

Burnout among Mental Health Professionals in a Tertiary University Hospital

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ABSTRACT

Objective: To examine the level of burnout syndrome, and to investigate the relationship between burnout, personality traits, coping strategies, and other related personal factors among mental health professionals working in a tertiary hospital.

Materials and Methods: Online questionnaires were sent to 160 mental health professionals at Siriraj Hospital. The questionnaire comprised questions collecting demographic data, the Copenhagen Burnout Inventory (Thai version), the Big Five Inventory, and the Coping Scale. The data were analyzed through descriptive statistics, analysis of variance, Pearson correlation, and stepwise multiple regression.

Results: A total of 121 (75.6%) responses were collected. Of the 121 participants, 41.3% reported high total burnout levels. However, no difference in total burnout was found between the different mental health professions. The group aged between 20-29 years demonstrated higher burnout than the others. Individuals with bachelor's and master's degrees showed greater burnout than those with lower than undergraduate degrees. Moreover, individuals who worked for less than five years had higher burnout than those in other groups. Furthermore, neuroticism and avoidance significantly predicted the burnout syndrome.

Conclusion: In contrast to previous studies in Thailand, the results highlighted the risk factors for burnout syndrome in terms of personal, work-related, and client-related burnout. These results can strengthen awareness surrounding mental health conditions, for the effective provision of psychoeducation and psychological interventions.

Keywords: Burnout; coping strategies; health care professionals; personality traits (Siriraj Med J 2022; 74: 185-192)

INTRODUCTION

Burnout syndrome is a mental health condition commonly found in present-day society among working populations, with an annually ascending number. Rising concern about the adverse impacts of burnout syndrome has led the World Health Organization (WHO) to include burnout syndrome in ICD-11, which will be in effect 2022 onwards. Burnout is not defined as a medical disorder, but rather as an abnormality caused by occupational phenomena, specifically in the workplace environment.¹

Burnout syndrome may arise from chronic stress that affects an individual's daily functioning, thus contributing to mental and physical health problems among those who fail to cope with stress and consequently seek treatment. Burnout is a state when work-related chronic stress has not been handled appropriately, thus, causing physical, emotional, and mental consequences.² Physical symptoms of burnout are fatigue, lethargy, headache, and insomnia while mental symptoms include apathy, despair, and frustration. Some consequences of burnout in healthcare

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Received 18 January 2022 Revised 7 February 2022 Accepted 7 February 2022

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<http://dx.doi.org/10.33192/Smj.2022.23>



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workers included an impaired work ability and high turnover intention.^{3,4} Borritz, Rugulies, Bjorner, Villadsen, Mikkelsen, and Kristensen described burnout with an emphasis on exhaustion with both physical and mental effects, in which burnout consists of three components: personal, work-related, and client-related burnout.⁵

Burnout can occur due to external factors such as workplace environment, stressful job, high workload, and jobs related to interpersonal interactions.⁶ However, researchers have noticed that not everyone in the same workplace environment would experience similar burnout; thus, there may be personal factors besides job specific factors that affect how individuals perceive, respond, and cope with stress. Past research revealed that the number of patients a physician attends to per day directly contributes to their burnout.⁷ Further, individuals who employ harm avoidant strategies to cope with stress experience the most burnout. Moreover, self-control plays an important role in burnout prevention, where stress, neuroticism, negative affectivity, and disengagement coping has a positive relationship with burnout.⁸ Furthermore, in the same study, negative relationships have been found between burnout and certain personality traits, including extraversion, agreeableness, conscientiousness, positive affectivity, and engagement coping. Additionally, young married females with a bachelor's degree tend to have higher stress.⁹ Neuroticism is considered a risk factor that increases stress levels, while extraversion and active coping styles are the best at stress prevention. Previous studies in Thailand demonstrated many significant factors that were associated with burnout such as work hours per week, perception of sleeping/rest quality, perception of having stress from work and family relationships.¹⁰ In addition, the prevalence of burnout syndrome among residents in medical school training was 95.4%, with the highest score revealed to be emotional exhaustion.¹¹ The associated factors of sleep quality were environmental problems in the bedroom while being on duty and emotional exhaustion.

Burnout syndrome can occur to anyone in any profession, but it is common in the medical field.^{3,4,12} As medical professionals engage with activities related to safety, specialistic skills must be properly delivered so that clients recover effectively, particularly in mental health services. Previous studies on burnout syndrome showed that 67% (2 out of 3) mental health professionals experienced burnout as their profession is a health-related service that entails dealing with clients' emotional problems, mood swings, and expectations of illness improvement.¹³ Despite the increasing number of patients with mental health problems, the number of mental

health professionals is still limited, making them prone to experience negative emotions, thus causing chronic work stress and, eventually, burnout. Overall, burnout syndrome may affect people at all levels, including service providers, clients, and organizations as a whole.¹⁴

Therefore, this study aimed to examine the influence of personal factors on burnout syndrome among mental health professionals in Siriraj Hospital. The findings may aid in the assistance and prevention of burnout syndrome in both, mental health professionals and patients.

MATERIALS AND METHODS

Participants

In June 2020, the online questionnaires were sent to all 160 mental health professionals who were working as a multidisciplinary team to deliver integrated care for patients with mental health problems and were employed in three departments at that time, including the Department of Psychiatry, Division of Child and Adolescent Psychiatry of the Department of Pediatrics, and Medical Nursing Department, at Siriraj Hospital, a tertiary referral university hospital in Thailand. The sample included psychiatrists, psychiatric residents, registered nurses providing psychiatric nursing, practical nurses providing psychiatric nursing, psychologists, social workers, occupational therapists, special educators (evaluate children's educational needs and make those specific needs more accessible to each person with learning disability), and speech therapists (help children who have difficulties in speaking and communication such as patients with delayed speech development, intellectual disability and autistic disorder).

The sample size was calculated by using G power program version 3.1.9.4. The appropriate sample size for this research was 109; however, the sample size was increased by 10% to compensate for incomplete questionnaires and random responses. Hence, the total sample size was 121.

MATERIALS AND METHODS

The demographic questionnaire contained six items recording gender, age, education, marital status, years of work experience, and number of work hours per week.

The Thai version of the Copenhagen Burnout Inventory (T-CBT) consists of 19 items separated into three components: personal burnout, work-related burnout, and client-related burnout. The overall internal coefficient was .96.¹⁵ T-CBT was measured on a 5 point Likert scale from 1 (Never/Almost Never) to 5 (Always).

The Big Five Inventory (BFI) consists of 12

items categorized into five components: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. The overall internal consistency was .80 for 60 items.¹⁶⁻¹⁷

The Coping Scale comprises 39 items that measure coping strategies in three aspects: problem-focused coping, social support coping, and avoidance coping, with scores ranging from 1 (not at all) to 5 (always).¹⁸ The score tabulation is represented by each coping strategy according to the scale.

Data collection

This study was approved by the Siriraj Institutional Review Board (SIRB) of the Faculty of Medicine Siriraj Hospital (Si 433/2020). Participants who matched the inclusion criteria were invited to participate using an online survey (Google form) which could be accessed through an online link or QR code. Participants were informed via an online platform with a description of the study and types of questions that they would be asked. They were also allowed to withdraw from the study if they found it distressful. We ensured them that the questionnaires did not ask about the information that could identify their identity.

Statistical analysis

Data were analyzed using SPSS version 18. Descriptive statistics were used to analyze demographic data and the main variables (frequency, percentage, mean, and standard deviation). Independent t-tests and analysis of variance (ANOVA) were conducted to compare the means between personal characteristics and burnout syndrome. Pearson's correlation coefficient was used to determine the relationship between burnout syndrome, personality traits, and coping strategies. The predictive value of personality traits and coping strategies regarding burnout syndrome of mental health professionals in Siriraj Hospital were examined using stepwise multiple regression analysis.

RESULTS

Demographic data of participants

There were totally 160 mental health professionals, and the response rate was 75.6% (n=121). The most participants were nurses (54.5%) followed by psychiatrists (25.6%) and others (29.8%). Their personal characteristics are summarized in Table 1. The majority of participants were female (86%) and the mean age was 34.36 ± 10.6 . Working hours per week ranged between 0 and 72 hours, with an average of 40.2 ± 14.1 .

TABLE 1. Demographic data of the sample in this study (n=121).

Demographics		N	%
Gender	Male	17	14
	Female	104	86
Age	20 – 29	56	46.3
	30 – 39	36	29.7
	40 – 49	11	9.1
	50 – 59	18	14.9
	Mean \pm SD	34.36	± 10.6
Education	Undergraduate Degree	25	20.7
	Bachelor's Degree	55	45.5
	Master's Degree	31	25.6
	Doctoral Degree	10	8.3
Marital Status	Single	86	71.1
	Married	32	26.4
	Widow/Divorced	3	2.5
Occupational			
Psychiatrists	Psychiatrist	11	9.1
	Psychiatry Resident	20	16.5
Nurses	Registered Nurse	39	32.2
	Practical Nurse	27	22.3
Demographics		n	%
Others	Psychologist	13	10.7
	Social Worker	5	4.1
	Occupational Therapist	2	1.7
	Special Educator	3	2.5
	Speech Therapist	1	0.8
Year in present working	< 5 years	50	42.1
	5 – 10 years	28	23.5
	11 – 15 years	11	9.2
	16 – 20 years	5	4.2
	> 20 years	25	21
	Mean \pm SD	10.34	± 10.3
Working hours per week	Less than 40 hours	23	20.2
	40 – 50 hours	73	64
	More than 50 hours	18	15.8
	Mean \pm SD	40.2	± 14.1

Burnout syndrome among mental professionals

The study found that 41.3% of the participants scored a high level of total burnout; specifically, in subscales, personal burnout was 46.3%, work-related burnout was 43.8%, and client-related burnout was 27.3%. When considered by occupation, 51.6% of psychiatrists had a high mean burnout score (Table 2).

Personal characteristics and burnout syndrome

The 20-29 years-old group showed higher average and work-related burnout scores than the 40-49 years-old group and 50-59 years-old group. Additionally, the average personal burnout score was lower in the 40-49 year-old group than in the 20-29 and 30-39 year-old groups. The average burnout score, personal-related burnout, and work-related burnout were greater in participants with master's and bachelor's degrees as opposed to undergraduate degree holders. Moreover,

participants with less than five years of work experience had significantly higher average scores, work-related burnout, and client-related burnout than those with 5-10 years and more than 20 years of work experience. However, no significant difference was detected between total burnout and demographic factors, including gender, marital status, occupation, and weekly work hours.

Relationship between burnout syndrome, personality traits and coping strategies

A moderate positive correlation between burnout syndrome, avoidance, and neuroticism was detected, while low negative correlations were found between burnout syndrome and conscientiousness, agreeableness, and extraversion. Additionally, burnout was negatively correlated with openness and problem-focused coping at a negligible level (Table 3).

TABLE 2. Burnout syndrome among mental professionals (n=121).

Occupational		Level		M	SD
		low	high		
Psychiatrists (n=31)	Total Burnout	15 (48.4%)	16 (51.6%)	2.52	0.63
	Personal Burnout	15 (48.4%)	16 (51.6%)	2.52	0.55
	Work-related Burnout	15 (48.4%)	16 (51.6%)	2.58	0.77
	Client-related Burnout	20 (64.5%)	11 (35.5%)	2.46	0.67
Nurses (n=66)	Total Burnout	41 (62.1%)	25 (37.9%)	2.40	0.69
	Personal Burnout	37 (56.1%)	29 (43.9%)	2.50	0.68
	Work-related Burnout	37 (56.1%)	29 (43.9%)	2.49	0.87
	Client-related Burnout	49 (74.2%)	17 (25.8%)	2.21	0.70
Others (n=24)	Total Burnout	15 (62.5%)	9 (37.5%)	2.27	0.71
	Personal Burnout	13 (54.2%)	11 (45.8%)	2.56	0.85
	Work-related Burnout	16 (66.7%)	8 (33.3%)	2.26	0.79
	Client-related Burnout	19 (79.2%)	5 (20.8%)	2.01	0.68
Total	Total Burnout	71 (58.7%)	50 (41.3%)	2.41	0.68
	Personal Burnout	65 (53.7%)	56 (46.3%)	2.52	0.68
	Work-related Burnout	68 (56.2%)	53 (43.8%)	2.47	0.83
	Client-related Burnout	88 (72.7%)	33 (27.3%)	2.24	0.70

Note: Psychiatrists = psychiatrists and psychiatric residents; nurses = registered nurses and practical nurses; Others = psychologists, social workers, occupational therapists, special educational needs, and speech therapists. The level of burnout syndrome was classified using a cut-off point equal to 2.5.

TABLE 3. Pearson's correlation coefficients between burnout syndrome, personality traits, and coping strategies.

	N	E	O	A	C	PFC	SSS	AVO
Total Burnout	.648**	-.422**	-.194*	-.428**	-.451**	-.190*	.019	.680**
Personal	.562**	-.331**	-.152	-.351**	-.357**	.143	.053	.640**
Work-related	.631**	-.417**	-.223*	-.409**	-.455**	-.188*	-.001	.650**
Client-related	.573**	-.401**	-.141	-.408**	-.411**	-.184*	.008	.572**

Abbreviations: N = neuroticism, E = extraversion, O = openness to experience, A = agreeableness, and C = conscientiousness. PFC = problem-focused coping; SSS = Seek social support; AVO = avoidance

* $p < .05$; ** $p < .01$

The personal burnout subscale was positively correlated with avoidance and neuroticism at a moderate level, but negatively associated with conscientiousness, agreeableness, and extraversion at a low level.

For the work-related burnout subscale, positive correlations were found for avoidance and neuroticism, while low negative correlations were detected for conscientiousness, extraversion, and agreeableness. Moreover, work-related burnout was negatively correlated with openness and problem-focused coping at a negligible level.

Client-related burnout was positively correlated with neuroticism and avoidance at a moderate level, but negatively correlated with conscientiousness, agreeableness, and extraversion at a low level. The relationship with

problem-focused coping was correlated at a negligible level.

The effect of personality traits and coping strategies on burnout

Multiple regression analysis was conducted using the stepwise method. Avoidance and neuroticism (predictive variables) could explain burnout (dependent variable) at a significant level ($F=63.82$, $P<.001$). After adjusting the value, avoidance and neuroticism could predict burnout by 51.1% (adjusted $R^2=.511$). When considering multiple regression at a standardized value, the highest value fell to avoidance ($\beta=.444$), followed by neuroticism ($\beta=.336$) (Table 4).

TABLE 4. Stepwise multiple regression analysis for the predictive variable of burnout syndrome.

Model	Predictors	R	R ²	R ² change	Coefficients			t	p
					b	SE	β		
1	AVO	.680	.462	.462	.783	.077	.680	10.113	<0.001
2	AVO	.721	.520	.057	.512	.103	.444	4.959	<0.001
	N				.373	.099	.336	.3756	<0.001
Adjusted R ² = .511					F = 63.820		P < 0.001		
Constant = .145					SE = .207				

Abbreviations: N = neuroticism, AVO = avoidance

DISCUSSION

This research illustrated that the overall burnout syndrome among mental health professionals in Siriraj Hospital was low. However, 41.3% of mental health professionals in Siriraj Hospital reported having high burnout, which corresponds with past research.^{9,19,20} In line with Ogresta and Rusac, no significant associations between professions in the mental health field were detected. Close investigation of a group with a high burnout rate showed that 51.6% were psychiatrists, 37.9% were nurses, and 37.5% belonged to other professions.²⁰ This is consistent with previous research suggesting that high burnout was detected among psychiatrists in Thailand, with greater emotional exhaustion (49.3%).²¹

When examining burnout components, the results showed that personal burnout was the highest among mental health professionals in Siriraj Hospital. This is congruent with a previous study examining burnout patterns in Australian midwives.²² However, our results contradict research on physicians where work-related burnout (46.7%) was highest, followed by personal burnout (44.8%) and client-related burnout (35.1%); while all sub-scale scores indicated high burnout.²³ Consistently, although no significant difference in burnout level was detected between different mental health professions, psychiatrists still had the highest risk of burnout compared to other professions.^{24,25} One possible explanation is that psychiatrists are more involved with work associated with complex emotional problems alongside high patient expectations; thus, they are more likely to experience stress, pressure, and burnout.

Consistent with previous studies, our results showed no significant difference between genders and burnout.^{7,26,27} This may be due to the low number of male samples (14%) in this study. Therefore, samples may not be representative of gender and burnout score differences among mental health professionals. Moreover, there is a very limited number of studies that have examined gender and burnout among mental health professionals using the Copenhagen Burnout Inventory (CBI). The current findings are supported by Erik Erikson's theory on psychosocial development, where the age between 21 and 40 years is a period when individuals hold greater responsibilities, and thus are more prone to stress and burnout. Additionally, previous research reported similar results where older staff had lower scores for all burnout components than younger staffs.²⁴ Older ages seemed to signify lower burnout, particularly in personal and work-related burnout.^{23,28} Similarly, younger age was found to be correlated with high emotional exhaustion.¹⁹

Moreover, there were differences in the burnout average scores and burnout component scores across different education levels. Samples with education of lower than undergraduate degrees had lower personal and work-related burnout than those with bachelor's and master's degrees. This is in line with a Taiwanese research demonstrating that a graduate school group had higher average burnout than college group.²⁴ Furthermore, a research also showed that master's-level education corresponded with greater burnout scores.⁶ Taking the above research into consideration, this suggested that bachelor's and master's degrees require a more specified level of training, expertise, and work experiences in mental health services, and thus, are more prone to experiencing burnout. Strikingly, the differences in burnout scores were not significant in those with a doctorate level of education. This may be due to the collected experiences related to work that had already been adjusted and managed.

Concerning marital status, no significant difference between being single, married, or divorced and experiencing burnout was detected, which is consistent with other studies.^{7,28} The uneven number of single samples (71.1%) and married samples (26.4%) might explain the above finding. Therefore, future research conducted with mental health professionals should further investigate whether there are differences in burnout scores based on marital status.

Moreover, our study showed that individuals who had worked for less than five years had significantly higher average scores. Although research on years of employment using CBI is very limited, one study found an association between longer working hours and lower personal and work-related burnout.²³ Furthermore, a study revealed that greater emotional exhaustion correlated with fewer years of work experience among mental health providers.²⁹

Furthermore, we found that only neuroticism and avoidance could predict higher burnout, similar to past research showing that neuroticism was a risk factor for workplace stress.⁹ Similarly, openness, extraversion, agreeableness, conscientiousness, and active coping styles could be protective factors against stress.⁹ Correspondingly, neuroticism was one of the main factors that could predict burnout, whereas social support and self-blame affected personal and work-related burnout.³⁰ Additionally, behavioral disengagement influenced work-related and client-related burnout.³⁰ Furthermore, factors such as gender, job stress, weekly work hours, positive affectivity, negative affectivity, extraversion, conscientiousness, and problem-focused disengagement could predict burnout.⁸

Study limitations and suggestions for future research

This research was a cross-sectional design which explained factors related to work exhaustion in mental health professionals in a certain period. Therefore, future research may include a continual burnout monitoring and evaluating with interventions such as a group therapy, workplace health promotion programs or stress management training to assess whether there are changes in burnout scores after participating in the interventions or not. Moreover, our research employed a self-report in the data collection method, a sort of an online questionnaire, in which straightforward responses from participants might not be provided, and the evaluation was merely based on their point of views; subsequently, the result accuracy was diverse. In addition, The online survey may not be able to reach participants who do not use the social network platforms or those who find this type of survey bothersome. There might also be a potential confounding factor like the COVID-19 pandemic situation which could have emotional impacts on health care workers; however, this issue was not included in our questionnaires since we would like to investigate participants' overall perceptions on themselves, work and clients in the first place so further studies to explore the COVID-19-related burnout should be done. Furthermore, for the reason that burnout is merely a syndrome without specific diagnosis criteria while an assessment tool is simply a questionnaire, further research may include responses from participant's associate people, for example, superiors, colleagues and intimate friends or, on the contrary, an additional interview with the participant. Lastly, it is feasible to establish more precise diagnosis criteria for burnout as the syndrome threatens mental health of working age people. Another limitation is that our samples only comprised mental health professionals, and thus the findings cannot be generalized to other populations. Therefore, it might be useful for future studies to examine the effect of other positive factors and different workplace settings (such as general and psychiatric hospitals) on burnout among mental health professionals. In addition, future studies should examine other positive factors (such as sleep factors, exercise, and job description) that may be useful in preventing or reducing work-related exhaustion among mental health professionals.

CONCLUSION

The present research is one of the first studies in Thailand that examined factors related to burnout in mental health professionals. Our results highlighted personal, work-related and client-related factors that

could predict a high level of burnout. These results could be used to inform future research and aid prevention schemes for more specific work-related exhaustion among the Thai population.

ACKNOWLEDGMENTS

This research was funded by the Siriraj Graduate Scholarship under the Faculty of Medicine Siriraj Hospital, Mahidol University. The authors would like to express their gratitude to the participants from the Department of Psychiatry, the Department of Pediatrics (Division of Child and Adolescent Psychiatry), and medical and psychiatric nursing.

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