ejpmr, 2016,3(5), 107-112

SJIF Impact Factor 3.628

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Research Article

ISSN 2394-3211

EJPMR

JOB BURNOUT PHENOMENON AMONG THE HEALTH PRACTITIONERS IN THE GOVERNMENTAL HOSPITALS AND HEALTH CENTERS

***Nora Yonis Alsomali[1], Ahmed Abdella Mohammed Osman[2], Khalid Mohammed Alzahrani[3]**

[1]MSc in Public Administration, BSc in Hospital Administration, BSc in Radiological Science.
[2]MBBS, MSc in Medical Education, MD. Assistant Professor of Community Medicine at Faculty of Public Health & Health Informatics, Umm Al-Qurra University, KSA.
[3]MBBS, MSc, MD. Directorate of Public Health, Health Affairs, Jeddah, KSA.

***Corresponding Author: Nora Yonis Alsomali**

MSc in Public Administration, BSc in Hospital Administration, BSc in Radiological Science.

Article Received on 05/03/2016 **Article Revised on 26/03/2016** **Article Accepted on 17/04/2016**

ABSTRACT

Health occupation is one of the stressful jobs and the staff suffers from the pressures and fatigue and experiencing high degrees of anxiety and depression. The sources of the job burn-out include occupational factors, the subjective factors, environmental source and organizational source. This is the descriptive cross-sectional study in which we targeted health practitioners working in governmental hospitals and health centers. We found that there was a moderate degree of Job Burn-out among the health practitioners appeared more in the Type (A) personality, female practitioners and practitioners having experience between 5 years and 15 years. On the other hand the study revealed that there were no differences in age, marital status and monthly salary of the health practitioners in developing Job Burn-out.

KEYWORDS: Job Burn-out; Health Practitioners; Personality Type.

INTRODUCTION

Nowadays, the occupational organizations are developing a new context due to the technological, economic and social changes which result in a series of psychosocial issues and problems related particularly to the job stress which is considered as one of the main problems affect people's health. [1] Organizations pay 60 billion dollars annually on work stress related diseases.[2]

Health services are among the mainstays of social services. Medical services and nursing are pivotal factors in health process. And health occupations are classified as one of the most stressful jobs where the staff suffers from the pressures and fatigue and experiencing high degrees of anxiety and depression. While stressing, health practitioners could not fulfill their optimum duties, because they can't understand the patients' needs and this in turn causes instability of relationship and communication between them. Stress and anxiety experienced by doctors and nurses are created by a variety of personal and impersonal factors such as: increasing of night and daytime working hours, in addition to stress caused by patients and their relatives.[4] Doctors and Nurses exposed to different kinds of stress during their work, such as; long working hours, night shifts, life and death cases, emotional conflict with patients and relatives, in addition to competitiveness between doctors and nurses which may increase stress and its implications. Nursing described as a cumbersome and difficult occupation, in comparison to other occupations.[3] Burnout is defined as a "syndrome of exhaustion, cynicism and low professional efficacy".[5]

Sources and causes of psychological burnout

The sources includes Occupational Factors: like the great amount of stress in the work environment, frustration and coercion, lack of rewards, working for an extended period of time, lack of work output control, detachment, weakness of job relationships, and the monotony. The Subjective Factors: These factors include realistic expectations, ambitions and occupational obligation, lack of the ability to cope with work stress, and personal characteristics. Social Factors: The society expects doctors and nurses to exert more efforts in providing medical services, without taking into consideration other factors which contribute to the process of recovery, in addition to work situations like bureaucratic institutions, which prevent the realization of individuals and social expectations and this creates physical stress and exposes individuals to psychological burnout. Environmental source: it comprises the general economic conditions, attitudes, general social conditions, educational level. Organizational source: it includes weakness of the corporate structure, lack of planning, lack of participation in decision making and exposure to excessive work stress.

Burnout among health practitioners

The health care professions are considered as the most humanity professions and it includes a lot of social benefits and virtues along with collection of science, art and skills. Health Care Providers (HCP) give their service to human societies which require sacrifice in some cases, love and tenderness; for example, the nurse is the Angel of mercy and nostalgic humanity Messenger on the patient and sympathies, they lick wounds and pressure on themselves to cheer up others. The medical profession based on the social relations, helping others, dealing with them and saving their lives. But the stressors working conditions imposed (HCP) to work under internal pressure and tender at the same time they face various conditions which are beyond their control, and this will reduce their effectiveness in carrying out their work. In the recent decades, a lot of organization expert an interest in the psychosocial factors affect the work environment of (HCP) because most of them at high risk to develop Job Burnout. For example Intensive Care Setting there is a heavy and continuous workload and critical responsibilities; the (HCP) must deal with unstable patients, undertake accurate routines and duties, and interact with extremely severe and urgent situations. [6] And if the (HCP) has Burnout, their decision and attitude towards their patients and they will deal with their work insufficiently.[7] Demand-control model (DCM) explain why high job demands yields physical and psychological distress ('high strain' jobs) in comparison with low job control. The high stresses working conditions eventually lead to deplete (HCP) and their emotional resources which in turn leads to burnout syndrome. Regarding the prevalence of the Burnout in clinical professions, it is relatively higher than the other jobs; for example: psychiatrist (9%), occupational physician (11%), social workers and midwifes (7%), general practitioners and community nurse (8%).

Symptoms of the job burnout

Researchers enumerate a wide range of symptoms and signs of health problems related to burnout. It may cause psychosomatic illnesses, digestive disorders, high blood pressure, headaches, strokes, fatigue, teeth grinding, feeling of powerlessness, irritability, anxious and frustration.

Burnout stages

Burnout begins from slight physical and psychological changes and extends to a more severe form. Mainly, it begins when there is a high workload or high level of stress and sometimes it associated with higher job expectations along with the presence of imbalance between job demands and job resources. In stage 2 there will be physical and emotional exhaustion manifested by sleep disturbances, headaches, pain and fatigue. In stage 3 there will be depersonalization, cynicism or indifference manifested by apathy, boredom and depression. In stage 4 there will be despair, helplessness or aversion and sometimes feelings of insufficiency and guilt.

The aim of this study is to analyze the burnout phenomenon in relation to the demographic features and personality types of the (HCP) in order to assess the magnitude of this phenomenon.

MATERIALS AND METHODS

This is the descriptive cross-sectional study in which we targeted (HCP) (doctors, specialists, and technicians) whom were working in Jeddah Health Affairs, in Kingdom of Saudi Arabia. From a total of (13313) (HCPs), we choose the sample size according to a sample size equation; the sample size was (373.356) members and we completed it to (400) in order to guard against non response rate, we used a random cluster technique to obtain the representative participants. We gathered and analyzed (391) questionnaires with the response rate of (87.21%). We used Burnout Scale which had been used by similar studies done in the similar settings[8] and[9] with some modifications and this scale applied to Expert Panel of Reviewers and it gained high consistency and validity. It consisted of four dimensions: Physical and psychological exhaustion; indifference and work relationship disorders; job incompatibility and decrease work value; and feeling down and underachievement. We used Likert Scale Pentagram (fully applicable, often applicable, sometimes, rarely applicable, and not applicable) giving grades (5, 4, 3, 2, 1) correspondingly.

The standard of judgment on the degree of Burnout as follows:

Table 1 shows the criterion of judgment to assess the degree of burnout

Average	Degree of Burnout
From 1 to less than 1.80	very few
From 1.80 to less than 2.60	few
From 2.60 to less than 3.40	average
From 3.40 to less than 4.20	high
From 4.20 to 5	very high

We used the arithmetic mean and standard deviation, One-way analysis of variance (One-way ANOVA) to identify the indicators of differences in Burnout degrees of the respondents and compared it to the personality type (A, B), age, experience, marital status and monthly salary. Also, we used independent t Test and Pearson correlation.

Ethical Considerations

The investigators approved that the informed consent was obtained from the all participants.

RESULTS AND DISCUSSION

Table 2 shows the dimensions of the Burn-out

Dimension of Burn-out	Mean of the degrees	Mean	Standard deviation	Prevalence	Rank	Degree of Burn-out
Physical and psychological exhaustion	28.26	2.83	0.96	56.6	1	Medium
Indifference and work relationship disorders	22.31	2.78	0.94	55.6	2	Medium
Feeling down and underachievement	19.44	2.46	0.98	49.2	3	Low
Job incompatibility and decrease work value.	9.22	2.31	1.03	46.2	4	Low
Total degree of job Burn-out	79.05	2.64	0.87	52.8		Medium

The mean of the scores on the Burnout scale reached (79.05) with the prevalence of (52.8%) and standard deviation of (0.87) and these values give the appearance of moderate burnout and it may be due to the fact that some health practitioners work under pressing circumstances.

Table 3 shows the differences between the mean scores of Job Burnout dimensions due to personality Type (A, B):

Dimension of Burn-out	Type	No.	Mean	SD	Df	t. Value	α
Physical and psychological exhaustion	Type A	300	29.43	9.54	333	2.96	0.003
	Type B	35	24.34	10:17			
Indifference and work relationship disorders	Type A	300	20:06	6.57	333	2.53	0.012
	Type B	35	17:06	7.21			
Feeling down and underachievement	Type A	300	9.55	4.19	333	1.89	0.06
	Type B	35	8.14	3.99			
Job incompatibility and decrease work value.	Type A	300	23:07	8.87	333	3.06	0.002
	Type B	35	18:23	8.95			
Burn-out	Type A	300	82.11	25.75	333	3.09	0.002
	Type B	35	67.77	28.09			

The results showed that there was a statistical significance in the mean scores of Job Burnout according to the personality type (A, B) in favor of the practitioners having type (A) personality. The reasons for the differences between personality types (A) and (B) in Burnout may be due to the fact that the practitioners having type (A) are more active, and they do not have the ability to relax so, they possess a higher psychological pressure. On the other hand, the practitioners having type (B) personality are more considerate and quiet, and they have a low personal sense of stress disorders, they have an easy way of life, they are calm, patient, contentment, peace, they enjoy high confidence, focus on the positive aspects of things, and they have the ability to relax [10] and [11] So, the people having type (A) impose on themselves to reach high levels of achievement and they put themselves under internal pressure (with high interest in the achievement), and external pressure in terms of their inability to afford what impedes them from access optimal performance, and thus leading them to Burnout, as mentioned in other studies.[12,13]

Table 4 shows the differences between the mean scores of the Burnout attributed to sex

Dimension of Burn-out	Sex	No.	Mean	SD	Df	t. Value	α
Physical and psychological exhaustion	Male	177	26.59	9.32	389	-3.14	0.002
	Female	214	29.65	9.75			
Indifference and work relationship disorders	Male	177	18:52	6.23	389	-2.52	0.012
	Female	214	20:20	6.78			
Feeling down and underachievement	Male	177	8.83	4.00	389	-1.67	0.095
	Female	214	9.54	4.20			
Job incompatibility and decrease work value.	Male	177	21:48	8.64	389	-1.31	0.189
	Female	214	22.66	8.97			
Burn-out	Male	177	75.43	25.53	389	-2.51	0.013
	Female	214	82.04	26.28			

The results showed that there was a statistically significant difference between scores of Job Burnout for health practitioners according to sex in favor of female health practitioners. And these results agreed with the

previous study.[14] and this may be due to the fact that the female practitioners are more vulnerable to the external pressure like social factors which may affect them.

Table 5 shows of the differences between the mean scores of Burnout attributed to Age Group.

Dimension of Burn-out	Diff. Source	Squire Total	Df	Mean	F. Value	α
Physical and psychological exhaustion	Between Groups	169.870	2	84.935	0.909	0.404
	Within Groups	36251.99	388	93.433		
	Total	36421.86	390			
Indifference and work relationship disorders	Between Groups	69.963	2	34.981	0.806	0.447
	Within Groups	16832.18	388	43.382		
	Total	16902.15	390			
Feeling down and underachievement	Between Groups	54.830	2	27.415	1.613	0.201
	Within Groups	6594.25	388	16.996		
	Total	6649.08	390			
Job incompatibility & decrease work value.	Between Groups	210.08	2	105.042	1.349	0.261
	Within Groups	30210.77	388	77.863		
	Total	30420.86	390			
Burn-out	Between Groups	1845.11	2	922.555	1.355	0.259
	Within Groups	264147.74	388	680.79		
	Total	265,992.85	390			

The results showed that there was no statistical significance in differences at the level of significance ($\alpha \leq 0.05$) between the mean scores of health practitioners in their scores on the Job Burnout and the age of them, and these results possibly attributed the reason that most of the health practitioners had a similar perception towards Burnout regardless of age, it agreed with previous studies. [9] And this may be due to the nature of their professions.

Table 6 shows the differences between the mean scores of Burnout attributed to the experience of the practitioners.

Dimension of Burn-out	Diff. Source	Squire Total	Df	Mean	F. Value	α
Physical and psychological exhaustion	Between Groups	2422.438	3	807.479	9.191	0.000
	Within Groups	33999.42	387	87.854		
	Total	36421.87	390			
Indifference and work relationship disorders	Between Groups	602.98	3	200.992	4.772	0.003
	Within Groups	16299.17	387	42.117		
	Total	16902.15	390			
Feeling down and underachievement	Between Groups	414.990	3	138.33	8.587	0.000
	Within Groups	6234.09	387	16.109		
	Total	6649.084	390			
Job incompatibility and decrease work value.	Between Groups	1699.687	3	566.562	7.634	0.000
	Within Groups	28721.172	387	74.215		
	Total	30420.859	390			
Burn-out	Between Groups	18049.12	3	6016.373	9.391	0.000
	Within Groups	247943.735	387	640.68		
	Total	265,992.85	390			

The results showed that there was a statistically significant difference at the level of significance ($\alpha \leq 0.05$) between the mean scores of health practitioners in Job Burnout according to experience, and this difference in the practitioners' Burnout attributed to the work experience with the prevalence of practitioners having experience from 5 up to 15 years.

Table 7 shows the differences between the mean scores of Burnout attributed to marital status

Dimension of Burn-out	Diff. Source	Squire Total	Df	Mean	F. Value	α
Physical and psychological exhaustion	Between Groups	1271.798	2	635.899	7.019	0.001
	Within Groups	35150.069	388	90.593		
	Total	36421.86	390			
Indifference and work relationship disorders	Between Groups	157.110	2	78.555	1.820	0.163
	Within Groups	16745.037	388	43.157		

	Total	16902.15	390			
Feeling down and underachievement	Between Groups	27.667	2	13.833	0.811	0.445
	Within Groups	6621.418	388	17.066		
	Total	6649.084	390			
Job incompatibility & decrease work value.	Between Groups	206.146	2	103.073	1.324	0.267
	Within Groups	30214.713	388	77.873		
	Total	30420.85	390			
Burn-out	Between Groups	4541.031	2	2270.516	3.369	0.035
	Within Groups	261451.823	388	673.84		
	Total	265992.85	390			

The results showed that there was no statistically significant difference at the level of significance ($\alpha \leq 0.05$) between the mean scores of health practitioners in Job Burnout according to marital status, and this perhaps due to the fact that the health practitioners who have had disturbances in work relations, feeling down and underachievement and lack of functional compatibility and decrease the value of work are not linked with the social situation directly.

Table 8 the differences between the mean scores of Burnout attributed to the salary.

Dimension of Burn-out	Diff. Source	Squire Total	Df	Mean	F. Value	α
Physical and psychological exhaustion	Between Groups	148.538	2	74.269	0.794	0.453
	Within Groups	36273.329	388	93.488		
	Total	36421.87	390			
Indifference and work relationship disorders	Between Groups	226.185	2	113.092	2.631	0.073
	Within Groups	16675.9	388	42.979		
	Total	16902.14	390			
Feeling down and underachievement	Between Groups	130.608	2	65.304	3.887	0.021
	Within Groups	6518.477	388	16.800		
	Total	6649.084	390			
Job incompatibility & decrease work value.	Between Groups	269.400	2	134.700	1.733	0.178
	Within Groups	30121.460	388	77.710		
	Total	30420.859	390			
Burn-out	Between Groups	2632.159	2	1316.080	1.939	0.145
	Within Groups	263360.695	388	678.76		
	Total	265992.854	390			

The results showed that there was no statistically significant difference at the level of significance ($\alpha \leq 0.05$) between the mean scores of health practitioners in Job Burnout and the monthly salary of the health practitioners and the results were agreed with the results of the previous studies.[9]

CONCLUSION

This study reports on the Job Burn-out and the factors attributed to this phenomena in a sample of health practitioners working in the governmental hospitals and health centers in Jeddah, KSA. And according to this study, we found that there was a moderate degree of Job Burn-out among the health practitioners appeared more in the Type (A) personality, female practitioners and practitioners having experience between 5 years and 15 years. On the other hand the study revealed that there were no differences in age, marital status and monthly salary of the health practitioners in developing Job Burn-out.

REFERENCES

1. Jawahar, I., M., Stone, T. H., & Kisamore, J. L. Role conflict and burnout: The direct and moderating effects of political skill and perceived organizational support on burnout dimensions. International Journal of Stress Management, 2007; 14: 142-159.
2. Matteson, T. and John M. Ivancevich. Controlling Work Stress: Effective Human Resource and Management Strategies. San Francisco, Calif: Jossey-Bass, 1987. Print.
3. Shen H, Cheng Y, Tsai P, Lee S and Guo Y. Occupational stress in nurses in psychiatric institutions in Taiwan. Journal of Occupational Health, 2005; (1)23: 520-571.
4. Vahey, D.; Aiken, L.; Sloane, D.; Clarke, S.; Vargas, D. Nurse Burnout and Patient Satisfaction. Medical Care, 2004; 42(2): 1157-1166.
5. Maslach C, Jackson SE, Leiter MP: Maslach Burnout Inventory, Manual 3rd Edition. Palo Alto, CA, USA: University of California, Consulting Psychologists Press, 1996.
6. Erlen, J.A. and Sereika, S.M. Critical care nurses, ethical decision-making and stress. Journal of Advanced Nursing, 1997; 26: 953-961.
7. Sawatzky. J.V. Stress in critical care nurses: Actual and perceived. Heart and Lung, 1996; 25: 409-417.

8. Taha, F, Ragheb,M. professional burnout scale, the Anglo-Egyptian Library, Cairo, 2010.
9. Bakhsh, K. Psychological stress and job combustion among Saudi nurses working in the women King Abdul Aziz Hospital, (Unpublished doctoral thesis), College of Education, Department of Psychology, Umm Al Qura University, Makkah, KSA, 2012; 23-27.
10. Shaker, O. & Al-Deeb, M. Study of psychological stress among school managers in the light of levels of education, years of experience and training courses, Education Magazine, Al-Azhar University, 1999; (85): 109-165.
11. Al-Ansari, M. Introduction to the study of the personal characteristics, Zat Al-Salasil for printing, publishing and distribution, Kuwait, 2012.
12. McKenna W. The Relationship of Type A and Type B Personalities and Disease Management Effectiveness on the Perceived Stress and Self-Efficacy of People with Type 1 and Type 2 Diabetes, Walden University, 2010.
13. Cunnigham, J., Lischeron, J., Koh, H., Ferrier, M. A Cybernetic framework linking personality and other variable in understanding general health. Personal Review Farnborough, 2004; 33(2): 55-88.
14. Hatem, W. Professional exhaustion among the emergency doctors, (Unpublished MA in Clinical Psychology), University of Algiers, Algeria, 2005.