

# Relationship between job burnout and work performance in a sample of Iranian mental health staff

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## Abstract

**Objective:** Job and workplace characteristics, particularly among mental health workers, have been identified as "stressors". In this study, the objective was to assess the relationship between work performance and job burnout amongst staff at a psychiatric hospital. **Method:** The respondents comprised 100 mental health professionals from Raazy Psychiatric Center, Tehran, Iran; including nurses, co-nurses, psychologists, social workers, and occupational therapists. Instruments used were the Job Burnout Inventory, standardized for an Iranian population; and a 10-item questionnaire about job performance. **Results:** The study showed that 45.6% of the sample had job burnout at a high level; 42.5% of subjects had emotional exhaustion at a high level and 65.5% had experienced depersonalization at a high level; however, only 21% experienced feelings of failure in individual achievement at a high level. There was a significant correlation between job burnout and inability for job performance. **Conclusion:** The findings are of concern and show the need to take cognizance of the existence of job burnout amongst mental health professionals and to consider strategies for dealing with the problem.

**Key words:** Job burnout; Work performance; Stress; Emotional exhaustion

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## Introduction

One of the situations creating mental tension and stress is an individual's job and working environment. As a whole, type and area of profession, excessive demands for hard-work, physical danger, and other kinds of long-standing maladjustment with one's working area, are considered as "stressors" or "job tensions".<sup>1</sup> One of main aspects of job stress, is the phenomenon of "job burnout". According to research on "job burnout", it is defined as a state of physical, emotional and mental exhaustion which results from long-lasting and direct confrontation with people or/and emotionally- overwhelming situations.<sup>2</sup> In another definition, job burnout is a psychological syndrome, in response to chronic job interpersonal stress.<sup>3</sup> From another perspective, it is a syndrome including emotional exhaustion, depersonalization, and feelings of failure in individual achievement which happen in helping professions serving a large population (e.g. health and didactic professions).<sup>4</sup>

Generally, a person who suffers job burnout, often feels emotional and physical fatigue, job dissatisfaction with decreased efficiency, and feels a stranger to colleagues.<sup>2,3,4</sup>

## Components of job burnout

Emotional exhaustion, depersonalization, feelings of failure in individual achievement and efficiency are three components of job burnout.<sup>5</sup> Consequences of these components, could be "a feeling of separation from service receivers", "dislike of the environment", "disinterest or failure to engage in one's job and occupation", and "psychosomatic problems". Job burnout is observed more in service providers in didactic and healthcare services. Investigations show that generally, in occupations demanding interaction with people, higher levels of burnout are noted.<sup>6,7</sup> Also, studies show a higher level of burnout in health professionals especially those working in hospitals.<sup>8</sup> For instance, researchers from the USA and the Netherlands, found that medical and paramedical staff feel less emotional exhaustion and depersonalization, but more efficiency failure.<sup>9</sup> In another study, level of burnout in mental health personnel of community-based centers, is higher than that of the same staff in hospitals. The study mentions the following causes of burnout: more stressful work in the health centers, poorer resource allocation, lower levels of educating and supervising

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staff<sup>10</sup>, and states that a high national level of burnout in mental health workers resulted from job performance inability. The studies conducted in the USA and the Netherlands showed that in the USA, compared to the Netherlands, mental health staff have experienced less burnout, and hence have had higher job performance ability. In another US study about 40% of clinical psychologists experienced burnout.<sup>11</sup> Similarly, in the UK, 29.4% of clinical psychologists experience high stress situations, and 47% of them have considered leaving their jobs.<sup>12</sup> In a further British study, the estimated expenditure resulting from burn-out in nurses, and job performance failure was about 700 million pounds.<sup>13,14</sup> Finally, in South African research, doctors working in a secondary level hospital, showed 85% job dissatisfaction and 45% mental ill health.<sup>16</sup> These findings have led to the author's interest in examining job burnout among health workers at Raazy Psychiatric Center. The objective of the current study was to examine the relationship between work performance and job burnout in our workplace.

### Methods

This was a cross sectional study carried out at a psychiatric hospital.

### Sample

The sample comprised 100 mental health service providers, representing various disciplines, at Raazy Psychiatric Center - with 1370 psychiatric inpatients - situated in Tehran. Out of 600 local health workers (total number of the Center workers), 105 individuals were randomly selected. 5-people dropped out of the study with 100 respondents remaining (Table I). Noticeable was the non-participation of physicians. The basis of their reluctance to participate was not clear. Some agreed to participate later but could not be included at that stage. After obtaining local ethics approval, the research purpose, including confidentiality, were disclosed to the participants, and informed consent was obtained. The aforementioned sample comprised: 32% males and 67% females. The mean age of the sample was 31.29 years.

**Table I: Professions and number of individuals in each category**

Professionals	Sample No.	Respondent No.	Frequency
Nurse	24	22	22%
Co-nurse	30	29	29%
Psychologist	33	31	31%
Social worker	12	12	12%
Occupational therapist	6	6	6%
Total	105	100	100%

**Table II: Mean & standard deviation of job burnout and related components**

Maslach's Burnout Inventory Questionnaire					
	Total Job burnout	Emotional exhaustion	Depersonalization	Feeling of failure in individual achievement	Inability of job performance
Mean	73.24	29.4	9.3	34.5	34.6
Standard deviation	13.5	6.9	2.1	7.00	6.25

### Materials

To measure job burnout rate, Maslach's Burnout Inventory (MBI) was used. The instrument has been adapted for the Iranian population by two local authors.<sup>15</sup> The validity coefficient of the test using Cronbach's alpha was =0.89 which confirms high sensitivity and power.<sup>17</sup> This inventory includes 27 questions which measure the following burnout components: emotional exhaustion (9 items), depersonalization (9 items), and feeling of failure in individual achievement (9 items). An intensity scale (7-point anchored Likert) ranging from 1 (very mild, barely noticeable) to 7 (major, very-strong) was completed by the subjects in response to each item of each component. The sum of the given scores for each item was calculated and used to score the component with scores categorized as follows: 1 to 21 = low, 22 to 42 = moderate and 43 to 63 = high, for emotional exhaustion and feeling of failure, while it was reversed for the depersonalization field, with scores of 1 to 15 = high, 16 to 30 = moderate and 31 to 45 = high. The total score of all components was considered as the total "job burnout" score, whose scores were classified as low (< 63), moderate (>64 and <126) and high (>127).

To measure level of inability of job performance, a 10-item questionnaire which has been used by other researchers, was utilized for our study. The questionnaire appeared appropriate for the local culture.<sup>17</sup> The questionnaire was devised by Paackee and Bahraamy<sup>17</sup> and measured self injury, independence performance, family relationships and the ability of an individual to manage activities of daily living. The validity coefficient of the test was evaluated by Cronbach's alpha (=0.81). An intensity scale with scores ranging from 1 (complete disagree) to 6 (complete agree), which was recommended<sup>17</sup>, was completed by the subjects in response to each item. The sum of the given numbers gave a measure of the inability of job performance, with scores categorized as follows: 1 to 20 = low, 21 to 40 = moderate and 41 to 61 = high. Following questionnaire completion, they were coded and the data analyzed using the SPSS programme. Frequencies and means (with standard deviation) were derived and a correlation coefficient calculated.

### Results

Table I shows a breakdown of participants by occupational class. Table II shows mean scores and standard deviation for components of the MBI, and inability for job performance. The prevalence rates for levels (high, moderate, and low) of MBI component scores as well as job burnout is shown in Table III. As seen in Table III, 45.6% of the sample have experienced a high level, and 17.3%, a low level of job burnout. Looking at MBI components, 42.5% of the sample have experienced emotional exhaustion, 65.5% depersonalization and 21% a feeling of failure

**Table III: Prevalence rate of job burnout at three levels**

	High		Moderate		Low	
	No.	Frequency	No.	Frequency	No.	Frequency
Job burnout	45	45.6%	31	33.6%	16	17.3%
Emotional exhaustion	42	42.5%	32	34.7%	18	19.5%
Depersonalization	65	65.5%	26	26.2%	8	8.00%
Feeling of failure in individual achievement	16	21.00%	26	34.2%	34	44.7%
Job performance inability	14	20.00%	29	35.3%	34	44.6%

in individual achievement at high levels. In addition 20.0% of the sample reported not feeling fully competent in performing their professional duties, 35.3% reported moderate failure in competence, and 44.6% reported a low level of competence difficulties.

#### **Relationship between burnout and job inability**

To study this relationship, a Pearson's Correlation Coefficient was used. Correlation coefficients between job burnout numbers and related components, and job inability numbers in the individual sample were calculated. The result, displayed as a correlation matrix, is shown in Table IV. The correlation between total job burnout and job performance inability is highly significant ( $P < 0.001$ ;  $r = 0.64$ ). A higher rate of job burnout, resulted in a higher rate of job inability. This was also true regarding burnout components i.e. the correlation coefficients between emotional exhaustion, and job performance inability ( $p < 0.001$ ;  $r = 0.60$ ), between depersonalization and job inability ( $p < 0.001$ ;  $r = 0.57$ ), between feeling of achievement failure and job inability ( $p < 0.001$ ;  $r = 0.66$ ); all show that increasing emotional exhaustion, depersonalization, and feelings of failure in individual achievement, resulted in more job performance inability.

#### **Discussion**

Many studies have shown that healthcare staff are often exposed to excessive job burnout. Among these, mental

healthcare providers, experience a higher rate of job stress and burnout which negatively impact on their satisfactory and effective performance. In this study carried out on a sample of Iranian mental health staff the results are not compatible with research findings in developed countries such as the UK, USA and the Netherlands.<sup>4,10</sup> In a developing country study, conducted on 50 doctors working in a general public-sector hospital, in South Africa<sup>16</sup>, occupational stress resulted in below-average scores for job satisfaction for doctors. The study shows a high level of job burnout and is similar to our study results and suggests the need for specific solutions. The results of our study are important from several viewpoints. First, is the high level of job burnout in the sample group, namely that half of the staff are suffering a high level of job burnout. If one ignores burnout severity, about 96% of the study group have experienced burnout. Also, with regard to the strong impact of burnout on other areas of life including health, job and social affairs, this finding demands special attention and care. Considering the nature of an individual's job and occupation, in the study; the emotional exhaustion level is high. This exhaustion along with physical fatigue and especially with different kinds of psychosomatic difficulties, causes feelings of failure in individual achievements for the staff, so that many of them fail to regard their occupation as providing success and satisfaction. Staff hence develop feelings of achievement failure, and depersonalization, including pessimism and hesitation in their work capacities.

**Table IV: Correlation coefficient between job burnout and related components, and job performance inability**

Emotional exhaustion	Depersonalization	Feeling of failure in individual achievement	Job performance inability	Subject
$r = 0.64$ $P < 0.001$ $n = 100$	$r = 0.51$ $P < 0.001$ $n = 100$	$r = 0.68$ $P < 0.001$ $n = 100$	$r = 0.64$ $P < 0.001$ $n = 100$	Total burnout
	$r = 0.58$ $P < 0.001$ $n = 100$	$r = 0.47$ $P < 0.001$ $n = 100$	$r = 0.60$ $P < 0.001$ $n = 100$	Emotional exhaustion
		$r = 0.54$ $P < 0.001$ $n = 100$	$r = 0.57$ $P < 0.001$ $n = 100$	Depersonalization
			$r = 0.66$ $P < 0.001$ $n = 100$	Feeling of failure in individual achievement

This burnout, exhaustion, and feeling of individual failure, do result in feelings of inability to attain appropriate and effective performance. The study results show that increasing severity of burnout, results in more work performance inability. Altogether, the person with job burnout, feels strangeness to, and separation from the profession, from colleagues, from service receivers<sup>4</sup>, and finally an inability to perform assigned duties.

### Conclusion

In conclusion, and with respect to the study results, finding appropriate solutions to minimize burnout in mental health staff is crucial. A number of solutions and strategies, which are a combination of author and participant suggestions, are proposed: developing a suitable reward system, hiring new and fresh staff to decrease the workload, competitive salary rates, decision making interventions, developing safety and stress coping committees, goal-directed staff meetings, educating and supervising staff, leading management training for section heads, discharging more organic comorbid patients, equitable resource allocation as soon as possible and making staff take mandatory leave. A major limitation of the study is the absence of data from psychiatrists (as well as health center clerks). Further limitations included not obtaining demographic data and not including other mental health centers and facilities.

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