

Survey of Burnout amongst Drug and Alcohol Unit Staff

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Background: Burnout has a special significance in healthcare where staff experience psychological, emotional and physical stress. Burnout has major behavioral and health implications.

Objective: To evaluate the extent to which the staff employed in Drug and Alcohol Unit is affected by burnout.

Setting: Drug and Alcohol Unit, Psychiatric Hospital, Bahrain.

Design: The study is a cross-sectional survey, incorporating a standardized measurement of burnout (Maslach Burnout Inventory: MBI).

Method: All staff in the Drug and Alcohol Unit (N=31) were surveyed using the Maslach Burnout Inventory questionnaire in October 2011. Maslach Burnout Inventory (MBI) is designed to assess the three components of the burnout syndrome: emotional exhaustion, depersonalization and reduced personal accomplishment.

Result: Twenty-four (77.4%) responded, their result indicates a medium level of burnout. The degree of burnout among the staff working in the Drug and Alcohol Unit was low compared to the staff working in General Adult Psychiatry Unit. Personal accomplishment was high in Drug and Alcohol compared to General Adult Psychiatry.

Conclusion: The degree of burnout as well as emotional exhaustion in the staff working in the Drug and Alcohol Unit was lower compared to the staff working in General Adult Psychiatry. Dealing with patients' psychological problems, feelings of isolation, lack of support, lack of reward, long hours of work and psychological morbidity leads to higher degree of burnout.

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The unit follows a system of multi-therapeutic service to individuals with substance abuse. This provides the advantage of using a model of treatment that follows the principle of the Trans theoretical model of change as proposed by Prochaska and DiClemente, which is not confined to any particular theoretical framework^{1,2}.

Burnout is a syndrome of emotional exhaustion, depersonalization and a sense of low personal accomplishment that leads to decreased effectiveness at work. Prolonged response to chronic job-related stress is associated with decreased job performance and reduced job commitment. A broad range of professionals including physicians, nurses and health care workers could experience burnout. Health care staffs are at high risk for burnout; where staff experience psychological, emotional and physical stress^{3,4}.

Burnout syndrome was described in the 1970s, when it was conceived as a characteristic among caring professions. Maslach defined burnout as “an inadequate response to chronic occupational stress with three dimensions: emotional exhaustion, depersonalization and lack of personal fulfillment⁵”. Burnout is a syndrome of physical and emotional exhaustion resulting from the development of negative self-concept, negative job attitudes and a loss of concern for clientele⁵.

Patrick et al reported that psychiatric staff members have high level of burnout and suggested appropriate training and resource development to improve the quality of their work environment⁶. Prosser et al, compared stress and job satisfaction scores between community and hospital-based multidisciplinary staff; they concluded that community staff is affected by burnout more than hospital-based staff⁷.

Piko found that burnout is due to occupational stress, emotional exhaustion, depersonalization and poor view of personal accomplishment⁸. In United States, James observed that psychiatrists are more prone to stress, burnout and suicide⁹. Younger psychiatrists were especially deeply affected by patients' suicides⁹.

Many treatment programs and projects are examined in terms of cost and budgets¹⁰. Occupational stress and dissatisfaction are costly problems to deal with. The concept of emotional burnout is under-researched among drug abuse treatment staff, especially in corrective facilities.

Ogresta et al suggested that mental health workers in Croatia exhibited a moderate degree of burnout syndrome¹¹. Satisfaction and manifestations of occupational stress proved to be relevant predictors of burnout syndrome¹¹.

Volker et al suggested that one-third of the staff treating Opioid addicts suffer from severe burnout¹². Burnout is positively correlated to passive coping strategies and negatively linked to self-efficacy and job satisfaction. A male worker experiences more depersonalization than his female counterpart¹².

Robert et al conducted a training program on coping with burnout for the staff of alcohol in-patient ward and used Maslach Burnout Inventory for evaluating the staff afterward¹³.

The aim of this study is to evaluate burnout syndrome among by health care staffs in the Drug and Alcohol Unit.

METHOD

All health care staff of the Drug and Alcohol Unit, Psychiatric Hospital, Bahrain were given the English language MBI along with a basic personal characteristic (age, sex, professional background). The research instrument was given to the respondents, with instruction letter and return envelope.

The MBI have 22 items, which represent three elements. The three elements are: (1) emotional exhaustion, (2) depersonalization and (3) personal accomplishment. Questionnaire items are answered according to Likert-scale ranging from zero 'never' to 6.

High emotional exhaustion and depersonalization and low personal accomplishment is high burnout. Low emotional exhaustion and depersonalization and high personal accomplishment is low burnout. Medium emotional exhaustion and depersonalization and medium personal accomplishment is medium burnout.

SPSS Version 16.0 for Windows was utilized to perform descriptive statistics and One Way-ANOVA (Analysis of Variance). Independent samples t-test was conducted between the Drug and Alcohol Staff and the General Adult Psychiatry Staff to compare differences between the two means.

RESULT

Descriptive summary of participant's personal characteristics are presented in table 1. Two-thirds of the participants were males. Fifteen (62.5%) were between the age of 31-45 years, see table 2. More than 90% are married, see table 1. Eighteen (75%) were nurses, three (12.5%) were psychiatrists, three (12.5%) were other workers, see table 3. Table 4 shows the degree of burnout according to occupation. T-test comparison of Drug and Alcohol staff and General Adult Psychiatry staff were shown in table 5.

Table 1: Sex and Marital Status (n=24)

Sex	Number (%)	Marital Status	Number (%)
Male	16 (67)	Single	2 (8.3)
Female	8(33)	Married	22 (91.7)
Total	24 (100)		24 (100)

Table 2: Age of Participants

Age	Number (%)
20-25	2 (8.3)
26-30	3 (12.5)
31-40	11 (45.8)
41-45	4 (16.7)
46-50	1 (4.2)
51-59	2 (8.3)
≥60	1 (4.2)
Total	24 (100)

Table 3: Occupation of the Participants

Job	Number (%)
Psychiatrists	3 (12.5)
Nurses	18 (75)
Other health care workers	2 (8.3)
Support staffs	1 (4.2)
Total	24 (100)

Table 4: MBI Mean Scores and One-Way ANOVA of Total MBI

		N=24	Mean (SD)	Level of Burnout Score	Significance
MBI Total	PA*	22	39.60 (6.93)	Low	0.61
	EE*	23	20.96 (12.69)	Medium	0.00*
	DP*	23	8.13 (6.63)	Medium	0.00*
Psychiatrists	PA*	3	40 (7.2)	Low	Low degree of burnout**
	EE*	3	11.7 (3.1)		
	DP*	3	4 (5.2)		
Nurses	PA*	18	38.8 (7.4)	Low	Medium degree of burnout***
	EE*	18	18.2 (9)	Medium	
	DP*	18	6.7 (4.4)	Medium	
Other Health Care Workers	PA*	3	46 (0)	Low	High degree of burnout****
	EE*	3	46 (0)	High	
	DP*	3	17 (0)	High	

*PA- Personal Accomplishment, EE- Emotional Exhaustion, DP- Depersonalization *Significant at 0.05 level

** reflected in low score on emotional exhaustion and depersonalisation and high scores on personal accomplishment

reflected in average scores on the three subscales or (AMBIVALENT), *reflected in high scores on the emotional exhaustion and depersonalisation and low scores on personal accomplishment

Table 5: T-test Comparison between Different Groups

		Drug and Alcohol Staff (N=24)	General Adult Psychiatry Staff (N=153)	t-Test for Independent Samples
		Mean (SD)		P value
MBI Total	PA	39.60 (6.93)	34.28 (8.05)	0.0025*
	EE	20.96 (12.69)	18.96 (13.81)	0.5060
	DP	8.13 (6.63)	6.69 (5.26)	0.2313
Medical Doctor	PA	40 (7.2)	39.21 (4.44)	0.4630
	EE	11.7 (3.1)	18.78 (9.08)	0.0002*
	DP	4 (5.2)	4.64 (2.95)	0.3831
Nurses	PA	38.8 (7.4)	33.49 (8.55)	0.0045*
	EE	18.2 (9)	18.14 (14.34)	0.9842
	DP	6.7 (4.4)	6.40 (5.14)	0.7870
Other Health Care Workers	PA	46 (0.70)	36.50 (2.51)	0.0001*
	EE	46 (1.41)	21.25 (13.59)	0.0001*
	DP	17 (0.70)	6.75 (6.65)	0.0001*

PA- Personal Accomplishment, EE- Emotional Exhaustion, DP- Depersonalization, *Significant at 0.05 level.

MBI Interpretation of Burnout

	Low	Medium	High
Emotional Exhaustion	0-16	17-26	27+
Depersonalization	0-6	7-12	13+
Personal Accomplishment	39+	32-38	0-31

DISCUSSION

The results show that males form the majority of the staff in the Drug and Alcohol Unit (67%) possibly due to cultural association of male staff members for male patients. In a survey of burnout among staff in General Adult Psychiatry, Bahrain, females constituted 52% of those affected, reflecting the high number of females in health care¹⁴. In many studies, females form the majority of the substance abuse treatment workforce ranging from 50% to 70%¹⁵⁻¹⁹. Although, nearly half of the substance abuse treatment professionals were females, the clientele were predominately males.

The age ranged from 30-45 years, which is dissimilar to a previous study performed at General Adult Psychiatric Unit, where the average age was 26-32¹⁴. In many studies, the average age of the substance abuse staff was in the mid-forties to early fifties^{16,17,19}. In a survey of substance abuse treatment, 75% of the workforce was over 40 year old, and one-third of the workforce was over 50¹⁸. Age, qualification and experience are important elements for the selection of staff to work in Drug and Alcohol Unit. The previous features are protective elements for the staff from burnout syndrome.

As expected the distribution of the staff reflected the norms with the majority being nurses (75%) followed by doctors (12.5%) and other health care professionals formed 12.5%. Similar job distribution was found in Adult General Psychiatry, Bahrain¹⁴.

In this study, psychiatrists had low scales in all three spheres of personal accomplishment, emotional exhaustion and depersonalization, probably because only senior doctors who have finished the first part of Arab board or equivalent are accepted for rotation.

Nurses were higher than doctors on the emotional exhaustion scale, which might be due to more exposure to patients, 24 hours a day, seven days a week. It is possible to postulate that the level of burnout is positively correlated with the time of exposure. Interestingly, personal accomplishments for all three categories were low with no significant difference between groups when performing one-way ANOVA.

Other health care groups (social worker, occupational therapist, psychologists) were affected most by burnout with high emotional exhaustion, high depersonalization and low personal accomplishment. This can be explained by role conflict, little support offered to them and lack of reward.

This study established a clear association between burnout and duration of work, hours of work and obviously level of experience, support and rewards offered.

Emotional exhaustion element is very much associated with the general environment in the organization and the relationships between the workers²⁰.

In this study, personal accomplishment is generally low. Many elements of burnout have been reported among mental health professionals who seem particularly vulnerable to severe emotional exhaustion and psychological tension²¹. Personal accomplishment was of statistical significance between the Drug and Alcohol sample and the General Adult Psychiatry staff ($p < 0.05$). Nurses were the largest group and they constituted the main differences between the general samples. Mental health nurses have been identified as one of the professional groups with the highest sources of stress²². Nurses often enter the profession with high expectations that are difficult to meet. McGrath argued that nurses often experience burnout when there was a reduced sense of personal accomplishment and a sense of failure²³. This is applicable to the type of patients with chronic, relapsing or deteriorating diseases such as drug abuse.

Psychiatrists in General Adult Psychiatry were more emotionally exhausted ($p < 0.05$). This can be explained by the fact that psychiatrists in the Drug and Alcohol Unit are more senior, more experienced and in general of older age. Studies show an inverse correlation between emotional exhaustion and age. Doctors aged 29 and below had significantly higher burnout syndrome than those 40 years old and above^{23,24}.

For the other healthcare workers (social workers, occupational therapist, and psychiatrist) burnout indicators for the three domains were statistically significant between the two samples. It was reported that social workers display higher degree of burnout syndrome than other mental health workers²⁵. This could be attributed to the role conflict and ambiguity, workload and lack of support²⁶.

This study suggests that specific interventions should be planned to avoid burnout, low satisfaction and subsequent turnover.

Future research is needed to identify specific training function and its relationship to burnout syndrome. One avenue of inquiry that may prove to be particularly important is the organizational support and its relationship with burnout²⁷.

The study has two major limitations. The first limitation is the use of an English language questionnaire (MBI) in a country in which English is not the first language; this might raise issues of accuracy of collecting the data. The second is the use of self-rating questionnaire instrument, which poses two types of measurement errors, intentional and unintentional.

CONCLUSION

The prevalence of medium degree of burnout as well as emotional exhaustion in Bahraini staff working in the Drug and Alcohol Unit was low compared to staff working in General Adult Psychiatry. Dealing with patient's psychological problems, feelings of isolation, lack of support, lack of reward, long hours of work and psychological morbidity appeared to be the most significant factors contributing to high degree of burnout.

Training staff in coping strategies is necessary to help them overcome stress in the workplace; health reforms should include financial management systems.

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