

## **Job Burnout of Nurses in Iranian Hospitals: A Review**

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### **ABSTRACT**

**Background:** Job burnout is a psychological condition that involves a long-term response to persistent stressors. Decreased quality of patient care can be a negative consequence of nurses' burnout, which leads to a decrease in the quality of hospital performance. The aim of this study was to investigate the job burnout of nurses in Iranian hospitals.

**Method:** To conduct this research, a review study focusing on studies of factors related to job burnout of nurses in Iranian hospitals, published from April 2015 to June 2020 by searching databases including PubMed, Web of Science, Science Direct, Scopus, Magiran, IranMedex and SID were used in both Persian and English, and finally, 12 articles were eligible for this study.

**Results:** The results of this review study showed that, depending on the work environment and individual, social and organizational factors the prevalence of job burnout in nurses is varies in different cities.

**Conclusion:** Appropriate strategies in this field can help to improve the occupational health of nurses and the quality of care received by patients, as well as to optimize working conditions.

**Keywords:** Burnout, psychological conditions, patient care

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### **INTRODUCTION**

Job burnout was first described by Freudebernger<sup>1</sup>. Burnout is a psychological condition that involves a long-term response to persistent stressors<sup>2</sup>.

Medical universities indicate unbalanced distribution. If the estimates of the Iran's 2026 medical roadmap are. Implemented, more appropriate distribution of the medical staff is expected<sup>26</sup>.

Freudebernger summarized the symptoms of job burnout including frustration, fatigue, impatience, resentment, discouragement, confusion and anger, immediate arousal, frustrated responses, completely negative attitude, and so on<sup>1</sup>. In 1986, Maslach and Jackson identified job burnout in three areas: emotional exhaustion, depersonalization, and diminished sense of personal accomplishment. Emotional exhaustion is the most central symptom of this syndrome. Emotional exhaustion is the feeling of being under pressure and losing emotional resources. Personality metamorphosis is a negative response to people who receive care services. Diminished sense of personal accomplishment is a negative self-assessment related to work performance<sup>3</sup>. The interaction of these three domains distinguishes burnout from stress and other mental conditions with similar symptoms, such as depression and fatigue<sup>4</sup>. In 2019, the World Health Organization (WHO) declared the burnout in the International Classification of Eleventh Disease (ICD-11) as an "occupational phenomenon" and

stated that burnout is a syndrome caused by "chronic workplace stress", which has not been successful<sup>5</sup> and WHO is planning to develop "evidence-based" guidelines for mental well-being in the workplace. It has been reported that nurses have a higher prevalence of burnout among treatment staff. Contact with suffering people and incurable diseases and death has placed the nursing profession in the category of stressful occupations and interactions with patients and clients lead to increased psychological pressures on nurse<sup>6</sup>. In all hospital wards, we encounter nurses who have been regular, compassionate, interested and motivated when entering the nursing profession, but usually after a period due to burnout, they suffer from physical symptoms such as fatigue, anxiety, sleep disorders, headaches, insomnia and recurrent colds along with decreased concentration and memory and give up their profession<sup>7,8</sup>.

The WHO (2016) estimates that the global deficit is approximately 7.6 million nurses by 2030<sup>(9)</sup>. Job burnout in nurses occurs when excessive workloads are associated with problems such as irregular working hours, long working hours, rotational shifts, lack of manpower and problems including interacting with other colleagues. The unfortunate mismatch between the expectations and the reality of nursing as a profession increases the tendency to burnout <sup>(10,11)</sup>. The problem of burnout is currently a common problem in all health systems, so that according to the statistics in each working class, one out of every seven employees at the end of the day, suffers from burnout<sup>12</sup>. On

the other hand, the decline in the quality of patient care can be a negative consequence of burnout for nurses. When the nurse suffers from burnout, the patient is deprived of adequate care<sup>13</sup>. A worldwide shortage of nurses and the high costs of trying to hire and promote new nurses, because of the withdrawal of nurses due to burnout, also cause losses to the organization and they pay the price of burnout<sup>(14)</sup>. Considering the prevalence and importance of burnout in nurses and its direct impact on patient's health and the challenge of health care organizations; the purpose of this study was to review the studies conducted in the field of job burnout of nurses in Iranian hospitals. Appropriate strategies in this field help to improve the occupational health of nurses and the quality of care received by patients, as well as to optimize working

## METHODS

To conduct this research, a review study focusing on studies of factors related to burnout of nurses in Iranian hospitals, published from April 2015 to June 2020 by searching databases including PubMed, Web of Science, Science Direct, Scopus, Magiran, IranMedex and SID were used in both Persian and English. A combination of Persian and English keywords such as related factors, burnout, nurse, hospital were used to search the electronic resources. The article selection process was performed based on the thematic relevance of the article titles, the review of the relevance of the article abstract and the review of the full text of the article, respectively. Articles with irrelevant titles, similar content, newspaper articles, commentaries, and letters to the editor, conference abstracts, and studies with unspecified results were excluded from the study. Two authors extracted the required data and in case of disagreement between the two, the opinion of the third person was requested.

In order to extract the data, the data extraction form was used, which was designed based on the purpose of the research. This form included sections such as the name of the first author, year of publication, place of study, name of the journal, purpose of study, type of research, method of data collection, research community, and sample size, year of publication, average age and data collection tools. Finally, out of 134 extracted articles, only 12 research articles met the inclusion criteria and were used.

## RESULTS

In different cities, burnout is clearly seen in nurses and is one of the potential problems of medical centers. The prevalence of job burnout in nurses is varies in different cities depending on the work environment and individual, social and organizational factors<sup>15</sup>. In 2016, Hosseini et al. examined the burnout of 93 nurses working in intensive care units with a mean age of  $32.48 \pm 8.1$  years (72% female) from 3 teaching hospitals affiliated to Mazandaran University of Medical Sciences. The highest frequency was related to the age range of 20-30 years (48.9%) and 5-9 years of work experience (39.3%). Emotional exhaustion, diminished sense of personal accomplishment and depersonalization in the prevalence of burnout were 7.42, 4.89 and 2.45, respectively. The mean

severity of emotional burnout was  $33.19 \pm 14.35$  (0.54), depersonalization was  $4.91 \pm 5.27$  (20-20) and personal failure was  $29.58 \pm 8.57$ . Based on the findings of this study, all nurses working in the assessed wards showed degrees of burnout. The highest prevalence of burnout was related to emotional exhaustion, personal failure and depersonalization, respectively. The hospital in which they worked, age, sex and work experience had no significant effect on the severity of burnout<sup>16</sup>.

Ashoori in 2016, by examining the burnout of 180 nurses in Varamin Hospital, showed that social capital, perceived social support and organizational citizenship behavior had an effective role in predicting the burnout of nurses. Therefore, it is suggested to increase the level of organizational citizenship behavior, perceived social support and the social capital of nurses by counselors and therapists, to reduce nurses' burnout<sup>17</sup>.

In 2017, Samaei et al. examined the relationship between emotional intelligence and job stress with burnout of 300 nurses working in public hospitals in Kerman. They have shown that emotional intelligence and job stress affect burnout. According to the findings, one of the programs to reduce burnout syndrome in nurses can be to focus on psycho-personal improvement. In the study of burnout, the dimensions of burnout of nurses, emotional exhaustion (66.91) and depersonalization disorder (36.07) were the highest and lowest, respectively<sup>(18)</sup>. Hosseini et al. In 2017 during the study about burnout of 150 nurses of Shahid Rajaei Hospital in Shiraz using the Maslach questionnaire, reported the frequency, severity of burnout and nurse's job performance with a mean of  $21.37 \pm 1.55$ ,  $22.3 \pm 0.29$  and  $45.86 \pm 7.15$ , respectively. He stated that there is a negative and significant relationship between burnout and job performance of nurses and since high burnout can lead to reduced job performance, it is recommended to try to improve their job performance by adjusting the factors that cause burnout, and ultimately resulted to increase the quality of nursing care and patient satisfaction<sup>19</sup>.

In 2016, Khodabakhshi et al. examined the burnout of 140 nurses from two hospitals in Semnan (Iran). According to the results, the average burnout was higher in women than men. There was a significant negative correlation between resilience and gender with subscales of burnout. They stated that resilience and gender are factors that can predict burnout. It is recommended that people with greater flexibility be hired in the workplace. Also in female nurses, due to the importance of job satisfaction index, efforts to improve them, can be more effective in reducing burnout<sup>20</sup>. Gholami et al. In 2016, by examining the relationship between burnout syndrome and musculoskeletal disorders in 415 nursing staff in five teaching hospitals in Hamadan, showed a significant relationship between emotional exhaustion, depersonalization and personal success with musculoskeletal disorders. They stated that the high prevalence of musculoskeletal disorders among Iranian nurses could be due to emotional exhaustion and depression<sup>21</sup>. In 2015, Ghaedi et al. examined the effect of fixed and rotating shifts on burnout of 120 nurses working in public and private hospitals in Rasht. Their findings showed that the subscales of total burnout and emotional burnout in rotational shift nurses are higher than fixed shift

nurses. Also, burnout of female nurses was significantly higher than burnout of male nurses<sup>22</sup>.

In 2018, Khammara et al. reviewed the prevalence of burnout among nurses in Iran in ten articles with a sample size of 1758 people, an average age of 30.73 (54%) and a confidence interval of 43-64. The obtained data indicate that Fars and Zanjan provinces have the highest and lowest rates of burnout (72% and 26%, respectively). According to the data, the overall prevalence of burnout in men and women is 46 and 65%, respectively. Due to the high prevalence of burnout among Iranian nurses in this data set and the importance of nursing in public health, which requires motivated and committed nurses with high job satisfaction, it is recommended to reduce the severity of burnout by monitoring nurse's job performance. Support, attention to their problems, follow-up and providing necessary solutions to improve their environmental, economic and personal conditions were suggested<sup>23</sup>.

In 2020, Mahmoudi et al. examined the burnout of 743 nurses in the intensive care and non-critical care departments of Iranian medical universities. The findings showed that in all dimensions, the lowest level of burnout is related to surgical wards, while the highest level is related to intensive care units, which shows a significant difference in different aspects of burnout in different wards, including Surgery, medical care and intensive care. There was no significant difference in terms of gender, education and marital status in any of the aspects of burnout in intensive care units. However, the differences between the surgical and medical departments were significant. There was a negative correlation between some dimensions of burnout and age and nursing experience in intensive care units and medical wards. While in the surgical wards, there was a positive and significant correlation between some aspects of burnout with nursing experience and age. These results should be considered when planning the burnout prevention programs for nurses<sup>(24-28)</sup>. In 2018, Isfahani estimated the highest prevalence of burnout among nurses in Tehran at 82% and the lowest prevalence of burnout among nurses in Hamedan at 62% in order to investigate the prevalence of burnout in nurses in Iranian hospitals. He stated that the prevalence of burnout affects approximately one third of nurses in Iranian hospitals. Therefore, managers of the health system should take serious measures to reduce the prevalence of burnout of nurses in hospitals<sup>15</sup>.

## DISCUSSION

Our overview showed that most of the articles included in this review study were descriptive-analytical. Most studies used the Maslach / Jackson burnout questionnaire. Most studies have pointed to the relationship between burnout and the quality of health care services, so that nurses' burnout may reduce the quality of nursing care and reduce patient satisfaction. This study has been associated with limitations. Our search was limited to the content of a few databases, so we may have lost publications that are not indexed in these databases. At the same time, the search was conducted only in Persian and English, which could prevent access to all studies on burnout in nurses. Also, studies were reviewed only in Iranian hospitals, which can

be evaluated globally with the impact of the environment, individual, social and organizational factors, facilities, motivation and job satisfaction on burnout. Given the different levels of burnout in nurses and its consequences, appropriate strategies in this field help to improve the occupational health of nurses and the quality of care received from patients, as well as to optimize working conditions. Some strategies are recommended to reduce and control job stressors, including allocating a percentage of the welfare budget to the nursing staff, creating sports clubs and healthy recreation, providing manpower, revising the job descriptions of different categories of nursing, spiritual support of managers to nursing staff, conversation sessions between managers and staff, increase the salary and benefits, and participation the nurses in professional and organizational decisions<sup>29</sup>.

## CONCLUSION

Due to the prevalence and different levels of burnout in nurses and its consequences, it is necessary to use appropriate, modifying and preventive methods and techniques such as increasing welfare facilities, providing manpower, revising the job descriptions of different categories of nursing, support by managers, controlling job stressors, and training problem-solving skills to prevent this phenomenon.

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