

« Letter to Editor »

## The prevalence of job burnout among the staff of health care centers of Ahvaz Jundishapur University of Medical Sciences

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### Abstract

**Background:** Job burnout is one of the main issues employees typically face, which results from job and organizational pressures. The present study aimed to evaluate the prevalence of job burnout and its associated factors among the staff of health care centers of Jundishapur University of Medical Science.

**Material and methods:** This was a descriptive/analytic cross-sectional study carried out on 150 staff members of the health care centers at Jundishapur University of Medical Sciences. The participants were selected through convenience sampling in the spring of 2012. The data were gathered using demographic forms and Maslach Burnout Inventory, and were analyzed through descriptive statistics and *t*-test.

**Results:** The results showed that mean burnout scores in subscale of exhaustion was 20.60 out of 54 scores; in subscale of professional efficacy, it was 13.58 out of 48 scores; and in subscale of cynicism 6.63 out of 30 scores. Frequency of exhaustion, cynicism, and professional efficacy were respectively seen in 58.2, 69.3, and 81.2% of the participants. In addition, there was a significant relationship between subscales of job burnout and variables of gender and marital status of the staff ( $P < 0.05$ ). Therefore, the findings indicated higher exhaustion mean scores, cynicism mean scores, and professional mean efficacy scores in the women compared to the men. In addition, exhaustion mean scores, mean cynicism scores in married individuals were more than in the singles. Professional mean efficacy scores in the singles were more than in the married individuals.

**Conclusion:** Considering the role of burnout in affecting the effectiveness of the staff and decreasing the quality of their performance, it is necessary for the authorities and modulators to pay more attention to this issue, and to apply preventive strategies to solve the problem.

**Keywords:** Burnout, Prevalence, Staff

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## Introduction

An efficient and motivated workforce is one of the biggest capitals of every organization. Improvement of organizations highly depends on its human resource efficiency. An efficient workforce is characterized by job satisfaction, amenability and optimal performance as much as possible in spite of existing barriers (1).

Today, job burnout is one of the developing health problems among workforces and staff (2). Job burnout is a psychological syndrome that refers to job dissatisfaction and symptoms of exhaustion and depersonalization. It results in lower function, productivity loss and both physical and psychological problems (3).

This syndrome is an important job threat for people who are occupied in jobs and are required to spend a lot of time with people (2) especially when there is an emotional pressure between service provider and recipient, and the service provider is involved in people's emotional needs (4).

Burnout is one of the prevailing problems in health centers (5, 6). It is of paramount importance in health care providers because of experiencing physical and psychological stress (7, 8). These people gradually feel under pressure, their emotional sources toward clients drain, and they get senseless and develop negative emotions toward patients (9).

Job burnout is associated with a decreased mood, inefficiency, productivity loss at work and an increased number of absenteeism and tardiness. It is a predictor to low level of job satisfaction and health problems (10, 11).

According to Maslach and Jackson, burnout has three dimensions including exhaustion, and personal efficacy. If a person experiences high level of exhaustion, depersonalization, and low level of personal efficacy, he or she has job burnout.

Existing literature shows the effect of job burnout on the decrease of efficacy.

In a study on the staff of Semnan University of Medical Sciences, burnout was found to be the resultant reaction to long working hours (12).

Filian (1993) and Rafiee (1995) found that there were significant relationship between gender and exhaustion (13,14). Besides, Gautman (2001) reported more complaint related to burnout in females physicians rather than males (15). The present study aimed to investigate the prevalence of job burnout among the staff at health care centers of Jundishapur University of Medical Sciences due to its impact on workforces' health that is vital in the countries improvement. It is also because of the burden of direct costs of burnout such as low productivity, increased number of leave requests, decreased quality of services and dissatisfaction from services, as well as its indirect costs such as physical and mental problems, and in some cases drug use among staff that we conducted this study.

## Material and methods

This is a descriptive-analytic study done in the spring of 2012. The sample consisted of 150 staff members of healthcare centers of Jundishapur University of Medical Sciences selected through convenience sampling. After learning about the procedure and purpose of the study, written informed consent was obtained from them. Exclusion criteria included working at health and treatment units, having a history of work at least 6 months, being volunteer for participating in the study.

### Instruments:

1. Demographic form
2. Maslach Burnout Inventory (MBI)

MBI is one the most common tools in assessing job burnout. It consists of 22 items graded from zero to six.

Its subscales include exhaustion, personal efficacy and depersonalization. High scores in exhaustion and depersonalization and low scores in personal efficacy equal high level of burnout.

Kim, Shing and Swanger (2009) calculated reliability of the inventory by Cronbach's alpha as a measure of internal consistency reliability. The data resulted in a Cronbach's Alpha of 0.86 for exhaustion, 0.80 for depersonalization, and 0.69 for personal efficacy (4). In the present study, Cronbach's alpha was 0.80, 0.78, and 0.69 for the three dimensions, respectively. Najafee (2011) (quoted by Zamini, Hosseini nasab and Zarei) obtained concurrent validity of BMI by evaluating its correlation with job satisfaction questionnaire and reported it to be 0.76 (16).

## Results

Frequencies of the participants' demographic features are listed in Table 1. The mean score of subjects in dimension of exhaustion was 20.60 (out of a total score of

54), in personal efficacy, it was 13.58 (out of 48) and in dimension of depersonalization, it was 6.63 (out of 30).

In terms of cut-off points for the Maslach Burnout Inventory, subjects experienced moderate level of exhaustion and depersonalization, and low level of personal deficiency.

The results also showed that 58.2% of subjects reported exhaustion, 69.3% experienced depersonalization and 81.2% of them showed personal deficiency, which were more than average (Table 2).

Results of *t*-test showed significant differences between men and women in the three dimensions of burnout. The mean scores of personal efficacy, exhaustion, and depersonalization in women were more than in men (Table 3).

The mean scores of depersonalization and exhaustion in married subjects were more compared to those of singles. Mean scores of personal efficacy in married subjects was more than in the singles.

**Table 1. Demographic characteristics of subjects**

Variable		N(%)
Gender	Female	102 (%56)
	Male	48 (%20)
Education	Diploma	12 (%7.8)
	Associate degree	13 (%8.5)
	Bachelor	107 (%70.9)
	Others	18 (%12.8)
Job history	Less than 2 years	5( %3.3)
	2-5 years	13 (%8.7)
	5-8 years	43(%28.6)
	8-11 years	25 (%16.6)
	Up to 11 years	64 (%39.6)
Marital status	Single	100 (%66.7)
	Married	48 (%32)
	Divorced/widowed	2 (%1.3)

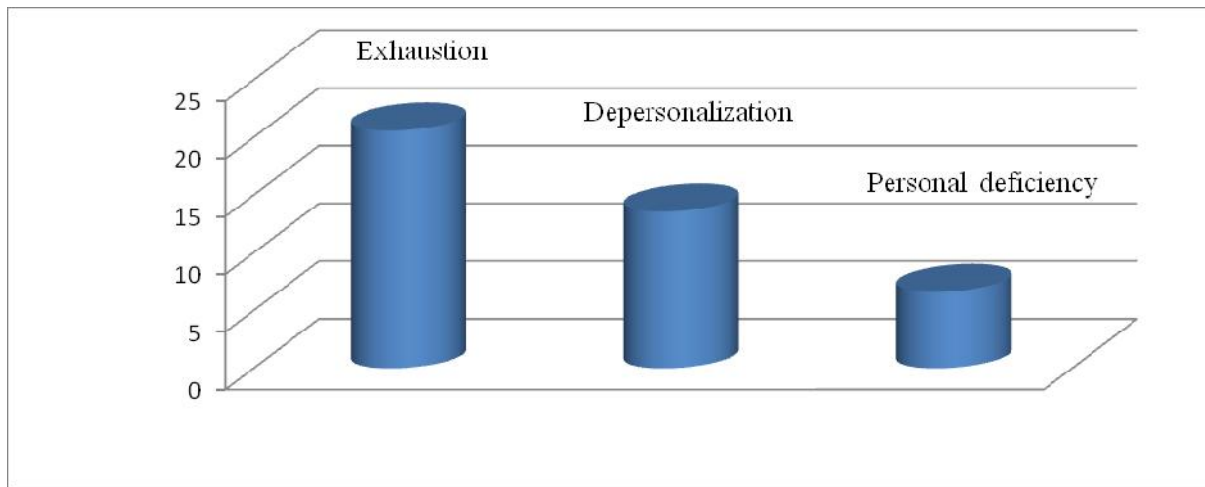


Figure 1. The mean score of subjects in different dimensions of burnout

Table 2. Percent of subjects in each dimensions of burnout

Severity	Severe		Moderate		Low	
	Percent	Frequency	Percent	Frequency	Percent	Frequency
Exhaustion	12.1	17	46.1	69	41.8	64
personal efficacy	62.1	93	19.1	29	18.1	28
depersonalization	10.8	15	58.5	88	30.7	47

Table 3. A comparison between men and women in dimensions of burnout

Burnout	Gender	Mean	Frequency	Standard deviation	T	Sig
Exhaustion	Male	18.04	48	11.26	2.08	0.004
	Female	21.08	102	9.86		
Depersonalization	Male	5.41	48	6.10	1.39	0.005
	Female	7.20	102	7.84		
Personal efficacy	Male	11.75	48	9.26	1.77	0.002
	Female	14.44	102	8.39		

Table 4. A comparison between married and single subjects in dimensions of burnout

Dimension of burnout	Marital status	Standard deviation	Mean	N	T	Sig
Exhaustion	Single	10.96	19.18	49	0.95	0.004
	Married	9.95	20.91	101		
Depersonalization	Single	6.99	5.27	49	1.35	0.001
	Married	7.25	6.98	101		
Personal efficacy	Single	14.16	7.55	49	0.632	0.004
	Married	13.19	8.83	101		

## Discussion

The results of the present study, which investigated burnout in the staff members of healthcare centers of Ahvaz Jundishapur University of Medical Sciences, indicated a mean exhaustion score of 20.40, which based on Maslach classification, seems moderate. This was in line with the results found in the study of Oehler (1991) (17) and Yaghubinia (1991). It is suggested that moderate to severe level of exhaustion could be due to role conflict, undertaking excessive duties, as well as interpersonal and interpersonal conflicts which emotionally and cognitively distance staff from work, and decrease the quality of provided services (18).

The mean score of exhaustion obtained in the current study was rather higher than the similar studies in this field. This could be due to different reasons including extra stress at work, imbalance between working hours and wage, lack of aegis by managers, low quality of workplaces etc.

Improving working conditions such as revising staff roles and duties, decreasing working hours and work pressures, and increasing bonuses, compensations and conveniences may partially diminish the exhaustion.

In this study, the depersonalization mean score was 6.63, indicating a moderate level of depersonalization.

This finding is consistent with the results of a study by Yaghubinia. Depersonalization usually occurs after exhaustion. In fact, it is a straight response to job stress and shows dissatisfaction from job conditions. Since the existence of burnout in long term may lead to a psychological disability, it is mandatory to provide a congenial atmosphere for staff in order to improve their mental health.

In this study, efficacy mean score of personal was found to be low and at 13.58. This result is in accord with the findings of Feilian (13). High level of burnout in the dimension of personal efficacy could

indicate a negative attitude toward self and low self-confidence, low tendency toward doing tasks and dissatisfaction from job (19).

The findings of the present study also showed a significant association between gender and dimensions of burnout. Women reported to have higher level of exhaustion, personal efficiency, and depersonalization compared to men. These results are in line with findings of Feilian and Rafiee (13,14).

The difference between men and women may be, in part, due to different personalities, characteristics, and different reactions to same working conditions by men and women. We also found significant association between marital status and the dimension of job burnout. The mean scores of exhaustion and personal efficacy were less in married staff compared to those of singles. Feilian also found the same results (13).

According to the present study burnout syndrome, especially in dimension of personal efficacy, is prevalent among the staff members of medical sciences, and they are at risk for burnout related impairments.

In general, considering the role of burnout in diminishing efficacy in staff members and decreasing the quality of provided services; it is essential to pay more attention to this problem and apply new methods to solve it.

### Limitations:

In this study, subjects were highly educated; therefore, the findings should be generalized to other groups or education levels with caution. The question used in this study was a subjective, self-reporting one, and accordingly cannot be tested against accuracy. In addition, the present study was of a cross-sectional nature.

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