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Comparing of Occupational Burn out Syndrome in Female Nurses of the Neurology and Psychiatry Wards

Sepideh Herizchi Ghadim^{1*}, Roozbeh Rajaei² and Samira Aftabi³

¹Assistant Professor, Research Center of Psychiatry and Behavioral Sciences, Tabriz University of Medical Sciences, Tabriz, Iran.

²Assistant Professor, Emergency department, Faculty of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran

³General Practitioner, Faculty of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran

**Corresponding author*

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A B S T R A C T

Occupational burnout has various complications in the family, social and personal life and organization. Absence and desertion, consecutive delays, different sociological complaints, conflict, changing the job and decreased quality of patients care and interpersonal conflicts with colleagues are of its most important complications. The occupational burnout imposes various consequences and costs on organizations and employees. Therefore, we have decided to compare the occupational burnout in the female nurses of the psychiatry and neurology wards of Tabriz University of Medical Sciences in 2015. 80 nurses of Razi hospital in Tabriz who had fully answered the questionnaires of the study were included in the research and were examined. The questionnaire consisted of questions in the field of burnout syndrome examination which was designed by IBM criteria and three components of this syndrome i.e. emotional exhaustion, depersonalization, and personal-accomplishment were investigated. In the studies carried out, no meaningful difference were observed for the emotional exhaustion among the nurses of the psychiatry and neurology wards which indicates the identical working condition in terms of emotional exhaustion based on the questionnaire of the study. Also, no meaningful differences were observed among the nurses in the depersonalization scale, either which indicates the identical nurses in these two wards in terms of depersonalization scale. In the studies carried out, meaningful differences were observed between the emotional exhaustion and the activity duration in the nursing profession. However, in the results obtained, no meaningful differences were observed between the activity duration in the nursing profession and the depersonalization scale. Nevertheless, the emotional exhaustion level among the studied nurses in the second decade of activity in the nursing profession showed a meaningful increase compared to other years of activity. In the overall results obtained, almost 60% of the nurses suffer from emotional exhaustion and 84% of them suffer from depersonalization for which special attention is required.

Introduction

Occupational burnout was first coined by Freudenberger in 1970s and was introduced in the clinical psychology researches as the physical-mental powers exhaustion syndrome. The occupational burnout is a three-component syndrome including emotional exhaustion, depersonalization, and lack of personal accomplishment (1, 2). It is determined that occupational burnout is prevalent among nurses (3, 4).

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The occupational burnout imposes various consequences and costs on organizations and employees e.g. frequent switching of jobs and work places, frequent absences and leaves, decline in the quantity and quality of the job, affecting the individual's mental health, decreased quality of services provided to the clients, delays in specialized and administrative tasks etc(5-10).

Generally, stress is defined as: when an individual is in a situation in which they are under pressure or they feel uncomfortable, be anxious and feel frustrated and stressed or are in confliction and uncertainty, they are told to be under stress.

The stressful cases that arise in people's daily life and career mainly consist of frustration, anxiety, and internal conflicts that each reflects various obstacles and issues (10-12). Although, studies have been carried out concerning occupational burnout of employees in different professions, few

researches have been done regarding the occupational burnout of nurses of psychiatry ward and comparing it with the nurses of other wards. This study is carried out in this regard. By investigating the occupational burnout and its probable different level and its possible related factor in female nurses of the psychiatry ward, one could inform the relevant authorities regarding the beneficial steps that could be taken to address the causes and increase their level of job satisfaction.

Materials and Methodology

In a descriptive-analytical study carried out at the psychiatry department at Tabriz University of Medical Sciences, the occupational burnout was investigated in female nurses of psychiatry and neurology wards of Tabriz University of Medical Sciences.

Inclusion criteria

The sampling was performed among the nurses of psychiatry and neurology wards of Razi Hospital at Tabriz University of Medical Sciences.

All the female nurses of the neurology ward (30 people) and all the female nurses of the psychiatry ward (50 people) were included in the study and were studied.

Exclusion criteria

Concurrent employment at private sectors

Less than 1 year of working experience in the psychiatry or neurology wards

Being on the eve of retirement

Not interested in taking part in the study

Having severe physical or mental impairment

A questionnaire were designed based on BMI criteria and the burnout were measured among the nurses at the psychiatry wards considering their age, gender, field of education, duration of working in the ward and the workplace.

This questionnaire consisted of questions in the field of studying the burnout syndrome which were designed using IBM criteria and three components of this syndrome, i.e. emotional exhaustion, depersonalization, and personal accomplishment were investigated. This questionnaire consisted of 18 questions which examined the components of burnout syndrome. The reliability and validity of the Farsi version of the questionnaire was evaluated and verified in a number of studies (20).

The sample size was 80 nurses, active in the neurology and psychiatry wards at Razi Hospital.

Ethical considerations

The participants in this study were the nurses of psychiatry wards. Before filling out the questionnaires, the objective of the study will be fully explained and after obtaining informed consents, they will be included in the study. All the contents of the questionnaires are kept confidential during and after the study.

Statistical Analysis

The information obtained is expressed as \pm standard deviation, mean and frequency (%). T-test was used to compare quantitative data for independent groups. Chi-square test or Fisher exact test were used to compare qualitative data. The statistical software in use was SPSS™ (version 16). $P > 0.05$ was considered significant.

Results and Discussion

In this study, 80 nursing staff of Razi Hospital were randomly selected and included. All the nurses were female and their age status is shown in Figure 1. Their nursing experience is also presented in Figure 2. Only three nurses (3.7%) had another job in addition to nursing. Emotional exhaustion was at low and high levels for 41.3% and 58.7% of nurses.

Emotional exhaustion state of the studied nurses is shown in Table 1 and no significant difference was observed in terms of emotional exhaustion between nurses working in neurology and psychiatry sectors ($P=0.525$). Emotional exhaustion state of the subjects is tabulate with regard to their age (Table 3) and there was no significant difference between nurses in terms of age at the scale of emotional exhaustion ($P=0.370$).

Depersonalization was observed to be at high, medium and low levels in 83.7%, 7.5%, and 8.8% of nurses, respectively (Table 2). No significant difference was found in terms of depersonalization between nurses working in neurology and psychiatry sectors ($P=0.536$). Depersonalization state of the studied nurses is represented in Table 2 with regard to their age. Accordingly, no significant difference was evident between nurses in terms of age at the scale of depersonalization ($P=0.313$).

Depersonalization and emotional exhaustion of the participants are shown in Tables 3 based on nurses work experience.

The nurses with about 10-19 years of work experience had highest level of emotional exhaustion; however, the nurses with more than 19 years and less than 5 years of work experience had lower levels of emotional

exhaustion ($P=0.009$). In general, no significant difference was found between nurses in terms of duration of their work experience at the scale of depersonalization ($P=0.245$).

The human environment includes physical, social and psychological factors and each affects the well-being of the human beings. One of these factors is the workplace as the daily life of anyone is spent on their occupation to a large extent(13-16).

In fact, the quality of work is related to one's morale. Sometimes, the mental pressures in the workplace are high enough to be out of one's capacity, such that the person feels that they are not cut out for that job. In this case, the person finds a negative attitude toward themselves and their job and their general health is compromised(17-18).

One of the main job issues which is usually observed among the employees as a reaction to the organizational job pressure is the occupational burnout phenomenon which indicates the one's decreased compatibility with the workplace stress factors. In general, burnout is one of the factors in creating disputes, changes or resignations.

Occupational burnout is a type of mental burnout which is combined with mental pressure or stresses related to job and profession.

According to Maslach, occupational burnout is a syndrome which is the response to mental pressures including three components of environmental exhaustion or fatigue, alienation or depersonalization and lack of personal accomplishment or development. Occupational burnout is probably the result of type of the duties and responsibilities of these type of occupations(18-20).

Occupational burnout comes along with pressure, role confusion and disorientation of job performance status. This case mostly happens in people who had more experience in a job. The researches suggest that occupational burnout happens to people who are often perfectionists and are extremely engaged in the job. Occupational burnout is a disease and this chronic exhaustion should not be mistaken for temporary exhaustion, as the exhaustion due to persistent work gradually disappears with resting.

In general, occupation burnout is related to mental pressures. Mental pressures occur when there are inconsistencies between the environmental demands and one's capabilities and the persistence of this situation leads to occupational burnout. Generally, it could be deduced that occupational burnout is the results of constant mental pressures, leading to the loss of quality of services offered by the individual. Occupational burnout is common among those who work in human services jobs.

In the current research, about 80 nurses of neurology and psychiatry wards of Razi Hospital are studied. Almost 60% of the studied nurses had pointed out high emotional exhaustions which is higher. However, in the current research, only the nurses are studied who naturally higher levels of stress and job pressures have compared to other staffs of the hospital. This could be reason for the discrepancy between these two studies.

In this research, all the nurses studied from both wards, had low individual performance levels which could be due to exhausting and consecutive shifts of Razi Hospital and the intense working conditions due to the existing wards in this hospital. Since, both studied wards put high working and mental

pressures on the staff, particularly on the nurses, due to the types of patients' diseases, and as stated in the literature, factors such as working shifts, high working pressure, conflicts with colleagues, facing suffering and death of the patients, professional responsibilities and problems associated with the administrative system which are known as major job stresses, these job stresses lead to occupational burnout in long-term (13, 14).

Also, Patrick *et al.* investigated the occupational burnout and stress and

depersonalization in Chicago, among the staff of the psychiatry ward and found the burnout levels to be related with stress and occupational support (18).

In this research, almost 84% of the studied nurses had high levels of depersonalization which was in agreement with the findings of Fukuzaki's study in Japan who reported higher stress and depersonalization levels in the nurses of interval and psychiatry wards, respectively (17).

Table.1 Emotional exhaustion and Depersonalization state of nurses

		Ward		P
		Neurology	Psychology	
Emotional exhaustion	Low	21(42%)	12(40%)	0.525
	Moderate	0	0	
	High	29(58%)	18(60%)	
Depersonalization	Low	3(10%)	4(8%)	0.536
	Moderate	1(3.3%)	5(10%)	
	High	26(86.7%)	41(82%)	

Table.2 Emotional exhaustion and Depersonalization state of nurses based on age

		Age(Year)				P
		<30	30-39	40-49	50-59	
Emotional exhaustion	Low	8(53.3%)	12(33.3%)	10(38.5%)	3(100%)	0.370
	Moderate	0	0	0	0	
	High	7(46.7%)	24(66.7%)	16(61.5%)	0	
Depersonalization	Low	3(20%)	1(2.8%)	3(11.5%)	0	0.313
	Moderate	1(6.7%)	2(5.6%)	2(7.7%)	1(33.3%)	
	High	11(7.3%)	33(91.7%)	21(80.8%)	2(66.7%)	

Table.3 Emotional exhaustion and Depersonalization state of nurses based on nurse's Work experience

		Work experience(Year)						P
		<5	5-9	10-14	15-19	20-24	>25	
Emotional exhaustion	Low	7(70%)	7(35%)	5(23.8%)	4(26.7%)	10(76.9%)	0	0.009
	Moderate	0	0	0	0	0	0	
	High	3(30%)	13(65%)	16(76.2%)	11(73.3%)	3(23.1%)	1(100%)	
Depersonalization	Low	2(70%)	2(10%)	0	1(6.7%)	10(76.9%)	0	0.245
	Moderate	1(10%)	0	2(9.5%)	0	0	0	
	High	7(70%)	18(90%)	19(90.5%)	14(93.3%)	3(23.1%)	1(100%)	

Chart.1 Age(Year) distribution of nurses

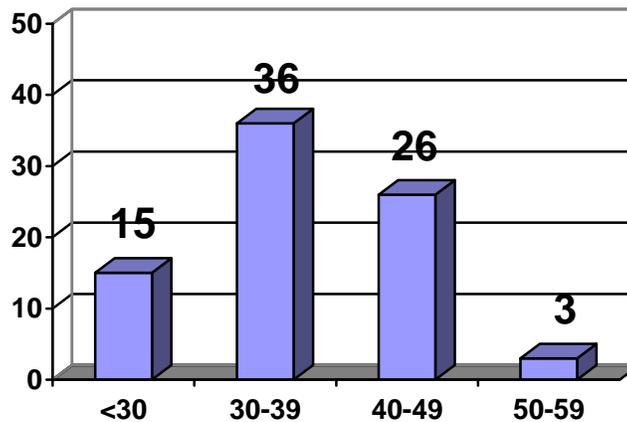
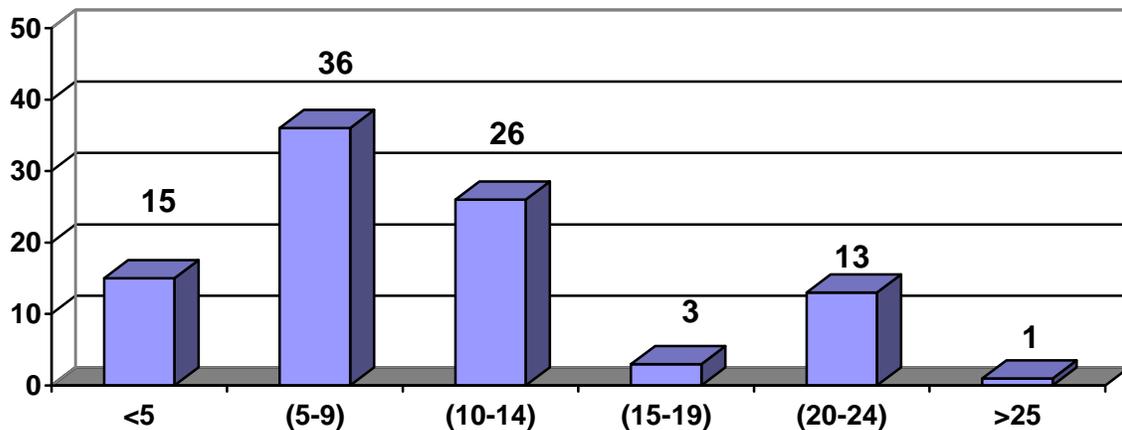


Chart.2 Work experience (Year) of nurses



In another study carried out by Lasalvia *et al.* in Italy, one-fifth of the mental health staff suffered from burnout (19). Talaei *et al.* have investigated the relationships of gender and personal issues factors in the occupational burnout of mental health staffs (20) which indicates higher depersonalization level in the nurses, particularly those who work in psychiatry wards.

In the studies, no meaningful difference was found between the emotional exhaustion and nursing activity duration such that nurses with working experiences less than 5 years

or more than 20 years, experienced less emotional exhaustion. However, nurses with working experiences between 10 and 19 years, suffered from high emotional exhaustion which could be due to monotonicity and inability to tolerate the job pressures after several years of high pressure work and after going through this path and acquiring the ability of controlling the situation and accepting the stress, this emotional exhaustion becomes less visible.

By investigating the effective factors in nurses' response to occupational burnout, Rafiei *et al.* (9) found that personal

idiosyncrasies of nurses and patients and social support of the organization affect the response of the nurses to occupational burnout. Therefore, Felton (10) knows the occupational burnout as a disease that should be diagnosed early and be treated in nurses.

However, no meaningful difference was found between the duration of activity in nursing profession and the scale of depersonalization.

Conclusion

In the current study, it is illustrated that nurses in neurology and psychiatry wards suffer from a high percentage of depersonalization regardless of age or duration of activity.

However, the level of emotional exhaustion among the studied nurses had a meaningful increase during the second decade of activity in the nursing profession compared to other years of activity.

In the overall obtained results, almost 60% of the nurses suffer from emotional exhaustion and 84% of them have depersonalization which needs special attention.

Suggestions

Finally, it is suggested that the future studies compare the nurses in other wards of the hospitals and involve the male gender so that a clear picture could be obtained from occupational burnout.

Also, considering the number of hours of the night shifts, the number of beds covered by each nurse and other possible factors such as total income and living costs and the consent of the husband regarding employment in this

profession could be the effective factors in occupational burnout which require more attention in the future studies.

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