job burnout in developing and advanced countries.

Discussion

This study was done to investigate occupational burnout that had important implications for the nurses. However, an alarmingly high percentage of the sample also reported high levels of occupational mild and moderate burnout.

In a study performed by Garcia *et al*. (2014), a similar pattern of high professional efficacy (88% moderate-high) occurring alongside high exhaustion (50%) and cynicism (47%).

Table 1: Distribution of individual staff and job characteristics in the population study

Characteristic	*n*
Sex	
Female	135 (58.69)
Male	95 (41.30)
Age (years)	
≤25	30 (13.04)
26-35	108 (46.95)
36-60	92 (40.01)
Marital status	
Married	148 (64.37)
Never married	63 (27.39)
Separated	19 (8.24)
Job experience (years)	
≤10	88 (38.26)
11-20	111 (48.27)
21-30	31 (13.45)
Shift	
Morning	60 (26.08)
Evening	39 (16.95)
Cyclical	131 (56.97)
Doing the job	
Medical centers	165 (71.73)
Administration center	65 (28.27)

Table 2: Correlation between burnout and three age groups

Dimension	>25 years		26-35 years		36-60 years		*P*
	Mean	SD	Mean	SD	Mean	SD	
Burn out in frequency	35.1	9.07	37.1	10.3	40.5	13.2	0.03
Burn out in intensity	35.5	9.01	37.4	10.7	40.8	12.7	0.038

SD: Standard deviation

It was found this study examining burnout among nonprescribing the Veterans Health Administration (VA) mental health clinicians. It concerns that psychiatrists in the current sample reported high exhaustion and cynicism much more frequently than nonprescribing clinicians in the prior work.[20] This is compatible with this study.

In a study of Yang *et al*. in Singapore observed that the experience of high levels of stress by health-care professionals had been associated with decreased work efficiency and high rates of staff turnover. This study had compatibility with this study.[21,22]

In a study of Rossi *et al*., Grau-Alberola *et al*. (2010), and Gupta *et al*. (2012), evidence revealed the high levels of stress and burnout among health-care professionals in both developing and developed countries.[23] Acker in her survey of 460 mental health workers in New York state reported that 56% of the workers experienced moderate-to-high levels of emotional exhaustion and 73% experienced moderate-to-high levels of role stress. In this study, the burnout was moderate and mild. In this respect, it was somewhat consistent with this study.[24] Several studies have also highlighted the association between demographic characteristics and burnout[24] (Paulsen *et al*., 2014; Chiang and Chang, 2012), for example, Poulsen *et al*. reported that having <10 years of working experience was associated with burnout among Australian occupational therapists.[25] In a study performed by Garcia *et al*. (2014), a similar pattern of high professional efficacy (88% moderate-high) occurring alongside high exhaustion (50%) and cynicism (47%) was found in a study examining burnout among nonprescribing VA mental health clinicians. It is concerning that psychiatrists in the current sample reported high exhaustion and cynicism much more frequently than nonprescribing clinicians in the prior work.[20] This is compatible with this study. In a study of Yang *et al*. in Singapore observed that the experience of high levels of stress by health-care professionals had been associated with decreased work efficiency and high rates of staff turnover. This study had compatibility with this study.[21]

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In Singapore, Chan and Huak (2004) conducted a survey of 491 doctors and nurses in a general hospital setting to understand the impact of the work environment on their emotional health.

Table 3: Statistical indexes of burnout based on frequency and intensity in nurses of Beheshti hospital

Statistical indexes	Mild	Moderate	Severe	χ^2	SD
Emotional exhaustion based on the frequency	213 (92.6)	17 (7.4)	-	16.2	5.2
Depersonalization based on the frequency	19 (8.3)	85 (37)	126 (54.7)	12.02	3.8
Reduced personal accomplishment based on the frequency	230 (100)	-	-	10.02	4.4
Emotional exhaustion based on intensity	217 (94.3)	13 (5.7)	-	16.14	5.3
Depersonalization based on intensity	13 (5.7)	149 (64.8)	68 (29.5)	12.3	3.8
Reduced personal accomplishment based on intensity	230 (100)	-	-	10.06	4.4

SD: Standard deviation

The participants in this study reported high levels of job-related stress, and the prevalence of psychiatric disorders such as depression and anxiety among the doctors and nurses was 35% and 28%, respectively.[27,28] This result is not consistent with this study. However, nothing is known about the extent of stress and burnout among mental health professionals in Singapore. Patient characteristics also predicted cynicism specifically working with patients suspected of malingering showed a positive trend with cynicism ($P = 0.05$).

In the study of Deary *et al*. (2009) it was shown that healthcare employees had greater burnout than others.

Medical staff has been found to have higher levels of burnout compared to other employee higher levels of emotional exhaustion and severe depression than other physicians in Scotland higher levels of work-related exhaustion than nurses in Sweden (Thomsen, 1999) and less job satisfaction and higher emotional distress than other (Heponiemi, Aalto, Puttonen, Vänskä, and Elovainio, 2014). This study had compatibility with this study. Based on the work among health care and human resource employees, burnout is often a concern among mental health providers. Burnout concerns an emotional state of exhaustion, cynicism, and DE engendered by exposure to a high level of chronic stress.[29,30]

Ang and Huan in their study carried out in Singapore with 1108 adolescents (596 boys and 508 girls) aged from 12 to 18 with mean age 14.33 (standard deviation = 0.93) defined academic stress as chronic stress feelings among students with high academic self-expectations or high academic expectations from others such as parents and teachers. Multiple regression analysis in four steps showed that depression was partial mediator between academic stress and suicidal ideations among adolescents. Indeed, by including a depressed mood in the model, a previously established significant relationship between academic stress and suicidal ideations was significantly reduced.[31,32] This had no compatibility with this study.

Conclusions

Various studies have highlighted the lack of social support and stress as two factors contributing to job burnout. In addition, studies emphasize that a good relationship between colleagues and adequate communication with authorities will protect personnel against job burnout and will bring lower levels.

The methods should be applied for declining mental stress in the environment such as education in duty for staff's tension control workshop and training the skills of the problem-solving support for the staffs. Because in the long run, job burnout can lead to mental disability and can reduce staff performance; therefore, relevant authorities must pay more attention to this issue.

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Conflicts of interest

There are no conflicts of interest.

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