



# **BURNOUT SYNDROME AND JOB STRESS IN HEALTH CARE WORKER**

## **Definition of Burnout Syndrome, Job Stress and Job Stressors, and Other Words Used in the Article**

Burnout syndrome is a special form of work-related stress, common in different work environments, including in healthcare settings [1]. Burnout is a state of both physical and emotional exhaustion resulting from chronic work-related stress, which is associated with the feelings of exhaustion and energy depletion, leading to an increased mental distance of an individual from their job. The World Health Organization (WHO) defines Burn-out syndrome as a condition “resulting from chronic workplace stress that has not been successfully managed and is characterized by three dimensions namely, feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job” [19]. Accordingly, such individuals are largely riddled in feelings of cynicism and negativism in relation to their job. The term is closely related to job stress. Job stress is defined as the harmful physical and emotional responses occurring in instances when the job requirements do not necessarily match the capabilities, resources, as well as the needs of the person performing the tasks [2]. Job stress brings about various negative implications on the life of an individual and on the work performed. Ideally, burnout syndrome is one of the impacts of job stress. On the other hand, job stressors are the individual components or the triggers of stress, which ultimately result in job stress or ultimately engineer the occurrence of the burnout syndrome. Stressors are the source of stress, including being overworked, emotional disturbances, mental health challenges, as well as poor work environment, among others []. Burnout syndrome and job stress are relatively common phenomena in the medical field as a result of the demanding nature of the work performed, as well as the environment, which is synonymous with people suffering and other unpleasant conditions.

Ideally, some people experiencing the symptoms of burnout syndromes do not consider their jobs as the primary cause, and hence the view that the syndrome is attributable to a series of factors. Burnout syndrome and job stress symptoms are notable on their implications on both physical and mental health. Most of the symptoms of burnout symptoms can be considered as a show of the extermination of motivation or incentive that boosts the devotion to a particular [3]. Prolonged or chronic job stress brings about exhaustion, cynicism, as well as the feelings of reduced professional ability, which form the basic indicators of burnout syndrome.

The most common signs and symptoms espouse physical indicators (such as headaches), emotional indicators (such as emotional drain and coping challenges, as well as alienation from work-related activities and reduced performance.

### **Risk Factors, Clinical Feature, Diagnosis, Prevention, and Treatment of Burnout Syndrome and Job Stress**

The burnout phenomenon is associated with a series of risk factors, whose interplay may result in the syndrome. Possible risk factors in burnout syndrome and job stress include a poor work-life balance, where the demands of the work and the demands of personal life are not aligned to suit the ability of the person [4]. Besides, high workload, associated with being overworked or undertaking overtime work, may be considered as a risk factor in the development of the burnout syndrome and job stress. The demanding nature of a profession, such as in the healthcare sector where an individual has to be on the run to save lives may be a contributing factor. Besides, feelings of non-achievement or unsatisfactory outcomes may be instrumental in the orchestration of burnout syndrome and job stress [15]. For example, healthcare workers may be drained, seeing their patients die from illnesses or from continuously sympathizing with the grieving families and friends who lose their loved ones. The undertaking of continuously monotonous jobs may be considered as a risk factor.

Ideally, burnout syndrome and job stress are not considered as a medical diagnosis but rather a condition attributable to the pile of stressors. Mental health problem and psychological issues such as depression and poor working environment largely contribute to the syndrome. Therefore, the clinical feature of burnout syndrome is that it can be viewed as a psychological disorder where differential diagnostic is preferred [5]. Therefore, the syndrome cannot be diagnosed under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) but can be identified from the symptoms and signs presented. The Maslach Burnout Inventory (MBI) is the main diagnostic approach towards burnout syndrome. MBI is an introspective psychological inventory comprising of 22 items related to occupational burnout, which was developed from Christina Maslach and Susan Jackson's assessment of an individual's experience of burnout [16]. The MBI measures emotional exhaustion, depersonalization, and a sense of personal accomplishment as the three major dimensions of burnout [16]. Various models of MBI have since been developed to

suit different groups, with the Human Services Survey for Medical Personnel (MBI-HSS (MP)) being used to evaluate burnout syndrome upon healthcare setting workers [17]. The use of 'A Shortened Stress Evaluation Tool' (ASSET) is the most phenomenal approach towards the diagnosis of job stress [18]. The approach looks at stress from a multi-faceted point of view, evaluating it from perspectives of job satisfaction.

The prevention of burnout syndrome and job stress is largely through the avoidance of the respective risk factors. Staying away from such conditions substantially decreases the chances of getting the symptoms or developing either burnout syndrome or job stress. It is quite important to ensure the promotion of functional work dynamics to address the issues of toxic work environments. Job expectations should be clear and realistic to avoid exhaustion and emotional drain, which largely contribute to burnout syndrome and job stress. The maintenance of a good work-life imbalance is instrumental to the prevention of burnout syndrome and job stress [5]. The treatment of burnout syndrome and job stress is focused on psychological counselling and related intervention. This is because the burnout syndrome and job stress are anchored on psychological issues and perceptions. However, medications through the prescription of anti-depressants may be necessary but only under extreme circumstances.

### **Epidemiology and Burden of Burnout Syndrome and Job Stress in the World and in the Kingdom Of Saudi Arabia in Health Care Workers**

The prevalence of burnout syndrome and job stress in the healthcare sector across the world is relatively high. The high prevalence is associated with the nature of the job undertaken by healthcare workers [6]. Burnout syndrome and job stress are relatively common phenomena in the medical field as a result of the demanding nature of the work performed, as well as the environment, which is synonymous with people suffering and other unpleasant conditions. Besides, healthcare workers interact with different people in emotional situations, some grieving of the death of their loved ones [21]. The situation may lead to burnout syndrome and job stress due to feelings of failure and non-accomplishment. The rate of burnout syndrome and job stress is relatively high across the world as depicted by different studies. A cross-sectional study conducted in the Alexandria University Hospital, focusing on practitioners at the critical care department depicted that burnout syndrome and job stress are prevalent occurrences in the facility [7]. The situation did cut across



nurses and healthcare technicians. A substantial number of people reported having experienced signs and symptoms of high levels of depersonalization and personal accomplishment as key indicators of burnout syndrome and job stress. A study aimed at the investigation of the prevalence of burnout syndrome and job stress in Iran gave similar results, depicting that the situation is no different, as it is relatively common. The cross-sectional study that involved 539 health network staff as participants pointed out that 90.5% of the staff encountered high levels of depersonalization from their work [8]. Depersonalization is a situation upon which an individual is emotionally detached from their work and harbor low levels of job satisfaction. A substantial number of participants registered instances of emotional exhaustion and perceived low personal achievement. A similar conclusion was made in a study that investigated the rate of burnout syndrome and job stress in Gondar University Hospital, Ethiopia [9]. The studies predicting the high prevalence of burnout syndrome and job stress in different parts of the world are an indicator of the commonality of the issue in the healthcare sector. The situation is largely attributable to the nature of the services offered thereof.

Similar studies in Saudi Arabia have pointed out that the situation is no different. An investigation of the burnout syndrome and job stress among Emergency Physicians and Nurses in Abha and Khamis Mushait Cities, Aseer Region, Southwestern Saudi Arabia revealed that most of the physicians suffered from the condition, depicting high levels of emotional exhaustion and low personal accomplishment [6]. The research aimed at examining the issue of Burnout syndrome among multinational nurses in Saudi Arabia gave out a similar indication that burnout syndrome and job stress are major challenges in healthcare. It was noted that the frequency of depersonalization is shockingly high, at 42% of the participants [10]. The situation is more difficult for non-Saudi nurses working in Saudi hospitals as they were considered to be more prone to emotional exhaustion. Therefore, the challenge of burnout syndrome and job stress is considerably existent in the country.

### **Hajj in Makkah, Saudi Arabia, Explain the Situation of Mass Gathering and the Health Disaster Endanger the Health Care Facilities and Workers**

Burnout syndrome and job stress are largely associated with stressors and exhaustion in the workplace. For nurses, high workload and being overwhelmed is a significant contributor to burnout syndrome and job stress. Such environments take various forms, which may include attending to a high number of patients,

encountering patients with similar multiple injuries or conditions, as well as encountering patients suffer in need of care within the healthcare facilities. The situation presented by the health disaster at Hajj in Makkah, Saudi Arabia is one of the stressful environment that may lead to burnout syndrome and job stress for healthcare workers [11]. In such circumstances, the hospitals or healthcare settings are overwhelmed by the high number of people and casualties. Dealing with the huge number of patients in need of care and the contemplation of their respective sufferings of the people involved.

The nature of the disaster, particularly the view that it emanates from a religious event may have more adverse implications. For instance, those prophesying the Islamic faith may be adversely affected by the disaster or perceive it densely than those from other religious faith. As a result, such an occurrence is likely to be more emotionally draining for a healthcare worker, leading to burnout syndrome and job stress in the form of emotional exhaustion [12]. Mass gathering and the health disaster endanger the health care facilities and workers in that they result in a huge number of casualties that may not necessarily be handled effectively in the healthcare system. Seeing individuals succumb or suffer in pain because of the severity of their injuries and the inadequacies of the healthcare systems in handling such a huge number of patients may bring about burnout syndrome and job stress. The severity of the situation may require that some healthcare workers operate for relatively long hours, which may be synonymous with being overworked [20]. The demanding nature of the situation may lead to the lack of enough rest, and even going to the extent of distorting the existing work-life balance. Such occurrences are some of the critical risk factors that lead to burnout syndrome and job stress, rendering the health care workers susceptible thereof.

### **Importance of Early Detection of Signs of Burnout Syndrome and Job Stress**

Burnout syndrome and job stress are highly detrimental to the physical and mental well-being of an individual. Therefore, it is necessary to prevent them or treat them accordingly in instances where they occur. This perspective invokes the issue of the need for early detection of the signs and symptoms of burnout syndrome and job stress. Early detection ensures the adoption of the respective interventions and treatment to avert the negative implications. Healthcare workers labouring from burnout syndrome, and job stress are prone to the making of medical errors due to the state of their mental imbalance and emotional exhaustion [13]. Some of the

medical errors may be costly to the point of leading to the loss of life. As a result, it is necessary to help address such possibilities. Besides, healthcare workers suffering from burnout syndrome and job stress may not work to their potential, hence tend to underperform in their respective duties and responsibilities. Therefore, it is necessary to ensure early detection of burnout syndrome and job stress as a way of enhancing the effective performance and discharge of duties and responsibilities for healthcare workers. Moreover, the negative implications go beyond adversely affecting the efficacy of a healthcare worker in the healthcare setting to adversely affecting personal health and well-being. Burnout syndrome and job stress may lead to mental health challenges, including depression and related conditions such as suicidal thoughts unless detected early and treated accordingly.

## References

1. Khan F, Yusoff RM, Khan A. Job demands, burnout and resources in teaching a conceptual review. World Applied Sciences Journal. 2014;30(1):20-8.  
[https://www.researchgate.net/profile/Faisal\\_Khan79/publication/268215421\\_Job\\_Demands\\_Burnout\\_and\\_Resources\\_in\\_Teaching\\_a\\_Conceptual\\_Review/links/5d9dd2b192851cce3c8f63c8/Job-Demands-Burnout-and-Resources-in-Teaching-a-Conceptual-Review.pdf](https://www.researchgate.net/profile/Faisal_Khan79/publication/268215421_Job_Demands_Burnout_and_Resources_in_Teaching_a_Conceptual_Review/links/5d9dd2b192851cce3c8f63c8/Job-Demands-Burnout-and-Resources-in-Teaching-a-Conceptual-Review.pdf)
2. Poncet MC, Toullic P, Papazian L, Kentish-Barnes N, Timsit JF, Pochard F, Chevret S, Schlemmer B, Azoulay E. Burnout syndrome in critical care nursing staff. American journal of respiratory and critical care medicine. 2007 Apr 1;175(7):698-704.  
<https://www.atsjournals.org/doi/pdf/10.1164/rccm.200606-806OC>
3. Embriaco N, Papazian L, Kentish-Barnes N, Pochard F, Azoulay E. Burnout syndrome among critical care healthcare workers. Current opinion in critical care. 2007 Oct 1;13(5):482-8. <https://twin.sci-hub.tw/5682/a8696e550cce07f19b65d92dc8bd3201/embriaco2007.pdf#view=FitH>
4. Cañadas-De la Fuente GA, Vargas C, San Luis C, García I, Cañadas GR, Emilia I. Risk factors and prevalence of burnout syndrome in the nursing profession. International journal of nursing studies. 2015 Jan 1;52(1):240-9.  
[https://www.researchgate.net/profile/Guillermo\\_Canadas-De\\_la\\_Fuente/publication/279923825\\_Risk\\_factors\\_and\\_prevalence\\_of\\_burnout\\_syndrome\\_in\\_the\\_nursing\\_profession/links/5b1fb51baca272277fa7eb5c/Risk-factors-and-prevalence-of-burnout-syndrome-in-the-nursing-profession.pdf](https://www.researchgate.net/profile/Guillermo_Canadas-De_la_Fuente/publication/279923825_Risk_factors_and_prevalence_of_burnout_syndrome_in_the_nursing_profession/links/5b1fb51baca272277fa7eb5c/Risk-factors-and-prevalence-of-burnout-syndrome-in-the-nursing-profession.pdf)
5. Korczak D, Huber B, Kister C. Differential diagnostic of the burnout syndrome. GMS health technology assessment. 2010;6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3010892/>
6. Alqahtani AM, Awadalla NJ, Alsaleem SA, Alsamghan AS, Alsaleem MA. Burnout syndrome among emergency physicians and nurses in abha and khamis mushait cities, aseer region, southwestern Saudi Arabia. The Scientific World Journal. 2019;2019. <http://downloads.hindawi.com/journals/tswj/2019/4515972.pdf>

7. Elshaer NS, Moustafa MS, Aiad MW, Ramadan MI. Job stress and burnout syndrome among critical care healthcare workers. Alexandria Journal of Medicine. 2018 Sep 1;54(3):273-7. <https://www.sciencedirect.com/science/article/pii/S2090506817301057>
8. Zarei E, Ahmadi F, Sial MS, Hwang J, Thu PA, Usman SM. Prevalence of burnout among primary health care staff and its predictors: a study in Iran. International journal of environmental research and public health. 2019 Jan;16(12):2249. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616853/>
9. Bhagavathula AS, Abegaz TM, Belachew SA, Gebreyohannes EA, Gebresillassie BM, Chattu VK. Prevalence of burnout syndrome among healthcare professionals working at Gondar University Hospital, Ethiopia. Journal of education and health promotion. 2018;7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6282498/>
10. Al-Turki HA, Al-Turki RA, Al-Dardas HA, Al-Gazal MR, Al-Maghrabi GH, Al-Enizi NH, Ghareeb BA. Burnout syndrome among multinational nurses working in Saudi Arabia. Annals of African Medicine. 2010;9(4). <https://cyber.sci-hub.tw/MTAuNDEwMy8xNTk2LTM1MTkuNzA5NjA=/al-turki2010.pdf#view=FitH>
11. Rahman J, Thu M, Arshad N, Van der Putten M. Mass gatherings and public health: Case studies from the Hajj to Mecca. Annals of global health. 2017 Mar 1;83(2):386-93. <https://www.sciencedirect.com/science/article/pii/S2214999616308062>
12. Memish ZA, Stephens GM, Steffen R, Ahmed QA. Emergence of medicine for mass gatherings: lessons from the Hajj. The Lancet infectious diseases. 2012 Jan 1;12(1):56-65. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7185826/>
13. Suñer-Soler R, Grau-Martín A, Flichtentrei D, Prats M, Braga F, Font-Mayolas S, Gras ME. The consequences of burnout syndrome among healthcare professionals in Spain and Spanish speaking Latin American countries. Burnout research. 2014 Sep 1;1(2):82-9. <https://www.sciencedirect.com/science/article/pii/S2213058614000254>



14. Finney C, Stergiopoulos E, Hensel J, Bonato S, Dewa CS. Organizational stressors associated with job stress and burnout in correctional officers: a systematic review. BMC public health. 2013 Dec 1;13(1):82. <https://link.springer.com/article/10.1186/1471-2458-13-82>
15. Popescu C, Bondac GT, Hrestic ML. Burnout syndrome–Theoretical aspects. Contemporary Economy Journal. 2017;2(2):119-24. [http://www.revec.ro/images/images\\_site/categorii\\_articole/pdf\\_categorie\\_1a834548b7a4ab5b7efd3d20ea8fbb35.pdf#page=119](http://www.revec.ro/images/images_site/categorii_articole/pdf_categorie_1a834548b7a4ab5b7efd3d20ea8fbb35.pdf#page=119)
16. Maslach C, Jackson SE. The measurement of experienced burnout. Journal of organizational behavior. 1981 Apr;2(2):99-113. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/job.4030020205>
17. Loera B, Converso D, Viotti S. Evaluating the psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) among Italian nurses: how many factors must a researcher consider?. PloS one. 2014;9(12). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4264862/>
18. Faragher EB, Cooper CL, Cartwright S. A Shortened Stress Evaluation Tool (ASSET). In From Stress to Wellbeing Volume 1 2013 (pp. 438-457). Palgrave Macmillan, London. <https://cyber.sci-hub.tw/MTAuMTA1Ny85NzgxMTM3MzEwNjUxXzly/faragher2013.pdf#view=Fit World Health>
19. Organization. Burn-out an "occupational phenomenon": International Classification of Diseases. Mental Health. 2019. [https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)
20. Tam JS, Barbeschi M, Shapovalova N, Briand S, Memish ZA, Kieny MP. Research agenda for mass gatherings: a call to action. The Lancet infectious diseases. 2012 Mar 1;12(3):231-9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7106416/>
21. Glasberg AL, Eriksson S, Norberg A. Burnout and 'stress of conscience' among healthcare personnel. Journal of advanced nursing. 2007 Feb;57(4):392-403. <https://dacemirror.sci-hub.tw/journal-article/1e8101314949b38c920dfb96c8156a99/glasberg2007.pdf#view=FitH>