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## The Relationship between the Components of Job Burnout and Psychological Health of General Practitioners Working in the Hospitals of Jundishapur University

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### **Abstract**

**Background:** This research aimed to investigate the relationship between the components of job burnout and psychological health of general practitioners working in the hospitals of Jundishapur University. Accordingly, a sample of 196 (F: 81, M: 115) was randomly selected.

**Material and methods:** The research tools included Maslach burnout inventory and the 28-item General Health Questionnaire. The results indicated that components of emotional exhaustion, depersonalization and job burnout are negatively correlated with psychological health. Moreover, the components of personal accomplishment were positively correlated with psychological health.

**Results:** The results of multiple regression analysis indicated that the components of job burnout explained 54% of the variance of the criterion variable. Furthermore, emotional exhaustion and personal accomplishment determined the highest and lowest degree in explaining the variance of psychological health, respectively.

**Conclusion:** It can be concluded that general practitioners who experience a higher level of emotional exhaustion and depersonalization showed less psychological health, that is to say the lack of mental energy and cynical attitude decreases their perceived health and well-being. On the contrary, general practitioners with feelings of competence and high sense of achievement in their work with other people develop a positive feeling and an optimistic mood.

**Keywords:** Job burnout, psychological health, general practitioners.

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## Introduction

There exists a variety of factors influencing the general practitioners' health and well-being, among which some have desired positive effects, whereas others have damaging and undesirable effects. Based on the prior studies, one of the most major and chief reasons that results in the general practitioners' ambiguity and distress over stressors and bring about intolerance and fatigue in them is professional exhaustion or burnout. Consequently, their mental health is put at risk and various psychological symptoms such as anxiety and depression begin to appear or worsen. Burnout is the outcome of experiencing prolonged stress in work and is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind. Burnout syndrome is manifested by physical exhaustion, long lasting tiredness and feelings of hopelessness. It also consists of individual's negative attitudes towards life, occupation and the other people. Burnout is frequently seen in occupations which require face to face interaction with people like doctors, polices, nurses and managers. Generally, teachers' burnout level is higher than other occupations (3).

According to Maslach et al. (2001) burnout is a psychological term that refers to long-term exhaustion and diminished interest in work. Maslach and her colleague defined the antithesis of burnout as engagement. Engagement is characterized by energy, involvement and efficacy, the opposites of exhaustion, cynicism and inefficacy (4).

In Maslach's theory which stands among the most unified and coherent current theories three dimensions have been put forward for burnout including emotional exhaustion, depersonalization and reduced sense of personal accomplishment. Maslach et al. (1997) defined emotional

exhaustion as a key aspect of the burnout syndrome as the individuals' emotional resources are depleted; workers feel they are no longer able to give of themselves at a psychological level. Since they have devoted all to work, they now have no time and energy for anything else. Friends and family, eating, and sleeping start to become seen as unnecessary or unimportant, as they reduce the time and energy that can be spent on work. Depersonalization refers to an unfeeling and impersonal response towards recipients of one's care or service. In this aspect we can observe the development of negative, cynical attitudes and feelings about one's clients. Such negative reactions toward clients may be linked to the experience of emotional exhaustion. The tendency to evaluate oneself negatively, particularly with regard to one's work with clients is referred to as reduced personal accomplishment, and that is when workers feel unhappy about themselves and dissatisfied with their accomplishments on the job. This aspect develops as time elapses and they become unable to satisfy others' psychological needs (5). Studies indicate that general practitioners have the highest proportion of burnout cases; general practitioner's dissatisfaction and burnout undermines and endangers their psychological health and leads to patients' dissatisfaction and disrupting or slowing down the treatment process (6).

Burnout can lead to deterioration in the quality of care or service provided by the staff. It appears to be a factor in job turnover, absenteeism, and low morale. Furthermore, burnout seems to be correlated with various self-reported indices of personal distress, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems. Based on a study carried

out by Williams and Skinner (2003), burnout and poor psychological health is the main factor in general practitioner's job turnover (6). Therefore, this research is an attempt to find out whether there exists statistical relationship between job burnout and general practitioners' psychological health, and if burnout can be a predictor of general practitioners' mental health and if so, to what extent.

### **Materials and methods**

In this paper, we review what already exists, and examine the characteristics of a certain population, thus this is a descriptive study of a survey type. The present study is also an applied type, because it is for the purpose of responding to a practical issue and problem that already exists. Correlation method is used in this study. Our statistical population included all the general practitioners working in medical hospitals of Jundishapur University in 2010. A preliminary study was conducted in order to determine the sample volume. Subsequent to the variance estimation, a sample of 196 was selected including 115 male general practitioners and 81 female general practitioners. They were selected through simple random sampling. The research tools included Maslach Burnout Inventory (MBI) and the General Health Questionnaire (the GHQ-28) which is discussed as follows:

The items for the Maslach Burnout Inventory (MBI) were designed to measure hypothesized aspects of the burnout syndrome. The interview and questionnaire data collected during our earlier, exploratory research were a valuable source of ideas about the attitudes and feelings that characterized a burned-out worker. In addition, numerous established scales were reviewed for useful content material, although no items were

borrowed outright. Items were written in the form of statements about personal feelings or attitudes. The general form of 'recipients' was used in the items to refer to the particular people for whom the subject provided service, care or treatment.

Respondents were asked to answer using a scale ranging from 1 ('a few times a year or less') to 6 ('every day'). A value of zero was given if the respondent indicated (by checking a separate box) that he or she never experienced the feeling or attitude described. The intensity scale ranged from 1 ('very mild, barely noticeable') to 7 ('major, very-strong'). It was not completed (and thus given a zero value) if the respondent checked 'never' on the frequency scale. The validity and reliability of this questionnaire were reported to be satisfactory among and Iranian population in a study carried out by Filian. The test-retest reliability was also reported to be 0.78. (1)

The GHQ-28 which is a 28-item measure of emotional distress in the medical settings was divided into four subscales through factor analysis. These were: physical health (items 1-7); anxiety/insomnia (items 8-14); social dysfunction (items 15-21), and severe depression (items 22-28). It was developed to be a screening tool and for this reason responsiveness in terms of minimal detectable change (MDC) and minimally clinically difference (MCID) were established (7). Numerous studies have investigated reliability and validity of the GHQ-28 in various clinical populations. Test-retest reliability was reported to be high (0.78 to 0.9) and reliability was shown to be excellent (Cronbach's alpha 0.9-0.95) high internal consistency was also reported. The reliability and validity of this questionnaire were reported to be 0.72 among an Iranian population in a study done by Faraji (2007). Yaghoubi and Palahang carried out a research and

reported the reliability and validity of the questionnaire to be 0.88 and 0.80, respectively (7). Moreover, in the present study the reliability and validity of the questionnaire were obtained to be 0.86 and 0.79, respectively.

### Results

Descriptive statistics of the two groups: as observed in Table 1, the male general practitioners scored higher on general health as compared to female general practitioners. Pearson correlation method was employed to assess the relationship between the components of burnout and psychological health. The summary of the data related to the relationship between burnout and psychological health has been presented in Table 2.

As observed in Table 2, emotional exhaustion tends to negatively associate with mental health ( $r=-0.32$ ). That is to say higher emotional exhaustion decreases mental health. On the other hand, emotional exhaustion is negatively correlated to physical health ( $r=-0.36$ ). Moreover, emotional exhaustion is positively correlated to anxiety, depression and social dysfunction. General practitioners who have higher degree of

emotional exhaustion score higher on depression, anxiety and social dysfunction. Depersonalization tends to negatively associate with general practitioners' mental health ( $r=0.29$ ). Results in Table 2 indicate that depersonalization is significantly positively correlated to anxiety and depression. Whereas, depersonalization and social dysfunction are positively correlated; however, this correlation is not statically significant ( $r=0.23$ ). Positive correlation was observed between personal accomplishment and physical health ( $r=0.27$ ). However, personal accomplishment is significantly negatively correlated to anxiety, depression and social dysfunction.

Table 3 demonstrates multiple correlation coefficients of the components of burnout and mental health. Results indicated that each of the components of burnout including personal accomplishment, emotional exhaustion and depersonalization explain 0.73, 0.63 and 0.11% of the variance of mental health, respectively. That is to say emotional exhaustion had the highest proportion in the prediction of general practitioners' mental health.

**Table 1. Mean and standard deviation of general practitioners' general health based on gender**

Groups	Number	Mean	SD
Male	115	65.19	10.35
Female	81	59.34	11.29

**Table 2. Correlation coefficient of Burnout and Mental health components**

Burnout components	Mental health components	Correlation coefficient
Emotional exhaustion	Physical health	-0.36**
	Anxiety	0.45*
	Social dysfunction	0.29*
	Depression	0.24*
	Total score of mental health	-0.32**
Depersonalization	Physical health	-0.28*
	Anxiety	-0.26*
	Social dysfunction	0.19
	Depression	0.23*
	Total score of mental health	-0.29*
Personal accomplishment	Physical health	0.27*
	Anxiety	-0.27*
	Social dysfunction	-0.18
	Depression	-0.21*
	Total score of mental health	0.23*

**Table 3. Multiple correlation coefficients of the components of burnout and mental health**

Criterion variable	Predictor variable	MR	RS	FP	Regression coefficient	
					1	2 3
Mental health	Emotional exhaustion	0.61	0.38	F=352.51 P<0.001	=-0.61 t=7.21 P<0.001	
	depersonalization	0.72	0.53	F=301.19 P<0.001	=-0.25 =-0.29 t=-4.7 t=5.25 P<0.001 P<0.001	
	Personale accomplissement	0.73	0.54	F=209.18 P<0.001	=-0.24 =-0.23 t=-4.91 t=3.84 P<0.001 P<0.001	=0.12 t=2.45 P<0.015

### Discussion

This research aimed to investigate the relationship between the components of job burnout and psychological health of general practitioners working in the hospitals of Jundishapur University and whether or not burnout can be a predictor of general practitioners' mental health and

if so, to what extent. The results of correlation analysis indicate that all the components of burnout are correlated to mental health and can be a predictor toward determining the mental health. Emotional exhaustion was shown to have the largest correlation with mental health

and was equal to  $r=-0.32$  which was significant at level of  $p<0.001$ . Various studies indicate that emotional exhaustion decreases the mental health and its aspects including job satisfaction (4, 6, 8, 9, 10). It can be concluded that individuals who are exposed to burnout are perfectionists and tend to prove themselves to others or try to fit in an organization that does not suit them, people establish high personal expectations. In order to meet these expectations, they tend to focus only on work while taking on more work than they usually would. They may become obsessed with doing everything themselves. The compulsion to prove oneself is often found at the beginning. Excessive ambition is one's desire to prove them while at the workplace. This desire turns into determination and compulsion. (11), that is to say emotional exhaustion exerts the highest effect upon burnout. Depersonalization finds itself in the second place with correlation which mounts to  $r=-0.29$  which is statically significant. Individuals with burnout lose contact with themselves and no longer see themselves or others as valuable. In addition, the person loses track of their personal needs. Their view of life narrows down to only the present, while their life turns to a series of mechanical functions. They feel empty inside and to overcome this, they might look for activities such as overeating, sex, alcohol, or drugs. These activities are often overdone (3).

Finally, based on the research results, personal accomplishment is positively correlated to general practitioners' psychological health. Sense of competence and success in work leads to psychological health. On the contrary, feelings of failure and inadequacy results in low psychological health. If the individual sees himself as capable in satisfying others' psychological needs, his mental health increases. The results of regression

analysis indicate that the multiple correlation coefficient for the combination of the components of burnout with criterion variable is equal to  $MR=0.73$  which is significant at  $P<0.001$  with  $F$  to be equal to 209.18. Moreover the  $RS$  is equal to 0.54 which can explain 54% of the variance of mental health. Therefore, burnout in general practitioners exerts influence upon determining their mental health and burnout prevention is of crucial value in boosting their mental health and maintaining efficient service. Burnout is described as a general wearing out or alienation from the pressures of work. Understanding burnout to be personal and private is problematic when it functions to disregard the ways burnout is largely an organizational problem caused by long hours, little down time, and continual peer, customer, and superior surveillance. How pressure is dealt with determines how much stress someone feels and how close they are to burnout. Individuals with burnout are exhausted, hopeless, indifferent, and believe that there is nothing for them in the future. To them, there is no meaning to life, and typical depression symptoms arise. Their social contact is at a minimum, soon turning into isolation. Alcohol or drugs may be sought out. They often have feelings of being without hope or direction. They collapse physically and emotionally and should seek immediate medical attention. In extreme cases, usually only when depression is involved, suicidal ideation may occur, with it being viewed as an escape from their situation. Only a few people will actually commit suicide. They isolate themselves from others; avoid conflicts, and fall into a state of denial towards their basic physical needs while their perceptions change. Their value systems also get changed. The work consumes all energy they have left, leaving no energy and time for friends and

hobbies. Their new value system is their job and they start to be emotionally blunt. While individuals can cope with the symptoms of burnout, the only way to truly prevent burnout is through a combination of organizational change and education for them. Organizations can address these issues through their own management development, but often they engage external consultants to assist them in establishing new policies and practices

supporting a healthier work life. Further research should elaborate on burnout and its negative outcomes in future studies through literal, operational and systematic repetitions in large samples of both clinical and non-clinical, different age range with varying psychological symptoms or disorders and with more qualified therapists or more objective scales of assessment.

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