



Analysis of the Relationship between Burnout and Mental Health in Female Practitioners

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ABSTRACT

Burnout is one of the main factors contributing to the reduction in the efficiency, manpower loss, and development of physical and mental complications especially among human service professionals. Due to the importance of the role of women in the society and family, a research was conducted to study the relationship between burnout and mental health in female practitioners working at government agencies in Minab city. This is a descriptive-correlational study. The population for this study consists of all female practitioners in government agencies in Minab city. The sample included 109 participants who were selected randomly and were studied by means of questionnaires. This study was conducted using the following three questionnaires: the demographic characteristics questionnaire, the Maslach burnout inventory (MBI), and the Goldberg mental health questionnaire (GHQ-28). The majority of the participants were low in emotional exhaustion and depersonalization while 46% of them suffered from a low-level sense of personal accomplishment. A total of 25% of the individuals lacked satisfactory mental health. There was a significant relationship between burnout and mental health at a significance level ($p < 0.001$). In addition, there was no significant relationship between demographic variables and mental health of the participants. However, a negative relationship existed between burnout and years of service. Since there was a relationship between burnout and mental health, administrations must implement plans in order to improve and increase motivations, job satisfaction, sense of self-efficacy, and human relationships.

Keywords: Mental Health, Burnout, Female Practitioners.

INTRODUCTION

Women form one third of the world labor force. In developing countries, women form about 40% of the labor force and in other areas of the world this ratio is less than one third. Similar to men, women also suffer from work-induced physical and mental problems in attempt to earn money. They also develop physical and mental problems which endanger their mental health [1]. Since women are a sensitive health group whose health guarantees the health of families and societies, study of the issues associated with the mental health of women considerably contributes to the general health of the society [2].

One of the mental health concerns is the psychological effect of working on women. Nonetheless, results of previous researches do not comply with each other. Some believe that employment of women leads to an increase in their self-understanding (which is one of the main bases of mental health), creates a sense of satisfaction and brings about reward [3]. However, the excessive and negative pressure imposed by the workplace can have adverse effects on the mental health of people [4]. One of the most important consequences of workplace stress is burnout. Burnout is an unpleasant work life experience that adversely affects performance, health and welfare of people [5]. Burnout and mental health are two important issues that not only affect individual performance but also affect organizational performance. Burnout is one of the risks imposed by working that has been recently

under study [6]. It is also defined as a constant reaction to serious working pressure [7]. This notion was for the first time introduced by Freudenberg in Social Discussions. According to Freudenberg, exhaustion is the manifestation of fatigue, illness, and breakdown and is commonly seen in human service professionals such as nurses, psychiatrists, consultants, and social services staff [mentioned by Saberi et al. 8]. Research for more than a quarter-century has indicated that exhaustion is seen outside of the realm of social services as well [9].

Most psychological researches insist that exhaustion is a sort of inability to cope with a wide range of occupational stressors [10]. The most common definition for burnout is the one given by Maslach and Jackson: "Burnout is a complex phenomenon and is a mixture of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment [mentioned by Lloyd et al. 11]. Maslach et al. argued that operational exhaustion is based on three definite factors: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Emotional exhaustion occurs when the individual finds themselves under emotional pressure and loses their emotional sources [12]. Depersonalization occurs when the person finds negative and pessimistic attitudes toward service users. In addition, reduced sense of personal accomplishment is seen when the senses of competence, self-efficacy and efficiency are reduced in the person. Sources of exhaustion include personal, interpersonal and organizational factors. Organizational factors include: shortage of positive feedbacks on personal performance, reduced independence, low participation in organizational decision making, expressing contrasting occupational demands, ambiguity of occupational role, defective administration and supervision, and work pressure. Interpersonal factors include: long hours of working with clients and patients and low-level support of the workgroup for individuals.

Personal factors include: low self-confidence, lack of assertiveness, inability to cope with limitations, external control sources, and a strong need for approval of other. These factors may probably induce depression in people. Since exhaustion can cause occupational changes or turnover, it may be accompanied by mental and physical disorders, physical diseases such as skeletal-muscular system diseases, cardiovascular diseases, and mental illnesses such as anxiety and depression [13], disturbed sleep and impaired memory [14] psychosomatic symptoms, growing consumption of alcohol and drugs, and increasing growth of family and marriage conflicts [12].

Therefore, understanding and preventing burnout will play a significant role in increasing the general mental health and enhancing the quality of services. Due to the importance of the increase in the mental health of female practitioners and the role played by burnout in the quality of services, the present study was aimed for determining whether there is a relationship between burnout and mental health of female practitioners or not. Moreover, the role of demographic variables in the induction of burnout and mental health conditions was also analyzed.

MATERIALS AND METHODS

Since the relationships among various variables are studied in this research, this is considered to be a correlational research. The population under study consisted of all female practitioners working at government agencies in Minab city. The samples were obtained randomly and 150 individuals were inquired using questionnaires but 41 questionnaires were omitted because they either provided defective information or were not returned at all. The information was collected by the following means: a demographic questionnaire including questions about the age, marital status, number of children, and years of service of the participants; the Maslach burnout inventory, and the Goldberg mental health questionnaire (GHQ-28).

The Maslach Burnout Inventory (MBI) is the most conventional means of measuring burnout. This inventory is divided into 22 sections which cover all three aspects of burnout. Nine sections are dedicated to emotional exhaustion (which allow the respondents to express their feelings about excessive weakness and emotional exhaustion in dealing with clients), five sections are dedicated to depersonalization (which indicate the negative attitudes of the respondents in the form of indifference regarding clients) and eight sections are dedicated to the sense of personal accomplishment (which show job satisfaction and efficiency) [15].

These feelings are ranked from zero (never) to six (everyday). When the score obtained by each aspect is less than the reference score [16], the feeling is classified into the low and average ranking groups. High scores of emotional exhaustion and depersonalization indicate increased exhaustion while low scores show reduced sense of personal accomplishment. Furthermore, lower scores refer to higher levels of exhaustion. This measure is highly reliable and justifiable [17]. Rostami et al. reported internal reliability levels of 0.90 for emotional exhaustion, 0.79 for depersonalization, and 0.71 for personal accomplishment [13]. Najafi et al. reported internal stability levels of 0.84 for emotional exhaustion, 0.80 for depersonalization, and 0.76 for personal accomplishment [18]. In the present study, the internal stability of subtests was obtained to be 0.81, 0.60, and 0.78. In addition, the correlation between this test and the Smith Job Descriptive Index (JDI) test, which is one of the most credible job satisfaction tests, was obtained to be 0.76 [19]. Moreover, the reliability of this inventory has been repeatedly examined and approved by Iranian researchers such as [15 and 18]. The Goldberg mental health questionnaire (GHQ-28) was formulated in 1972. This is a questionnaire that contains 28 questions and can be used as a screening measure in various studies. A Likert scale was used for grading. The minimum grade designated for each question was zero and the maximum grade was three. It should be mentioned that, the higher the score obtained, the better the mental condition of the person is. After calculating the scores, people with

scores equal to or more than 22 are classified into the group suspected with psychological disorders. The validity and reliability of this questionnaire have been proved by different studies conducted on different populations [20, 21]. The reliability coefficient obtained by Yaqoubi [19] for this test was 0.88 and the reliability coefficient obtained for subtests was reported to be between 0.50-0.81. Using the re-test method [22, 23] obtained a total reliability coefficient of 0.73 for the test and a reliability coefficient of 0.57-0.68 for subtests. The reliability coefficient for the present study was obtained to be 0.91.

RESULTS

The present study was conducted on 109 female practitioners in Minab city. A total of 57% of the participants were married and 43% were single. About 42% of the participants were not parents and 58% had experience parenthood. The average years-of-service was 7 years with a standard deviation of 5.4. In addition, the mean scores obtained for different aspects of burnout included: emotional exhaustion: 12.8; depersonalization: 3.4; and sense of personal accomplishment: 34.2. The participants were low in emotional exhaustion and depersonalization in relation to the normality scores but could obtain average results for the sense of personal accomplishment.

Regarding mental health of the participants it can be said that the mean score obtained by the Goldberg mental health questionnaire was 18.9. Moreover, 75% of the participants did not show any symptoms while 25% of them had symptoms of burnout or suffered from mental health conditions. In addition, a significant relationship was found to exist between subscales of burnout and mental health. This suggests that increased burnout leads to an increase in the scores obtained by the GHQ-28 test and deterioration of mental health (Table 1). Furthermore, the level of burnout is also shown in Table 6 based on demographic variables.

The results of the t-test indicated that there is a significant difference between the scores obtained for the emotional exhaustion ($p < 0.05$ and $t = 2$) and depersonalization ($p < 0.05$ and $t = 2.9$) in women with less than 10 and more than 10 years of service. In addition, the relationships among demographic variables are also shown in Table 7. Results of the t-test carried out based on the demographic variables did not reveal any significant difference.

Table 1. The correlation between the dimensions of burnout and mental health subscales

Dimensions of burnout The GHQ-28 subscale	Emotional exhaustion		Depersonalization		Sense of personal accomplishment	
	r	sig	r	sig	r	sig
Physical symptoms	0.45**	0.000	0.26**	0.006	-0.21*	0.03
Anxiety and sleep disorders	0.45**	0.000	0.17	0.07	-0.18*	0.06
Impairment in social functioning	0.36**	0.000	0.09	0.31	-0.22*	0.01
Depression	0.47**	0.000	0.34**	0.000	-0.15	0.012
Mental Health	0.55**	0.000	0.29**	0.002	-0.22*	0.02

* $P \leq 0.05$; ** $P \leq 0.001$

Table 2. Reports the findings status of burnout and its dimensions

Dimensions of burnout	Low	Medium	High
Emotional exhaustion	83 (77%)	16 (15%)	9 (8%)
Depersonalization	90 (84%)	13 (12%)	5 (4%)
Sense of personal accomplishment	50 (46.3%)	18 (16%)	40 (37%)

Table 3. Reports the findings related to mental health and its dimensions

Dimensions of mental health	Favorable	Unfavorable
Physical symptoms	72 (65%)	39 (35%)
Anxiety and sleep disorders	75 (68%)	36 (32%)
Impairment in social functioning	73 (67%)	37 (33%)
Depression	98 (89%)	12 (11%)
Mental health	82 (75%)	27 (25%)

Table 4. Evaluation of the four GHQ-28 scores of the scale Women

Scale test	Average	Standard deviation
Physical symptoms	5.5	3.5
Anxiety and sleep disorders	5.57	4
Impairment in social functioning	5.55	2.5
Depression	2.24	3.8
Total	18.86	11

Table 5. Scores of women working in the burnout scale

Scale test	Average	Standard deviation
Emotional exhaustion	12.8	9
Depersonalization	3.3	3.8
Sense of personal accomplishment	34.2	9.4

Table6. Demographic variables of burnout

Demographic variables		Frequency	Emotional exhaustion high	Depersonalization high	Sense of personal accomplishment low
Marital	Married	57%	6.3%	3.2%	52.4%
	Single	43%	11.1%	6.7%	37.8%
Age	30 years and lower	58%	3.6%	5.4%	48.2%
	31 years and higher	42%	5.1%	12.8%	48.7%
Experience	Lower 10 years	87%	8.6%	5%	49%
	10 years and higher	13%	8.3%	0%	50%
Number of children	No child	42%	4.8%	52.4%	57.1%
	1-3 child	58%	2.9%	52.9%	79%

Table 7. Mental health in terms of demographic variables

The mental health		Demographic variables	
Unfavorable	Favorable		
19.7	80.3	Married	Marital
3.9	68.1	Single	
20	80	Low than 30 years	Age
32.5	67.5	More than 30 years	
27.5	72.5	Lower 10 years	Experience
15.4	84.6	More than 10 years	
20	80	No child	Number of children
19	81	1-3 child	

DISCUSSION

The results of this research indicated that the mean score obtained by female practitioners in the emotional exhaustion and depersonalization tests was small. However, about 46% of female practitioners had a low-level sense of personal accomplishment, 16% had an average-level sense of personal accomplishment, and 37% were high in this sense. These results suggest that the burnout level in the personnel of government agencies (or public agencies) is less than the burnout level in health centers employees. That is to say, the majority of studies conducted on hospital personnel reflect moderate and severe burnout in nurses, physicians, and paramedics [24]. Hence, it can be said that since the personnel working at health centers cope with different patients, especially terminal cases, they show symptoms of burnout more than other practitioners. This part of the research results is consistent with the report by World Health Organization demonstrating the high prevalence of burnout among personnel working at health centers and the low prevalence of burnout among the personnel working at government agencies.

However, concerning the third aspect of burnout, i.e. personal accomplishment, it was found out that most people had a weak sense of personal accomplishment. Sense of accomplishment, dominance, and efficacy are induced when the person can affect the strategies of the related organization, demonstrate their capabilities and find a positive attitude toward themselves and clients. In addition, it was shown that the ability to control occupational events is one of the most important factors contributing to the creation of the sense of personal accomplishment. Therefore, it can be concluded that probably most of the women under study cannot prove their capabilities at work. This can be ascribed to the lack of positive working conditions or the existence of a negative attitude toward the self, the lack of job satisfaction and interest in work, and reduced self-confidence [25]. Another finding concerning mental health of the participants suggested that 25% of the female practitioners scored higher than the raw score in the GHQ-28 test. Women not only are assigned tasks at work, but also are responsible at home. This adds to the anxiety and stress experienced by this social class and threatens their mental health.

Concerning the relationship between burnout and mental health variables it was indicated that all three aspects of burnout are related to mental health at a significance level of less than 0.001 ($p < 0.001$). Moreover, there was shown to be a significant relationship between the aspects of burnout and mental health subscales. More precisely, emotional exhaustion had a significant relationship with all of the mental health subscales at a significance level of < 0.001 . Depersonalization was significantly linked to physical symptoms and depression subscales ($p < 0.001$). There was also a significant relationship between the sense of personal accomplishment, physical symptoms, and social malfunction ($p < 0.05$).

The results of this study comply with the results of the researches carried out by the following researchers who reported that there is a significant relationship between burnout and mental health of different groups of personnel. Since burnout causes various complications (including emotional, physical, and mental complications), this is the factor that can affect the mental health of people. On the other hand, a combination of various factors affects mental health as well .

Today researchers suggest that both workplace variables (and organizational factors) and external variables (including personal factors) shall be taken into account in analyzing mental health [26]. Some of the workplace variables are: interpersonal relationships, job satisfaction, job security, and working hours. On the other hand, personal factors affecting mental health include: demographic characteristics and personal characteristics.

Concerning the relationship between demographic variables and mental health it can be said there was not a significant relationship between mental health and such variables. Similarly, there was no significant relationship between demographic variables and burnout except for a variable known as the years of service. Many researchers did not report the existence of a significant relationship between variables such as gender, marital status, race, education, and exhaustion [27]. Among variables under study, the years of service variable was significantly related to emotional exhaustion and depersonalization. That is to say, people with lower years of service showed more symptoms of emotional exhaustion and depersonalization [28]. For example, indicated that there is an inverse relationship between years of service and burnout scores. Furthermore, this finding is also consistent with findings of Nazel et al. [29]. Concerning the negative relationship between years of service and exhaustion it can be said that employees with fewer years of service are less prepared for occupational stresses and have a low self-confidence. Therefore they are prone to burnout more than other employees. However, this finding is in contrast with the findings of Rasoulia [27]. Who reports higher levels of emotional exhaustion in nurses with years of service of more than 20 years? Of course, he explains that since people under study usually have positions with more obligations, this difference can be ascribed to the higher work pressure put on them and not higher years of service .

As it was mentioned, burnout imposes many consequences and expenses on organizations and psychosomatic health of their personnel. The prevalence of burnout among personnel with fewer years of service and the emotional exhaustion and depersonalization it induces require special attentions and organizational interferences such as supporting group work, reducing occupational conflicts and ambiguities, increasing the control over occupational events, as well as psychological interferences to reduce occupational stress and increase compatibility with work place teach adaptive methods and adaptation mechanisms, and develop support networks .

Since exhaustion can be developed prior to health disorders as a result of chronic stress, early identification of this problem and addressing it before it causes mental disorders can improve the health conditions of people and societies and reduce medical expenses. One of the limitations imposed on this research was the self-report method which was employed. Therefore, measuring other factors besides self-report (such as absence from work, work efficiency, and reports by other people including employers and family members) would have added to the credibility of the collected and examined data. It is recommended to consider these issues in other researches.

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