

INVESTIGATING THE LEVEL OF BURNOUT AMONG SAUDI HEALTHCARE PROFESSIONALS

Ghulam Muhammad Kundi

College of Public Health and Health Informatics, Al-Bukayriyah,
Qassim University, Al-Qassim, Kingdom of Saudi Arabia

Email: gmkundi@hotmail.com

ABSTRACT: Burnout is a serious issue for healthcare professionals. It brings many negative outcomes for professionals as well as organizations. The aim of this paper was to identify the level of burnout among healthcare professionals working in the Qassim region. A total of 372 completed questionnaires were analyzed. This study found that there is an emotional exhaustion problem which is more critical as compared to depersonalization and personal achievement. The study concludes that the ministry of health must focus on this area in order to lessen the negative impacts of burn out on the professionals in Saudi healthcare organizations.

Keywords: Burnout, Healthcare Professionals, Qassim, Saudi Arabia

INTRODUCTION

Around the globe studies and research nowadays is more focusing on the mental health of medical staff, healthcare professionals, nurses, physicians, technicians. Since it plays an instrumental role in job satisfaction or dissatisfaction of the employees of healthcare, therefore, it is getting wider attention from the researchers in the field of healthcare [7]. However, in the Kingdom of Saudi Arabia, health is the utmost priority of the government and for this purpose, Saudi Arabia has introduced vision 2030 in which prime importance is given to the health sector. This reflects in the annual budget given by the Saudi government to the ministry of health (MOH) for 2017 i.e. 8.7% while in 1970, it was 2.5% [1]. There is a shortage of healthcare staff in Saudi Arabia and due to this shortage, the healthcare professionals already working in hospitals are overburdened. They are facing a lot of stress, anxiety, depression, and burnout.

Healthcare professional's services are related to urgent and emergency situations that are related to the human risk that's why the level of burnout among medical staff is always found high [6]. This is a serious issue has mainly overlooked in the studies on Saudi healthcare. Therefore, there was dire need to conduct a study in the Saudi environment to investigate the level of burnout among healthcare professionals working in the Qassim region of the Kingdom of Saudi Arabia.

This study is of its first kind which is being undertaken after the introduction of Saudi vision 2030. Second, this study is significant for the health sector, medical staff, and ministry of health which can get benefits from findings of this study. Third, future researchers, academicians can also take benefits from this study and its findings. In this study, readers can easily understand burnout and how it is harmful to professionals that affect the individual as well as organizational performance and level of service expected from an organization like that of healthcare units.

Burnout was first studied by psychologist Herbert Freudenberger in 1970, later on, he published "burnout: high cost for high achievement, what it is and how to survive it?" Afterword, Maslach studied burnout and divided burnout into three categories i.e. emotional exhaustion, depersonalization and personal achievement [10]. Likewise, Makkai had found that burnout is a gradual process that starts when an individual continuously faced stressful situations [8]. This

leads to negative outcomes like stress, anxiety, absenteeism, low performance and less involvement in official affairs.

Demerouti et al., [5] and Makkai [8] assert that emotional exhaustion means when human is empty from all kinds of emotions and only facing stressful factors in personal and professional lives. They further argue that like emotional exhaustion, depersonalization on the other hand means when an individual kept a distance from other people and reduces his/her personal achievement.

Literature Review

In this part of the article review of the relevant literature had been done to gain an in-depth understanding to the issue and to identify the major variables and factors responsible for professional's burnout in healthcare organizations.

Maslach Burnout and its Attributes

Healthcare researchers like Hakanen, Jari, Schaufeli and Wilmarare of the opinion that employees who have a high level of burnout have high risk of health problems like, mental health, anxiety, depression, tension, stress, disorder while sleeping, loss of memory and pain in neck, back pain, etc. [6]. Several studies have reported that the use of alcohol is high among those employees who suffer from a high level of burnout [2]. Likewise, Kim et al. [7] conducted a study on social workers and found that those workers who face a high level of burnout have more health problems, for example, problems in the respiratory system, headache, neck pain, etc.

One more study conducted on burnout for ten years and found that the riskiest factor in burnout which causes a problem for the survival of human beings is exhaustion [8]. This burnout syndrome was further explained by job demands resource model [5]. They further contend that due to the high demands of the job and limited resources is one of the factors that lead to cognitive, emotional, physical and organizational problems. Because of the growing competition and workload, nowadays, employees worry more about their work, thus, more and more employees are getting the experience of this syndrome and negative outcomes can be seen in the shape of different health issues that have profound impacts on the physical and mental health of the employees.

Studies reported the negative outcomes of burnout, according to [3] it not only affects professional and personal lives but also affects social and professionals' performance of healthcare employees. They argue that its negative outcomes bring low-quality work, an increase in frustration and

aggressiveness while people working around the person are also affected by s/he burnout. They also claimed that women get more burnout than men.

In occupational health burnout syndrome is one of the most popular and those professionals who have a high level of burnout get more health problems [4]. While, sharing similar views, [3] have found that those employees who face burnout, probably this burnout remain for more than five, ten or fifteen years got severe health problems. According to them, there are two factors that divide burnout into two categories. One is a situational factor and the other is an organizational factor. Situational factors include job demands and organizational factors include resources [3].

Health Professionals

According to Brija et al. health professionals deal with human beings, patients with chronic situations, problems and health issues [4]. It is very difficult to deal with patients and sometimes it brings stress and burnout among professionals. These problems may be psychological, emotional and physical. In such a complex situation, it's very difficult for healthcare professionals to cope with these situations.

Psychological problems among healthcare professionals rose when they start thinking that they cannot deliver more than this [8]. Likewise, in the second stage healthcare professionals show negative attitudes towards patients as they think that patients deserve this pain, which is named by [4] as emotional exhaustion. Doctors, nurses, physicians, technicians who are predisposed to anxiety, depression, abuse, stress, and burnout are more likely to incline towards suicide [9]. Moreover, they also indicated that workload, patient-nurse's ratio, doctor-patient's ratio, high turnover, and absenteeism are also the outcomes of burnout.

According to Albejaidi and Nair [1] Saudi Arabia vision 2030 and Saudi national transformational plan (NTP) 2020 both have their first priority i.e. health. In the 1970s, Saudi Arabia introduced its first healthcare plan with an annual budget of 2.5% while now in 2017 it was increased to 8.7%. The announced budget is about \$261 billion, which is somewhat more than Saudi Arabia's 2017 budget of \$250 billion. It is projected that this will result in about \$209 billion in revenue in 2018.

This huge sum of budget, coupled with projections of a balance in only six years, shows that Saudi Arabia is expecting substantial income growth in the years to come. However, despite huge funding, Saudi Arabia has a shortage of medical staff always. This problem is raised due to the huge influx of pilgrims in Saudi Arabia every year and the second reason is that Saudi nationals do not pursue medical studies that's why every year hundreds of thousands of medical staff are hired from Pakistan, India, Philippines, Egypt, and Sudan. This shortage of medical staff has a huge burden over staff and this leads to burnout, anxiety, and depression. That's why this study was conducted to investigate the level of burnout among Saudi and foreign medical health care staff in Saudi Arabia.

Research Methodology

The researcher adopted a quantitative survey approach for this study. The advantage of the quantitative survey is low cost. In the survey, large population and sample are covered and their responses can be recorded easily.

The population for this study was 5000 medical staff workers working in the Qassim region in public and private hospitals and healthcare organizations. The Saudi health system is divided into three phases first is called PHC primary healthcare, second is Secondary healthcare and third is territory healthcare. All these healthcare organizations are part of this study.

A simple random sampling technique was used and Weiers formula for calculating sample was employed. A total of 400 samples were used in this study, whereas, 372 completed questionnaires were used in the analysis. Descriptive statistical analyses were done through the application of SPSS version 21.

RESULTS

Table 1 and Figure 1 give an overview of the gender-wise results of the professional working in healthcare organizations in Qassim University. Results revealed that there are 259 males i.e. 69.6% and females 113 i.e. 30.4% working in Qassim hospitals. It is clear that jobs in healthcare are occupied by the male working force in Saudi Arabia.

Table 1: Gender Information

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	259	69.6	69.6	69.6
	Female	113	30.4	30.4	100.0
	Total	372	100.0	100.0	

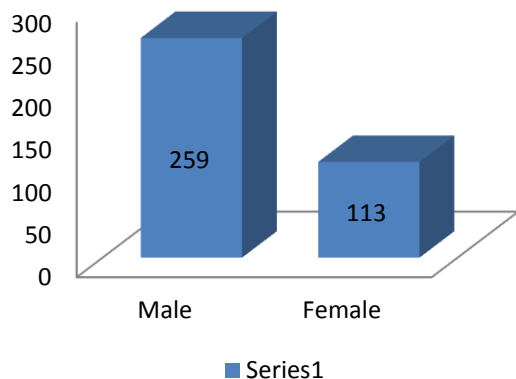


Table 2 and Figure 2 results revealed that 208 healthcare professionals i.e. 55.9% were working on the government sector, while 164 were working in private organizations i.e. 44.1%. It means that government jobs are more attractive for people working in health care organizations.

Figure 1: Male and Female Information Graph

Table 2: Public and Private Sector Information

Department					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Public	208	55.9	55.9	55.9
	Private	164	44.1	44.1	100.0
	Total	372	100.0	100.0	

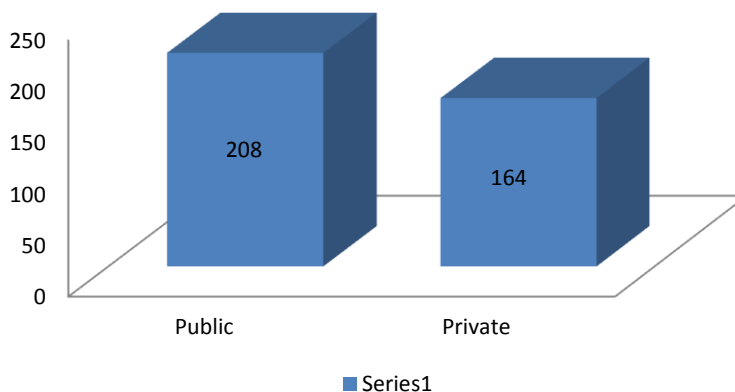


Figure 2: Public and Private Sector Bar Graph

Table 3: Maslach Burnout Human Services Survey

Gender		EMO_EXH1	DE_PER1	PER_AC1
Male	Mean	1.7992	2.0154	1.8842
	n	259	259	259
	Std. Deviation	0.77149	0.79713	0.77890
Female	Mean	1.9381	1.9204	1.8850
	n	113	113	113
	Std. Deviation	0.74741	0.85713	0.67813

Further, results in the above tables reveal the levels of burnout among male and female healthcare professionals in Saudi Arabia. In first row information about men is presented. It highlights the level of depersonalization among male healthcare professionals. This means that they want to

keep themselves at distance from their colleagues and managers. Likewise, the Mean score i.e. $M = 2.0154$ with $SD = 0.79713$.

Further analysis of results illustrates that personal achievement is a secondary problem, however, healthcare is

considered a serious issue as Mean Score $M=1.8842$, with $SD = 0.7789$ indicates. This implies that there is a personal achievement problem among the health workforce in Qassim hospitals in Table 3.

According to our results, the most serious issue is emotional exhaustion as could be seen from $M= 1.7992$ with $SD=0.77149$. It is the most overlooked and ignored area. This figure indicates that healthcare professionals are emotionally

exhausted and it will bring negative outcomes in their performance.

As compared to male respondents of the study, female healthcare professionals' mean score for emotional exhaustion is $M= 1.938$ and for depersonalization is $M = 1.9204$, whereas, for personal achievement, it is $M= 1.8850$. Therefrom, we can safely infer that the most serious problem for the female workforce is a personal achievement. Below Table 4 illustrates the sector-wise distribution of burnout

Table 4: Mean and Standard Deviation Scores on Basis of Sector

Department		EMO_EXH1	DE_PER1	PER_AC1
Public	Mean	1.8510	2.0337	1.8798
	n	208	208	208
	Std. Deviation	0.78136	0.81875	0.78634
Private	Mean	1.8293	1.9268	1.8902
	n	164	164	164
	Std. Deviation	0.74808	0.81067	0.70068

It could be seen from the results in table-4 that those professionals who are working in the public sector have a higher score on depersonalization i.e. $M= 2.033$, followed by personal achievement $M=1.8798$. Similarly, most of the public sector employees have serious problems of emotional exhaustion and they have the lowest score for emotional exhaustion i.e. $M=1.8510$. While on another hand, the mean score for private-sector employees is higher on

depersonalization i.e. $M= 1.92$ while for personal achievement, it was $M= 1.89$ and for emotional exhaustion, it was $M = 1.82$.

The results point that emotional exhaustion is a serious issue for healthcare professionals, yet if we compare the emotional exhaustion of public and private sector employees, we can find that emotional exhaustion level of the private sector is more perilous than the public sector professionals.

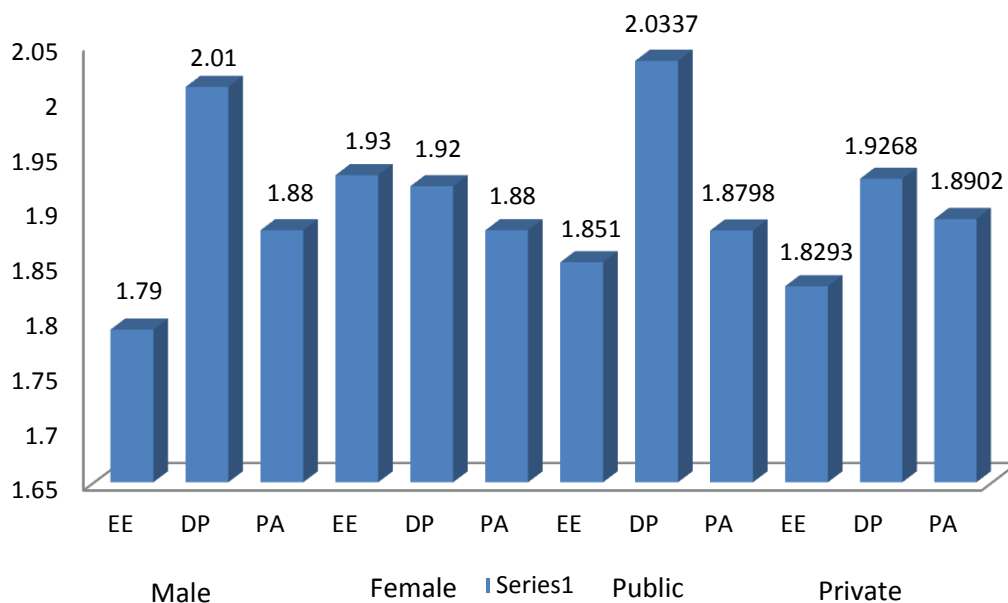


Figure 3: Mean Scores on the Basis of Gender and Sector

The above figure 3, illuminates the Summary of results on the basis of gender and sector. It is clear that males have more emotional exhaustion problems as compared to females, the same results have been indicated for depersonalizations but the level of personal achievement for males and females is the same. If we look into the sector-wise results, there is a higher level of

emotional exhaustion in public sector professionals than the private sector, likewise, the problem of depersonalization in private is high as compared to the public counterparts, further, personal achievement in the public sector is higher than the private sector.

DISCUSSION AND CONCLUSION

Based on the results, it could be concluded that Saudi health care professionals have serious issues of emotional exhaustion and depersonalization. These could have negative effects on the performance of individuals and organization i.e. healthcare quality services. Saudi healthcare is always facing a shortage of professionals, though the Saudi government and Ministry of health are trying their best to cope with this problem for the same purpose Saudi government has introduced the Saudization i.e. hiring more Saudi nationals in the health sector by reducing its dependence on the expatriates.

Likewise, if we see the rationale of the male and female workforce, we can see that female health workforce constitute only meager part of the total workforce in the health sector, therefore, this study suggests that Saudi females need to be encouraged along with Saudi male to pursue healthcare and medical education.

This study further concludes that in order to materialize the dream of quality of care, a more trained workforce is required to be added to the existing pool of the employees besides hiring the foreign experienced workers to overcome the issue of burnout. Once the issue of scarcity of the workforce is resolved, hence the burnout problem will be controlled.

REFERENCES:

1. Albejaidi F, Nair KS. Building the health workforce: Saudi Arabia's challenges in achieving Vision 2030. *Int J Health Plann Mgmt*. 2019;1–12.
2. Ahola, Kirsi, Väänänen, Ari, Koskinen, Aki, Kouvonen, Anne, Shirom, Arie.2010.Burnout as a Predictor of All-Cause Mortality among Industrial Employees: A 10-year Prospective Register-Link Age Study.*Journal of Psychosomatic Research* 69: 51–57.
3. Bakker, Arnold B., Demerouti, Evangelia, Sanz-Vergel, Ana I.2014.Burnout and Work-Engagement: The JD-R Approach.*Annual Review of Organizational Psychology and Organizational Behaviour* 1: 389–411.
4. Bria, Mara, Băban, Adriana, Dumitraşcu, Dan L. 2012. Systematic Review of Burnout Risk Factors among European Healthcare Professionals.*Cognition, Brain, Behaviour. An Interdisciplinary Journal* 16: 423–452.
5. Demerouti, Evangelia, Nachreimer, Friedhelm, Bakker, Arnold, Schaufeli, Wilmar.2011.The Job Demands–Recourses Model of Burnout.*Journal of Applied Psychology* 86 (3): 499–512.
6. Hakanen, Jari J., Schaufeli, Wilmar B.2012.Do Burnout and Work Engagement Predict Depressive Symptoms and Life Satisfaction? Three-Wave, Seven-Year Perspective Study.*Journal of Affective Disorders* 141: 415–424.
7. Kim, Hansung, Ji, Juye, Kao, Dennis.2011.Burnout and Physical Health among Social Workers: A Three-Year Longitudinal Study.*Social Work* 6: 258–268.
8. Makkai, K., (2018) Evaluating the Level of Burnout among Healthcare Professionals, *ActaUniv. Sapientiae, Social Analysis*, 8 (2018) 23–39.
9. Schanafelt, Tait D. et al. 2012. Burnout and Satisfaction with Work-Life Balance among US Physicians Relative to the General US Population. *Archives of Internal Medicine* 172: 1377–1385.
10. Maslach, C., Jackson, S.E. & Leiter, M. (1996). *Maslach BurnoutInventory: Manual* (3rd ed.). Palo Alto, CA: ConsultingPsychologists Press.