

Occurrence of Burnout Syndrome among Mental Health Professionals in An Egyptian sample

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ

لَسْبَحَانَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

صدق الله العظيم

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Dedication

*Dedicated to those who inspired
me throughout my whole life to my
family*

Acknowledgment

*First and foremost, I feel always indebted to **ALLAH**, the Most Kind and Most Merciful.*

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List of Abbreviations

| Abb. | Full term |
|----------------------|--|
| <i>APA</i> | <i>American psychiatric association</i> |
| <i>APA</i> | <i>American psychological association</i> |
| <i>BLS</i> | <i>Bureau of labor statistics</i> |
| <i>BOS</i> | <i>Burnout syndrome</i> |
| <i>DP</i> | <i>Depersonalization</i> |
| <i>DSM-5</i> | <i>Diagnostic and statistical manual of mental disorders – fifth edition</i> |
| <i>DSM-IV</i> | <i>Diagnostic and statistical manual of mental disorders– fourth edition</i> |
| <i>EE</i> | <i>Emotional Exhaustion</i> |
| <i>ER</i> | <i>Emergency Room</i> |
| <i>GHQ</i> | <i>General Health Questionnaire</i> |
| <i>ICD-10</i> | <i>International classification of disease – 10th edition</i> |
| <i>MBI</i> | <i>Maslach Burnout Inventory</i> |
| <i>MBI-HSS</i> | <i>Maslach burnout inventory – human services survey</i> |
| <i>MHC</i> | <i>Mental Health Counselor</i> |
| <i>MHT</i> | <i>Mental Health Technician</i> |
| <i>MPT</i> | <i>Munich Personality Test</i> |
| <i>N (N)</i> | <i>Number</i> |
| <i>PA</i> | <i>Personal accomplishment</i> |
| <i>SCID 1</i> | <i>Structured Clinical Interview for DSM-IV</i> |
| <i>SCID 2</i> | <i>Structured Clinical Interview for DSM-IV</i> |
| <i>SPSS</i> | <i>Standard deviation Statistical package for social sciences</i> |
| <i>WHO</i> | <i>World health organization</i> |

ABSTRACT

Background: Burnout is a highly important issue to be taken care of in any profession dealing with people including medical professions and mental health professionals in particular, and have its effects on nation's productivity and service quality.

Aim of the work: The aim of the current study is to estimate the prevalence of burnout syndrome among mental health professionals in an Egyptian sample (from both governmental and private sectors). Also to study the sociodemographic characteristics and personality traits of mental health professionals suffering from burnout syndrome and to assess associated factors those increase the burnout syndrome and propose different recommendations to protect from it.

Patient and Methods: Target population: Mental Health Professionals (Psychiatrists, Mental Health Nurses, psychologist, social workers). After taking oral consent about participating in our study, the participants had been interviewed by a psychiatrist through Structured Clinical Interview for DSM-IV-Clinician Version (SCID-CV) to determine and exclude any psychiatric morbidity.

Result: The current study was conducted on 276 participants were recruited from the concerned hospitals to participate in the study. Data collection lasted four month beginning from 1st of April 2017 till 30th of august 2017, only 156 accepted to complete the interview till the end , 23 of them refused to continue answer SCID □ interview for assessing personality disorder and personality traits.

Conclusion: The consequences of burnout in medical professions are potentially quite serious and include deterioration of the quality of care provided by the doctor, frequent medical errors, turnover, absenteeism, and low job satisfaction and morale.

Keyword: Bureau of labor statistics - Emotional exhaustion - Munich Personality Test

Introduction

According to the World Health Organization, the term health refers not just to the absence of disease, but to a state of complete physical, mental and social well-being. Mental health is defined as a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (*WHO, 2008*).

Mental health nowadays is being largely overlooked as part of strengthening primary care services. This is despite the fact the mental illnesses are found in all countries, in women and men, at all stages of life, among the rich, poor, rural, and urban settings (*WONCA, 2008*). Mental health illnesses are common, affecting more than 25% of all people at some time during their lives. The point prevalence of mental illness in the adult population at any given time is about 10% similarly; around 20% of all patients seen by primary health care providers have one or more mental health illnesses (*Kabir et al., 2004*).

In terms of mental health, the link with burnout is more complex; burnout has been linked to the personality dimension of neuroticism and the psychiatric profile of job-related neurasthenia. Such data might support the argument that burnout is itself a form of mental illness. However, a more common assumption has been that burnout causes mental

dysfunction that is, it precipitates negative effects in terms of mental health, such as anxiety, depression, drops in self-esteem, and so forth. An alternative argument is that people who are mentally healthy are better able to cope with chronic stressors and thus less likely to experience burnout. Although not assessing burnout directly, one study addressed this question by analyzing archival longitudinal data of people who worked in interpersonally demanding jobs (i.e. emotionally demanding “helper” roles, or jobs that deal with people in stressful situations). The results showed that people who were psychologically healthier in adolescence and early adulthood were more likely to enter, and remain in, such jobs, and they showed greater involvement and satisfaction with their work (*Jenkins and Maslach, 1994*).

Burnout as a term was first introduced in 1974 by *Freudenberger* to describe the emotional exhaustion experienced by workers in the public services (*Freudenberger, 1974; Kumar, 2007*).

The most used and accepted concept in literature of BOS was introduced by *Maslach* and her colleagues as a three dimensions syndrome happening in response to prolonged exposure to chronic personal and interpersonal stressors on the job these three dimensions are: emotional exhaustion, depersonalization or cynicism, and personal inefficacy (*Osama, 2012*).

"Exhaustion" is described as the feeling of not being able to offer any more of oneself at an emotional level; "cynicism" refers to a distant and non-empathic attitude towards work and people being served by it; "inefficacy" describes the feeling of not performing tasks adequately and of being incompetent at work (*Maslach, 1982*).

The Burnout is prevalent in jobs that involve interactions with people, and it's a response to chronic exposure to stressors in work (*Kumar, 2007*).

Different groups of professionals work in mental health care settings. They include: psychiatrists, psychologists, social workers, counselors, psychiatric nurses, Their jobs mainly focus on helping people to promote optimal mental health and reduce personal stress responses by dealing constructively with their psychological, emotional, and social problems, both individually and in groups.

Mental health professionals have a stressful life. They use themselves as "tools" in their profession and experience a range of powerful emotions in their clinical work (*Meier, 2007*).

Although the fact that over than 2500 burnout publications had appeared by 1999 according to one estimate, most of these publications have restricted the definition of burnout to human service workers, a trend that acknowledges the unique pressures of utilizing one's self as the —tool || in