

Investigating Occupational Burnout among Health Workers (Behvarzan) and its Related Factors in Jahrom University of Medical Sciences

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Abstract

Introduction: Occupational burnout is a psychological syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment. This study aimed to investigate burnout among health workers and to determine its related factors in Jahrom University of Medical Sciences. **Materials and Methods:** This study cross-sectional analysis was conducted in 2018 and the study population consisted of all eligible health workers (Behvarzan) of Jahrom University of Medical Sciences. Data were collected using Maslach Job Burnout Questionnaire and the validity and reliability of the questionnaire had been confirmed. Data were analyzed using SPSS 18, and by ANOVA, Pearson correlation coefficients and independent t-tests. **Results:** The prevalence of burnout was 56.3% in reduced personal accomplishment, 16.2% in emotional exhaustion and 1.2% in depersonalization. A significant relation was observed between reduced personal accomplishment and satisfaction with income ($p = 0.04$), age ($p = 0.02$), work experience ($p = 0.002$) and level of education ($P = 0.001$). There were significant relations between emotional exhaustion with interest in job ($P = 0.04$) and satisfaction from authorities ($P < 0.0001$). **Conclusion:** Reduced personal accomplishment was prevalent among the participating health workers. It is necessary to apply appropriate interventions for health workers who are dissatisfied with their job and income. Also, it is recommended to consider offering awards, job promotion and organizing workshops to prevent stress among health workers.

Keywords: Occupational Burnout, Health Workers, Iran, Jahrom.

Introduction

Human resources are an essential element for every organization's progress. Several social factors are effective on the

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mental and physical health of staff and their efficiency. One important factor is occupational burnout (Anisi et al., 2010). Farber believes that occupational burnout is a response to the chronic tensions; and social workers who spend a considerable amount of time and energy for helping others, may easily face it (Farber, 1983). The three main dimensions of job burnout are emotional exhaustion (chronic fatigue, various physical symptoms such as decreased energy and feelings of evacuated mental ability), depersonalization (negative reactions, feeling free of emotions, excessive neglect toward colleagues and clients), reduced personal accomplishment (reduced sense of competence and success and low job performance) (Talaie et al., 2008)

In other words, these people feel that they are under pressure and they have lost their emotions to serve clients and they become reckless or feel negatively (Tayebani et al., 2013). The most important organizational outcome of occupational burnout is absence from work, job quitting, frequent delays, and decreased quality of person performance, different psychological complaints conflict, job change, and interpersonal conflicts with colleagues, negative attitudes toward occupation and lack of communication with clients when performing their job duties low job satisfaction, losing spirit, decrease in responsibility and weakened efficiency (ablkowska & Borkowska, 2005; Sahebzadeh et al., 2011). Job burnout can be contagious among colleagues; and leads to functional, psychological and social disorders by causing interpersonal and interpersonal disorders (Beyrami et al., 2011). The employees of some of the occupations are more at risk of occupational burnout. These include health care providers known as Behvarz, in Iran. These people work in the most peripheral health care units, and provide basic health care. They usually reside in the village permanently. However, many of them suffer from job burnout, because they rarely get a chance to promote themselves scientifically and occupationally and the sensitivity of their job in controlling reporting diseases can cause stress (Qari et al., 2012). In Iran, a health care worker who provides health services in rural areas is called Behvarz and they work in rural health clinics called "Health Houses." The most important services that they provide are community education about health issues, family health, prenatal care, childbirth and postpartum care, care for children under five, care for school-age children, immunization, home visits for follow-ups, case-finding and

referral (for tuberculosis, malaria and diarrhea), and environmental health activities. During the past thirty years, the duties of the Behvarzes have increased and their psychological and physical stress has increased. This has led to difficulties in performing their duties (Shadpour, 1994).

Behvarzes like other occupational groups have their own problems that if neglected or underestimated may have adverse effects on the performance and activities of the Health Houses and this can ultimately lead to a decline in the quality of primary health care (Rahmani, 2008). This study aimed to investigate burnout among health workers and to determine its related factors in Jahrom, Iran.

Materials and Methods:

This study cross-sectional research was conducted in 2018 in Jahrom, Iran. The study population consisted of all eligible health workers (Behvarz) in Jahrom University of Medical Sciences that were 80 people. The study was approved by the Ethics Committee of Jahrom University of Medical Sciences. Data were collected using a questionnaire that consisted of three sections. The first section was the demographic characteristics of the participants including gender, age, educational, marital status, number of children, place of residence, second job and spouse's addiction. The second section included 4 questions about professional information such as work experience, satisfaction with income, satisfaction from authorities, and interest in job. The Maslach Burnout Inventory (MBI) was also used. This questionnaire was invented in 1976 and is the most reliable tool for measuring occupational burnout. It includes 22 items; which 9 items are about emotional exhaustion, 5 items are about depersonalization and 8 items are about reduced personal accomplishment. Items were scored from 0 (never) to 6 (everyday). The score of each construct was determined separately. This questionnaire has been used in many studies in Iran and has been validated in Persian language. The reliability and the Cronbach alpha of the Persian version of the Maslach Burnout inventory in was equal 0.96 and 0.76 respectively (Talaie et al., 2008).

Maslach and Jackson classified the 3 dimensions of the questionnaire to low, moderate and high. In emotional exhaustion (EE), scores below 17 indicate low, 18-29 are considered average and scores over 30 are classified as high EE. In depersonalization below 5 indicate low, over 12 indicate high DP and scores between 6 -11 are average. In reduced personal accomplishment, scores between 34 and 39 are considered average and lower and over this range are classified as low and high.

After explaining the goals of the study and obtaining verbal informed consent from the participants, the questionnaires were distributed and the participants answered the questions. Data were analyzed using software SPSS18, and by ANOVA, Pearson correlation coefficient and independent t-tests. The distribution of data was normal.

The Ethics in Research Committee of Jahrom University of Medical Sciences approved the study protocol (Ethics Approval No IR. JUMS.REC.1397.018).

Results:

Eighty people participated in this study, in which, 21 (26.2%) were male and 59 (73.8%) were female. The mean age of the participants was 36.6 ± 7.1 years and the number of their children was between 0-6, with a mean of 1.9 ± 1.2 . Their mean work experience was 14.2 ± 8.4 . Most of the participants (87.5%) were married and had a high school diploma or higher degree (66%). Their place of residence in 63.7% was in the village. More than 87.5% of the rural health workers were highly interested in their job (Table1).

The mean scores of the burnout components were 12.6 ± 12.6 , 1.7 ± 2.5 and 28.3 ± 13.2 respectively for emotional exhaustion, depersonalization and reduced personal accomplishment (Table 2).

There were no significant relations between burnout in any dimensions with gender.

But there was a significant relation between the emotional exhaustion dimension and satisfaction from authorities (Table 3) and those who were satisfied from authorities had less emotional exhaustion. There was also a significant relation between the emotional exhaustion dimension and interest in job.

Pearson correlation coefficient showed that there was a significant and inverse relation between the age of health workers, their work experience and education with a reduced personal accomplishment dimension. (Table4)

Table 1: Demographic characteristics of the participants

Variable	Number Percent
Sex	
Male	21(26.2)
Female	59(73.8)
Marital status	
Single	7(8.8)
Married	70(87.5)
Divorced	1(1.2)
Widowed	2(2.5)
Educational level	
Primary school	13(16.3)
Middle School	14(17.5)
Diploma	42(52.5)
Higher than diploma	11(13.7)
Place of residence	
In village	55(68.7)
Out of village	25(31.3)
Second job	
Yes	6(7.5)
No	74(92.5)
Spouse's addiction	
Yes	10(12.5)
No	70(87.5)
Interest in job	

Very little	3(3.75)
Little	7(8.75)
Much	20(25)
Very much	50(62.5)
Satisfaction with income	
Low	20(25)
Moderate	53(66.2)
High	7(8.8)
Satisfaction from authorities	
Yes	53(66.2)
No	27(33.8)

Table 2: The prevalence of burnout dimensions among the participants

Dimension	Number	Percent
Emotional Exhaustion		
Low	55	68.8
Moderate	12	15
High	13	16.2
Total	80	100
Depersonalization		
Low	72	90
Moderate	7	8.8
High	1	1.2
Total	80	100
Reduced Personal accomplishment		
Low	21	26.2
Moderate	14	17.5
High	45	56.3
Total	80	100

Table 3. The mean scores of burnout dimensions in different subgroups

Variable	Mean P-value	Dimension		
		Emotional Exhaustion	Depersonalization	Reduced Personal accomplishment
Sex	Mean	14.7 ± 13.8	2.4±3.2	28.5±13.2
Male	Mean	11.8 ±12.2	1.4±2.2	28.2±13.3
Female	P-value	0.37	0.1	0.89
Second job	Mean	20.1 ±11.9	2.9±3.9	30.4±10.6
Yes	Mean	12.1 ±12.6	1.6±2.4	28.1±13.4
No	P-value	0.13	0.23	0.69
Satisfaction from Authorities	Mean	8.9 ±10.1	1.5±2.8	29.5±13.6
Yes	Mean	19.7 ±14.3	2.1±2.01	25.9±12.2
No	P-value	0.0001	0.3	0.26
Spouse's addiction	Mean	13.1 ±14.5	3.1±4.4	28.8±10.9
Yes	Mean	12.6 ±12.5	1.5±2.1	28.2±13.6
No	P-value	0.89	0.07	0.89
Satisfaction with income	Mean	15.5 ±14.8	1.9±2.9	24.2±12.9
Low	Mean	11.6 ±12.1	1.7±2.5	28.5±13.1
Moderate	Mean	12.1 ±11.1	0.9±1.5	38.5±9.9
High	P-value	0.51	0.66	0.04

Table 4. Pearson correlation coefficients between some demographic variables and burnout dimensions

Burnout dimensions	Age		Number of children		Work experience		Educational level	
	r	p-value	r	p-value	r	p-value	r	p-value
Emotional exhaustion	-0.07	0.5	-0.06	0.57	-0.11	0.3	0.06	0.59
Depersonalization	-0.13	0.25	-0.17	0.12	-0.16	0.15	0.13	0.24
Reduced personal accomplishment	-0.3	0.02	-0.01	0.97	-0.34	0.002	0.35	0.001

Discussion:

In this study 56.3% of participants had reduced personal accomplishment. This prevalence was higher than the study done by (Amiri et al., 2016) on Behvarzes in north eastern Iran (49.6%); and Alavijeh et al. on Behvarzes (Qari et al., 2010) in Shahrekord (24.5%); and (Talaie et al., 2007) on health workers of health centers in Mashhad (6.7%). But was less than Torabi (Parizi et al., 2015) in Kerman on dentists (71.76%) and (Hassani et al., 2015) on staff of the Valyasar hospital in Borujen (72.8%).

Personal accomplishment occurs when a person can influence the policy of the organization, and can thereby expose his ability and gain positive attitudes about himself and the patients. In this way, in addition to feeling confidence, he will feel more power and mastery in performing his duties, gain a better view of his job, enjoy more work and feel satisfied. The results of the study showed 16.2% of the health workers had severe emotional exhaustion which was higher compared to (Qari Alavijeh et al., 2012) in Shahrekord (4.6%) and (Hassani, 2015) (12%) in Boroojen; and less than Talaie et al. (24.5%) and (Amiri et al., 2016) (35.7%). In this study only 1.2% of the participants had severe depersonalization. Khaghanizade et al.'s study conducted on the nursing staff in educational hospitals in Tehran, also reported a low prevalence for severe depersonalization (Khaghanizade, 2008).

In the study conducted by (Qari Alavijeh et al., 2010) the prevalence of severe depersonalization was 7.2%. But in (Amiri et al., 2016) study (8.8%), (Torabi Parizi et al., 2015) (14.1%) and (Hassani et al., 2015) (18.5%) this prevalence was higher.

When health workers work in environments in which they do not feel efficiency, the workplace is not delightful, and lacks the necessary conditions for intellectual comfort, they feel job burnout and lose their positive perceptions for patient care.

Abdi Masooleh et al., 2007 conducted a study in Tehran on nurses and reported that the nurses had low emotional exhaustion and depersonalization, but high reduced personal accomplishment, which is consistent with the findings the current study. The results of this current study show no significant relation between gender, marital status, and place of residence with burnout dimensions, which is consistent with the findings of

(Alavijeh et al., 2012) and (Torabi Parizi et al., 2015). But (Hassani et al., 2015) reported a significant relation between burnout dimensions and gender. And personal accomplishment was higher in men and emotional exhaustion was higher in women.

The findings of this study showed a significant inverse relation between the age of health workers and the personal accomplishment dimension. And older Behvarzes were more likely to better feel personal accomplishment. The probable reason is that as time passes, Behvarzes gain more experience their self-esteem increases and they receive more respect and trust from their colleagues and clients. They also have a better chance to show their abilities and this increases personal accomplishment.

Similar to this, (Behboodi Moghadam et al., 2014) conducted a study on midwives in Tehran and showed a significant and inverse relation between the age and depersonalization. And showed that as age increased the times they felt depersonalized decreased.

The findings of this study indicated a significant inverse relation between reduced personal accomplishment and work experience. And participants with more work experience had a less reduced personal accomplishment. This is probably because as work experience increases, Behvarzes find out how to deal with clients, in order to both keep people satisfied and not get job burnout. However, this is inconsistent with the results of (Qari Alavijeh et al., 2010). In this study, similar to the findings of Amiri et al, no significant relation was found between work experience with depersonalization and emotional exhaustion (Qari et al., 2016).

The findings of this study indicated a significant relation between education and reduced personal accomplishment, which is different from the findings of (Rafeian et al., 2015). Probably as education increases, the person's expectations increases as well, but according to regulations, health workers must stay at the rural health center until the end of their service period, without any job promotion or transfer. This may make behvarzes with higher degrees distressed.

The findings of this study indicated a significant relation between satisfactions from authorities and emotional exhaustion. The duties of health worker have increased in recent years and different care programs have to be done in different populations. Also monitoring programs are conducted to assess their performance, which is sometimes accompanied by questionings and punishments by the authorities.

This study showed no significant relation between burnout dimensions and the number of children, which was consistent with the findings of (Alparslan et al., 2009) conducted in Turkey on midwives and (Rafeian et al., 2015) conducted on Behvarzes in Isfahan.

The findings of this study further indicated a significant relation between reduced personal accomplishment and income. Arigoni et al. (Arigoni et al., 2009) also found low salaries are one of the most important causes of job burnout. However, it seems that the sufficiency of the salary is one of the important factors in job satisfaction; and with decreased income, satisfaction of individuals decreases as well; and since the persons cannot supply their economic needs, they encounter stress and feel discouraged and reckless to their work and their clients; and develop depression in the long run.

Having interest in their job can prevent severe burnout in health workers. In this study, 87.5% of participants had a lot of interest in their job. Similar to the findings of (Amiri et al., 2016), the results of the study indicated a significant relation between emotional exhaustion and interest in job, but no significant relation between reduced personal accomplishment, depersonalization and interest in job.

Conclusion:

The results of the study indicated the prevalence of job burnout in the dimension of reduced personal accomplishment was high among the Behvarzes. There was a significant relation between individual factors such as age, work experience, education, satisfaction from authorities and interest in job with the dimensions of job burnout. Regarding the findings of this study and the importance of Behvarzes in the field of health in Iran, it is necessary to provide appropriate interventions for those who are dissatisfied with their job and income. Also in order to improve the existing conditions, it is recommended, to get help from psychologists in counseling centers, improve the work relationship between Behvarzes and health center staff, incorporate training adaptive methods and adaptation mechanisms, as well as making it possible for competent job promotion and organizing workshops for coping with stress and psychological stress.

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