

Original article

The Occupational Burnout among Therapeutic Employees of Hospitals in Iran by the Kind of Ownership

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SUMMARY

As a complex and multidimensional problem, the occupational burnout causes absence, dissatisfaction, badtemper, physical and emotional exhaustion and displacement. This study aimed to investigate the levels of occupational burnout and its components in Mazandaran's hospitals by the kind of their ownership. This descriptive-analytical study was conducted as a cross-sectional research in 2018. The research population included all 2,850 therapeutic employees working in two teaching hospitals, one therapeutic hospital, one social security hospital and one private hospital, all located in Mazandaran province, Iran. In total, 569 questionnaires were completed; the research instrument was the Persian-version of Maslach Burnout Inventory (MBI). Data were analyzed in SPSS 22 by applying statistical approaches with $p < 0.05$. The private hospital had the highest mean rate of emotional exhaustion (44.69 ± 8.50). The social security hospital had the highest mean rate of depersonalization (25.47 ± 4.59). Considering the reduced personal accomplishment, as a component, the private hospital had the highest rate (30.24 ± 7.16). The highest and lowest mean rates of occupational burnout were observed with the private hospital (95.48 ± 16.71) and teaching hospitals (85.25 ± 15.34). The difference was significant between the studied hospitals in this regard ($p < 0.001$). As the private hospital had a higher rate of occupational burnout than therapeutic, teaching, and social security hospitals, the managers of the private hospital can focus on removing various tensions in the workplace and preventing heavy work length as well as compensating for a pay decrease.

Key words: occupational burnout, ownership, therapeutic employees, Mazandaran province, Iran

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INTRODUCTION

As one of the main risk factors, the occupational burnout (OB) is more common in service-providing jobs (1, 2). It is a physical-mental syndrome with extreme tiredness that results in negative attitudes and behavior towards self, others and customers, but also in unproductive work, absence, work dissatisfaction, ineffectiveness, work displacement and unethical behavior (3). Coined by Freudenberg in 1974, occupational burnout includes three dimensions: emotional exhaustion, depersonalization disorder and personal inefficacy or non-achievement (4). Emotional exhaustion refers to one's mental stress and a sense of emotional pressure. Depersonalization points to negative attitudes towards others, whereas personal non-achievement refers to one's impression of inefficacy and non-achievement in performing their job responsibilities (5). Therapeutic employees in hospitals stand for valuable staff and human capital in the healthcare (6); they maintain a close relations with the public and thus have a great health-related responsibility. A continuous encounter with suffering patients, incurable diseases and unexpected deaths make therapy jobs as stressful ones (7). For example, occupational burnout is common among 30 - 50% of nursing staff (8), resulting in increased absence, decreased energy, low efficacy, and low-quality service to patients (9). A study showed that the estimated cost of burnout in the USA annually amounts to 50 - 70 million \$ (10) and its rate among healthcare staff is high up to 43 - 50% (11). As burnout decreases service quality and patients' satisfaction, it wastes the time and resources of the hospital and the patient (12). However, social support can decrease the staff's burnouts in organizations of various kinds (13). In addition, Hooper and colleagues found that nursing staff has a high rate of burnouts (14). Lang showed that the rate of burnout in the dimension 'emotional exhaustion' was the highest among nurses working in the clinical units of military hospitals in the USA (15). High rates of burnout were shown among medical faculty members in the US medical science universities (16).

Organizational development necessitates having healthy and efficient human resources without any burnouts. Occupational burnout in the health sector is one of the main concerns health sector managers and local health ministers have. This study aimed to investigate the levels of occupational burn-

outs and its components in Mazandaran's selected hospitals by the kind of their ownership.

PARTICIPANTS AND METHODS

This descriptive-analytical study was conducted as a cross-sectional research in 2018. Research setting included two teaching hospitals, one therapeutic hospital, one social security hospital, and one private hospital, all located in Mazandaran province, Iran. Primarily, the study received ethical approval from the Institutional Review Board of College of Islamic Azad University (IR.IAUSARI.REC.1396.72). The research population included all 2,850 therapeutic employees working in midwifery, nursing, laboratory, and radiology units. Of them, 340 employees were selected randomly and proportionally by using Cochran's sampling formula. For more generalizability, 600 questionnaires were distributed among them, and 569 questionnaires were completed and analyzed. The research instrument was a two-part questionnaire including demographic variables (such as gender, age, marital status, working length, and working hospital name) in the first part and Maslach Burnout Inventory (MBI) with 22 items in 7 pointed Likert-type scale in the second part (17). The MBI measures three dimensions of occupational burnout: emotional exhaustion (items 1, 2, 3, 6, 8, 13, 14, 16, 20), depersonalization (items 5, 10, 11, 15, 22), and reduced personal accomplishment (items 4, 7, 9, 12, 17, 18, 19, 21). The internal consistency of the Persian version of the scale was $\alpha = 0.91$ (18). Collected data were analyzed in SPSS 21, with assuming the normality of distribution; the means and SDs of the quantitative variables were measured and the frequencies and percentages of the qualitative ones were reported. In the confidence interval of 95%, independent t-test was used for comparing the two means. With assuming variance equalities, the one-way ANOVA was used for comparing the means of more than two components, as well as Tukey HSD for post-hoc test.

RESULTS

Of 569 subjects, 78.2% were female. The mean \pm SD of the age range of most subjects was 35.84 ± 6.22 years old (in the range of 24 - 58 years old). The mean rate of employees' working length was 10.87 ± 5.78 in the range of 1 - 35 years. In addition, 469 (82.4%) ones

Table 1. Demographic information of the studied hospital employees

Variable	Group	Frequency (%)	Burnout (Mean \pm SD)	P- value
Gender	Men	124(21.8)	87.83 \pm 17.69	0.865
	Women	445(78.2)	87.54 \pm 16.37	
Educational level	Diploma	7(1.2)	82.71 \pm 20.03	0.672
	Bachelor of Science	52(9.1)	88.62 \pm 17.52	
	Doctor of medicine and higher	510(89.6)	87.57 \pm 16.53	
Marital status	Unmarried	100(17.6)	87.22 \pm 18.56	0.799
	Married	469(82.4)	87.69 \pm 16.23	
Employment	Full-time	275(48.3)	86.55 \pm 16.84	0.314
	Partial-time	255(44.8)	88.44 \pm 17.02	
	Half-time	39(6.9)	89.64 \pm 12.00	
Special job	Nurse	377(66.3)	86.76 \pm 16.95	0.057
	Midwife	70(12.3)	90.94 \pm 14.90	
	Radiologist	52(9.1)	91.58 \pm 14.98	
	Laboratory staff	70(12.3)	85.86 \pm 17.27	

Table 2. The mean \pm SD of occupational burnout and its components in the studied hospitals by the kind of their ownership

Variable	Emotional exhaustion	Depersonalization	Reduced personal accomplishment	Occupational Burnout	95%CI	Min.	Max.	F
Therapeutic	37.59 \pm 10.39	22.84 \pm 5.36	29.27 \pm 7.22	85.63 \pm 18.70	82.29 - 88.97	46	116	9.401
Private	44.69 \pm 8.50	25.19 \pm 4.87	30.24 \pm 7.16	95.48 \pm 16.71	91.76 - 99.19	42	118	
Teaching	38.90 \pm 9.77	23.14 \pm 4.36	27.40 \pm 6.98	85.25 \pm 15.34	83.40 - 87.10	19	116	
Social security	41.28 \pm 8.77	25.47 \pm 4.59	28.05 \pm 6.91	90.01 \pm 15.18	87.00 - 93.02	49	126	

were married. The mean rates of men and women's occupational burnout were 87.83 \pm 17.69 and 87.54 \pm 16.37, respectively. The difference in these mean rates was not significant ($p = 0.865$) (Table 1). Table 2 shows the mean rates of occupational burnout and its components in the studied hospitals by the kind of their ownership. The private hospital had the highest mean rate of emotional exhaustion (44.69 \pm 8.50). The social security hospital had the highest mean rate of depersonalization (25.47 \pm 4.59). Regarding the reduced personal accomplishment, as a component, the private hospital again had the highest rate (30.24 \pm 7.16). The highest and lowest mean rates of the occupational burnout were observed for the private hospital (95.48 \pm 16.71) and teaching hospitals (85.25 \pm 15.34). The difference was statistically significant among the hospitals ($p < 0.001$). Table 3 shows that the private hospital had the highest mean rate of

emotional exhaustion. In two-by-two comparison, it appeared that the private hospital had 7.10 and 5.78 units more than the therapeutic hospital and the teaching hospitals, respectively. The differences were significant in this regard ($p < 0.001$). While the private hospital had a higher mean rate than that of the social security one (with 3.40 units), the difference was not statistically significant ($p = 0.084$). In other hospitals, only the social security hospital had 3.69 units more than that of the therapeutic one which was significantly different, too ($p < 0.05$).

In the component depersonalization, the higher rate was seen for the private hospital and the social security hospital. The private hospital had 2.35 and 2.04 units more than the therapeutic hospital and the teaching hospitals, respectively. The social security hospital had 2.63 and 2.33 units more than the therapeutic hospital and the teaching hospitals,

respectively. All of the differences were statistically significant ($p < 0.05$). In the component reduced personal accomplishment, the highest mean rate belonged to the private hospital. This hospital had 2.83 units more than that of the teaching hospitals ($p = 0.009$). In other hospitals, the therapeutic hospital had 1.86 units more than that of the teaching hospital, which was not statistically significant ($p = 0.073$).

Table 4 shows the relationship between the components of occupational burnout and employees' gender in the studied hospitals. Despite relative differences in the mean rates of the components emotional exhaustion and depersonalization in favor of men and that of reduced personal accomplishment in favor of women, the differences were not statistically significant from a gender perspective.

Table 3. The relationships among the components of occupational burnout in the studied hospitals by the kind of their ownership

Components	Kind of hospital ownership	MD	95% CI	p-value	p-value
Emotional exhaustion	Therapeutic-private	-7.10	-10.65 to -3.56	0.000	0.00
	Therapeutic-teaching	-1.31	-4.00 to 1.38	0.590	
	Therapeutic-social secure	-3.69	-7.02 to -0.37	0.022	
	Private-teaching	5.78	2.64 to 8.94	0.000	
	Private-social security	3.40	-0.29 to 7.11	0.084	
	Teaching-social security	-2.38	-5.28 to 0.51	0.148	
Depersonalization	Therapeutic-private	-2.35	-4.09 to -0.61	0.003	0.000
	Therapeutic-teaching	-0.30	-1.62 to 1.02	0.936	
	Therapeutic-social secure	-2.63	-4.27 to -1.00	0.000	
	Private-teaching	2.04	0.5 to 3.60	0.004	
	Private-social security	-0.28	-2.10 to 1.54	0.978	
	Teaching-social security	-2.33	-3.75 to -0.91	0.000	
Reduced personal accomplishment	Therapeutic-private	-0.96	-3.58 to 1.64	0.774	0.005
	Therapeutic-teaching	1.86	-0.12 to 3.85	0.073	
	Therapeutic-social secure	1.21	-1.23 to 3.66	0.574	
	Private-teaching	2.83	0.52 to 5.15	0.009	
	Private-social security	2.18	-0.54 to 4.91	0.165	
	Teaching-social security	-0.64	-2.78 to 1.48	0.862	

Table 4. The relationships between the components of occupational burnout and employees' gender in the studied hospitals

Components	Mean \pm SD (men)	Mean \pm SD (women)	MD*	95% CI	p-value
Emotional exhaustion	40.55 \pm 9.46	39.65 \pm 9.91	0.897	-1.06 to 2.85	0.369
Depersonalization	23.90 \pm 5.00	23.74 \pm 4.7	0.158	-.80 to 1.12	0.747
Reduced personal accomplishment	27.81 \pm 8.05	28.46 \pm 6.83	-0.64	-2.06 to .77	0.373

DISCUSSION

The findings showed that the highest and the least mean rates of occupational burnout among the employees working in the studied hospitals were observed for private hospital and the teaching hospitals, respectively. The difference was statistically significant in the studied hospitals. The highest mean rate belonged to the private hospital in the component emotional exhaustion, to the social security hospital in the component depersonalization, and to the private hospital again in the component reduced personal accomplishment. One study showed a higher mean rate of occupational burnout among nursing staff working in teaching hospitals (19). In Singapore hospitals, 39%, 40% and 59% of the nursing staff had high emotional exhaustion, depersonalization and reduced personal accomplishment, respectively (20). The private hospital has the highest rate of employees' emotional exhaustion. Such a finding was reported among Jordanian nurses (21), and among the employees of the US military hospitals (15). Raftopoulos and colleagues found a similar rate of high emotional exhaustion as well as that of depersonalization in the public and private hospitals (22). The emotional exhaustion results in a decrease in individuals' energy and working motivation and increase in their exhaustion. As some inexperienced personnel may be employed in private hospitals or some retirees from public hospitals who still want to work, however, under inappropriate working circumstances and with low income, the private hospitals may have employees without enough work motivation. The private hospital had the highest mean rate of reduced personal accomplishment. In Australian governmental hospitals, the highest rate of reduced personal and occupational accomplishment was reported (23). Jafari-Iraqi et al. reported the highest rate of reduced personal achievement among nursing staff in a military hospital (24). The possible reasons for the finding are that the private nature of the private hospital results in major obstacles to its personal achievement, involved in low standards of human resources and high job pressure as well as more focus on profit from services. Occupational burnout syndrome among various medical groups causes low performance, decreased self-efficacy and low-quality services and consequent insufficient treatment of patients (25). The highest mean rate of depersonal-

ization belonged to the social security hospital. Abualrub et al. found that Abualrub nursing staff in private hospitals had higher rates of job satisfaction than the ones working in governmental hospitals (26). In the study on the occupational burnout of employees working in the emergency care sections in Greece, the rate of occupational burnout was at a moderate level with the highest rate in depersonalization (27). Mooghali et al. found a high rate of component depersonalization in private hospitals (28). Habibi et al. reported the same in the governmental health section (28). It can be argued that the high volume of patients refers to the social security hospitals and their expectancy of rapid service giving results in double pressure to the staff working in the hospitals of this kind. Findings also show that emotional exhaustion and depersonalization were higher among men than women. The reduced personal accomplishment was higher among women than men. However, the differences were not statistically significant. Lahana et al. found the highest rate of emotional exhaustion, depersonalization, and non-accomplishment among men (29). Pantenburg found a high degree of emotional exhaustion among men (30). However, Raftopoulos et al. found a higher rate of emotional exhaustion in women (93%) than men (87.5%) (22). Others studies showed that the emotional exhaustion among women was more than that in men in the health care (31, 32) as well as the working population (33). It appears that the workplace had the main role in the occupational burnout. Perhaps, the mandatory orders and imposing hard works on men are at work in their increased job stress and consequent emotional exhaustion. One of the main limitations of the study is that possibly different findings may be found in other regions of the country; one other limitation of the study was the deficiencies in the related literature on the topic in the healthcare sector.

CONCLUSION

As the private hospital had higher rate of occupational burnout than that of therapeutic, teaching, and social security hospitals, it can be proposed that the managers of the private hospital focus on removing various tensions in the workplace, preventing heavy work load and length and compensating for a pay decrease.

Conflict of interests

No conflict of interest was declared by the authors.

Acknowledgement

Authors thank all the employees working in the studied hospitals for their participation in the study and for their opinions on better conducting the research.

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Sindrom izgaranja na poslu kod terapeuta zaposlenih u bolnicama različitog tipa vlasništva u Iranu

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SAŽETAK

Kao složeni i multidimenzionalni problem, sindrom izgaranja na poslu dovodi do odsustvovanja, nezadovoljstva, lošeg raspoloženja, fizičke i emotivne iscrpljenosti i osećaja izmeštenosti. Cilj ove studije bilo je ispitivanje stepena izgaranja na poslu, kao i komponenti koje ga čine, u bolnicama sa različitim tipom vlasništva u Mazandaranu.

Ova deskriptivno-analička studija sprovedena je kao studija preseka 2018. godine. Istraživanje je uključilo 2850 terapeuta koji su bili zaposleni u dvema bolnicama koje su bile nastavne baze, jednoj terapeutskoj bolnici, jednoj bolnici socijalnog osiguranja, kao i jednoj privatnoj bolnici. Sve bolnice su bile smeštene u provinciji Mazandaran u Iranu. Ukupno je popunjeno 569 upitnika; kao instrument upitnika korišćena je persijska varijanta upitnika o izgaranju na poslu autorke Maslakove (MBI-eng.). Podaci su analizirani pomoću softvera SPSS 22, primenom statističkog pristupa, pri čemu je vrednost $p < 0,05$. Najviša srednja stopa emotivne iscrpljenosti zabeležena je u privatnoj bolnici ($44,69 \pm 8,50$). U bolnici socijalnog osiguranja primećena je najviša srednja stopa depersonalizacije ($25,47 \pm 4,59$). U vezi sa smanjenim ličnim postignućem kao komponentom, najviša stopa zabeležena je u privatnoj bolnici ($30,24 \pm 7,16$). Najviše i najniže srednje stope izgaranja na poslu zabeležene su u privatnoj bolnici ($95,48 \pm 16,71$) i bolnicama koje su bile nastavne baze ($85,25 \pm 15,34$). U ovom pogledu postojala je značajna razlika između analiziranih bolnica ($p < 0,001$). Kako je u privatnoj bolnici zabeležena viša stopa izgaranja na poslu u poređenju sa terapeutskom bolnicom, zatim bolnicom koja je bila nastavna baza, kao i bolnicom socijalnog osiguranja, menadžeri privatne bolnice mogu se fokusirati na otklanjanje tenzija na radnom mestu, sprečavanje dugotrajnog teškog rada, kao i na nadoknađivanje smanjene isplate.

Ključne reči: izgaranje na poslu, vlasništvo, terapeuti, provincija Mazandaran, Iran