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## Evaluating the correlation between quality of work Life and staff burnout in Rehabilitation and Welfare centers in Ahvaz city

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### Abstract

**Background:** Human resources are the most valuable resources in health services organizations. Since the rehabilitation employees play an important role in providing, maintaining, and improving the health of vulnerable groups in society, the investigation about the performance of these employees is a fundamental priority. The present study examined the correlation between staff burnout and quality of working life in rehabilitation centers in Ahvaz.

**Materials and Methods:** This descriptive-analytic study was conducted among 178 full-time employees from rehabilitation centers in Ahvaz with at least one year of work experience in 2010. For data collection, demographic information questionnaire, Maslach Burnout questionnaire, and Walton Quality of Life questionnaire were applied. The data were analyzed using Pearson Correlation Coefficient.

**Results:** The Results showed that 5.6% of employees had high and 79.8% moderate quality of life. Among the indicators of quality of working life, "individual rights" with 16.9 in the highest occupational status and "social relationships" with mean of 7.16 were in the lowest position. The Emotional exhaustion in 51.7% of employees was at a low level, and 78.6% of the employees showed high levels of depersonalization. About 99.4% of subjects had high level of lack of personal success. According to the findings, the "quality of life" showed an inverse correlation with emotional exhaustion dimension (-0.48). There was also a significantly inverse correlation between depersonalization and quality of working life (-0.35).

**Conclusion:** According to the results of this study, it is essential to promote quality of life for the rehabilitation employees in this sensitive area of action to reduce job burnout.

**Keywords:** Quality of working life, burnout, rehabilitation centers employees

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## Introduction

Today's world is the world of organizations and human resources are the most valuable resource for organizations.

(1) Optimal use of human resources is based on measures that can be taken to protect the body and soul of staff. This includes accommodations, medical care, job security, job design, the role importance, the individual position in the organization, providing development for the staff etc. These are collectively considered as the quality of work life. The Quality of Work Life (QWL) refers to the level or degree of satisfaction, motivation, beneficial involvement, and the individual commercial commitment in the workplace. (2) Walton identifies eight major categories as a framework to analyze the quality of work life as follows: 1) Adequate and fair salary, 2) Healthy and safe working conditions, 3) Opportunity for immediate application and development of human talent 4) Opportunity for security and constant growth in the future, 5) Social cohesion in the organization of work, 6) Individual rights in the organization of work, 7) The work and the overall living space 8) Social communication in work life. (3) One of the management downfalls is disregarding the staff life quality. This neglect greatly reduces the organizational effectiveness and efficiency. (4)

However, one of the most important issues that exists among the human service workers, in respond to the job and organization pressures, is job burnout. The job burnout is the reduction of individual adaptation against the factors that generate the pressures. It is a syndrome consisting of emotional and physical exhaustion which leads to a negative self-concept as well as a negative attitude towards the job along with a lack of communication feeling with clients during task performing. (5) Job burnout has numerous and dangerous consequences including absence from work, reduced quality of work,

interpersonal conflicts with co-workers, physical and mental problems, and finally job desertion. (6) Maslach *et al.*, believes that job burnout has three main components: Emotional exhaustion, depersonalization, and lack of personal performance. (7) Dolan and Schuler acknowledge the influence of working life quality on the reduction of stress and job burnout. They also state that the emphasis on the quality of work life, leads to the ways that will transform the organization in order to achieve results that will increase employee productivity and job satisfaction. In addition, they believe that the quality of work life increases the involvement in the work and individual performance and reduces the mental stress, job desertion, and absenteeism. (8) On the one hand, the management enhances the quality of work life through the implementation of appropriate measures and on the other hand, increases productivity and improves quality of services. (9) Job burnout is being created as a respond to chronic stress and it has been observed that the social service workers who spend considerable time and energy to help others, are easily affected by the job situations. The involved workers in the field of rehabilitation of patients with disabilities and associated problems with chronic deficit are continuously exposed to physical and psychological stress showing itself as job burnout. (10) Therefore, job burnout endangers the health of the employees which in turn leads to the patients' tension and anxiety. It leaves adverse effect on the quality and quantity of services and imposes high expenses on the organization. (11) Welfare Organization is included as organizations which provide social welfare, rehabilitation, and related affiliation. The above mentioned organizations are dealt with individuals with disabilities conditions. Due to the sensitivity and importance of the issue, including the direct and indirect impact on

patients' health status, the authorities should pay special attention to the job burnout subject. (12)

Mutkins study (2011) observing involved workers with the mentally handicapped patients, indicated that the job burnout score was a little under the normal limit among workers. There was a significant relationship between depressive symptoms, emotional exhaustion, and also organizational support. Therefore, the individual personality and organizational support could help prevent emotional exhaustion, fatigue, and decline in performance. (13) Research in Germany by Kowalski in 2010 on workers in disabled centers showed a significant relationship between emotional exhaustion, social capacity, work capacity, and the employees' freedom. To prevent job burnout, which is a major challenge in management, these factors must previously be predicted and considered. (14)

Considine and Callus have worked on a research in order to develop indicators of quality of work life helping to define the work for developed economy in Australia. The results have shown that cases such as the balance between job and life, job career, job stress as well as interesting and meaningful job were the most common issues for the majority of Australian workers. In addition, the results of Considine and Callus also showed that most workers were discontented with their work condition. These results indicates that human resource managers in this regard have a very weighty responsibility and significant role in the implementation of programs to improve the quality of work life. (15) In Pardakhtchi research, he came to the conclusion that there was a reverse and significant relationship between the quality of work life and job burnout; that is the further the quality of work life increases, the more job burnout decreases. Respectively, fair pay, social relevance, overall living space, and individual competitions, were the greatest influential variables on job burnout among

the components of work life quality. (16) Since on the one hand, it appears that the quality of work life can be associated with the creation and the severity of job burnout, and on the other hand, the quality of work life is a factor that is changeable through appropriate interventions, the present study aims to investigate the interaction of these two factors on employees in Ahvaz welfare organization and rehabilitation center, in 2011. The current study also intends to introduce the findings to the relevant authorities in order to plan and provide appropriate interventions.

### **Materials and Methods**

The present study is a descriptive analytical research. A total population of 220 full-time employees from Ahvaz rehabilitation centers in 2011 that had at least one year of work experience in rehabilitation centers in Ahvaz city Welfare Department.

The data collection tools were a demographic information questionnaire and the Walton quality work life questionnaire as well as the Maslach and Jackson's job Burnout questionnaire. The questionnaires were completed by the subjects in the workplaces visited by the researcher.

**Research tools in this study were:** The Walton quality of life questionnaire has been designed in the form of 30 questions, 8 dimensions and on a five-point Likert scale with changing ranges from "always" to "almost never". Dimensions of the questionnaire included: 1) Fair and adequate payment, 2) Health and safety of workplace, 3) Development of human capacities, 4) Providing opportunities for constant growth and security, 5) Social cohesion and integration within the organization, 6) legalism in the organization, 7) The overall atmosphere of work and life, 8) Assessment of social work life. Each of the mentioned indicators was evaluated by a number of expressions. The Walton quality of work

life questionnaire model was used frequently by other researchers and its validity has been confirmed in numerous studies. The overall Cronbach's alpha reliability coefficient of the questionnaire was determined ( $\alpha = 0.93$ ) and each related dimension was documented for a range from 0.7 to 0.8, respectively. (4) The 22-question questionnaire of Maslach and Jackson (1981) was applied to assess job burnout. The questionnaire consists of three components: emotional exhaustion, depersonalization, and personal performance. In Iran, the reliability and validity of the questionnaire were confirmed by Esfandiari and Ezzati from 71% to 90%. They also documented the Cronbach's coefficient alpha reliability in three dimensions and reliability coefficient from 6.0 to 8.0, respectively. (17, 18)

All participants in the study were assured for the research objectives and the confidentiality of the given information. The questionnaire was presented to them at workplace following obtaining the participants' consent. Questionnaires were completed by the participants and their questions were responded about the questionnaires by the researcher. The responses were returned to the researcher at a proper time. Following collecting the questionnaires, the obtained data were entered into SPSS v.19 software. Descriptive statistics such as comparative and absolute frequency and mean were used to analyze the data. The Pearson's coefficient was also applied to evaluate the relationship between variables.

## Results

In this study, questionnaires were given to 210 employees, of which 178 questionnaires were fully answered. The age range of participants was recorded from 19 to 61 years old, mean age 33 years and mean duration of work was reported as 40 months. The amounts of 84.3% of the employees were female and 60.7% of all employees were married. In terms of the education, the bachelor degree with 30.3%

was the highest frequency. Regarding the type of employment, all employees were hired through a contractual category. The quantities of 39.9 percent of workers participating in the study were working on a daily basis while the majority of 60.1 percent of workers were provided the related services for the round the clock centers. From viewpoint of the job type, 13.5% of the employees were working as administrative staff while 36.5% in the specialized and 50 percent in the service sectors.

Based on the obtained results, mean of the emotional exhaustion score was 16.48 that according the Maslach job burnout questionnaire, it is placed in a low score. In terms of the job burnout level, 51.7% the participants were positioned at the low-level, 32.6% moderate, and 15.7% at high levels of job burnout. The depersonalization score was 15.43% which according to the Maslach job burnout questionnaire was located at a high level. A percentage of 87.6 of the study population were spotted in a high level of depersonalization, while the remaining subjects were marked for the middle and lower levels. The mean of the lack of personal success was 21.19 that with reference to the Maslach questionnaire situated at a high level (high level of personal inadequacy). About 99.4% of the subjects had a high level of personal inadequacy. (Table 1)

According to Table 2, among the indicators of quality of work life, the dimension of individual rights was in the highest in the organization with the average of 16.9 and social job life relationship was at the lowest level of position with an average of 7.16. Furthermore, the dimensions of the providing the growth opportunity, constant security, social cohesion, integration in the organization, and development of human capabilities were respectively followed in the rankings. The average life quality score was 93.4 that according to the Walton questionnaire was categorized as moderate

quality of work life. The results also showed that 5.6% of the participants were in a high level of life quality, 79.8% the moderate and 14.6 percent of employees had a lower level of life quality.

According to Table 3, applying the Pearson correlation test, the correlation between quality of work life (total) and emotional exhaustion dimension of job burnout among employees was determined at 0.28 (P- value = 0.00001), i.e., there was a significant correlation between these two variables for workers of rehabilitation centers in Ahvaz. there was also a negative and significant relationship among the eight dimensions of quality of work life and emotional exhaustion dimension of job burnout. This means that reduction in the work quality of life, will increase the job burnout dimension from view point of emotional exhaustion. In addition, the correlation coefficient between workers' quality of work life (total) and depersonalization dimension of job burnout was 0.35 (P – value = 0.00001)

i.e., there was a significant negative correlation between these two variables in the workers of rehabilitation centers in Ahvaz. This means that with the reduction of working life quality, the job burnout increases in terms of the dimension of depersonalization. In addition, there was a negative and significant relationship among the all work life quality dimensions and depersonalization with the exception of the fair and adequate salary dimension that did not show significant correlation with depersonalization. Correlation coefficient between the employees' quality of work life (total) and personal inadequacy of job burnout was 0.14 that is, the correlation between these two variables for the workers at rehabilitation centers in Ahvaz metropolitan, was not significant (P – value = 0.06). However, there has been observed a significant relationship among the dimensions of the safe working conditions, the human talents development of the working life quality and the personal inadequacy of the job burnout.

**Table 1. Statistical indicators score in terms of staff burnout**

Standard deviation	Minimum	Maximum	Average	Dimension of job burnout
9.94	0	46	16.48	Emotional exhaustion
5.59	3	30	15.43	Depersonalization
6.63	3	38	21.19	Personal lack of success

**Table 2. Describe the state of quality of working life dimensions**

Standard Deviation	Maximum	Minimum	Average	Variable
2.32	14	3	8/17	Adequate and fair salary
2.65	3	15	9.89	Health and safety working conditions
2.97	5	19	12.56	Development of human capabilities
3.80	8	24	15.75	Provide opportunities for continued growth and security
2.37	7	19	13.12	Social cohesion and integration in the Organization
3.55	5	25	16.09	Individual rights in the Organization
2.35	4	19	10.66	Work and the total living space
1.67	3	10	7.16	Social Communication work life
15.55	93	15.55	93.4	Quality of work life in general

**Table 3. Correlation between different dimensions of burnout and quality of working life**

Social communication	And the total living space	Individual rights in the Organization	Social cohesion	Security and development	Development of human talent	Safe working conditions	Adequate and fair salary	Quality of working life in general	Variable	
-0.27**	-0.28**	-0.39**	-0.24**	-0.39**	-0.39**	-0.29**	-0.35**	**0.47	Coefficient correlation	emotional exhaustion
0.00001	0.001	0.00001	0.001	0.00001	0.00001	0.00001	0.00001	0.00001	P – value	
-0.2**	-0.2**	-0.15**	-0.25*8	-0.2888	-0.44**	-0.33**	-0.09**	-0.35**	Coefficient correlation	Depersonalization
0.003	0.005	0.04	0.001	0.00001	0.00001	0.00001	0.58	0.00001	P – value	
0.13	0.13	0.03	0.1	0.05	0.2**	0.2**	0.06	0.14	Coefficient correlation	Personal lack of success
0.07	0.06	0.61	0.1	0.45	0.005	0.006	0.38	0.06	P – value	

**Discussion**

The results extracted from the current study showed that only 5.6% of the workers at rehabilitation centers in Ahvaz, estimated their own quality of life in an optimal and desirable level. However, the moderate level of the life quality was documented for the majority of the rehabilitation centers' employees. As Table 2 shows, personal rights in the organization with an average of 16.9 positioned at the highest level and the social work life relationship located in the lowest rank with 7.16, among the indicators for the quality of work life. A study conducted by Jamshidy, on rehabilitation center workers from Tehran, indicated that the indices for the adequate and fair salaries, legalism in the organization, and the role of social working life, respectively achieved lower scores for the evaluation of the above indices. (19) Also the study performed by Dehghan Nayeri pointed out that 41.9% of the quality of work life of the nurses was at the moderate level. However, only a tenth of the studied subjects in the mentioned study were satisfied with the quality of their life. (20) The obtained results from the current study showed a consistent mode with Dehghan outcomes. Bangkoedphol findings (21) also showed that the quality of work life for nurses in terms of salary dimension was under the moderate limit. However, these findings for the other dimensions showed a moderate limit. Nevertheless, findings

from Considine and Caluss research (15) were contrary to obtained results from the present study, because the overall quality of work life in Australian workers at rehabilitation centers were at a high level of standard. The difference between the current study and the research results obtained from Considine and Caluss can be due to the different studied subjects from two different countries. Given that the quality of work life for the rehabilitation centers employees in Ahvaz metropolitan was in a moderate level and their constant connection with patients for any kind of impairment, disability, and associated problems and the mentioned employees exposure to the occupational stress, if they are also faced with inadequate policies and procedures, their mental and physical health would be in danger. As a result, it appears that the necessity of the issue of work life quality for the officials must be in the first priority.

In the current study, the three dimensions of job burnout, i.e., emotional exhaustion, depersonalization, and lack of personal success were studied on 178 employees from Ahvaz rehabilitation centers.

As Table 1 shows, the results of this study demonstrates that most of participants (51.7%) have reported a lower level of emotional exhaustion. In Rashedi study in Tehran Headquarters Welfare Organization also reported a lower level of emotional exhaustion on the worker's job

burnout showing a consistency with the obtained results from the current study. (12)

However, the present research results showed a lower limit in comparison with Kluger (22) results in Australia and Wu (23) in China. In the present study, the mean of depersonalization score was 15.43% which the job burnout level was spotted in a high level based on the Maslach questionnaire. Depersonalization is defined as psychological separation of an individual from their job leading to the negative reaction, devoid of emotion as well as combined with extreme disregard towards the clients. (24) But in Rashedi study in Tehran Headquarters Welfare Organization, the depersonalization dimension score was reported in lower limit which was inconsistent with the current study. (12)

The results extracted from a study by Yaghoobi Nia et al., in Mashhad proved that 56.9% of nurses show a range of moderate to high levels for depersonalization dimension. (6) In Khajeddin et al., research on depersonalization dimension only 9% of psychiatric hospital nurses indicated a high score. (25) Depersonalization is a direct response to job stress.

In this study, depersonalization score was observed 15.43 that indicated a low level of adaptability, negative attitude, and a lack of proper relationship among the employees in the organization. It can probably be resulted from the work pressure on the workers at rehabilitation centers in Ahvaz metropolitan. The average score for the lack of individual success was 21.19% which according Maslach questionnaire was located in a high level (high level of personal inadequacy) and about, 99.4% of the participants had a high level of job burnout which this figure was much higher compared to the amount of Talaei study in Mashhad on health workers. (26) Rashdi's results shows the average amount of lack of individual success. (12) The results

from Yaghoobi Nia et al., study in Mashhad shows that 71.4% of nurses have reported a moderate to high limit for lack of individual success. However, in the current study, the personal efficiency of rehabilitation center's employees was inadequate in comparison with other worldwide studies, which refers to the job dissatisfaction and lack of reciprocal respect for those who work in these centers. Lack of participation of staff in decision-makings and lack of valuation on the real differences between effective and ineffective employees could be valuable in this regard. (26) In Saberi study, there was a mild level of the job burnout dimension score in creation of emotional exhaustion, depersonalization, and lack of personal success for the majority of employees. (27) In Mutkins study, the job burnout was estimated to be less than normal. He argues that there is a significant correlation among the depressive symptoms, organizational support, and the emotional exhaustion. As a result, the individual personality and organizational supports can help to prevent emotional exhaustion, job burnout, and reduced performance. (13) In conclusion, it is recommended that the authorities should pay more attention to improve the efficiency of existing circumstances of employees to rectify the impediments due to the high rates of the two dimensions of job burnout and the proven efficacy in reducing of workers' efficiency.

According to Table 3, the results showed that there was a significant negative correlation between the quality of work life and emotional exhaustion on the one hand, and depersonalization and the quality of work life on the other hand. That means, by the increasing of quality of work life, the job burnout, emotional exhaustion, and depersonalization dimensions will decrease. The results obtained from this study were consistent with the Zomorodi outcomes (28) which confirmed the existence of an inverse relationship between work life quality and

job burnout. The obtained results from this study were also corresponded with the Pardakhtchi study (16) in Takestan city. Kowalski results also shows that there is a significant relationship among emotional exhaustion, social capacity, job capacity, and exercised freedom for the employees. These factors must be predicted and noted to prevent job burnout which is one of the most critical challenges for managers. (14) The results show that the job burnout causes degradation in the quality of services provided by employees. In addition, it can contribute to absenteeism, demoralization, and lack of accountability. (24) The more attention is paid to the work life quality indices by the organization, the less job burnout is obtained for rehabilitation centers' employees. Considering that this study showed a significant negative correlation, for the quality of work life, among the research components of job burnout, the emotional exhaustion component and depersonalization component in the organization, it is recommended that the organizations' managers adopt the reasonable rules and procedures for issues such as adequate and fair salary, safe and healthy work environment, development of human capabilities, providing opportunities for constant growth and security, social cohesion, integration in the organization, legalism in the organization, the general atmosphere of life, and work and social working life assessment. Therefore, the managers should pay more attention in respect of the above factors to reduce Ahvaz rehabilitation centers employees burnout and consequently reduce harmful effects on workers and people with disabilities. The results of this study can aid senior health managers to develop appropriate strategic solutions and programs to improve the quality of work life and reduce the job burnout for the rehabilitation centers employees.

### **Limitations**

Unfortunately, there has not been found any other studies in the literatures, domestic and foreign papers or even something similar in terms of the correlation of work life quality and job burnout among the rehabilitation centers employees to compare the extracted results from this study with the obtained results. However, the current results were compared to and weighed against the almost similar results from other studies. Since the obtained data from the rehabilitation center workers were collected through self-reported method, one should bear in mind the probability of the excessive amount or, on the contrary, lower than the actual extent of the symptoms. Furthermore, providing false responses by participants can also distort the findings due to the misunderstanding of the questions. The probable concern of the participants about the potential impact of the research findings on their job situation was another limitation of this study. Therefore, assuring the participants about the confidentiality of the obtained information and providing unidentified and anonymous questionnaires, the researcher tried to decrease the concerns in this area.

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## References

- 1-Shirzad Kabyra b, Bordbar S. [The effect of the main components of Quality Management on quality of work life of teachers]. *Journal of Educational Management Research*. 2010; 1(4): 137-164. (persion)
- 2-Hashemi Motlagh SH, Mozaffari A. [Communication skills and quality of working life movement is faculty of Islamic Azad University, East Azarbaijan province]. *Management beyond*. 2010; 3(12): 7-32. (persion)
- 3-C.Rose R, Beh L, Uli j, Idris K. *Quality of Work Life: Implications Of Career Dimensions*. *Journal of Social Sciences*. 2006; 2(2): 61-7.
- 4-Poor Avaz M. [Effect of communication skills training on the quality of working life rehabilitation staff welfare Ray city, 2010][dissertation]. Tehran: Welfare and Rehabilitation Sciences University; 2010 .(persion)
- 5-Ahola K, Toppinen-Tanner S, Huuhtanen P, Koskinen A, Vaananen A. occupational burnout and chronic work disability. *Jornal of affective disorder*. 2009; 115(1-2): 150-159.
- 6-Yaghoobi Nia F, Mazloom SR, Salehi J, Esmaili H. [Study of the relationship between self-esteem and burnout in nurses of hospitals of Mashhad University of Medical Sciences]. 2000; 10(3): 73-79. (persion)
- 7-Armon G, Shirom A, Shapira I, Melamed S. On the nature of burnout- insomnia relationship: a prospective study of employed adult. *Jornal of psychosomatic research*. 2008; 65(1): 5-12.
- 8-Dvlan Thursday, Shaver R, Radan S. [Personnel management and human resources]. Trans Muhammad Ali Toosi and Saebi: Management and Planning Education and Research Institute. tehran; 2001. (persion)
- 9-Alizadeh F, Tabibi SJ, Nasiri Pour A, Gohari MR. [quality of working life and manager`s productivity in social security hospitals]. *Journal of Health Administration*. 2009; 11(34) :21-26. (persion)
- 10-Calzi SL, Farinelli M, Ercolani M, Alianti M, Manigrasso V, Taroni AM. Physical rehabilitation and burnout: different aspects of the syndrome and comparison between healthcare professionals involved. *Eura Medicophys*. 2006; 42(1):27-36.
- 11-Tavafi N, Hatamizadeh N, Kazemnejad A, Jazayeri A. [Organizational Stressors and Related Stress Intensities in Tehran`s Comprehensive Rehabilitation Centers: From the Employees ` point of View]. *Journal of Rehabilitation*. 2006; 7(4): 30-34. (persion)
- 12-Rashdi V. [examining the relationship between organizational culture and staff burnout headquarters in Tehran Welfare 2010][dissertation]. Tehran: Welfare and Rehabilitation Sciences University; 2010. (persion)
- 13-Mutkins E, Brown RF, Thorsteinsson EB. Stress, depression, workplace and social supports and burnout in intellectual disability support staff. *J Intellect Disabil Res*. 2011; 55(5): 500-10.
- 14-Kowalski C, Driller E, Ernstmann N, Alich S, Karbach U, Ommen O, et al. Associations between emotional exhaustion, social capital, workload, and latitude in decision-making among professionals working with people with disabilities. *Res Dev Disabil*. 2010; 31(2): 470-9.
- 15-Considine G, Callus R.2001. *The Quality of work life of Australian Employees- the development of an index*. University of Sydney. Acirrt Working Paper No 73. Available at: www.acirrt.com
- 16-Prdaktchy M, Ahmadi GH, Arezomandi F. [Relationship between burnout and quality of work life of teachers and school managers in Takestan city]. *Journal of Educational Leadership and Management Branch, Islamic Azad University*. 2009; 3(3): 25-50. (persion)
- 17-Esfandiari Gh.[ Evaluation of burnout in hospital nurses in Sanandaj in 2001]. *Scientific Journal of Kurdistan University*. 2001; 6(21): 31-35. (persion)
- 18-Ezati E, Anooshe M. [Assessment of nursing burnout in practical nursing in Kermanshah hospital] [dissertation].Tehran: Tabiat modares university. 2005. (persion)
- 19-Jamshidi A. [Quality of work life of employees, daily rehabilitation centers in Tehran Welfare State][dissertation].Tehran: Welfare and Rehabilitation Sciences University; 2000. (persion)
- 20-Dehghani N, Salehi D, Asadi A. [Quality of working life and productivity of nurses and their relationship with each other]. *Nursing Research*. 2008; 3(8-9): 27-38 .(persion)
- 21-Bangkoedphol p. Relationship between personal factor, quality of working life and job performance of professional nurses in private hospital [Thesis]: Mahibol university; 2007.
- 22-Kluger MT, Towend K, and Laidlaw T. Job satisfaction, stress and burnout in Australia specialist anesthetists. *Anesthesia*. 2003; 58: 339-345.
- 23-Wu S, Zhu W, Wang Z, Wang M, and Lan Y. Relationship between burnout and occupational stress among nurses in China. *J Advanced Nurs*. 2007; 59: 233-239.
- 24-Maslach C, and Goldenberg J. Prevention of burnout: new perspectives. *Appl Prevent Psychol*. 1988; 7: 63-74.
- 25-Khajeddin N, Hakim Shoushtari M, Hajebi A. [The Impact of Perception of Locus of Control on Burnout Syndrome Among Nurses in a Psychiatric Hospital]. *Iranian Journal of Psychiatry and Clinical Psychology*. 2006; 12(1) :43-48.(persion)
- 26-Talaei A, Mohammad Nejad M, Samari AA. [Burnout in staffs of health care centers in Mashhad]. *The Quarterly Journal of Fundamentals of Mental Health*. 2007; 8(35-36): 133-142. (persion)
- 27-Saberi H.R, Moraveji A, Sadaf M. [Managers to assess burnout and the factors affecting the city of Kashan in the industry]. *Iranian Journal of Occupational Health* 2008; 5(3-4): 60-66. (persion)
- 28-Zomorodi H.[ Quality of work life with school administrators burnout in Mashhad, 2002-2003][dissertation]. Tehran: Tabatabai University ;2003. (persion)