

Frequency of Burnout Syndrome among Health Care Providers and its Association with Gender and Work setup

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ABSTRACT

Objective: To find out the frequency of burnout syndrome among health care providers and its association with gender and work setup

Methodology: It was a cross sectional study involving 272 health care providers by convenient sampling, working in government hospitals and private hospitals. Level of Burnout was assessed by Maslach Burnout inventory (MBI). Data was analyzed by SPSS v.25. p-value ≤ 0.05 was considered as significant

Results: The mean score of emotional exhaustion, cynicism and professional proficiency were 17.85 ± 7.2 , 19.32 ± 9.3 and 28.39 ± 9.8 respectively. Males had more emotional exhaustion and cynicism burnout as compared to females but the results were insignificant. Professional proficiency burnout was significantly higher in females. In type of work setup, results were statistically significant for emotional exhaustion and professional proficiency. There was more burnout among health care providers working in private work setup.

Conclusion: According to levels of burnout high level of cynicism and professional proficiency, and moderate level emotional exhaustion burnout were present among health care providers. Professional proficiency was significantly associated with gender and work setup while emotional exhaustion was significantly associated with work setup.

Key words: Mental health, Occupational Health, Professional burnout, Stress

INTRODUCTION

The physical and mental wellbeing of healthcare providers is taking attention of health care system, as it is related with safety and quality of services provided to the patient. Health care system is growing industry worldwide but it also put mental pressure on healthcare workers in increasing work demand, time constraint, lack of control over work process and time scheduling, lack of clear rules and regulations, conflicts with colleague and leadership along with underlying family pressure to provide stable financial support.^(1, 2) It is said to be that poor provider wellbeing and burnout are associated with poor provision of patient treatment and increased medical errors.^(1,7-12) It is estimated that burnout may affect and 30-50% of physicians, 10-70% of nurse practitioners, and physician assistants.^(3, 4)

In 1974, Burnout syndrome was first introduced by Freudenberg⁽⁵⁾ as the result of unfavorable working conditions and work burden put the person in long term stress. After that Maslach⁽⁷⁾ described it as symptoms of exhaustion, despair, hopelessness, fatigue along with negative attitude and irritating behavior towards work, work environment and social circle which develops physical and psychological burnout. It is not only common in health care providers but it can affect employees in all sectors.^(2, 6)

Factors that were most common in aggravating in the professional work of a health care provider include poor work organization, lack of staff and equipment, lack of professional autonomy, work overload/time pressure and emotional involvement.⁽⁸⁾ Literature shows higher risk of being dissatisfied with the work for those health care providers who experience imbalance between effort and

reward.⁽⁹⁾ In Pakistan, day by day saturation of health care providers and work sector demands are adding pressure to keep a professional mark in field. So this study is an attempt to find out the level of burnout syndrome among health care providers.

MATERIALS & METHODS

Design & Setting: It was a cross sectional study. Data was collected from the health care providers working in different government and private hospitals.

Sample Selection: Convenient sampling technique was used. A sample size of 313 was calculated from online calculator for surveys by keeping 5% margin of error and 95% C.I. 272 respondents agreed to participate, resulting in a response rate of 86.26%. Health care providers who have working experience of more than two year in same sector were included. Those who joined recently in any organization, having any family history of stress and anxiety &/or they were on psychotic drugs, and having any kind of physical disorder were excluded.

Data Collection: After taking permission from the ethical review board of concerned organization data was collected through Questionnaire. The basic information about research and test procedure was explained to participants. Keeping the confidentiality and anonymity a formal consent was also taken from each participant

Data Tool: The questionnaire consist of two parts. In first part variables like age, gender, educational status, years of services and working setups were documented. The second part was of Maslach Burnout Inventory (MBI) scale for assessment of burnout syndrome.^(7,10) It consists of 22 items in three sections pertaining to occupational stress.

The first section is for emotional exhaustion second is for cynicism and the third is for professional proficiency. The original form of this scale was constructed by Christiana Maslach and Susan E. Jackson. In 1981 Iwanicki & Schwab and in 1984 Gold supported the reliability of this tool as threefactor structure and internal reliability.^(11, 12) The cut off values are expressed to low, moderate and high burnout. For emotional exhaustion (Low=0-15, Moderate=16-25, High=26-54), for cynicism (Low=0-2, Moderate=3-8, High=9-30) and for professional proficiency (Low=0-33, Moderate=34-42, High=43-48).⁽¹³⁾

Analysis:Socio-demographic characteristics (age, gender, educational status, years of services and working setups) were the independent variables, while burnout was dependent variables. For descriptive statistics frequency and percentages were calculated while chi-square was applied to check the association. Data was presented in tables by using SPSS version 25. P value <0.05 was considered as significant

RESULTS

There were 158 (58%) males and female participants were 114 (42%).The participants working in Govt. hospital were 46(17%) while in private hospital/clinic 160(59%) and 66(24.3%) were working at teaching university. 130(47.8%) participants were having less than 3 years of service at current position while 142(52.2%) have spent more than 3 years at current position.The mean score of emotional exhaustion was 17.85±7.2, cynicism was 19.32±9.3 and professional proficiency was 28.39±9.8. The frequency and percentage of emotional, exhaustion, cynicism and professional proficiency as low, moderate and high level are presented in Table 1.

Table 1: Frequency of Various Levels of Burnout Syndrome

	Low Level	Moderate Level	High Level
Emotional Exhaustion	123 (45.2%)	133 (48.9%)	16 (5.9%)
Cynicism	27 (9.9%)	25 (9.2%)	220 (80.9%)
Professional Proficiency	54 (19.9%)	19 (7.0%)	199 (73.2%)

The results of professional proficiency with gender was statistically significant with p=0.038 (p< 0.05), as illustrated in Table 2. Males had more emotional exhaustion and cynicism burnout while females had more professional proficiency burnout

Table 2: Association of Burnout with Gender

	X ²	Significance
Emotional Exhaustion	0.757	0.685
Cynicism	0.496	0.780
Professional Proficiency	6.553	0.038

Table 3: Association of Burnout with Work Setup

	X ²	Significance
Emotional Exhaustion	13.791	0.008
Cynicism	6.915	0.140
Professional proficiency	10.797	0.029

In type of work setup, the results were statistically significant for emotional exhaustion and professional

proficiency with p value respectively p=0.008 and p=0.029. There was more burnout among private work setup.

DISCUSSION

The aim of study was to find out the frequency of different level of burnout like emotional exhaustion, cynicism and professional proficiency in different work setups among health care providers. This study showed that there was moderate level of emotional exhaustion and high level of cynicism and professional proficiency among all health care providers. The results of Pustulka-Piwniket al. were also in line with this study, that study was conducted on physiotherapists and nurses, both showed high level of cynicism and lack of professional proficiency.⁽¹⁴⁾Data collected on comparative studies among different health care professionals also support different level of burnout among health care providers.⁽¹⁵⁾ A study was done by Li Calzi et al. was conducted in 2006 to find out the different levels of burnout. The study found that there was low level of personal accomplishment among technicians, health care providers have highest level of emotional exhaustions and cynicism was highest among doctors.⁽¹⁶⁾

Makara Studzińska et al. also evaluated the level of burnout among females of Polish physical therapists and pharmacists by using Steden and Olka scale of burnout inventory. The results showed significantly higher level of burnout among health care providers and associated with life satisfaction.⁽¹⁷⁾

Another study conducted on nurses, reflected that the health professional with lower qualifications are prone to experience a reduced feeling of personal proficiency and accomplishment. By the results of this study it can be assumed that the level of educational competency and acquired skills may develop the higher level of satisfaction. But the results are contrary to other research on social occupation burnout, that study revealed that the more a person is at higher level of position more the person will experience stress, as higher positions are stressful positions in terms of managerial and leadership roles.^(2,16,18) Data of managerial post was not collected in our study.

In one study, the level of health care providers burnout was assessed who were working in institutions and in hospital settings. The study reported that there was less emotional exhaustion and cynicism as compared with the health care providers working in hospital settings. Main reason which was behind this higher burnout was due to type of hospital staff, and types of patients. As in hospitals there are more no of patients with chronic illness and disabled patients which requires more psychological effort along with physical.⁽¹⁹⁾ While dealing with patients emotional problems during rehabilitation of chronic illness, some health care providers have to be empathetic the patients and that may contribute to initiate defense mechanism to prevent emotional strains. That continuous emotional strain not only increases the emotional exhaustion but also develop depersonalization. Those professionals, who work at bedsides of patients on public health sectors or in government hospitals, face more professional burnout and less job satisfaction.⁽²⁰⁾ While our study reported more burnout in private sector.

A study was conducted in 2019 by Al-Alawi M et al. on medical students. Although the results of that study were

not able to predict that whether gender is reason in development of burnout but there was more emotional exhaustion and professional efficiency issues among female medical professionals. This higher level is due to dual roles of females as professional and as mother or in household which could drain their energy levels. These findings are in similar with our findings in reporting females more burn out in terms of professional proficiency.⁽⁵⁾ According to Maslach et al, the emotional exhaustion subscale reflects mainly the organizational and the social climate of the work environment. Moderate level of Emotional exhaustion was reported in health care providers working in totally different work setup and that was due to flexibility and adaption in work environment.^(21,22) It is concluded that different level and type of burnout is present among health care providers due to challenging works setups and increasing competition level.

CONCLUSIONS

There was moderate emotional exhaustion, high level of cynicism and professional proficiency burnout was present among health care providers. Professional proficiency was associated with gender & work setup while emotional exhaustion was associated with work setup only.

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