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Systematic Review (Pages: 55-65)

Prevalence of Burnout Syndrome and its Related Factors among Healthcare Staff: A Systematic Review

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Abstract

Background: Individuals working in healthcare environments are exposed to various serious risks and injuries. This study aimed to determine the prevalence of burnout syndrome and its associated factors among Iranian healthcare staff.

Materials and Methods: In this systematic review, a comprehensive search of online databases (Medline, EMBASE, Scopus, Web of Science, ProQuest, SID, CIVILICA, Magiran, and Google Scholar) was conducted for relevant studies with no time limit up to February 2022. Two reviewers evaluated the quality of eligible studies and carried out the selection process. The quality of the information was assessed using the STROBE guidelines.

Results: Finally, 16 studies were included in the review. Among the healthcare staff, 58.7% (ranging from 32% to 85.5%) experienced moderate burnout. Additionally, 38.7% of the staff reported high emotional exhaustion (EE), 58.5% reported high depersonalization (DP), and 74.4% had low personal achievement (PA) scores. High scores in EE and DP, along with low scores in PA, indicate a high level of burnout. There was a significant direct correlation between occupational burnout and factors such as age, gender, marital status, type of employment, financial problems, disease history, educational degree, place of work, and work experience ($P < 0.05$). Furthermore, there was a significant inverse correlation between occupational burnout and income satisfaction ($P = 0.01$, $r = -0.19$), quality of life ($P < 0.001$), EE ($P = 0.001$), job satisfaction ($P < 0.001$, $r = -0.46$), and job performance ($P = 0.000$, $r = -0.249$).

Conclusion: This review highlights a significant prevalence of burnout among healthcare staff, with 58.7% experiencing moderate burnout and alarming rates of emotional exhaustion (38.7%) and depersonalization (58.5%). The findings indicate a need for targeted interventions, such as stress management programs, to improve staff well-being and job satisfaction.

Key Words: Burnout, Depersonalization, Emotional exhaustion, Staff, Personal achievement.

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1- INTRODUCTION

Freudenberger introduced the term "burnout" in 1974 when he observed a state of fatigue among individuals providing healthcare services. He defined burnout as a reaction to excessive job demands (1–3). Burnout is considered an occupational phenomenon that occurs in individuals working closely with clients. Job burnout was later defined by Maslach in the 1980s as the final stage of chronic work-related stress (4, 5). This condition consists of three components: emotional exhaustion (EE), depersonalization (DP), and reduced personal achievement (PA). EE refers to the depletion of emotional resources and the feeling of being emotionally drained due to work, accompanied by a sense of having nothing left to offer others psychologically. DP involves developing negative attitudes, feelings, and a lack of sensitivity or empathy toward service recipients. Reduced PA reflects a tendency to evaluate oneself and one's work negatively, leading to avoidance of interpersonal relationships, low productivity, and reduced stress resilience. High EE and DP scores, along with low PA scores, are indicative of severe burnout (6).

In 2018, the World Health Organization (WHO) published burnout prevalence data from 182 studies involving 109,628 people across 45 countries between 1991 and 2018. The prevalence of emotional exhaustion (EE), depersonalization (DP), and reduced personal achievement (PA) ranged from zero to 86.2%, zero to 89.9%, and zero to 87.1%, respectively (7). Job burnout syndrome can decrease employee health, productivity, work quality, and individual competence, as well as diminish the sense of cooperation and responsibility among staff. It can also increase absenteeism, negative attitudes, job dissatisfaction, and a lack of motivation or passion for work, each of which has unfavorable consequences for organizations (8-12). Researchers have shown that job burnout is treatable, and those suffering from it may recover with appropriate support (13). Burnout is detrimental to healthcare staff and the quality of services they provide, adversely affecting their performance in society. Therefore, diagnosing and preventing burnout, along with alleviating its symptoms, is essential to protect the health of healthcare service personnel. Studies have shown that burnout can lead to decreased job satisfaction, increased absenteeism, and reduced quality of care, ultimately impacting patient safety and outcomes (14). Addressing burnout through effective interventions and support systems is crucial for maintaining a healthy workforce and ensuring high standards of patient care (15).

The present study aimed to determine the prevalence of burnout syndrome and its related factors among Iranian healthcare staff.

2- MATERIALS AND METHODS

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist was used as a template for this review (16).

2-1. Eligibility criteria

The Participants, Interventions, Comparators, and Outcomes (PICO) framework was used to formulate the review objective and inclusion criteria.

2-1-1. Participants: Iranian healthcare staff working in healthcare centers.

2-1-2. Interventions: The included studies were non-interventional; therefore, a comparison group was not applicable.

2-1-3. Comparators: The comparison group was not examined in this investigation, as no comparison group existed.

2-1-4. Outcomes: Burnout Syndrome.

2-2. Included studies

Only peer-reviewed articles were selected for this review. The included studies assessed, measured, and evaluated job burnout among healthcare providers in Iran using any form of quantitative methods. The inclusion criteria focused exclusively on job burnout among healthcare providers, with articles published up to February 2022, written in English or Persian, utilizing the Maslach Burnout Inventory-Student Survey (MBI-SS) for diagnosis (three-dimensional approach) (17), and ensuring that full-text articles were available. Healthcare providers included physicians, health experts, nurses, midwives, and other health workers employed in healthcare centers.

2-3. Exclusion criteria

Studies were excluded if they were abstracts without full articles; focused on student or medical provider populations working in hospitals; used diagnostic instruments other than the Maslach Burnout Inventory-Student Survey; were not written in English or Persian; or were review articles, meta-analyses, letters to the editor, editorials, protocols, short reports, case reports, or briefs.

2-4. Information sources

A systematic search of electronic databases (Medline, EMBASE, Scopus, Web of Science, ProQuest, SID, CIVILICA, Magiran, and Google Scholar) was conducted. The search was performed independently and in duplicate by two reviewers, with any disagreements resolved by the supervisor.

2-5. Search strategy

The search terms were a combination of (Burnout OR Job Burnout OR Occupational Burnout) AND (Healthcare Providers OR Health Experts OR Health Workers OR Healthcare Staff) AND (Prevalence) AND (Iran).

2-6. Study selection

The database search was conducted to identify potential studies. Study abstracts were screened for eligibility, full-text articles were obtained and assessed, and a final list of included studies was compiled. This process was carried out independently and in duplicate by two reviewers, with any disagreements resolved by a third reviewer. References were organized and managed using EndNote software (version X8). The following data were extracted independently for each included article: first author, publication year, study population, location, reported levels of burnout, and main findings.

2-7. Data collection process

A researcher form was developed and utilized for each study. Two reviewers collected the data independently. The collected data were then combined and compared for accuracy, with any discrepancies resolved by a third reviewer.

2-8. Risk of bias in individual studies

The risk of bias was assessed using the standard STROBE (STrengthening the Reporting of Observational Studies in Epidemiology) guidelines (18). This valuable tool evaluates the quality of observational studies through a checklist consisting of 22 items, which are scored based on the relevance of each item to the present study. The maximum score for the checklist was 30, while the minimum score was 15. The assessment was conducted independently and in duplicate by two reviewers, with any discrepancies resolved by a third reviewer.

2-9. Synthesis of results

Due to differences in the timing of studies, job types, study designs, sample sizes, and the characteristics of the studied populations, a meta-analysis was not conducted.

2-10. Ethical considerations

Approval from a research ethics committee was not required, as the study analyzed only publicly available articles. The research adhered to ethical standards by respecting copyright laws and ensuring transparency in its methods and sources.

3- RESULTS

A total of 16 articles (n = 5,634) met the inclusion criteria for this systematic review (**Figure 1**). The main characteristics of the selected studies are summarized in **Table 1**, as follows:

Table-1: General characteristics of included studies (n=16).

Authors, Year, Reference	Area/city	Study population	Reported burnout	Main findings
Zare et al., 2017 (19)	Sabzevar	95 midwives	Occupational burnout score: 41.81 ± 17.47 (moderate)	Significant direct correlation between occupational burnout and age, work experience; inverse correlation with income and job satisfaction.
Ershad Sarabi et al., 2018 (20)	Southeastern Iran	225 healthcare workers	Overall burnout syndrome mean score: 74.83 ± 32.68 (moderate)	Highest burnout scores in personal accomplishment (PA) and emotional exhaustion (EE); lowest in depersonalization (DP).
Najafi Sharjabad et al., 2019 (21)	Bushehr	203 healthcare workers	Low and moderate job burnout in 99% of participants	67% had low burnout intensity, 32% moderate, and 1% high intensity.
Ziaei et al., 2015 (22)	Kamyaran	80 healthcare workers	Mild condition reported by 77.5%	Significant inverse correlation between quality of life and occupational burnout.
Habibpour et al., 2011 (23)	Khoy	152 female health staff	Highest burnout percentage: 22.7% related to EE	DP higher in hospital staff compared to health staff; PA higher in health staff than hospital staff.
Zarei et al., 2018 (24)	West of Iran	539 health network staff	High burnout in 52.9% of staff	High DP in 90.5%, high EE in 55.3%, low PA in 98.9%; certain demographics more likely to experience high burnout.
Hajebi et al., 2022 (25)	Provinces of Tehran, Tabriz, Gilan, Ahvaz, Qom, Kurdistan of Iran	1,133 healthcare workers	Moderate to high burnout in 48.9%	Female participants had a higher rate of moderate to high burnout compared to males (50.5% vs. 45.8%, $p<0.05$).
Amiri et al., 2021 (26)	Hormozgan province	402 (128 healthcare workers, 274 staff)	EE: 23.57 ± 7.02 (moderate), DP: 11.77 ± 3.51 (moderate), PA: 20.09 ± 5.14 (high)	Gender and job type related to PTSD and burnout; significant relationship between PTSD and job burnout.
Sadeghi et al., 2020 (27)	Mahabad	200 healthcare workers	Significant correlations between work-family conflict and job burnout/safety behavior	Higher work-family conflict linked to increased job burnout and decreased safety behavior among employees.
Sotoodeh Ghorban et al., 2018 (28)	Tehran	1,274 staff at Shahid Beheshti University of Medical Sciences	Low EE in 82.8%, low DP in 83.3%; moderate job burnout in 85.5%	Significant inverse relationship between quality of working life and job burnout; direct relationship with PA.
Hosseini et al., 2016 (29)	Babol	210 employees of healthcare centers	High EE in 22.2%, high DP in 26.6%; no low PA reported	Significant inverse relation between emotional exhaustion/depersonalization and educational level; direct correlation with work experience/type of employment.
Jafari et al., 2019 (30)	Kermanshah	282 healthcare workers	Significant relationships among EE, disease history, financial problems; DP related to financial difficulties	Dimensions of burnout more pronounced in employees with disease history or financial problems.
Behboodi Moghadam et al., 2012 (31)	Tehran	300 midwives	Moderate/severe job burnout in most participants (76.7%)	Inverse association between age and DP; direct association between education and EE; all dimensions related to place of work.
Bakhshi et al., 2017 (32)	Islam Abad-e-Gharb	136 healthcare personnel	Job burnout mean: 45.96 ±17.77 out of a possible	Significant inverse correlation between job burnout and job performance.

		from urban/rural centers	score of132	
Sohrabi et al., 2016 (33)	Sanandaj	200 midwives	Moderate job burnout reported	Moderate levels of DP, EE, and PA among participants (36%, 37%, 39%, respectively).
Dashti et al., 2021 (34)	Hamadan	278 staff at health centers	Job burnout in 55.7%; low EE:44.4%, low DP:66%, low PA:50%	Significant relationships among EE, DP, and PA observed across the sample population.

EE: Emotional exhaustion, DP: Depersonalization, PA: Personal achievement, PTSD: Post traumatic stress disorder.

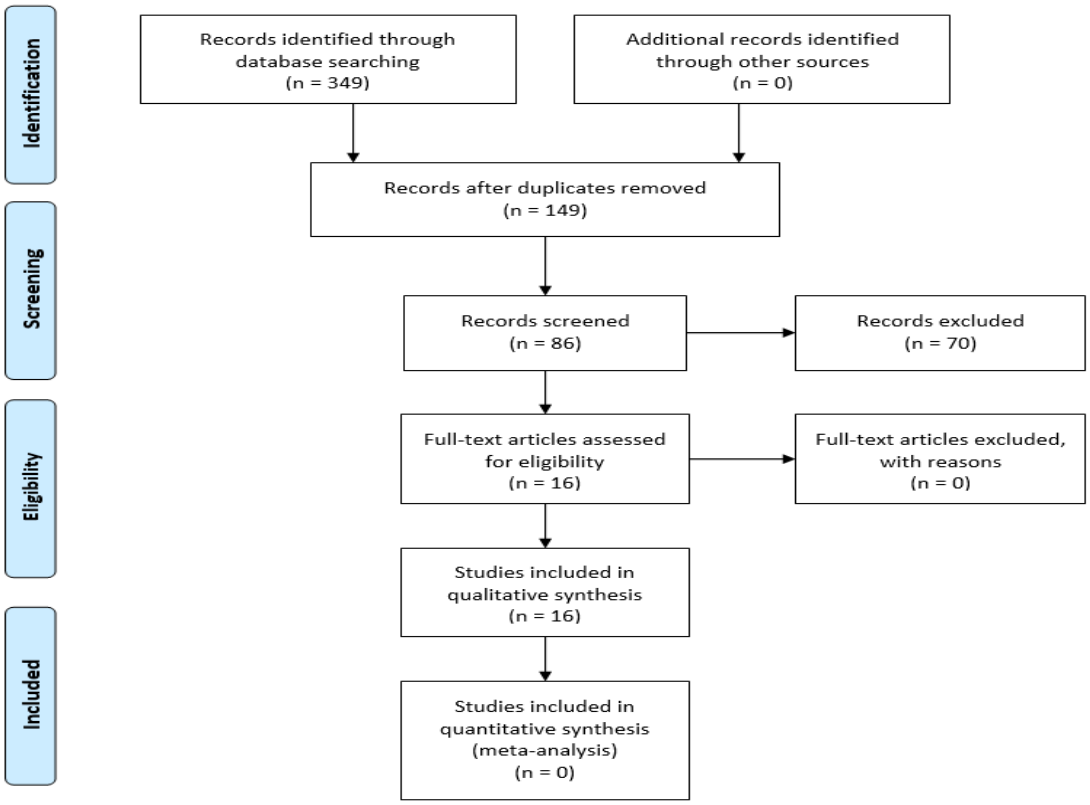

Fig.1: PRISMA flowchart.

1. A cross-sectional study conducted in 2017 on 95 midwives working in hospitals and health centers in Sabzevar surveyed occupational burnout and its relationship with spiritual intelligence. The results indicated that the score for occupational burnout among midwives was 41.81 ± 17.47 (moderate). There was a significant direct correlation between occupational burnout and age (P = 0.02, r = 0.16) as well as work experience (P = 0.001, r = 0.26). Additionally, there was a significant inverse correlation between occupational burnout and income satisfaction (P = 0.01, r = -0.19) and job satisfaction (P = 0.001, r= -0.46). Occupational burnout was higher among official midwives (P = 0.01) (19).

2. A cross-sectional study involving 150 healthcare workers aimed to determine the prevalence of burnout syndrome and job satisfaction among healthcare workers in rural areas of southeastern Iran. The results showed that the mean score for overall burnout syndrome was 74.83 ± 32.68 (moderate level). The highest mean scores for burnout syndrome were related to personal accomplishment (PA) and emotional exhaustion (EE), respectively, while the lowest score was for depersonalization (DP). This indicates that both burnout levels and job satisfaction

among healthcare workers were moderate; as burnout increased, job satisfaction decreased (20).

3. A cross-sectional study was conducted in 2019 on 203 healthcare workers from Comprehensive Healthcare Centers in Bushehr and Borazjan to determine the frequency of different levels of job burnout and their related factors. The results indicated that 99 percent of the healthcare workers experienced low to moderate levels of job burnout. Data analysis revealed that 67% of the participants had low burnout, 32% had moderate burnout, and 1% had high burnout (21).

4. A cross-sectional study involving 80 healthcare workers across three occupational groups (health, nursing-obstetric, and administrative services) in Kamyaran aimed to determine the association between occupational burnout and quality of life among healthcare workers. The results showed that 22.5% of workers were not exposed to occupational burnout, while 77.5% experienced mild burnout. A statistically significant inverse correlation was found between quality of life and occupational burnout ($P < 0.001$) (22).

5. A descriptive study using random sampling was conducted on 152 female healthcare staff to evaluate burnout syndrome in Khoy city. The results indicated that the highest percentage of burnout (22.7%) was related to emotional exhaustion (EE). The hospital staff exhibited higher depersonalization (DP) than the health staff, but the hospital staff also showed higher personal accomplishment (PA) compared to the health staff (23).

6. A cross-sectional study on health network staff (n = 539) aimed to investigate the level of burnout among primary health care (PHC) workers and its predictive factors in the West of Iran. The results showed that 90.5% of the staff had high depersonalization (DP), 55.3% had high emotional exhaustion (EE), and 98.9% had low personal accomplishment (PA) scores (high scores in EE and DP and low scores in PA indicate high burnout). Furthermore, 52.9% (277 people) of the staff suffered from high burnout. Single individuals (OR = 3.33), less experienced employees (OR = 9.09), people older than 35 (OR = 2.35), physicians (OR = 1.72), and staff with permanent employment (OR = 5.0) were more likely to experience high levels of burnout (24).

7. A cross-sectional study conducted in primary healthcare centers (42.8%) and hospitals affiliated with six medical universities in Iran (in the provinces of Tehran, Tabriz, Gilan, Ahvaz, Qom, and Kurdistan, n = 1,133) aimed to assess mental health, job stress, and burnout among healthcare workers in Iran. The results indicated that among the 1,133 participants, 554 (48.9%) had moderate to high levels of burnout. Factors such as "worry about children and older family members," "concerns about one's health condition," and "lack of specific effective treatment for COVID-19" were predictive of mental disorders and burnout. Additionally, the results showed that 50.5% (381) of female participants and 45.8% (173) of male participants experienced moderate to high burnout ($P < 0.05$) (25).

8. A cross-sectional study involving 402 workers in Hormozgan province (healthcare workers = 128, staff = 274) in 2021 aimed to determine the relationship between post-traumatic stress disorder (PTSD) and burnout during the COVID-19 pandemic. The results revealed that the mean scores for emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) were 23.57 ± 7.02 (moderate), 11.77 ± 3.51 (moderate), and 20.09 ± 5.14, respectively. Variables such as gender and job type were associated with PTSD and burnout. Based on the

Pearson correlation test, a significant relationship was found between PTSD and job burnout (26).

9. A cross-sectional study involving 200 health workers in Mahabad aimed to determine the mediating role of burnout in the relationship between work/family conflict and emotional intelligence with safety behavior among healthcare staff. The results indicated significant positive and negative correlations between work and family conflict variables with job burnout and safety behavior. This means that the higher the level of work-family conflict among employees, the greater the level of job burnout and the lower the safety behavior (27).

10. A study, conducted as part of the first stage of an investigation by the Health Cohort of Staff at Shahid Beheshti University of Medical Sciences, involved 1,274 participants and aimed to investigate the relationship between quality of working life and job burnout in a large sample of health workers. The results showed that most employees had low emotional exhaustion (EE) (82.8%) and depersonalization (DP) (83.3%), while 85.5% of employees experienced moderate job burnout. There was a significant inverse relationship between quality of working life and job burnout ($r = -0.234$, $P = 0.001$). Additionally, significant inverse relationships were found between quality of life and both EE ($r = -0.117$, $P = 0.001$) and DP ($r = -0.080$, $P = 0.004$), while a significant direct relationship was observed between quality of life and personal accomplishment (PA) ($r = 0.116$, $P = 0.001$) (28).

11. A cross-sectional study involving 210 employees of healthcare centers in Babol in 2016 aimed to determine occupational burnout and its factors among the staff of healthcare centers. The results indicated that 22.2% of staff had high emotional exhaustion (EE), and 26.6% had high depersonalization (DP). None of the respondents exhibited low personal accomplishment (PA). Emotional exhaustion and depersonalization had a significant inverse relationship with educational level ($P < 0.05$). There was also a significant direct correlation between EE and work experience ($P = 0.003$), as well as type of employment ($P = 0.048$), and between DP and work experience ($P = 0.001$), as well as type of employment ($P = 0.013$) (29).

12. A cross-sectional study on 282 healthcare staff in Kermanshah in 2019 aimed to evaluate the influential factors of burnout in the healthcare staff. The results showed significant correlations between emotional exhaustion (EE), disease history ($P = 0.006$), and financial problems ($P = 0.05$), and between depersonalization (DP) and financial difficulties ($P = 0.024$), and between personal accomplishment (PA) and family disease history ($P = 0.015$). This suggests that the dimensions of burnout were more significant in employees with a disease history, family medical history, and financial problems (30).

13. A cross-sectional study involving 300 midwives working in teaching hospitals and health centers in Tehran aimed to assess the prevalence of burnout among midwives. The results indicated that moderate and severe job burnout were found in most participants (76.7%). Low levels of emotional exhaustion (EE) (59.7%), depersonalization (DP) (75%), and personal accomplishment (PA) (59.3%) were reported. There was a significant inverse association between age and DP ($P = 0.03$), a significant direct association between education and EE ($P = 0.04$), and a significant relationship between the three dimensions of job burnout and place of work ($P = 0.02$) (31).

14. A cross-sectional study involving 136 healthcare personnel from urban and rural healthcare centers in the Health Office of Islam Abad-e-Gharb aimed to investigate

the prevalence of job burnout and its association with performance among healthcare personnel. The results showed that the mean (SD) scores for job burnout and performance were 45.96 ± 17.77 (out of 132) and 52.5 ± 9 (out of 80), respectively. There was a significant inverse correlation between job burnout and job performance (P = 0.000, r =-.249), indicating that most personnel experienced moderate to low levels of job burnout (32).

15. A descriptive-analytical study involving 200 midwives at hospitals and health centers in Sanandaj in 2016 aimed to evaluate the rate of job burnout and its contributing factors among midwives. The results indicated that the rate of job burnout was moderate among the studied midwives, with 36% experiencing moderate depersonalization (DP), 37% experiencing moderate emotional exhaustion (EE), and 39% reporting a sense of personal accomplishment (PA) (33).

16. A cross-sectional study involving 278 workers at health centers in Hamadan in 2021 aimed to assess the characteristics of burnout and their association with demographic factors. The results showed that 55.7% of the personnel experienced job burnout, which included low emotional exhaustion (44.4%), low depersonalization (66%), and low personal sufficiency (50%). There was a significant relationship between emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) (P < 0.001) (34).

4- DISCUSSION

This study aimed to determine the prevalence of burnout syndrome and its contributing factors among Iranian healthcare staff. The results showed that 58.7% of healthcare staff experienced moderate burnout. Additionally, 38.7% (range: 22.2–55.3%) of staff reported high emotional exhaustion (EE), 58.5% (range: 26.6–90.5%) experienced high depersonalization (DP), and 74.4% (range: 50–98.9%) had low personal accomplishment (PA) scores. Job burnout is a serious issue due to its detrimental effects on the quality of personal, family, and professional life (35). It is associated with symptoms such as mental fatigue, physical fatigue, disengagement from work, and reduced competence. The risk factors for burnout include high workload, monotonous tasks, conflicts with superiors and colleagues, and exposure to aggressive behavior from clients (36).

According to Maslach, the treatment of burnout can begin once its causes are identified (37). This condition consists of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion occurs when a person loses all positive feelings, empathy, and respect toward clients while providing care, with negative changes in the individual’s self-concept at the core of this condition (38). In this study, 38.7% of participants reported high levels of EE, which is significant. As feelings of EE persist, an individual's mental strength diminishes. The person experiences a sense of coldness combined with excessive indifference toward both the client and their profession. Consequently, DP may serve as a coping mechanism for EE. Among the consequences of DP are decreased self-confidence, job dissatisfaction, failure to accept organizational responsibilities, and increased turnover and attrition from the profession (39, 40).

In a study by Kowalski et al., a positive relationship was found between workload and emotional exhaustion (41). In the present study, 90.5% of participants reported high levels of DP. People experience job burnout and lose their humanistic perspective in caring for patients when they lack encouragement, a sense of effectiveness, and self-discovery at work, and when their duties are unclear

and organizational rules and policies are not well-defined (38, 42).

In this study, 74.4% of participants reported low levels of PA. A sense of individual success arises when a person can influence their organization's policies, demonstrate their abilities, and develop positive attitudes about themselves and patients. In these situations, individuals not only feel self-confident but also exhibit greater competence and skill in performing tasks, develop more positive views about their job, enjoy working, and feel satisfied. Conversely, feelings of personal failure automatically lead to DP and a negative attitude when providing care (43).

Therefore, many health workers may fail to demonstrate their competence in the work environment due to unfavorable conditions. The progress and efficiency of an organization depend on the capabilities, physical and psychological health, and performance of its employees. Paying attention to employee performance contributes to organizational success, and maintaining efficient human resources within organizations is a concern for all managers. According to Potter (1998), implementing preventative measures for individuals with low job burnout, expanding corrective programs in problematic areas for those with medium job burnout, and taking immediate corrective measures for individuals with high burnout are necessary (44).

5- CONCLUSION

This review highlights the significant prevalence of burnout among Iranian healthcare staff, with 58.7% experiencing moderate burnout, characterized by high emotional exhaustion (38.7%), depersonalization (58.5%), and low personal accomplishment (74.4%). Burnout was strongly associated with demographic and occupational factors such as age, gender, marital status, financial challenges, and work experience, while negatively correlated with income satisfaction, quality of life, job satisfaction, and performance.

To address this pervasive issue, healthcare organizations should implement targeted preventive strategies that enhance social skills, communication abilities, and coping mechanisms. Additionally, fostering job satisfaction through structured rewards, career development opportunities, and educational programs can significantly improve personal achievement and overall well-being. By prioritizing these interventions, healthcare systems can mitigate burnout's impact and cultivate a healthier, more resilient workforce.

6- CONFLICT OF INTEREST: None.

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