

Assessment on the Effective Factors in Burnout Case Study: Healthcare Personnel of Saveh City

Sarah Rahmani¹, Seyed Javad Sharif Sheykholeslami², Mohammad Javad Hozori³

¹MA student, Executive Managers PNU Saveh Branch, Saveh, Iran

²MA, Executive Managers PNU Saveh Branch, Saveh, Iran

³PhD, Government Management, President of PNU Saveh branch, Saveh, Iran

Received: July 24, 2015

Accepted: September 31, 2015

ABSTRACT

This study aimed to determine the burnout and associated factors in Saveh city's healthcare personnel, workload levels, social support and self-esteem of the staff. In this descriptive-analytical study that was performed by cross sectional method, with using of cluster and random sampling methods, 130 personnel of Saveh city's healthcare centers completed the research tool which comprised of demographic data form and Maslach burnout inventory (MBI). In the MBI, the frequency of studied units in each aspects of burnout which includes emotional exhaustion, depersonalization and reduction of personal accomplishment were evaluated by Likert scale in the forms of low, medium and high. The data analyses have been carried out through SPSS computer program and proper use of statistical tests (descriptive-analytical). With regard to the aspects of burnout, Results showed that mean score of personal accomplishment was 31/78 from total score of 48, the mean score of employees' emotional exhaustion was 26/53 from total score of 54 and the mean score of depersonalization was 5/70 from the total score of 30. 43.8% of employees had low personal accomplishment, 47.4% of employees had high emotional exhaustion and 69.2% of employees had low depersonalization. There is a significant statistical correlation between the burnout and variables of gender, work experience, marital status, place of employment and type of job so that the depersonalization in the males, married persons and employees of urban centers were more than that of other employees, and the emotional exhaustion was higher in the women, married persons and the employees of urban centers. The personal accomplishment of employees who worked more than 20 years was higher than that of other employees. The workload values showed significant and inverse correlation with emotional exhaustion and depersonalization. The extent of burnout in employees' emotional exhaustion, depersonalization and the personal accomplishment was medium, low and low respectively. Authorities should pay more attention to the burnout problem due to its effect on the job, family and personal performance and its influence on the absenteeism from work, early retirement, stress reduction and increasing the job satisfaction of employees by improving the workplace conditions in healthcare centers.

KEYWORDS: Burnout, Healthcare Personnel, Saveh City.

1. INTRODUCTION

Presently, the burnout is a problem in all healthcare systems, for instance according to the statistics, one of every seven employees suffers from weakness at the end of the day [1]. In addition to adverse effects on physical and mental healthcare personnel, the burnout reduces efficiency and the quality of healthcare and increases the hospital costs. The burnout term has been firstly defined by Freudenberg in the late 1960s, when he observed the signs of exhaustion in his employees. He called this phenomenon the syndrome of reduction of body and mental health that has been occurred in the helping professions. The individuals who are broken by Stress and burnout called burned out [2]. The burnout has been produced by long-term stresses at working place [3]. Symptoms of this syndrome become apparent when the ability of the individual is not enough for demands of the work environment. The three aspects of burnout comprised of Emotional exhaustion (Chronic exhaustion, sleep disorders, various physical symptoms) in kind of energy reduction and feeling of draining psychological power, Depersonalization (negative reaction, emotionless with extreme indifference to colleagues and clients, feeling guilty, isolation, loss of work and daily activities) means a person's psychological separation from his job, and feeling of personal accomplishment reduction (feelings of loss of competence and success in career, job dissatisfaction, feelings of failure, loss of judgment and understanding, permanent sense of extortion and exploitation and loss of job performance) [4-5]. This syndrome has several effects on the social life, physical and psychological aspects of people. The healthcare Personnel (doctors, nurses and paramedics) have more readiness to engage in this syndrome in comparison with other professions due to face stresses such as mortality, interpersonal problems, low social support, high working pressure, exposure to many patients per day [6-10], emergency decisions based on insufficient information, be accountable for the results of this decision, trying to avoid any confusion with mental stresses [11], violence and intimidation in the workplace [12-14].

In many cases, tensioning and burnout lead to absenteeism and loss of working days. Cox writes about this matter that "it is estimated that each year, an average of 37 million working days were wasted due to mental disorders, neurological disorders, headaches, etc. The burned out individuals lose all of their emotional feelings and emotions in front of clients and sometimes they provide inappropriate and inhumane cares" [12]. Nurse who experiences the burnout is often subjected to uncomfortable experience, exhaustion, intolerance, bitterness with patients and their families, avoiding colleagues and anger is totally unbearable for her colleagues [13-14]. Hosseini writes about the burn out as follows "the reduction of employees' power is a serious problem in all health care system" [2]. In the survey that was conducted by Moghimian, results showed that the mean score of burnout in the research units was 48.95 ± 13.83 and 78.2% of the subjects were in the middle class of burnout [15]. Kylvder and colleagues investigated burnout in psychiatric nurses. They randomly studied 510 Scottish psychiatric nurses according to the Maslach burnout inventory. The responders showed moderate, low and moderate levels of emotional exhaustion, depersonalization, and personal accomplishment [16]. The Esfandiari's results also showed that 9.2 % of studied nursing staffs were burned out [17]. The kluger's research showed that 20%, 20%, 36% of the studied population had high emotional exhaustion, high depersonalization and low personal accomplishment, respectively. Only 1.4% of them suffered from burn out syndrome [18]. In the Molasiot study entitled evaluation of burn out and job satisfaction of the bone marrow transplantation nurses that has been performed at Liverpool, the results showed that 10%, 52.5% and 37.5% of all units were high level, middle level and low level, respectively, in the aspect of emotional analysis [19]. The healthcare personnel who are in close communication with other people and they are responsible for the health and life of humans and exposure to the weak people, acute and chronic diseases. Since burnout affects the quality of care for clients, further identification of its affecting factors would be helpful for improving the quality of provided health services in the healthcare area. However, most studies have been conducted on the burnout of cure staffs and there is not much information about the burnout of healthcare personnel. So the frequency of burnout and its related factors has been investigated among the healthcare personnel of Saveh city to obtain the possibility of planning, comparing with other country side and comparing with other countries.

2. Research Method

In the descriptive-analytical study that was performed by cross-sectional method, the studied sample size consisted of 130 healthcare personnel of healthcare centers at Saveh city that the sample size was achieved by cluster and simple random sampling methods. For collecting data, a questionnaire which included two questions on personal characteristics and the Maslach burnout test which consisted of 22 items have been used. Maslach burnout inventory is the most common tool for measuring burnout and it consists of 22 items. It measures three aspects of burnout (emotional analysis - depersonalization - lack of personal success) with respect to the frequency. Nine propositions are about emotional exhaustion, five propositions are about depersonalization and eight propositions are about personal accomplishment. The frequency of these emotions measured by scores from zero (never) to 6 (every day) and for each aspects one single score is obtained. The validation of Maslach burnout inventory was confirmed by Philian for the first time in Iran. He used the retest method for determining the scientific reliability and the final results of both steps have been calculated by correlation test. The final results of the correlation indicate a strong correlation between the given answers in the both steps of test phase and were 0.98(20). For performing the study, researchers also referred to selected healthcare centers and after developing a sense of trust and cooperation for the implementation of the research subjects, they provided the data collection tools for the research units (participants) and collected them when were completed. The entered personnel into the study had the following requirements: personnel working in the healthcare centers of Saveh city that worked during the time of research, never previously completed the questionnaire, never had the experience of psychiatric drugs, do not have the financial problems, do not have physical handicap or disability, their child, spouse or siblings (first degree family members) do not have physical or mental illness, chronic and incurable diseases, their first degree family members do not suffer from psychological illness (depression, etc.), do not have family disputes problems and eventually did not experience severe stress and psychological distress during the last 6 months (death of a relative, divorce, serious accidents, existence of an addict in the family). To determine the validity of the questionnaire of demographic characteristics, the content validity method has been utilized. After the study of new scientific articles related to the study subject, the related forms have been adjusted under the supervision of the appropriate professors and then after considering the corrective comments of several professors and scholars, the validity of the questionnaire has been confirmed. For determining the convergence of this tool, the retest method has been utilized, so at first, this form has been completed about fifteen individuals who were eligible and it was repeated again within a week. Then, using of the Pearson's correlation coefficient, the tool stability has been confirmed with $r = 1$ confirmed. The questionnaire was without first and last names of individuals. Also the participation in the project was voluntary.

Data from the study group have been entered into SPSS computer program (version 11.5) and they have been analyzed with using of the indicators of descriptive statistic such as percentages and statistical tests such as ANOVA, Tukey post hoc test, Pearson's correlation coefficient and t-test.

3. RESULTS

130 healthcare personnel completed the questionnaires. 23.8%, 56.9% and 19.2% of the sample size were selected from town healthcare center, urban healthcare center and rural healthcare center, respectively. Results showed that 30.8 % and 69.2% of subjects were male and female respectively and their average work experience was 13.84 ± 6.913 . In terms of marital status, 7.7% and 92.3% of the subjects were single and married respectively. In terms of educational level, 0.08%, 9.2%, 30%, 49.2%, 3.1% and 7.7% of subjects had under diploma, diploma, Associate's degree, bachelor degree, master degree and professional doctorate. In terms of job, 5.4 %, 28.5%, 16.9%, 10.8%, 5.4%, 4.6%, 0.08% and 27.7% of the subjects were doctor, family health , midwifery, social workers, disease control , environmental health, administrative staffs and other cases (dental, professional health, staff, reception, laboratory and drugstore) respectively. In terms of employment conditions, 63.8%, 18.5%, 6.9% and 10.8% of the employees were official personnel, treaty personnel and other cases (quasi treaty - contractual). The age of the subjects was in the range of 23 to 58 years and the mean age of the studied individuals was 38.88 ± 8.005 . The mean of their work experience was 13.84 ± 6.913 . Mean of burnout in the aspects of personal accomplishment, emotional exhaustion and depersonalization were 31.78 ± 8.726 from total score of 48, 26.53 ± 12.624 from total score of 54 and 5.70 ± 5.444 from total score of 30, respectively. In other words, according to cut-off lines of Maslach burnout inventory, the subjects in the aspects of personal Accomplishment, emotional exhaustion and depersonalization were low, moderate and low, respectively.

Results also showed that 43.8% of employees had low personal accomplishment, 47.7% of employees had high emotional exhaustion and 69.2% of employees had low depersonalization.

Table 1. The frequency of the intensity of burnout aspects in the healthcare personnel of Saveh city

Aspects Burnout	high		average		lower	
	percent	abundance	percent	abundance	percent	abundance
Emotional Exhaustion	47.7	62	26.2	34	26.2	34
Depersonalization	12.3	16	18.5	24	69.2	90
Personal Accomplishment	22.3	29	43.8	57	43.8	57
Total	100	130	100	130	100	130

The mean of personal accomplishment and emotional exhaustion of women are higher than that of men. The mean of depersonalization of men is higher than that of women. There is a significant difference between the gender and emotional exhaustion, the mean of emotional exhaustion in women is higher than that of men. $p < 0.006$

Table 2. Comparison of the gender between all aspects of burnout in the healthcare personnel of Saveh city

Aspects Burnout	Intensity	Sex	Number	Average	Significant	t	Standard Deviation
Emotional Exhaustion		Man	40	22.03	11.917	-2.783	0.006
		Woman	90	28.53	12.473		
Depersonalization		Man	40	6.05	5.751	-0.487	0.62
		Woman	90	5.54	5.328		
Personal Accomplishment		Man	40	30.93	9.233	-0.741	0.46
		Woman	90	20.03	9.045		

The studies showed that the mean of depersonalization and emotional exhaustion of married individuals are higher than that of single individuals. Also, the mean of personal accomplishment of single individuals is more than that of married individuals. With performing t test, it has been obtained that the mean of burnout at aspects of depersonalization and emotional exhaustion in the married individuals is significantly higher than that of single individuals. $p < 0.05$

Table 3. Comparison between the marital status in the aspects of burnout at healthcare personnel of Saveh city.

Aspects Burnout	Intensity	Relationship	Number	Average	Standard Deviation	t	Significant
Emotional Exhaustion		Single	10	10.932	18.80	-2.040	0.043
		Married	120	12.581	27.18		
Depersonalization		Single	10	1.932	2.20	-2.145	0.034
		Married	120	5.554	5.99		
Personal Accomplishment		Single	10	7.554	32.80	0.385	0.701
		Married	120	8.839	31.69		

By performing the ANOVA, it has been deduced that there is not a significant statistical correlation between the aspects of burnout and level of education. $p > 0.05$

Results declared that the mean of official employees' personal accomplishment is higher than that of other employees. Mean of official employees' emotional exhaustion and other cases (note 3) is higher than that of other employees and the mean of official employees' depersonalization is higher than that of other employees. With performing ANOVA, it has been determined that there is not any significant statistical correlation between the aspects of burnout and employment status of staffs. $p > 0.05$

The results showed that mean of personal accomplishment in the rural workers and mean of emotional exhaustion and depersonalization of urban workers is higher than other employees. ANOVA determined that there is a significant statistical correlation between the type of healthcare and burnout in the aspect of emotional exhaustion.

Table 4. The comparison of the mean of burnout among the personnel of healthcare center of Saveh city depending on the type of healthcare center

	Statistics	Number	Average	Standard deviation	Degrees of freedom	F	Significant
Dimensions of burnout							
Emotional exhaustion	City health center	31	18.97	12.531	129	8.190	0.000
	Centre for Urban Health	74	29.16	12.304			
	Center for Rural Health	25	28.12	10.097			
	Total	130	26.3	12.624			
Depersonalization	City health center	31	4.61	4.944	129	2.013	0.138
	Centre for Urban Health	74	6.53	5.867			
	Center for Rural Health	25	4.60	4.378			
	Total	130	5.70	5.444			
Personal Accomplishment	City health center	31	31.13	10.975	129	1.082	0.342
	Centre for Urban Health	74	31.27	8.109			
	Center for Rural Health	25	34.08	7.199			
	Total	130	31.78	8.726			

Results showed that the mean of personal accomplishment of midwives was more than other employees. The mean of emotional exhaustion of disease control personnel and the mean of depersonalization of family health personnel were more than other employees. ANOVA showed that there is a significant statistical correlation difference between the job kind and burnout in the aspect of emotional exhaustion. $p = 0.007$

Tukey test showed that there is a significant statistical correlation difference among other groups (dental, medical, laboratory technician, etc.) and midwifery in the aspect of emotional exhaustion.

4. DISCUSSION

In this study, three aspects of burnout syndrome comprised of emotional exhaustion, depersonalization and personal accomplishment have been investigated. The burnout of the most investigated units evaluated as high that was not similar to the results of Robinson, Melba, Robert, Kelifder and Yaghobi Nia (1, 16, 19 and 21).

In this research, it has been estimated that the frequency of emotional exhaustion is at high level at 47.7% of employees. This result is similar to the results of Caballero in which 30.6% of nurses had high level of emotional exhaustion and on the other hand it indicates undesirable conditions for studied employees in this research. Experts believe that the moderate to severe levels of emotional exhaustion can be caused due to the conflict role, defects, excessive duties and Conflicts between the interpersonal and personal. Researchers believe that the emotional exhaustion reduces the mental strength of person so that the person attains extreme indifference to the client and its profession. Therefore, it can be probably deduced that the majority of employees are not able to demonstrate their competences in the workplace and this problem may be due to the lack of positive conditions in the workplace [22]. The results of this research suggest that the levels of personal accomplishment are low in the majority of researched units and it is in contrast with the results of Robinson and Yaghobi Nia. The sense of success and dominance has been created when a person is able to affect the policies of organization and thereby demonstrates its abilities and acquires the positive attitude towards itself and clients [1, 21]. The results also demonstrate that the amount of burnout in the aspect of depersonalization was low at most investigated units and it was corresponded to the results of Robert and Kelifder [16, 21]. The findings of present study also showed that the average score of emotional exhaustion was 26.52 from total score for 54 and placed at the moderate class in the Maslach classification. These results were corresponded to the results of Yaghobi Nia [1]. In this research the mean

value of emotional exhaustion is high in comparison with similar studies that must be investigated and it can cause serious interferences in the role and the duties of the personnel. This may be due to several issues such as high working pressure, boring workplace, high stresses at workplace, low wages and benefits and interferences of duties in the workplace. The exhaustion of these persons can be reduced by decreasing the working hours as well as increasing the entertainment programs of staffs. Currently, the working time reduction program of nurses is being implemented in the country, and it is highly recommended that the working time reduction program of healthcare staffs is implemented by authorities. By these actions, the efficiency of healthcare staffs has been improved at these working places that actually healthcare staffs play an important role in frontline of the health of our country.

In this study, the mean value of depersonalization was 5.70 from total value of 30 that has been categorized in the low class. These results were corresponded to the results of Yaghobi Nia [1]. The meaning of depersonalization is defined as the person's mental separation from job and resulted in the negative reaction with extreme indifferences to the clients [5].

In the present study, the score of personal accomplishment was 31.74 from total score of 48 that categorized in the low class (risk factor). These results at the aspect of personal accomplishment are corresponded to the findings of Philian [20], Talayi [23], Momeni [24], Yaghobi Nia [1], Kluger [18], Molasiot [19], Dick [25] and Robert [21]. The high levels of burnout in the aspect of personal accomplishment indicate the negative attitude towards person and person's carrier, the lack of interest to job satisfaction and confidence reduction in the person [17].

In this study, the aspects of burnout in the healthcare personnel comprised of emotional exhaustion, depersonalization and personal accomplishment were moderate, moderate and low, respectively. In the other words, about the three aspects of burnout, these employees were at risk at two aspects of emotional exhaustion and personal accomplishment. These results are corresponded to the findings of Robinson [26]. Also Moghimian, Yaghobi Nia, Mc Carthy and Dick reported moderate levels of burnout in the researched units [1, 15, 25 and 27].

In 1998, Potter recommended adopting regulatory measures and prevention for the people with low levels of burnout, developing programs that would correct problem areas for the people who have moderate levels of burnout and performing immediate corrective actions for people with high levels of burnout [28]. It seems persons who have high expectation of themselves enter to the workplace with attitude, ideals and hope. They work under condition in which they highly need to care and they are susceptible to burnout [29].

Based on the Freudenberger's clinical approach, the employees, who were devoted and committed to work, are more prone to burnout. Because, they seek to help others, it is not important for them that the person who seeking helps was young or old, rich or poor, black or white and lives in urban or rural area. They help them when they need help. In facts, these employees involved with additional pressures. First, they feel stress or pressure from inside for doing better performance and on the other hand they are under stress from clients. The addition of mental pressures with organizational stresses that always were imposed to them shows a lot of stresses that were enforced to these employees [3].

The geographical location of Saveh and its remoteness from pleasant weather locations increased the need of stressful professions' staffs to entertainment and travel. The lack of accommodation, welfare facilities suitable to their income and living conditions can be considered as one of reasons for the staff's burnout. In a study in Turkey, the most important predictor factors of burnout in physicians and their job satisfaction depended to their frequency of use of holidays and employees' ownership of facilities at the group level [30].

The effective factors in the creation and development of burn out in an organization are comprised of poor working conditions, perceived organizational inefficiencies, lack of personal development, few opportunities for promotion, existence of cumbersome rules in the regulations of the organization [31]. Lack of staffs' participation in the decision-making, despotic management of healthcare centers and insufficient evaluation of the real differences between the efficient and inefficient staffs can be effective in this context [32]. Findings showed that there is a significant statistical correlation between the gender and the aspects of burnout so that high levels of personal accomplishment and emotional exhaustion have been reported by females than males. In the other hand the males' depersonalization was higher than that of females. Mc carthy reported that there is not any significant statistical correlation between the gender and the aspects of burnout [27]. Philian's researches showed that there is a significant statistical correlation between the gender and emotional exhaustion and the levels of emotional exhaustion of males are higher than that of females [20]. Rafiei showed that there is a significant statistical correlation between the gender and burnout [33]. Tubayi reported that the depersonalization of male nurses is significantly higher than that of female nurses [34], and it was in contrast with Talayi research [23].

The results showed that there is no significant statistical correlation between the employees' age and burnout, this achievement is not corresponded to the results of Rafiei [33], Philian [20], Talayi [23], Bellani [35], Mc carthy[27], Boyle [36] and Robinson [19] and it is corresponded to the results of Moghimian [15], Mirabzadeh [37] and Klifder [16].

In this study the statistical correlation of marital status with aspects of burnout has been known as significant which was not corresponded to the results of Payami, Tayi and Mirabzadeh [37-39] and it was corresponded to the results of Moghimian, Talayi and Philian about the aspects of depersonalization and emotional exhaustion [15,20,23].

In this research, the correlation between the staffs' work experience with aspects of burnout was found to be statistically significant that was not corresponded to the findings of Payami, Tayi and Mirabzadeh [37-39] and on the other hand it was corresponded to the findings of Esfandiari and Moghimian regarding to the work experience variable [15, 17]. It was corresponded to the findings of Moghimian, Talayi and Philian about the aspects of depersonalization and emotional exhaustion [15, 20, and 23].

The results showed that the mean score of burnout at persons with high work experience is higher than that of persons with low work experience. It is deduced that the increase of work experience is associated with increase of their burnout.

The findings of this study showed that there is a significant statistical correlation between the job's type and the aspects of burnout so that average score of personal accomplishment in the midwives was higher than that of other personnel; the average score of emotional exhaustion in the disease-fighting personnel was higher than that of other personnel and the average score of depersonalization in the family health personnel was higher than that of other personnel. The findings of Tayi [39], Tubayi [34], Mirabzadeh [37], Talayi [23], Momeni [24], Melby [16] and Bellani [35] also indicated the impact of job's type on the burnout of employees. Also the present study showed that the burnout is different at various organizational positions in a working group so that the teachers more suffered from burnout in comparison with staffs who work at the post office [40].

In this study, the collected data from the questionnaire sheets have been considered as correct answer and there is not any information about their accuracy. If the researched units unexpectedly suffered from discomfort or stress, it affected them while they answered the questionnaire and finally this problem affected the study. This problem was out of control in this study. Obtaining information from researched units at unequal intervals was effective on the quality of their response and it was the other limits of the present study. While the researched units responded to the questionnaire, the mental status of them affected their response and the researchers could not control it.

5. CONCLUSIONS

In this study, the levels of burnout in the personnel were moderate to high which could be due to the increased workload and working hours in their workplace. The personal accomplishment was low in the staffs which could be due to the studied staffs' low working class at healthcare centers, less attention to them in the issues of support and encourage, pale their opinions and actions in the workplace despite their effort. So the need for more encourages and attentions to these staffs at the front line of the community's healthcare need to be felt. Various studies reported that the burnout syndrome is contagious and can be transmitted from one nurse or doctor to another colleague [41-42]. The coordinator and prevention methods should be considered to eliminate this phenomenon with respect to the different levels of burnout in the healthcare personnel and its consequences on the quality of the provided services for clients at healthcare centers and the staffs' absence from work. Coping strategies for reducing and controlling the occupational stressor factors are comprised of allocating a percentage of welfare budget to the healthcare staffs, increasing the material and moral incentives of staffs in various occasions, construction of sports and recreation clubs, supply manpower, material and moral managers' support to healthcare personnel, hold regularly discussion meetings between managers and employees, learning problem solving skills and stress management, increase wages and benefits, personnel participation in the professional and organizational decisions, publishing the social and cultural journals about healthcare staffs and training of the staffs. Eventually, it is recommended that the authorities pay more attention to the improvement and reformation of the workplace conditions due to high levels of obtained emotional exhaustion and personal accomplishment and the undeniable role of burnout in the reduction of personnel income. Regard to the views of employees and impose their ideas by the authorities, are effective in the improvement of their performance and decreasing the aspects of burn out. It is recommended that this study is carried out on the personnel at hospitals and healthcare centers in the Saveh city and with comparing the results, better solutions are executed for enhancing the mental and physical health of the personnel at university and decreasing their burnout. According to the results of study, the more study on the causes of burnout and making proper decisions for preventing, control, treatment, education, proper coping skills and removing the causes of this phenomenon are the other necessities.

Acknowledgement

Authors are grateful to all healthcare personnel of Saveh city who helped authors in this study.

REFERENCES

1. Yaghobi Nia F., 2000. Associated of self-esteem with burnout in nurses in hospitals in Mashhad University of Medical Sciences, Nursing MSc Thesis.
2. S. Y. Choi and Kim, K. S., 2013. Factors Influencing Cultural Competence of Helping Professionals in Multicultural Korean Society: An Empirical Analysis Comparing Cultural Attitude of Social Workers and Nurses, *Journal of Convergence Information Technology*, vol. 8, no.14, pp. 297-303.
3. S. Y. Choi, 2010. A Study on the Development of Cultural Competence Measure for Helping Professions, *Journal of Community Welfare*, vol. 2, no.26, pp. 23-53.
4. S. Y. Choi and K. S. Kim, 2014 .The Effects of Cultural Competence on Nurses' Burnout, *Advanced Science and Technology Letters*, vol. 47, pp. 300-304.
5. S. Y. Choi, and H. S. Chang, 2012. A Study on the Relationships among Work Characteristics, Burnout, and Turnover Intention of Social Workers Working in Multicultural Family Centers, *Journal of Community Welfare*, vol. 43, pp.291-318.
6. K. D., Kim, 2011. Social Philosophical Analysis of Critical Discourses on the Cultural Competence, *Korean Journal of Social Welfare*, vol. 3, no. 3, pp. 239-260.

7. K. Nagar, 2012. Organizational Commitment and Job Satisfaction among Teachers during Times of Burnout, VIKALPA, vol. 37, no. 2, pp. 43-60.
8. Gray-Toft P, and Anderson J., 1985. Organizational stress in the hospital: development of a model for diagnosis and prediction, *Health Serv Res*, 19: 753-774.
9. Kelly J, and Cross D., 1985. Stress, coping behaviors and recommendations for intensive care and medical surgical ward registered nurses. *Res Nurs Health*, 8: 321-328.
10. Topf M, and Dillon E., 1988. Noise-induced stress as a predictor of burnout in critical care nurses, *Heart Lung*, 17: 567-573.
11. Maslach C, and Jackson SE., 1982. Burnout in health professions: a social psychological analysis, social psychology of health and illness, 3rd ed. Hillsdale NJ Lawrence Erlbaum, pp. 227-251.
12. Cox, T., 1988. stress, fourth edition, british cataloging, publication data.
13. Douglass. L, 1996. The effective Nurse, fifth edition. A time mirror company.
14. Brooking, j., 1992. A text book of psychiatric and mental health nursing churchill livingston, edinburgh, London.
15. Moghimian M., 2003. Evaluation of burnout and its relationship with demographic factors, job specifications practitioner and Nurse Midwifery, school of Medical Sciences, Gonabad.
16. Gillespie M, Melby v., 1996. Burn out among nursing staff in accident and emergency and acute medicine, *J clin nurse*.
17. Esfandiari GR., 2001. Burnout among nurses working in hospitals of Sanandaj. *Scientific Journal of Kurdistan University of Medical Sciences Fall*, 6(1(21):31-35.
18. Rosdhal, carolin, 1995. Text book of basic, nursing, sixth dition, J. B. Lippincot Company.
19. Philian E., (1992), Evaluation of burnout and its relation to coping methods used by nurses in Tehran hospitals, nursing MSc Thesis, Tehran.
20. Robert.B.Bell, Meredith Davison. ph.d, Donald sefcik.Do.Rph, 2002. "A first survey measuring burn out in emergency medicine physician assistants (E.M.P.A)", March.
21. Caballero MM, 2001. Bermejo FF, Nicto GR, caballero MF. Prevalence and factors associated with burnout in health area. *Aten primaria*.
22. Talayi A, Matlabi H, saeidi M., 2005. Prevalence of burnout syndrome in hospital staff, Mashhad University of Medical Sciences in, Mashhad University of Medical Sciences Research Council.
23. Momeni H, Salehi A, Seraji A., 2008. Comparing burnout among nurses in the Treatment and Education of Medical Sciences, Arak University of Medical Sciences, 12(4):113-123.
24. Dick, M, 1992. burnout in doctorally prepared nurse faculty, *journal of nursing education*,
25. janson, P, Kerkstra, A, Huijer, H et, 1996. al the effects of job characteristics and individual characteristics on job satisfaction and burnout in community nursing. *International journal nursing studies*.
26. Mc carthy, P., 1985. Burnout in psychiatric nursing *journal of advanced nursing*.
27. Potter BA, 1998. Overcoming Job Burnout. California, Berckly: Roninpub Inc.
28. Caballero MM, Bermejo FF, Nicto GR, caballero MF 2001. prevalence and factors associated with burnout in health area. *Aten primaria*.
29. Ozyurt A, Hayran O, Sur-QJm H., 2006. Predictors of burnout and job satisfaction among Turkish physicians, 99(3): 161-9.
30. Abdi Masuleh F, Kaviani H, Khaghanizadeh M, Momeni Araghi AAF., 2007. The relationship between burnout and mental health among nurses, 65(6): 65-75.
31. Rafiei F, 1994. Evaluation of burnout and its relation to coping methods used by nurses in hospital in burn injuries and compared with healthcare workers employed in hospitals, MSc Thesis, University of Medical Sciences, Tehran.
32. Tubayi S, Shrayyan A., 2005. Comparison of burnout among nurses, surgery, psychiatry and burns. *Knowledge Horizons, Journal of Medical Sciences and Health Services Gonabad*, Volume 12, winter, No. 4: 39-40.
33. Bellani, M.L, Furlani, F, Gneccchi, M. et al., 1996. "Burn out and related factors among HIV/AIDS health care workers" *AIDS Care*, 207-221 (abstract); www.emedcin.com
34. boyle, A, Grap, M, pounger, 1991. personality hardiness, ways of coping, social support and burnout in critical care nurses. *journal of advanced nursing*.
35. Mirabzadeh A, Irani S, Samiei M, Faiaz G., 2007. Burnout and related factors in Razi Psychiatric Hospital employees. *Journal of Rehabilitation Research*, Volume 8, supplement No. 29: 64-70.
36. Payami M., 1995. Survey burnout of the status and its relationship with social support of ICU nurses, nursing MSc Thesis, Tehran University.
37. Tayi M, Safizadeh H, Divsalar K., 2009. Syndrome of burnout in doctors Kerman in 1998. Volume 17, Number 3.
38. Yahyaei Gh., 2004. Study of burnout in administrative, educational and nourishment employee in Guilan training education. Website of Gillan training education, Available from: www.universitydirectory.eu/.../Guilan-University-of-Medical-Sciences. Html.
39. Bakker AB, Le Blanc PM, 2005. Schaufeli W.B. Burnout contagion among intensive care nurses. *J Adv Nurs*; 51(3): 276-87.
40. Bakker AB, Schaufeli W.B., Sixma H.J, 2001. Basveld W. Burnout contagion among general practitioners. *J Soc Clin Psychol*; 20(1): 82-98.