Introduction

Work is a multi-factorial process, which is referred as the driving force of human to survive. With the evolution and changing nature of work, nowadays attention is focused on employees, and there is a great effort to improve working conditions. Burnout is one of the most important indicators for evaluating the psychological conditions of staff. Burnout was first used by Freudenberg as a professional term when he examined the symptoms of exhaustion and fatigue in employees. This phenomenon is one of the major job issues, which can be seen as a response to the pressures of work and organization among employees. Burnout is decrease in adjustment power to stressors; a syndrome that is consisted of emotional and physical exhaustion which leads to the establishment of a negative self-concept in individuals, negative attitudes toward work, and lack of contact with people, at the time of doing the task. Burnout is in fact a form of mental exhaustion which has been mixed with psychological pressures and the stresses related to the job and the workplace. This disorder exists among certain professions such as nursing and is associated with stressful stimuli such as overload of patients at a time, lack of enough time, and lack of support and appreciation. Burnout generally is delayed response to emotional and interpersonal chronic stressors in the job realm.

In recent decade’s burnout due to a close relationship with psychosomatic diseases such as blood pressure and digestive problems has attracted much attention. Burnout primarily is not a mental disorder but expands slowly over time and may become...
Among the Health care professionals, Nurses in particular have been found to experience higher levels of burnout compared to other professionals. Burnout in nurses can lead to reduction of work efficiency, increased absence from work, increased health costs, personnel displacement, behavioral and physical changes, as well as in some cases may lead to substance abuse, reducing the quality of services provided to patients, and subsequently dissatisfaction from medical services.

More importantly, the main customers of nurses; means patients are affected, thus understanding the burnout and prevention of its progression plays a significant role in the promotion of mental health and to improve the quality of delivered services. Considering to the negative impact of burnout in reducing the quality of delivered services by nurses, this study was designed and implemented aimed to determine burnout of nurses in Imam Reza Hospital of Kermanshah University of Medical Sciences.

**Methods**

This cross-sectional study was conducted with participation of 216 nurses working in Imam Reza subspecialty Hospital in Kermanshah city; the west part of Iran. Matrons and supervisors were excluded from the study because the nature of their work was different from other nurses. A convenience sampling method was recruited to reach the sample participants.

**Procedure and measures**

In this study, researchers attended in Imam Reza Hospital and after coordination with the hospital administrator and obtaining legal permissions went to the different wards of hospitals order to complete the questionnaire. After explaining the purpose of research and ensuring the confidentiality of information, informed consent form was obtained from participating nurses, and then they completed questionnaires about 20 minutes. We used Maslach Burnout Inventory (MBI) for data gathering. This questionnaire is consists of 22 items and evaluates the three aspects: emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). Each question is rated on a Likert scale from 1 (never) to 6 (every day). The high score in emotional exhaustion and depersonalization and low score in personal accomplishment indicate further burnout.

The Cronbach’s alpha coefficient for (MBI) has been reported from 71 to 90 percent in all three dimensions, as well as test-retest reliability with a month interval from 60 to 80 percent. Filian for the first time examined the validity and reliability of the questionnaire in the Persian language and has approved it with test-retest coefficient of 78% (16). Subsequently, in several studies in Iran, the validity and reliability of the Persian version of this questionnaire has been approved.

Before collecting data, we met the ethical issues such as obtain formal approvals from hospital officials to conduct the study, explicate to individual about freedom and choice to participate in the study, explain vague points of study for participants, and ensuring people about the confidentiality of information. The data were analyzed with AMOS22 as well as SPSS-21 using T-test, one way ANOVA, and Chi-square.

**Results**

According to demographic data, 58.6% (n=127) of the participants were female and 41.4% (n=89) male. When the educational distribution of the participants was examined, 17.1% (n=37) were Master of Science, 46.1% (n=100) were bachelor, 25.1% (n=54) had associate degree, and 11.7% (n=26) were diploma. 63.2% (n=137) of participants were married, and 36.8% (n=79) single. Distribution of participants in different age groups was as follow: 50.1% (n=109) between the ages of 25-30 years, 19.9% (n=43) between 31-35 years, 12.5% (n=27) between 36-40 years, 10.2% (n=22) between 41-45 years, and 7.4% (n=16) more than 45 years.

<table>
<thead>
<tr>
<th>Dimensions of Burnout</th>
<th>F</th>
<th>%</th>
<th>cumulative percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>emotional exhaustion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>93</td>
<td>42.6</td>
<td>42.6</td>
</tr>
<tr>
<td>Moderate</td>
<td>80</td>
<td>37</td>
<td>79.6</td>
</tr>
<tr>
<td>Low</td>
<td>46</td>
<td>20.4</td>
<td>100</td>
</tr>
<tr>
<td>depersonalization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>101</td>
<td>46.8</td>
<td>46.8</td>
</tr>
<tr>
<td>Moderate</td>
<td>86</td>
<td>39.8</td>
<td>86.6</td>
</tr>
<tr>
<td>Low</td>
<td>29</td>
<td>13.4</td>
<td>100</td>
</tr>
<tr>
<td>personal accomplishment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>57</td>
<td>26.4</td>
<td>26.4</td>
</tr>
<tr>
<td>Moderate</td>
<td>88</td>
<td>40.4</td>
<td>66.8</td>
</tr>
<tr>
<td>Low</td>
<td>71</td>
<td>33.2</td>
<td>100</td>
</tr>
</tbody>
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**Table 1**: The rate of burnout from the perspective of nurses.

According to Table 1, 42.6% of nurses have reported high levels of emotional exhaustion, 46.8
percent have expressed a high level of depersonalization, and 40.4 percent have reported an average level of lack of personal accomplishment.

According to Table 2, the dimensions of burnout were ranked as follows: emotional exhaustion, with an average rating of 2.53, lack of personal accomplishment with an average of 2.47, and depersonalization with an average of 1.

<table>
<thead>
<tr>
<th>Dimensions of Burnout</th>
<th>Mean Rank</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>emotional exhaustion</td>
<td>2.53</td>
<td>Chi-Square= 310.266</td>
</tr>
<tr>
<td>depersonalization</td>
<td>1</td>
<td>df=2</td>
</tr>
<tr>
<td>personal accomplishment</td>
<td>2.47</td>
<td>P&lt;.001</td>
</tr>
</tbody>
</table>

Table 2: Ranking of burnout in Nurses.

Discussion and conclusion

Analysis of the findings based on the research objectives showed that in terms of frequency and intensity of burnout, more samples had a high level of lack of personal accomplishment. The burnout syndrome is reported differently in numerous domestic and foreign researches. For example, in study of Rasoolian(8), the average scores of the dimensions of burnout including emotional exhaustion, depersonalization and lack of personal accomplishment is reported at medium, low and average. Danesh quotes from the peikar that most stressors and causes of and burnout in nurses’ are lack of salaries and benefits(22). AbuAlRub introduces the nurse managers as the most important sources of support in nurses and believe that support from nurses managers will lead to better job performance and prevention from the burnout(23). Ghasemi states that parents and wife as informal sources of support can encourage a person in general fields, sympathize with him and to establish a person’s emotional support(24). Based on the results of this study, the rate of burnout among nurses was higher than average. 42.6% of nurses have reported very high levels of emotional exhaustion and in research Caballero et al, 30.6% of nurses had high levels of emotional exhaustion which is consistent with this study(25). Also in this study, 46.8% have reported a high level of depersonalization and 40.4 the moderate level of lack of accomplishment, which is consistent with results of similar studies(26-28).

Demir and colleagues in their research came to the conclusion that working the night shift can be increase burnout. Also success in personal accomplishment of nurses who consistently worked day shifts was over than those who always worked in the night shift(3). In this regard, McGrath believe that occupational stressors, which will lead to burnout in nurses are included high workloads, long hours of high work, lack of support, and the inability for rest from work(29). According to Maslach, personal accomplishment and control on the tasks occurs when individuals can have an impact on the policies of the organization and thereby demonstrate their abilities and obtain positive attitude to themselves and patients(30).

Therefore burnout, at this level, can lead to reduced productivity, efficiency and effectiveness of nurses. Also lack of attention to this issue will reduce job satisfaction. Therefore, hospital administrators should implement medium-term plans to transform the existing situation into a favorable position in relation to the prevalence of burnout among sample and monitor and manage the plan. It should be noted that in this study, emotional exhaustion has caused the highest rate of burnout which is consistent with results of Oehler and colleagues(28).

Due to the large volume of work, the lack of manpower, and hard work in many sectors such as ICU, emergency room, and operating room, there is a further need to reduce burnout. Therefore we suggest that periodic examinations be performed in relation to burnout for nurses, and hospital administrators should provide education, counseling, and clinical services for their employees.

References

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