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Burnout among Physicians and Nurses Working in Emergency Departments of Public Hospitals in Jordan: A Cross-sectional Study

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Abstract

Background: The rates of burnout among physicians and nurses are increasing globally. However, burnout among health care providers in Jordan is insufficiently explored. Thus, this study aimed to assess the prevalence of burnout among Emergency Departments' (ED) physicians and nurses in public sector hospitals in Amman- Jordan.

Methods: A cross-sectional study that used the Copenhagen Burnout Inventory (CBI) self-reporting questionnaire to collect data from a convenience sample of 67 physicians and 96 nurses from the ED in 3 public hospitals in Amman. Descriptive and multivariate analyses were conducted using SPSS 24.

Results: This study showed that 58.7% of the ED physicians and nurses had a high degree of burnout as an average of combined personal, work-related, and patient-related stressors. Personal-related burnout levels were the highest in 69.3% of the participants. The number of years of experience was a positive predictor for burnout while age was a negative predicator.

Conclusions: This study revealed high levels of burnout among the ED physicians and nurses of public sector hospitals in Amman, Jordan. This has serious negative consequences on the personal lives of these healthcare providers, their career, the quality of care they provide to the patients and the healthcare system. This necessitates capacity building of the ER healthcare providers about stress management and coping strategies. Additionally, more efficient nursing shifts and balanced physicians on-call schedules must be applied.

Keywords: Burnout, Physicians, Nurses, Emergency Department, Jordan.

INTRODUCTION

The concept of burnout was first introduced in the psychosocial literature in 1974 by Freudenberger [1]. Burnout is a psychosocial syndrome that is a "prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy" [2-3].

The rates of burnout among physicians and nurses are worryingly high [4]. In 2012, Shanafelt et al. found that 45.8% of physicians reported at least one symptom of burnout. A substantial increase in the burnout rates between 2013 to 2016 has been noted, with the rate increasing from 39.8% to 46% [5]. In 2018, Dzau et al. reported that more than half of US physicians have significant symptoms of burnout [4].

The study conducted by Shanafelt et al. also demonstrates that the rate of burnout is highest among Emergency Department (ED) physicians compared to those working in other medical fields [6]. A literature review performed in 2006 describes high levels of depersonalization and emotional exhaustion among ED physicians and nurses [7]. There are many factors that contribute to developing burnout, and they can be divided into several subsets: workplace (excessive workload, long hours and workplace politics), personal (poor stress management, idealism, perfectionism, and a great sense of responsibility), and patient-related (declining patient health, unrealistic expectations, and patient aggression) [8]. According to Behar et al. Workplace Violence (WPV) increases the risk of burnout by 1.4-1.9 times compared to those who have not been assaulted [9], which is in concordance with other studies presenting a similar trend [10, 11].

A national study conducted in Lebanon in 2015 revealed that 62% of nurses were verbally abused, and that this abuse was a significant predictor of burnout [12]. Furthermore, 54.1% of the sample reported a high level of emotional exhaustion and 28.8% reported high levels of depersonalization. In Jordan, a study conducted in 2014 by Darawad et al. found a high degree of burnout among nurses, with a total score of 72.9/126 on the Maslach Burnout Inventory scale [13]. It is also important to emphasize that WPV and aggression in Jordan is a serious problem; one study conducted in 2012 to assess the prevalence of WPV towards Jordanian nurses revealed that the prevalence of verbal and physical abuse was 37% and 18% respectively [14]. A study that explored the incidence, characteristics and contributing factors of WPV committed against nurses in Jordanian hospital EDs found that the 76% of the participants were victims of WPV, with verbal violence having an incidence of approximately five-fold that of physical violence (63.9% and 11.9%, respectively) [15].

The results of a research conducted in rural Jordan by Khatabeh, 2013, showed that the intention to quit work by the currently employed rural physicians in Jordan was 29.3%. Various personal, organizational, workplace related, and socio-cultural determinants were associated with the turnover. The qualitative arm of this study indicated that the physicians' image was perceived negatively by the community in rural areas and the doctors did not feel safe. They were at risk of being attacked by the patients or their families in the form of verbal abuse or even physical assault [16]. Another study conducted by Khatatbeh et al. 2022, in Jordan found that pediatric nurses' burnout and common work-shift were negatively correlated with their perceived health.

Moreover, pediatric nurses who normally work on the day shift had a lower burnout score, and better health compared to those working at night or alternate shifts [17].

Burnout has been linked to anxiety, substance use, depression and suicide [3, 4, 18]. The emotional exhaustion displayed, combined with the emotional detachment and reduced sense of competence, undoubtedly has a detrimental effect not only on the healthcare providers themselves, but also on the quality of healthcare services provided to the patients [4, 19]. Burnout is associated with numerous consequences, including medical errors, malpractice suits, and health care related infections [4]. Jeopardizing the patients' safety goes against the ethical guidelines all medical personnel were taught, starting with the simplest, yet most important one: do no harm [20]. Despite this topic being of extreme importance and the rising trends of WPV towards healthcare providers in Jordan, the relationship between WPV and burnout among ED healthcare providers in Jordan is insufficiently explored. We believe that there is a professional responsibility to further explore this topic in Jordan, so our study aims to assess the prevalence of burnout and determine the psychosocial factors associated with burnout among ED physicians and nurses in Jordan.

METHODS

Study Design

A quantitative descriptive cross-sectional study design was adopted to assess the extent of burnout among ED physicians and nurses in governmental hospitals in Amman, Jordan.

Settings

This study was conducted in Amman, the capital city and the largest governorate in Jordan, with a population of around 4 million. Amman is served by two major public health sectors: the Ministry of Health (MoH) and the Royal Medical Services, in addition to the private sector.

The MoH runs 29 hospitals in 11 governorates, and the Royal Medical Services operate 10 hospitals. There are 6952 physicians and 9309 registered nurses employed by the public health sector. The data for this study was collected in three public hospital EDs in Amman: Prince Hamza Hospital, Al Basheer Hospital, and Al Totangi Hospital.

Participants

A convenience sample consisted of ED physicians and nurses working at the above-mentioned hospitals who provided direct emergency care to patients and could comprehend the Arabic language. Any physician or nurse who had working experience of less than one year in ED or had no direct contact with patients were excluded from the study sample. All respondents were invited to participate in the study by their direct managers. In total, 240 physicians and nurses in the EDs of the selected hospitals were asked to participate (85 physicians and 155 nurses), 163 participated in the study (67 physicians and 96 nurses), with a response rate of (68%).

Ethical considerations

The study was ethically approved by Prince Hamzah Hospital on (Ref. No. 2516/32/HH) and the Ministry of Health. Informed Consent: Ref. No. 160117. Attached to the surveying tool was a covering letter that included the study aim and an informed consent that all participants signed. Confidentiality and full autonomy of participation were ensured. Participants had the right to withdraw from the study without justification at any time during data collection.

Measuring instrument

To measure burnout levels, Copenhagen Burnout Inventory (CBI) was utilized. It was used because the CBI maintains the integrity of the historical definition of burnout and avoids the weaknesses of the Maslach Burnout Inventory. The items for the CBI were designed specifically for healthcare providers and the associated stressors of the health professions. A Likert-type scale was used to rank the responses. The scale was labeled at each point and ranged from 0 (never) to 100 (always). The items are divided into three subscales: personal, work-related, and client-related burnout. The questionnaire was pilot tested by interviewing 20 nurses and 10 physicians and the questions were adjusted to ensure clarity and easy understanding of the questions and their structured answers. The pilot interviews were excluded from the data analysis.

Reliability and Validity

The instrument used in this study had a strong internal consistency, reliability, and validity. Internal consistency is evaluated by Cronbach Coefficient's alpha. The reliability coefficients for the subscales were 0.94 for personal burnout, 0.83 for work-related burnout, and 0.94 for client-related burnout.

Data Analysis

Data was analyzed using quantitative and linear regression analyses. Descriptive statistics, such as mean, standard deviation, frequencies, and percentages, were used to describe the demographic variables among the participants. Data analysis was carried out using SPSS 24, and the level of statistical significance was set at $p < 0.05$.

RESULTS

Demographic variables and Descriptive characteristics

Of the 163 ED doctors and nurses who participated in this survey, 119 (73%) were male, and 44 (27%) were female. The participants' characteristics are presented in Table 1. Of the study participants, 67 were physicians (41.1%) and 96 were nurses (58.9%). Our study participants had experience in ED ranging from 1 to more than 20 years. The mean number of years of experience for nurse's participants was 2.74 years.

Table 1- sociodemographic characteristics

Characteristic	n	%
Sex		
Male	119	73
Female	44	27
Profession		
Physician	67	41.1
Nurse	96	58.9
Experience		
1-5 years	74	45.4%
6-10 years	67	41.1%
11-15 years	15	9.2%
16-20 years	7	4.3%
Total	163	100.0%

Extent of burnout among ED doctors and nurses

Tables 2-5 show the percentages of participants suffering from burnout, with an average mean of burnout measured at 96.05 on a scale from 3 – 100. 58.7% of participants are considered to have a high degree of burnout as an average of combined personal, work-related, and client (patient) related factors.

Table 2- Response pattern for personal burnout section measured using Copenhagen Burnout Inventory.

	Always %	Often %	Sometimes %	Seldom %	Never %	Total %
1. How often do you feel tired?	52.8	30.1	11.0	1.2	4.9	100
2. How often are you physically exhausted?	52.1	29.4	11.0	1.8	5.5	100
3. How often are you emotionally exhausted?	51.5	29.4	8.6	5.5	4.9	100
4. How often do you think: "I can't take it anymore"?	41.1	25.2	16.6	6.7	10.4	100
5. How often do you feel worn out?	46.6	27.0	15.3	5.5	5.5	100
6. How often do you feel weak and susceptible to illness?	49.1	27.6	12.9	4.9	5.5	100

Table 3- Response pattern for work-related burnout section measured using the Copenhagen Burnout Inventory.

	Score frequency (%)					
Workout related burnout questions	Very high	High	Somewhat	low	Very low	total
1. Is your work emotionally exhausting?	28.2	40.5	14.7	8.0	8.6	100
2. Do you feel burnt out because of your work?	26.4	44.8	20.2	3.1	5.5	100
3. Does your work frustrate you?	23.3	41.1	17.8	10.4	7.4	100
	Always	Often	Sometimes	Seldom	Never	Total
4. Do you feel worn out at the end of the working day?	47.9	33.7	11.7	2.5	4.3	100
5. Are you exhausted in the morning at the thought of another day at work?	43.6	28.2	17.8	4.3	6.1	100
6. Do you feel that every working hour is tiring for you?	49.1	27.0	14.1	3.7	6.1	100
7. Do you have enough energy for family and friends during leisure time?	6.1	16.6	38.0	21.5	17.8	100

Among the 163 participants, the calculated mean score of personal burnout was 77.3, with a standard deviation of 25.98, while the mean score of work-related burnout was 68.43, with a standard deviation of 20.4.

Table 4- Response pattern for client-related burnout section measured using the Copenhagen Burnout Inventory.

	Score Frequency (%)					
	Very high	High	Somewhat	Low	Very low	Total
1. Do you find it hard to work with clients?	37.4	25.2	23.9	7.4	6.1	100
2. Do you find it frustrating to work with clients?	38.7	25.2	23.3	6.1	6.7	100
3. Does it drain your energy to work with clients?	44.8	25.8	18.4	5.5	5.5	100
4. Do you feel that you give more than you get back when you work with clients?	49.1	22.1	19.6	4.3	4.9	100
	Always	Often	Sometimes	Seldom	Never	Total
5. Are you tired of working with clients?	44.8	22.5	20.9	8.0	4.9	100
6. Do you sometimes wonder how long you will be able to continue working with clients?	44.8	21.5	21.5	7.4	4.9	100

The total mean score of the burnout in all the categories was 69.05 with a standard deviation of 22.2.

As for client-related burnout, the mean score of was 73.13, with a standard deviation of 27.5.

Table 5- Summarized mean, standard deviation, and maximum and minimum values of results obtained using the Copenhagen Burnout Inventory

Burnout	Mean	Standard deviation	Minimum	Maximum
Personal burnout	77.33	25.98	0	100
Work-related burnout	68.43	20.4	0	100
Client-related burnout	73.13	27.526	0	100
Burnout average	69.05	22.216	3	100

Among the participants, 69.3% were found to experience personal-related burnout, 51.5% reported work-related burnout, and 58.3% had patient-related burnout. The average prevalence of burnout among the study participants calculated based on the 3 CBI subscales was 58.7%.

Regression analysis

Linear regression was performed to analyze which of the variables best predicted burnout among ED physicians. We found that the best predictors were age and years of experience, as shown in Table 6. Linear regression of other possible predictors was not significantly related to the level of burnout.

Table 6: Linear Regression Model between burnout, age and years of experience among doctors.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Significance
Physician	***B**	***Standard Error***	***Beta***		
(Constant)	1471.885	140.788		10.455	0.000
Age	40.518	49.397	0.135	0.820	0.415
Years of experience	-46.138	67.673	-0.112	-0.682	0.498
Nurse					
(Constant)	961.071	158.719		6.055	0.000
Age	-156.474	64.648	-0.331	-2.420	0.017
Years of experience	232.685	73.331	0.434	3.173	0.002

*B. Dependent Variable: Burnout

The same linear aggression analysis was executed to predict burnout among the ED nurses using the same variables (age and years of experience). The relationship was statistically significant ($p<0.05$). A negative correlation was found between the age of the nurses and the levels of burnout (B=-156.474) which means that younger nurses experience higher levels of burnout compared with older nurses.

DISCUSSION

The results of this study showed that 58.7% of ED physicians and nurses have a high degree of burnout as an average of combined personal, work-related, and patient-related stressors. Personal-related burnout levels were the highest in our study at 69.3%. Age and the years of experience were the best predictors of burnout. The number of years of experience was a positive predictor for burnout while age was a negative predicator.

In our sample, high levels of burnout were found in ED physicians and nurses, which is consistent with other similar studies in the region [13, 21, 22]. In a study conducted by Darawad et al. [13] with a sample of 175 Jordanian nurses, found a high prevalence of burnout among nurses. The total score using the Maslach Burnout Inventory was 72.9 out of 126. Abdo et al. [21] used the Maslach Burnout Inventory to study the prevalence of burnout among physicians and nurses in the ED of Tanta University in Egypt. They found that 66% of the participants had a moderate level of burnout and 24.9% had high burnout levels. Hamdan et al. [22] assessed the prevalence of burnout among ED in Palestinian hospitals and its associated factors using the Maslach Burnout Inventory. Their results showed high levels of burnout. The levels of emotional exhaustion, depersonalization and low personal accomplishment were 64%, 38.1%, 34.6%, respectively.

It is important to note that all the studies above utilized the Maslach Burnout Inventory, which splits burnout into three different dimensions that are measured and analyzed independently, when in fact, they occur simultaneously [23]. In our study, we

used the Copenhagen Burnout Inventory, which unifies these dimensions and emphasizes that they exist concomitantly. These domains are personal-related, work-related, and client (patient)-related [23].

Interestingly, personal-related burnout levels were the highest in our study at 69.3% among the participants. This indicates that burnout greatly influences the quality of life of the participants, as personal-related burnout is a strong predictor for future sick leaves, intention to quit, sleeping problems and use of painkillers [23]. Moreover, burnout among healthcare providers has serious implications on the healthcare system not only financially, but also regarding the quality of care provided to patients, which highlights the importance of alleviating burnout among health care personnel [24]. Therefore, there is a strong need for national strategies to prevent and manage the consequences of ER-related burnout. Some methods that can be implemented are individual-focused intervention, such as professional training for ER workers about stress management and coping strategies, and system-based interventions, such as better duty hour limitation polices [25].

Our results showed that age and years of experience were the best predictors of burnout. Specifically, the younger the person, the higher the probability of burnout. Hamdan et al. [22] found that burnout levels were significantly higher in younger ED workers, explained by the ability of older workers to manage occupational stressors more successfully, thus having more resilience against burnout. Meanwhile, having more years of experience in ED is a positive predictor of burnout. This can be explained by the unique nature of the ED environment, in which there are higher stress levels, traumatic events, and workload compared to other departments, which increase the risk of burnout levels [26]. Consequently, spending more years in such conditions may predispose the physicians and nurses to higher burnout levels.

Although the above-mentioned results may seem contradictory; a simple conclusion could be drawn from this: younger ED workers need more preparation and training before being immersed in this environment. This is important to avoid the high turnover rates of physicians and nurses working in ED. It could prove beneficial for ED workers to rotate in other departments, as a “wash out” period from the stressful environment of the ED. Schooley et al. [27] conducted a cross-sectional study to compare burnout levels between different ED occupations using the Maslach Burnout Inventory. Two-hundred and fifty ED personnel from two hospitals in Turkey were recruited. Their results showed that the levels of burnout were significantly higher in ED physicians than other ED occupations, like nurses and medical technicians. However, they found no significant associations between age and gender and burnout levels. Other factors that are reported in the literature were working hours, shifts pattern, profession, and gender [28].

Limitations

This cross-sectional study was conducted in three hospitals in Amman from the public sector with a relatively small number of participants. This may limit the generalization of the results. However, our study provided a good reflection of the situation in the EDs of large, central hospitals, a target that could be difficult to achieve with a larger sample from private or peripheral hospitals. Another limitation was the use of a convenience sampling technique, which may increase response bias. The main

strength of our study was the study tool to measure burnout levels, the Copenhagen Burnout Inventory, which has high reliability and validity.

CONCLUSION

The findings of this study revealed high levels of burnout among the ED physicians and nurses of public sector hospitals in Amman, Jordan. Burnout has serious consequences on the personal lives of the workers, the quality of care they provide, as well as the expenditure and wasted resources of the health care system. Therefore, there is a strong need for the development of a system that provides professional training to ER health care providers about stress management and coping strategies. Furthermore, more efficient duty hour limitations policies and on-call schedules must be developed. However, psychosocial, cultural, personal, and environmental risk factors contributing to burnout must be studied extensively before implementing these modifications. Moreover, qualitative studies exploring the concept of burnout and its coping strategies in the context of Islamic and Arabic culture should be conducted.

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الإحتراق النفسي بين الأطباء والممرضين العاملين في أقسام الطوارئ في مستشفيات القطاع العام في الأردن: دراسة مقطعية

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الملخص

الخلفية والأهداف: تتزايد معدلات الإحتراق النفسي بين الأطباء والممرضين على مستوى العالم. ومع ذلك، لم يتم بحث الإحتراق النفسي بين مقدمي الرعاية الصحية في الأردن بشكل كافٍ. وبالتالي، تهدف هذه الدراسة إلى تقييم مدى انتشار الاحتراق النفسي بين أطباء وممرضي أقسام الطوارئ في مستشفيات القطاع العام في عمان – الأردن.

منهجية الدراسة: دراسة مقطعية استخدمت استبيان للتبليغ الذاتي عن عوامل الإحتراق النفسي بناء على أداة كوبنهاجن (CBI) لجمع البيانات من عينة ملائمة مكونة من 67 طبيبًا و96 ممرضًا من أقسام الطوارئ في 3 مستشفيات حكومية في عمان. تم بعد ذلك إجراء تحليل وصفي ومتعدد المتغيرات باستخدام SPSS 24

النتائج: أظهرت هذه الدراسة أن 58.7% من الأطباء والممرضين في أقسام الطوارئ في المستشفيات الحكومية كان لديهم درجة عالية من االإحتراق النفسي كمتوسط للضغوطات الشخصية وتلك المتعلقة بالعمل والمرتبطة بالمرضى. وقد وصلت نسبة الإحتراق النفسي المرتبط بالعوامل الشخصية إلى 69.3%. كما كان عدد سنوات الخبرة مؤشرا إيجابيا للاحتراق النفسي بينما كان العمر مؤشرا سلبيا.

الاستنتاجات: كشفت هذه الدراسة عن مستويات عالية من الاحتراق النفسي بين أطباء وممرضي أقسام الطوارئ في مستشفيات القطاع العام في عمان، الأردن. وهذا له عواقب سلبية خطيرة على الحياة الشخصية والمهنية لتلك الكوادر وعلى جودة الرعاية التي يقدمونها للمرضى وعلى فعالية نظام الرعاية الصحية. إن هذا يتطلب بناء قدرات مقدمي الرعاية الصحية في غرف الطوارئ للتكيف مع ضغوط الحياة والعمل وتطبيق استراتيجيات فاعلة للتعامل مع عوامل الإرهاق والإحتراق النفسي. علاوة على ذلك، يجب تطبيق مناوبات تمريض أكثر كفاءة وجداول زمنية متوازنة لعمل الأطباء تحت الطلب.

الكلمات الدالة: الاحتراق النفسي، الأطباء، الممرضون، قسم الطوارئ، الأردن.