

Relationship between mental health and occupational burnout among staff of management and medical emergency center

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ABSTRACT: The purpose of this study is to evaluate the relationship between burnout and mental health in medical emergencies of Kerman province. Descriptive and correlational study is done in 2015. Sampling was done randomly that its population was 500 of person operational staff and emergency and disaster emergency management center in Kerman province and 100 person selected as sample with using Morgan table. To conduct research used mental health questionnaire consisting of 82 questions and 4 components and Burnout Inventory consisting of 88 questions and 3 components. Spearman correlation test was used for data analysis software spss version 85. Burnout, on the scale of emotional exhaustion. The majority of samples at a low level. And in a majority of non-performance were high. In the case of mental health 43 percent of samples were marked. Also significant relationship was between burnout and mental health. The findings revealed the relationship between that demographic factors, burnout mental health, gender, work experience. The relationship between mental health and work history variables were significant. Due to the stressful nature of the medical professional staff and management center and Emergency incidents. And the high prevalence of mental health problems than the general population and burnout, especially in the younger and less experienced staff and strong relationship between the two variables mental health and burnout, So to prevent or solve problem Disaster management and emergency center staff should be attention.

Keywords: Mental Health, Burnout, Medical Emergency.

INTRODUCTION

Human resources play a role in the evolution and development of therapeutic care. And as one of the important elements of each organization has always been emphasized by experts in human management (1). Mental disorders as one of the most important and the most significant component of the overall burden of disease. And is expected in 2020. The share of the overall burden of mental disorders and neurological diseases increased to 50 percent and reach from 10/5 to 15 percent. Therefore, attention to mental health in all areas of personal, social and career is important (2). Whereas mental health is one of the pillars of wellness and requires a good life, Effective and Individual Satisfaction, it is necessary. Promoting mental health in the community for Dynamics and development (3). Mental health is defined as any human being can solve deep problems with Himself and others and not defeated against the inevitable internal conflicts (4). Attending to Mental health in all areas of life, including Personal, social and career is important (5). Human health can be caused by stress and lack of balance may occur in the physical and psychological changes. Long and persistent workplace stress can cause burnout. And issues such as resignation, frequent absence, low energy and labor efficiency. Burnout is a physical -Psychological syndrome where employee see himself Immersed in the problems of others (6). Emergency is a point of contact for many people with health

system (7). The results of several studies suggest that a significant number of employees suffer from the condition. His first problem is that these people suffer from Physical Problems. Their power is low and more tired and are unable to work. In addition, these people suffer from Physiology disease symptoms like Frequent headaches, nausea and changing food habits. Depression, feelings of helplessness and feeling trapped in jobs and employment are part of their problem (8). Burnout in medical personnel have important from two direction. First, burnout reduced work performance, increased absenteeism, increased health costs and handling Personnel, physical and behavioral changes in some cases caused to drug used (9). Secondly, the quality of services provided To patients reduce; Lead to dissatisfaction with medical services, Some diagnostic work and treatment of patients confront to Depression And most importantly, the main clients be influenced. Therefore, understanding and prevention of burnout play an important role to promote mental health (10). and improve Quality of services by reducing burnout satisfaction in staff increase and even optimal effectiveness and impact of actions will be overshadowed by the actor (11). Since emergency medical personnel may be exposed to a lot of events Including death, dealing with emergency cases of patients and Taking care of dying patients, these Events puts them at risk of mental disorders so Considering the importance and impact of mental health and its influence on improving performance in other hospital staff, including doctors and services in Iran especially in Kerman This study aimed to investigate the relationship between mental health and burnout of medical Emergency management center in Kerman province.

MATERIALS AND METHODS

This study was descriptive and correlation that conducted in 2015. The population consisted of 500 Person of Kerman University of Medical Sciences. The sample size is based on Morgan table with 100 person and sampling was done randomly. Data collection tools included; Mental health questionnaire consisted of 82 questions and 4 components include; anxiety, social functioning, physical symptoms and psychological symptoms. To evaluate the Burnout used from Maslach burnout inventory consists of 88 questions and 3 components include: Emotional exhaustion, depersonalization, and feeling of personal accomplishment. After receiving permission from the medical Emergency management center the questionnaire was divided by the researcher between personnel. The data gathering tools included a questionnaire consisted of 82 questions in four components of mental health. Including anxiety, social functioning, physical signs and symptoms of depression for evaluating and scoring the Health Questionnaire, the range is 5 option. The questionnaire consists of 82 items 1 to 7 of the Scale physical symptoms. 8 to 14 cases of anxiety symptoms and sleep disturbances. 15 to 21 Symptoms related to the evaluation of the social function and, ultimately, of 22 to 28 measures symptoms of depression. To collect Category scores first column awarded zero score second column one, Third column 2 and fourth column 3. At any scale Gaining 6 score to up is Symptoms of the disorder and the total scale score obtained above 22 indicates signs of disease. Mardani and shahraki (12) with using Cronbach's alpha obtained 0/86 reliability of the questionnaire also the questionnaire was translated into Persian by Noorbala and colleagues (13) and its validity and reliability in Iran has been approved.

To evaluate burnout used of maslesh Burnout questionnaire (reliability-0/94) contained 22 questions and 3 components included Emotional exhaustion, depersonalization, feeling of personal accomplishment. 9 articles related to Emotional deterioration, 5 articles related to depersonalization and 2 articles related to Personal incompetent. The frequency of these emotions with grades from zero to six Measured every day. Total scores for each dimension are calculated. In The emotional exhaustion Scores of 87 or more indicates a high level in depersonalization scores of 13 or more indicates high level and in Personal accomplishment level or depersonalization be low, the concept of burnout is true. Retest coefficients in short periods up to a month are 0/6 to 0/8. Two studies check out test of retest reliability within a year. stability coefficient in a sample of 700 teachers was 0/33 to 0/67 and in other sample that included 46 people were working in the human services was 0/34 to 0/62(maslesh 1993).

Data

All of the study were men. Out of 100 person studied, 63 (6/63 percent), 20 to 30 years, 28 (28.3%) of 31 to 40 years and 8 (1/8 percent) age 41 to 50 years also 27 person (27.3%) have secondary school degree, 34 (3/34 percent) associate, 38 (3/38%) had a bachelor's degree, 68 (7/68 percent), 20 to 30 years, 28 (28.3%) of 31 to 40 years and 3 person (0.3%) age 41 to 50 years. 94 (9/94 percent) from 1 to 10 years, 4 person (0.4%) of 11 to 20 years and 1 (0.1%) have work experience from 21 to 30 years. 32 (3/32 percent) were single and 67 (7.67 percent) were married.

And 25 (25.3%) of the Treaty and 74 (8/74 percent) were contracted. In addition to evaluate burnout variable used of the 22 items in the measurement sequence in a range of 7 and 6 options in both many times and with what intensity is designed. After taking out a line of items of ratings, the results were presented in Tables 1-7. According

to Table 1-7, it can be said that the burnout in looking of respondent is equal to moderate scores (mean = 2/72) also The SD is (0/69) and missed 5. for assessing the mental health used 28 items in the measurement sequence in a range of 5 options After taking out a line of items of ratings, the results were presented in Tables 1-8. According to Table 1-8, it can be argued that the mental health of study participants are equal.

With moderate scores (2/72= Average) Also according to the middle of the table (3/42), to fashion (3/50), the maximum value of (3/88), the lowest of (1/96) and SD (0/43) and missed (11) has been observed. According to the data analysis Table 1-1 Chi-square statistic and significant level are 0/01 is P lower of significant level 0/05, this means that you cannot say burnout and mental health of emergency workers in Kerman, are independent.

Table 1. Chi-squared test

p- value	Degrees of freedom	The statistics	The test statistic
<0/001	6	28/94	Amare χ^2

Based on the results of the correlation, Kendall correlation coefficient in Table1.2 is -0 / 196- and Spearman correlation coefficient is equal to -0/305 which indicate there is a significant relationship between burnout and mental health of medical Emergency management center in Kerman. (p<0/05). So the relationship between these two variables is reversed that means increasing in burnout is accompanied to reduced mental health and reverse. Kendall and Spearman coefficients are negative Because of decreased relationship.

Table 2. Kendall and Spearman correlation coefficient between burnout and mental health

Type of Relationship	Relationship	Number of	Significant (p- value)	Correlation coefficient	Correlation Amare
Reverse	There are	99	**009/0	16/0-	Kendall
Reverse	There are	99	**005/0	305/0-	Spearman

* ** Significant at 05/0 at 01/0 significant

Based on the correlation test result there is a relationship between aging and burnout with mental health. To examine the relationship between burnout and mental health of medical Emergency management center staff in Kerman. The partial correlations were used at the age level. According to the correlation coefficients and p values between the two variables burnout and mental health there is a significant decreasing relationship. The relationship between two variables is not approved in the 41 to 50 year olds because of the larger p-value obtained from a significant level of research (0/05) Also according to correlation coefficients The relationship between the two variables in the 31 to 40 year-olds is stronger than the relationship between the decline in the 20 to 30 year-olds (see Table 3).

There is a relation between educational level, burnout and mental health, hereof we used partial correlation in Levels of Education. Considering the correlation coefficients and p values, there is a significant decreasing relationship between two variables, burnout and mental health. The relationship between two variables not be approved because it is larger of p level obtained from significant level of research0/05. The results indicate that there is a relationship between Years of service with burnout and mental health. The partial correlations were used at the years of service level. Due to the correlation coefficients and p- values in the 1 to 10 years there is a decreased significant relationship between the two variables. The relationship between these two variables at levels 11 to 20 years and 21 to 30 years will not be approved. According to Table 3 there is a relationship between marital status and mental health and occupational burnout. The partial correlations were used at marital status level. Due to the correlation coefficients and p- values in singles and marital status levels there is a decreased significant relationship between the two variables. (Burnout and mental health) The relationship between these two variables in a single level with regard to the correlation is stronger than marital. There is a relationship between employment status and occupational burnout with mental health in medical emergency center of Kerman. the partial correlations were used at employment status levels Due to the correlation coefficients and p- values in levels of treaty and Contractual staff, there is a decreased significant relationship between the two variables (burnout and mental health) The relationship between two variables in treaty level with regard to the correlation is stronger than Contractual.

Table 3. Calculate the correlation coefficient of age, education, work experience, marital status and employment status

Frequency	P-value	Spearman	P-value	Kendall	Age	
54	0/007	364.0-	006.0	346.0-	20-30	
23	0/018	489-0/	0/010	473.0-	31-40	
3	667.0	5000/	0/221	500.0	41-50	
19	964.0	011.0-	945.0	012.0-	Diploma	Educational status
32	252.0	209.0-	214.0	199.0-	Associate Degree	
30	001.0<	710.0-	001.0<	648.0-	Undergraduate	
77	001.0<	390.0-	001.0<	375.0-	1-10	Service record
-	-	-	-	-	11-20	
-	-	-	-	-	21-30	
25	0/033	428.0-	035.0	387.0-	Single	marital status
56	006.0	366.0-	0/002	351.0-	Married	
22	0/021	488.0-	009.0	455.0-	Contractual	Employ status Employ
56	0/017	317.0-	0/014	307.0-	Contract	

Table 4. independent t-test to compare the average married and single people in all aspects of burnout and general health

Significant level	df	T value	SD	mean	The sample group	Variable
0/02	98	2/21	8/74	19/02	Contractual	Emotional exhaustion
			4/17	16/08	Contract	
0/29	98	1/04	5/77	11/70	Contractual	Personal performance
			5/75	10/28	Contract	
0/04	98	1/99	3/97	14/50	Contractual	Depersonalization
			3/79	12/72	Contract	
0/52	98	0/64	6/36	21/21	Contractual	Engage workload
			6/57	22/18	Contract	
0/51	98	0/66	6/40	49/76	Contractual	General health
			5/18	41/77	Contract	

As the results of Table 4 shows that Values obtained from t- test to compare demension of burnout, related to Emotional exhaustion (2/21) and Depersonalization (1/99) in two groups of treaty and Contractual, are less of 0/05 Consequently, we can say there is a significant difference between the two groups in the proportions. However, in the personal performance, conflicts with jobs and public health, there is no significant difference between the two groups

RESULTS AND DISCUSSION

Discussion and conclusion

Analysis of the findings showed that there is a significant positive relationship between mental health and occupational burnout among staff of management and medical emergency center in numerous domestic and foreign research reports Different levels of burnout. For example, in the Rasoulia study more subjects showed lower rates of burnout, In contrast to our findings were lower.

Mqymyan reported moderate amount of burnout in three dimensions. Moderate levels of burnout in the first dimension is consistent with our findings. Cabrera reported the rate of burnout among nurses in different dimensions of emotional exhaustion, depersonalization and lack of personal performance 63, 32 and 40 percent. A sense of accomplishment and a sense of personal accomplishment and mastery occurs when a person is able to influence the policies of the organization Thereby he can expose his ability to achieve positive attitude towards his patients and himself. Also the ability to control events in the career is most important factors affecting the personal accomplishment. Therefore it can be concluded that the majority of emergency personnel maynot be able to prove their competence in the workplace. And this can be due to a lack of positive conditions in the workplace. The high rate of burnout in the absence of individual performance May indicate negative attitudes about themselves and their careers and lack of interest in relation to job satisfaction and reduced confidence. As already mentioned, for many reasons, mental health of emergency personnel can be at risk than other social groups. The most important of these

reasons can be stressful nature of the job, working pressure, and dealing with unexpected situations, shifts, organizational factors and personal factors. On the other hand, as we know, emergency personnel are men that they are responsible for carrying out tasks in the workplace in addition they have Responsibility for home and children and factor cause an increase in anxiety and stress and Puts their mental health at risk. Research conducted in other countries reported spread of Prevalence Mental health problems of Emergency staff is larger than other job. For example, Song Yang, 2013 reported Mental health in the population emergency personnel 8/48% versus the general population 3/33% Today, researchers recommend in Review of mental health should consider variables related to work or organizational factors outside the work and environment. Factors related to the working environment like working conditions, workload, working hours, interpersonal communication, job satisfaction and job security. Affective Individual factors that influence on mental health like demographic characteristics, personality traits, the exchange between work and life and support of family and friends. Since the prevalence of mental health problems among emergency personnel is more than to general population. So the importance of organizational factors can be found in this area On the other hand, it can be noted, most men assume family responsibilities so they experience more stress. In relation to age, it was shown that younger have higher rates of burnout these results are consistent with the findings of Khaghani and salimi. In explaining Perhaps the aging related to more working experience and create less depression. Or Fatigue occur in the early years of the career due to lack of their adaptation to new conditions. In conjunction with working experience the researches have shown that persons with less experience occur with more occupational burnout as noted Burnout imposed a lot of Consequences and cost on organizations and physical and mental health of personnel. So for younger persons and persons with less working experience. It needs organizational interventions. Encouraging to teamwork, involving staff in decision-making, supporting employment, reducing conflicts and job uncertainty and increase control over business events. As well as it is Necessary psychological interventions to reduce occupational stress and increase consistency in the work environment. The findings show not a significant relationship between mental health in components of anxiety, insomnia, depression and social dysfunction with burnout and also in physical symptoms. But ultimately, the results indicate that most of the staff employed in the Ministry of Health and Medical Education has been burnout. On the application of the results of this study it can be offered to managers, respect to satisfactions of staff due to correlation between burnout and mental health. . On the other hand reduce the factors that lead to burnout can increase health of staff.

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