Research Article

STUDYING BURNOUT AND ITS RELATION WITH SOCIO- ECONOMIC CLASS OF GACHSARAN CITY HEALTHCARE SYSTEM STAFF IN 2014

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ABSTRACT

Background and objective: Burnout is a general health problem which is created in answer to uncontrolled job tension and as a result job stresses. Burnout leaves undesirable consequences on the individual and organization and leads to reducing effectiveness and quality of services presentation. The present study was conducted with the aim of determining burnout and its relation with socio- economic class of Gachsaran city healthcare system staff in 2014.

Research method: the present applied study was performed in cross-sectional from. By multistage stratified sampling method and using relationship estimation formula in limited society, 268 persons from total personnel working in Gachsaran healthcare service were selected and entered the study. Data collecting tools were two scholar-made checklists (including demographic specifications and socio- economic status and a Maslach burnout questionnaire . for data analysis, SPSS 22 software was used. mean, standard deviation, median, percent and number were used for providing descriptive statistics and in order to provide analytical statistics ,independent t-test, Qui-square , variance analysis and regression model were used. significance level in all analyses was considered less than 0.05.

Findings: In this study, total score average was burnout frequency 51.7 and burnout intensity 60.9. Socio- economic status of 47.4% of studied people was intermediate. A significant relation was found between socio-economic status, age, job background, number of children and mass body index with emotional weariness frequency , between mass body index and number of children with emotional weariness intensity , between age , job background, education status, number of children and mass body index with depersonalization frequency, between age, job background , number of children with depersonalization intensity, gender with individual failure intensity and mass body index with individual failure frequency (p<0.05).

Conclusion: According to the present study and regarding stressful nature of healthcare job, special attention of managers and also healthcare authorities to burnout factor and its rate and also providing and implementing some approaches for preventing from its creation or at least reduction of effects and harms due to it is necessary.

Keywords: burnout, socio-economic status.

INTRODUCTION

One of the most important factors creating stress is job type. In response to long and uncontrolled job tension and as a result job stress due to conflict between individual abilities and job requirements, burnout is created. Burnout is a general health problem. Despite existence of various

definitions from burnout in different texts, no exact definition has been provided. Often, three dimensions of emotional distress, depersonalization and low individual success are known as dimensions of burnout syndrome.

Emotional weariness is defined as feeling of being under pressure and disappearing agitation in the individual , depersonalization is defined ad negative respond to service receivers and lack of individual success is defined as competence reduction feeling in performing duty and negative self-evaluation in job.

Exact frequency of burnout is not distinctive but the statistics indicate accession of one burnout case for 7 practitioners. Because of physical and mental disorders due to burnout, absence from work, sequential delays, service quitting, job dissatisfaction and reduction of the personnel function increase. Therefore, effectiveness and efficiency of the personnel could be influenced by burnout which will follow reduction of services presentation quality and imposing serious costs on the organization.

Because of existence of high mental tensions and direct relation with clients in many hours of day and night, healthcare profession staff have more burnout than other occupations.

Based on the research results in Iran, high frequency of healthcare staff burnout in emotional weariness dimension is between 4.6 to 41.3% (17.16), in depersonalization is between 2.7 to 36.8% (18.16) and in individual success drop is between 19.6 to 50%(19.16).

The study of Canadas-De la Fuente et.al showed that 21% of nurses had high emotional weariness, 30% had high depersonalization and 44% had low individual function. Nurses' burnout was correlated with gender, marital status, work shifts, personality factors and care domains.

Besides type of job, socio-economic status is one of the most important factors determining the society people health. Then, determining its relation with various health consequences such as burnout is significant.

Based on the scholar information, in spite of implementing some studies in the field of burnout, no research has been performed about the relation between burnout and the staff socio-economic status. Then, identifying the staff burnout and its relation with their socio-economic class could be helpful for the country managers, experts and policy makers in providing some approaches for changing interventional factors related to burnout in order to improve working condition, reduce working place stressful factors, promoting the personnel health and healthcare services quality.

RESEARCH METHOD:

The present study is an applied research and of analytical-descriptive type and it was performed in cross-sectional form. The statistical population included all personnel working in Gachsaran city healthcare system in 2014. Using the staff names and the notified occupational ranks from personnel department, 873 persons were identified. Sampling was performed by multistage stratified method. So that the personnel were classified based on service location to two categories of personnel working in hospital (588 persons) and working in the city health center (285 persons). In each category, based on occupational rank, 5 separate occupational categories were considered as specialist and sub-specialist doctoral category, general doctoral, bachelor, technician and category of other professions.

The sample content was estimated 268 persons based on relationship estimation formula in limited society. The staff with at least 1 year service years had the inclusion condition and proportional sample content in each category and subcategory was acquired randomly.

Data collecting tools were two scholar-made checklists including demographic specifications checklist, socio-economic status checklist (SES) and Maslach and Jackson standard burnout questionnaire. Demographic specifications checklist included age, gender, marital status, number of children, service years, education level, employment status, smoking, physical activity, average physical activity time during the week, study, average time of study in day and night, weight and length of studied people for calculating body mass index. Variables which played role in determining socio-economic status were categorized in four domains of education, occupation, family monthly income and relative welfare indexes and socio-economic status checklist included 28 questions.

Maslach and Jackson burnout questionnaire is the most prevalent tool of measuring burnout. Content validity and scientific reliability of the questionnaire was calculated by test-retest method with correlation coefficient of 0.8 by Behboudi et.al. In a study, using Cronbach alpha coefficient,

reliability of emotional weariness was reported 0.88, depersonalization 0.68 and individual success 0.84.

Maslach burnout questionnaire included 22 terms for assessing frequency and burnout levels intensity as 9 questions relating to emotional weariness, 5 questions relating to depersonalization and 8 questions relating to personal competence feeling. Frequency of burnout emotions was ranked from zero to six (never, several times a year, once a month, several times a month, once a week, several times a week, everyday) and these dimensions intensity was ranked from zero to seven (none, very low, low, notable, medium, relatively severe, severe, very severe) and the obtained scores in each of these three dimensions were placed in sets of low, medium or high based on Likert scale. In the following table, the scoring method of each burnout questionnaire item is specified.

Method of scoring each of burnout questionnaire items

burnout dimensions	level	score frequency intensity
emotional weariness	low	<17 <25
	medium	18-29 26-39
	high	>30 >30
depersonalization	low	<5 <6
	medium	6-11 7-14
	high	>12 >15
individual success	low	> 40 >44
	medium	34-39 37-43
	high	<33 >36

Data, after collecting, was interned to SPSS-22 software and analyzed. Qualitative variables as mean, standard deviation or median (interquartile range) and qualitative variables as number (percent) were provided. For data analysis based on type of variables, independent t-test, Qui-square and variance analysis were used and regression model was used too. Significance level in all analyses was considered less than 0.05.

After the plan approval by research adjutancy of Marvdasht Islamic Azad University and obtaining license from Yasooj medical sciences university, besides providing some

explanations about the way of completing the questionnaire and emphasis on confidentiality of information, the questionnaire was completed by the individuals.

FINDINGS:

Due to possibility of dropout and non- replication of the sample individuals, a number of 300 persons from the personnel working in Gachsaran city healthcare system were studied. Among them, 32 participants were excluded from the study due to imperfection of collected information and finally the information relating to 268 persons was analyzed. Average age of studied people was 36.4± 7.8 years. The youngest studied person was 21 and the oldest 61 years old. Most studied people were below 35 years old (50%), woman (54.9%) and married (77.2%). Most people (36.7%) had two children and the least children number was reported as 4 children. Other personal – occupational specifications are stated in table1.

Total score average of burnout questionnaire was 51.7 in respect of frequency and 60.9 in respect of intensity. In respect of frequency, most staff had medium emotional weariness (39.2%), depersonalization (52.2%) and high individual failure (98.5%). The highest emotional weariness intensity (49.6%) was observed in low level while, the highest depersonalization intensity was medium and the greatest individual failure (92.5%) was high.

47.4% of staff had medium socio- economic class and the next frequencies were related to low (29.1%) and high (23.5%) socio-economic status respectively.

In table 2, score mean, standard deviation and frequency distribution and intensity of burnout domains have been stated in number and percent.

Based on Pierson correlation coefficient test, a reverse relation was observed between people age, job background, number of children and education years with frequency and intensity score of burnout domains.

According to the results of unilateral variance analysis , no significant difference was found between exercise status and emotional distress , smoking status with score of individual failure frequency and total score of domains frequency and between education status with score of depersonalization intensity ($p<0.05$). So that burnout of these dimensions in non-athlete people, smokers and people with less education years was higher than others.

Table 1: Personal – occupational specifications of studied people (Gahchsaran city healthcare system staff, 2014).

Specifications		Number (percent)	mean± standard deviation
employment status	projective	24 (9)	
	contractual	79(29.5)	
	contractual	58 (21.6)	
	official	107(39.9)	
	service years		11.9± 7.9
education degree	diploma and under diploma	57 (21.3)	
	associate diploma	40 (14.9)	
	bachelor	125 (46.6)	
	master's degree and higher	46 (17.2)	
	length (cm)		166.6 ± 9.3
	weight (kg)		70.3 ± 13
	body mass index (kg/m^2)		25.2 ± 3.6
	smoking	22 (8.2)	
	regular weekly exercise	97 (36.2)	
	time of exercise in a week (minute)		14.9 ± 36.3
	daily study	134 (50)	
	time of study in day and night (minute)		10.8 ± 24.9

Table 2: Mean and frequency distribution of studied people based on frequency score and burnout domains intensity.

	burnout frequency				burnout intensity		
domains	Mean ± standard deviation	level	number (percent)	domains	Mean ± standard deviation	level	number (percent)
emotional weariness	25±9.9	low	71(26.5)	emotional weariness	26.6±10.6	low	133(49.6)
		medium	105(39.2)			medium	96(35.8)
		high	92(34.3)			high	39(14.6)
depersonalization	10.4±4.9	low	34(12.7)	depersonalization	11.8±5.8	low	40(14.9)
		medium	140(52.2)			medium	156(58.2)
		high	94(35.1)			high	72(26.9)
individual failure	16.4±6.1	low	1(0.4)	individual failure	22.6±8.5	low	248(92.5)
		medium	3(1.1)			medium	13(4.9)
		high	264(98.5)			high	7(2.6)
total score of domains frequency 51.7±16.9				total score of domains intensity 60.9±20.8			

Table 3: Significance level of individual – occupational variables with studied people burnout domains.

Individual occupational specifications \ burnout domains	emotional distress		depersonalization		individual failure	
	frequency	intensity	frequency	intensity	frequency	intensity
age (year)	0.048	0.03	0.31	0.52	0.003	0.66
gender	0.39	0.31	0.81	0.91	0.25	0.036
marital status	0.52	0.82	0.16	0.38	0.78	0.83
children number	0.01	0.047	0.002	0.022	0.94	0.49
education degree	0.23	0.1	0.04	0.12	0.1	0.13
employment status	0.31	0.53	0.35	0.81	0.46	0.51
work background(year)	0.036	0.25	0.001	0.023	0.88	0.86
smoking	0.1	0.59	0.94	0.85	0.09	0.46
exercise	0.64	0.13	0.73	0.84	0.75	0.29
study	0.61	0.96	0.41	0.49	0.62	0.19
body mass index (kg/m^2)	0.001	0.01	0.04	0.38	0.04	0.16

Table 4: The relation between the studied people socio-economic class with burnout domains.

domains	frequency/intensity	level	socio-economic class			p-value
			Low (78 persons)	Medium (127 persons)	high (63 persons)	
emotional distress	frequency	low (71 persons)	27(34.6)	27(21.3)	17(27)	0.049
		medium (105 persons)	23(29.5)	51(40.2)	31(49.2)	
		high (92 persons)	28(35.9)	49(38.6)	15(23.8)	
	intensity	low (133 persons)	40(51.3)	62(48.8)	31(492)	0.33
		medium (96 persons)	22(28.2)	49(38.6)	25(39.7)	
		high (39 persons)	16(20.5)	16(12.6)	7(11.1)	
depersonalization	frequency	low(34 persons)	10(12.8)	15(11.8)	9(14.3)	0.97
		medium (140 persons)	40(51.3)	66(66)	34(54)	
		high (94 persons)	28(35.9)	46(36.2)	20(31.7)	
	intensity	low (40 persons)	11(14.1)	19(15)	10(15.9)	
		medium (156 persons)	44(56.4)	76(59.8)	36(57.1)	
		high (72 persons)	23(29.5)	32(25.2)	17(27)	
individual failure	frequency	low (1 persons)	0	1(0.8)	0	0.62
		medium (3 persons)	1(1.3)	2(1.6)	0	
		high (264 persons)	77(98.7)	124(97.6)	63(100)	
	intensity	low (7 persons)	2(2.6)	6(4.7)	2(3.2)	0.98
		medium (13 persons)	3(3.8)	6(4.7)	4(6.3)	
		high (248 persons)	73(93.6)	118(92.9)	57(90.5)	

the results are as frequency (percent)
comparison of frequencies have been performed by qui-square test

Significant level of studied people individual – occupational variables with frequency and intensity of burnout domains are reported in table 3.

Based on unilateral variance analysis test results, there was a significant difference between the studied people socio-economic class with frequency and intensity score of individual failure. So that in people with high socio-economic class, the average score of individual failure frequency and intensity was higher. The significance level of SES with frequency and intensity of burnout domains have been stated in table 4.

DISCUSSION:

According to the results of the present study, for determining burnout and its relation with socio-economic class of Gachsaran city healthcare system staff in 2014, all the personnel had some degrees of burnout. Frequency and intensity of emotional distress and depersonalization were medium and individual success drop was high, which was consistent with the results of studies of Moradi et.al (1392) and Alparsan et.al study (2009) since in both studies the rate of burnout was reported medium and individual function was reported low. There is a direct relation between frequency and intensity of depersonalization with emotional weariness and a reverse relation between emotional weariness and depersonalization with individual effectiveness, then, by creating a suitable occupational environment with readiness and enjoying from mutual supports and also by interest to job and service receivers, we can reduce emotional distress and depersonalization and increase effectiveness.

According to the present findings, the personnel individual incompetency was high. In the study of Canadas -De la Fuente et.al (2015) individual success was reported high, while the results of Carlotto et.al and Mahmoudi et.al study indicated low level of individual incompetency. By reducing individual success and creating job dissatisfaction, failure feeling, impropriety and negative self-evaluation, effectiveness is decreased too. There is a direct relation between frequency and intensity of individual success reduction with emotional weariness and emotional weariness is main feature of burnout.

In this study, age with frequency of emotional distress, frequency and intensity of depersonalization had significant and reverse statistical relation. This finding was consistent

with the results of Queiros et.al (2013) and Behboudi et al (1391) studies, while in the study of Ebrahimi et.al (1392) with age increase burnout increased and according to the results of Can˜adas-De la Fuente et.al (2015) and Lang et.al no relation was found. The difference of these figures and statistics could be due to the difference of the studied populations and their age range. It seems that working experience is the most important predictor of burnout during life, then by increasing age and working experience, the ability to oppose job stresses is increase and burnout is decreased.

The results of various studies are different in relation between age and burnout. Consistent with study of Carneiro et.al (2013), in this study, too, a significant difference was found between gender and individual success intensity, so that the individual success drop in women is more than men and in other studies, men depersonalization is more than women. Sadeghzadeh and Naseri et.al reported women burnout more than men, while in the research of Carlotto et.al and Hosseini et al, no relation was found between gender and burnout. The differences of occupational and family environment could be among reasons of results difference. The conflict between organizational and family roles could create stress which in case of lack of stress management and control, regardless of gender causes more burnout.

There are different results in the field of relation of marital status and children number with burnout. In this study, with increasing the number of children, frequency and intensity of emotional distress and depersonalization decreased while no difference was found between single and married people. Dominant view is that married and with children staff despite higher emotional weariness, have high individual success too. Despite the present findings, in the study of Behboudi et.al with increase of the children number, burnout increased and consistent with this study, no relation was found between marital status and burnout. While, Lasebikan et al (2012) reported more burnout in single people and Jafari et.al in married ones. Possibly, different family environment or maybe study error are among reasons of these differences. Family support has a predictive role in burnout. It seems that enjoying family support and having positive relation with family members has a protective role against job tension and burnout but if family relations become weak or a conflict is

created between the individual ability for ding occupational duties simultaneous with the assigned affairs at home , burnout increases.

A reverse relation was found between job background and burnout and with working precedent increase; the number of emotional weariness and frequency and intensity of depersonalization was decreased. Consistent with the present findings, in the study of Carlotto et.al (2013), people with less working precedent and experience had more emotional weariness. By increase of working precedent, the ability to oppose job stresses is increase and weariness is decreased. And also, due to higher self-confidence and development of meaningful working relations, people could have better individual function. Inconsistent with these findings, in some studies by increase of working precedent and continuous encounter with occupational stressful situations and lack of their control, burnout increased too and for each year of precedent increase, the rate of emotional distress was increased 10.9 times.

In health issues, people education level is one of the most important factors determining affection and attenuation. In this study, a relation was found between education degree and frequency of depersonalization and the results of some other researches indicated the relation between education degree and emotional weariness. Inconsistent with the present study, in some researches no relation was found between education degree and burnout. In the present study, there was a relation between the number of educational years and burnout score, so that by increasing education years, burnout score lessened. But, in all domains, this relation was not statistically significant and only the relation between frequency score of depersonalization with the participants' educational years was statistically significant with Pierson correlation coefficient equal to -0.136.

In this study, no statistically significant relation was found between exercise and its duration in week (in minute) with burnout and the study results was consistent with this finding. Exercise causes increasing of people capacity for opposing with stress and reduction of burnout. Possibly, due to less average exercise time during the week (about 15 minutes), no relation was found between exercise and burnout.

Though frequency of individual incompetency in smokers was more than others but this difference was not statistically significant and maybe lack of a significant relation reason is les frequency of smokers in studied people.

Based on the present findings, no relation was found between study and employment status with frequency and intensity of burnout domains. In the studied city, there is a relatively high occupational security and regardless of employment type, losing job stress is limited and perhaps in this case, it is one reason of relation non-existence.

On average, the studied staff had excess weight and by increasing body mass index, burnout was increased. A statistically significant relation was found between body mass index and frequency and intensity of emotional distress and depersonalization and also with frequency of low individual function. It seems that obese people with excess weight suffer more physical and mental disorders and also higher stress. Of course, perhaps the ability to present in the society and establishing relation with others in this people is less. Then, the feeling of emotion depletion, mental separateness from job, failure and negative self-evaluation is increased in this people.

Socio- economic class (SES) is a structure which shows the rate of individual access to a series of optimal resources like power, money, good networks, healthcare, leisure and training opportunities. The results showed that most staff in respect of socio-economic status had medium level and in people with high SES, the average score of individual success frequency and intensity was higher. Also, a significant difference was observed between people socio-economic class and emotional distress frequency and most people with high frequency of emotional distress stood in medium socio-economic status.

The performed studies for determining the relation of socio-economic class with burnout of healthcare personnel are limited and based on the scholar search, no internal intervention existed in this regard, though other studies limitedly examined the effective variables in determining socio-economic class and showed its relation with burnout but no one determined studied people socio-economic level.

One of human dispositions is access to a series of desirable resources and more welfare supply. Possibly, people, with low or medium SES, have continuous effort for promoting their socio-economic level and bear many stresses in this path. If stresses are continuous and uncontrollable or

occupational conditions and the obtained results are not desirable in socio-economic respect and don't cause their promotion, emotional distress and feeling of being under pressure is increased in the individual.

In this study, regarding the individuals dispersion based on frequency and intensity burnout, in some domains which had less sample content, the required statistical potency didn't exist for relation evaluation. Generally, regarding the importance of burnout in healthcare personnel and significance of socio-economic status as one of determiners of the society health, conducting more studies in this population and determining their relation with people socio-economic class is necessary.

CONCLUSION:

All personnel had some degrees of burnout. Emotional distress and depersonalization was medium and individual failure was high. Most staff had medium socio-economic class. Besides some individual –occupational variables including age, gender, job background, the number of children, educational degree and body mass index, socio-economic class had a statistically significant relation with burnout. So that most people with high frequency of emotional distress stood in medium socio-economic class and average score of individual success frequency and intensity, in personnel with high SES, was more than others. According to the present research and regarding stressful nature of healthcare profession, special attention of managers and also healthcare authorities to burnout factor and its rate and also providing some approaches for preventing from creation or at least reduction of impacts or harms due to it, is necessary.

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