

A Study on the Burnout Levels of Hospital Patient Services Employees

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ABSTRACT

Objective: Burnout is often seen in the service sector and in areas with stressful human interactions. In hospitals patient services employees are also one of the groups at risk of experiencing burnout syndrome due to the intense involvement of close personal relations. This study aimed to determine burnout levels of patient services employees in private hospitals.

Method: The sample of this study included patient services employees from seven private hospitals located in Istanbul, Turkey. In January 2016, a survey study was conducted with research participants (n=295). The measurement scale used was Maslach's Burnout Inventory. The burnout level was examined relating to age, gender, marital status, number of children, education, tenure, and monthly income.

Findings: According to the survey results, there was a significant difference in burnout scores among people of different ages, genders, education levels, and monthly incomes. On the other hand, there was not a significant relationship between burnout levels and marital status, number of children or tenure in patient service personnel. Moreover, it was found that the burnout level of patient services employees is low. Specifically, the score of the depersonalization aspect of burnout was found to be minimal.

Conclusion: It was concluded that burnout is an important issue that needs to be prevented and overcome with patient service employees.

Key words: burnout, emotional exhaustion, depersonalization, personal accomplishment, patient services

HASTA HİZMETLERİ ÇALIŞANLARININ TÜKENMİŞLİK DÜZEYLERİNE YÖNELİK BİR ARAŞTIRMA

ÖZET

Amaç: Tükenmişlik özellikle insan ilişkilerinin ağırlıklı olduğu çalışma alanlarında ve hizmet sektöründe sıklıkla görülmektedir. Hastanelerde hasta hizmetleri çalışanları tükenmişlik açısından riskli gruplardan biridir. Bu çalışmada, özel hastanelerde hasta hizmetleri çalışanlarının tükenmişlik düzeylerinin belirlenmesi amaçlanmıştır.

Yöntem: Araştırma evreni İstanbul'da yedi özel hastanede hasta hizmetleri çalışanlarıdır. 2016 Ocak ayı içerisinde, çalışmaya katılmayı kabul eden hasta hizmetleri çalışanların tamamına anket (n:295) uygulanmıştır. Ölçüm aracı olarak "Maslach Tükenmişlik Ölçeği" kullanılmıştır. Tükenmişlik durumu yaş, cinsiyet, medeni hal, çocuk durumu, eğitim durumu, hasta hizmetlerinde çalışma süresi ve aylık gelir durumu değişkenleri açısından incelenmiştir.

Bulgular: Anket sonuçlarına göre yaş, cinsiyet, öğrenim durumu, aylık gelir değişkenlerinde tükenmişlik puanları açısından anlamlı düzeyde farklılık bulunmuştur. Medeni durum, çocuk sahibi olma, görev süresi değişkenlerinde anlamlı düzeyde farklılık bulunmamıştır. Hasta hizmetleri çalışanların tükenmişlik düzeylerinin genel olarak düşük olduğu; özellikle duyarsızlaşma alt boyut puanlarının en düşük düzeyde olduğu bulunmuştur.

Sonuç: Bu araştırma sonucunda tükenmişliğin hasta hizmetleri çalışanları için de önlenmesi ve üstesinden gelinmesi gereken bir konu olduğu sonucuna varılmıştır.

Anahtar sözcükler: tükenmişlik, duygusal tükenme, duyarsızlaşma, kişisel başarı, hasta Hizmetleri

The concept of burnout was first introduced in the literature by Freudenberger's article (1). It was defined as a state of exhaustion or frustration in the individual's inner resources that resulted from work or work relationships that failed to produce the expected rewards. Maslach, who developed the burnout inventory, classified the concept into three aspects: emotional exhaustion, depersonalization, and reduced personal accomplishment (2).

Emotional exhaustion: it measures experiencing emotional overextension and a decrease in individual's emotional and physical resources. Individuals experiencing emotional exhaustion feel themselves emotionally fatigued and being overly exposed (3). **Depersonalization:** it represents the interpersonal aspect of burnout, and refers to negative and strict attitudes toward people and being indifferent to the job itself. Depersonalization shows itself through the individual's impersonal, negative, and intolerant responses and treatments of service receivers or coworkers as if they are objects (4). **Reduced personal accomplishment:** it refers to the individual's tendency to evaluate herself/himself negatively in terms of personal competence and successful achievement. Reduction in personal achievement presents as a reduced sense of success and increased sense of incompetency toward to the job itself and personal relations at work (5).

The factors influencing burnout are examined under two aspects;

Individual Factors: These factors represent the elements that trigger burnout and increase its effects in certain cases. On the other hand, individual factors may also reduce burnout and its effects in certain cases as well. The individual factors that affect burnout are gender, age, education, marital status, number of children, and tenure.

Factors related to job and organization: Workload, control system, rewards, commitment, fairness and values are some of the job and organization related factors that influence burnout (6).

The consequences of burnout are numerous. Some of these consequences are increased turnover intention, not caring the job, decrease in the quality of the service given, absenteeism, tendency to extend sick leave, unconformity in persona relations, tendency to move away from partner or family, decreased job performance, job dissatisfaction, tendency to be sick without reason, and increased injury and work accident. Furthermore, individuals

experiencing burnout are more likely to suffer physical problems such as fatigue, sleeplessness, lack of appetite, headache, and dyspepsia. In addition, psychological problems such as susceptibility and sensitiveness are also more likely to be seen in individuals experiencing burnout (7,8,9,10,11,12,13). An important point emphasized by scholars focusing on burnout is that burnout is a phenomenon that is frequently seen in the occupations who work face to face with people. Therefore, healthcare employees are among the mostly examined occupations in terms of burnout (14). Burnout has been studied in populations of all types of healthcare professionals around the world, including allied healthcare professionals, medical residents and fellows, and dentists (15). In general, physical, psychological, and interpersonal effects of burnout on healthcare individuals show variance. The effects of burnout are not only important for healthcare employees, but also important for patient health and safety.

Several studies have shown that decreased staffing as a result of burnout poses a serious threat to patient safety and outcomes. Two surveys of nurses found that errors in medication administration and treatments are, in many cases, perceived by nurses to be a result of the nursing shortage. In the other study, a 67% increase in medication errors was reported to be due to understaffing. In addition to the harm to patients, medication and treatment errors caused moral distress for 73% and 61% of the nurses involved, respectively. In short, increasing the availability of nurses by reducing the frequency of burnout can have a substantial effect on patient safety and the quality of care (15).

Patient services employees are more likely to experience burnout due to their intense interrelationship with patients. The duties of patient services department are welcoming patient and patient relatives, directing patient and patient relatives to the relevant departments, accompanying patients and their relatives, monitoring the operations during the treatment process, preparing patient reports, receiving the payments during epicrisis, finalizing invoice, and executing discharge and funeral when it is necessary. Therefore, the work of patient services is very important for increasing service quality and value of organization. Patient services employees represent the organization, and their effort directly influence patient satisfaction and dissatisfaction. Thus, patient services employees bear important responsibility.

This study aims to determine the influence of age, gender, education, number of children, monthly income, and tenure on burnout levels of patient services employees.

Method

This is a descriptive study, the sample of the study involves 295 patient services employees from seven different private hospitals in Istanbul. All of these employees consist of the sample. Data were collected on May 2016. Data collection instrument was survey, which has two parts. In the first part, there is a form based on demographic information, such as age, gender, education, monthly income, and tenure in patient services. The second part of the survey includes Maslach Burnout Inventory (16). The Maslach Burnout Inventory (MBI) is currently the most widely used research instrument to measure burnout, that is used in over 90% of empirical research. The MBI has three subscales and has 22 items that assess three different aspects of burnout. These are emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to feelings of being emotionally overextended and drained by others. Depersonalization refers to a callous response toward people who are recipients of one's services. Reduced personal accomplishment refers to a decline in one's feelings of competence and successful achievement in one's work with people (17). The Turkish version of the scale was developed by Ergin (14), and its reliability and validity were achieved. All items are scored on a five point Likert scale, ranging from 1 (Never) to 5 (Always). Cronbach Alpha coefficient of the scale was found to be 0.88. Reliability coefficients of sub-dimensions are found to be, respectively, 0.90, 0.75, and 0.81.

Independent two-sample t-test was done in order to compare gender, marital status, and number of children. One-way variance analysis was done to compare education, tenure, and monthly income. In addition, LSD test was done to determine the reasons behind the differences. Confidence interval was determined to be 95 percent (significance level 0.05 $p < 0.05$).

Findings and discussion

Sample distribution according to demographic variables: Demographic distribution of the participants was given in Table 1.

Findings related to burnout scale

According to sub-dimensions of burnout, it was found that patient services employees' burnout level was low in general. Specifically, the score of depersonalization aspect of burnout was found to be minimum (Table 2).

Burnout levels of patient services employees, according to the demographic variables:

Table 1. Sample distribution according to demographic variables

Demographic Variables	Groups	n	%
Gender	Female	248	84,1
	Male	47	15,9
Age	≤ 20	20	6,8
	21-25	129	43,7
	26-30	98	33,2
	>30	48	16,3
Marital Status	Married	81	27,5
	Single	214	72,5
Children	None	60	20,3
	≥1	235	79,7
Education	High School	72	24,4
	Associate Degree	118	40,0
	Undergraduate and Higher	105	35,6
Occupational tenure	≤ 1 year	115	39,0
	1-3	85	28,8
	3-5	34	11,5
	5-10	41	13,9
	≥10	20	6,8
Income	≤ 1500	223	75,6
	1501-2000	49	16,6
	≥2001	23	7,8

Table 2. Descriptive statistics of the scale

Dimensions of Burnout	Items	Min.	Max.	\bar{x}	\bar{y}	SS	Skewness
Emotional Exhaustion	8	8,00	40,00	2,58	20,60	7,26	0,441
Depersonalization	6	5,00	21,00	1,62	9,73	3,96	0,786
Personal Accomplishment	8	8,00	43,00	2,45	19,62	6,04	0,640
Total	22	21,00	90,00	2,27	49,94	13,09	0,384

It was found that emotional exhaustion and reduced personal achievement don't show difference in terms of gender, whereas depersonalization does ($p < 0.05$). Specifically, female participants' depersonalization scores are higher than those of male participants (Table 3).

Table 3. T test results of burnout sub-dimensions according to gender

Dimensions of Burnout	Gender	N	\bar{x}	SS	t	p
Emotional Exhaustion	Female	248	20,84	7,48	1,279	0,202
	Male	47	19,36	5,95		
Depersonalization	Female	248	9,92	4,09	2,283	0,025
	Male	47	8,72	3,10		
Personal Accomplishment	Female	248	19,75	6,38	0,017	0,986
	Male	47	18,91	3,83		

According to the results of certain studies, women experience more emotional exhaustion than men do, whereas men experience more depersonalization than women do (18,19). Kaya and his friends study on nurses' burnout level, they noted that women experience more burnout than men do. (20). Age and gender have been found to be factors in burnout among physicians. Burnout has been reported to be more prevalent among physicians younger than 55 years of age (21) (Ramirez et al 1995:1263. The U.S. Physician Worklife Study showed that female physicians were approximately 1.6 times more likely than male physicians to report burnout, and the odds for burnout increased with the amount of time worked (22).

It was found that emotional exhaustion and depersonalization don't show difference in terms of age, whereas diminished personal achievement does ($p < 0.05$). Specifically, diminished personal achievement level of individuals younger than 20 years is significantly higher than that of other age groups (Table 4).

Table 4. ANOVA test results of burnout sub-dimensions according to age groups

Dimensions of Burnout	Age groups	n	$\bar{\chi}$	SS	F	p	Significant difference
Emotional Exhaustion	A. ≤ 20	20	21,70	7,10	0,661	0,577	
	B. 21-25	129	20,12	7,82			
	C. 26-30	98	21,24	6,83			
	D. >30		20,15	6,72			
Depersonalization	A. ≤ 20	20	11,15	4,30	2,304	0,077	
	B. 21-25	129	9,12	3,82			
	C. 26-30	98	10,17	3,95			
	D. >30	48	9,83	4,12			
Personal Accomplishment	A. ≤ 20	20	24,65	8,36	3,430	0,047	A>B
	B. 21-25	129	19,47	6,27			A>C
	C. 26-30	98	18,82	5,03			A>D
	D. >30	48	19,56	5,40			

When the results of other similar studies are examined, Tunç noted that burnout scores of people below 34-years are higher in all the three burnout aspects (23). In another study, it was found that there is a negative relationship between age and emotional exhaustion, whereas personal achievement increases with age (24). It is possible to claim that there is a clear link between age and burnout. Many studies show that burnout is more common among young employees, whereas it is less common among older employees (25). Frequency of experiencing burnout also shows variance according to age. According to the studies, young employees experience burnout more in their earlier career due to their higher expectations in those stages (26).

It was found that education level shows significant difference in terms of depersonalization. Specifically, individuals having high school degree experience significantly higher levels of depersonalization, compared to individuals having graduate and undergraduate degrees ($p < 0.05$). On the other hand, there is not a significant difference for emotional exhaustion and diminished personal achievement in terms of education (Table 5).

Table 5. ANOVA Test results of burnout subdimensions according to education

Dimensions of Burnout	Education	n	$\bar{\chi}$	SS	F	p	Significant difference
Emotional Exhaustion	A. High School	72	22,00	7,61	1,824	0,163	
	B. Associate Degree	118	20,00	6,80			
	C. Undergraduate and Higher	105	20,32	7,47			
Depersonalization	A. High School	72	11,25	4,49	7,354	0,001	A>B
	B. Associate Degree	118	9,18	3,68			A>C
	C. Undergraduate and Higher	105	9,30	3,67			
Personal Accomplishment	A. High School	72	20,67	7,57	0,855	0,426	
	B. Associate Degree	118	19,75	5,86			
	C. Undergraduate and Higher	105	18,75	4,91			

Education and tenure have negative relationship with burnout, people with greater education, and tenure reported lower levels of burnout (27). Other studies also found results supporting this claim, and specifically it was found that people with higher education experience less burnout (28).

It was found that depersonalization shows significant difference in terms of income ($p < 0.05$). Depersonalization scores of individuals with monthly income higher than 2.000 Turkish Lira are higher than depersonalization scores of individuals with monthly income lower than 1.500. Moreover, income level does not show a significant difference for emotional exhaustion and diminished personal achievement (Table 6).

In another study, lower levels of payment, working in shifts, working in intensive care units, working with too many patients, and busy schedule also cause burnout (29). Moreover, low income was identified as one of the important factors triggering burnout (30).

It was found that marital status, number of children, tenure, and education do not show significant difference both on burnout scores in general, and on sub-dimensions of emotional exhaustion, depersonalization, and diminished personal achievement.

Table 6. ANOVA test results of burnout sub-dimensions according to Income

Dimensions of Burnout	Income	n	\bar{X}	SS	F	p	Significant difference
Emotional Exhaustion	A- ≤ 1500	223	20,10	7,29	2,394	0,093	
	B- 1501-2000	49	21,78	7,04			
	C- ≥2001	23	22,96	7,08			
Depersonalization	A- ≤ 1500	223	9,43	3,95	4,237	0,015	C>A
	B- 1501-2000	49	10,06	3,50			
	C- ≥2001	23	11,87	4,56			
Personal Accomplishment	A- ≤ 1500	223	19,48	6,24	0,621	0,538	
	B- 1501-2000	49	19,96	5,78			
	C- ≥2001	23	20,17	4,74			

Results

In this study, it was found that burnout level of patient service employees to be low in general, the score of depersonalization aspect of burnout was found to be minimum. Emotional exhaustion and reduced personal achievement don't show difference in terms of gender, whereas depersonalization does. Emotional exhaustion and depersonalization don't show difference in terms of age, whereas diminished personal achievement does. Depersonalization shows significant difference in terms of income, emotional exhaustion and diminished personal achievement income level does not show a significant difference.

It was concluded that burnout is an important issue that needs to be prevented and overcome for patient services

employees. In the light of the findings above, and the other studies done on burnout taken into consideration, it is possible to argue that providing periodic consultancy to both new employees and current employees, and offering training opportunities to employees to maintain harmony and gain experience might contribute to the prevention of burnout within organizations. Building healthy communication, listening to employee problems, and planning certain activities to boost morale and avoid stressful work environment may increase employee motivation and, then prevent burnout within organization. Increasing employees' communication skills, especially related to patient and patient relatives, may also help decreasing burnout levels. Developing appraisal and reward systems might also influence employees in a positive way, and thus, it helps prevent burnout. In addition, providing psychological support to the employees in need might also strengthen employees' mental health and makes them psychologically strong.

Samples of the studies based on determining burnout levels of healthcare employees generally include physicians and healthcare employees. This study differentiates itself through including patient services employees in private hospitals, who have important roles in service delivery and processes related to patients and patient relatives. It is argued that it would be beneficial that further should focus on broader sample size.

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