

# A Preliminary Study of the Status Quo of Burnout of Staff in a Medical Center

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## Background/Problem/Objective

One person died of burnout every 11 days in Taiwan. And evidence have shown that overtime working, extreme stress, or heavy workload may trigger or worsen cardiovascular disease, which is defined as “burnout.” Since medical personnel often work shifts, at night, or for a long time, they are exposed to high risk of burnout. The objective of this study is to make a census of the entire staff in a medical center to screen out the high-risk group of burnout.

## Methods/Intervention

Through holding several lectures of occupational safety and health for staff in certain medical center during January 1 to March 31, 2018, data were collected afterwards via the filling of after-class questionnaires. The questionnaire was constructed after consulting experts in occupational medicine, psychiatry, and psychology, consisted of three parts – demography, burnout and health-related behaviors. The second part was revised from Copenhagen Burnout Inventory, which had good reliability and validity in previous studies.

## Results (of evaluation)

3,592 questionnaires were collected, with the average age of 36.97, weekly working hour 45.14, and risk of cardiovascular disease categorized as low 97.02%. Burnout, divided into 3 degrees - slight 55.60%, medium 29.96%, severe 14.45%, was significantly related to participants’ unit, discipline, gender, weekly working hour, age, suicidal thoughts, and doing exercise for 30 minutes every day ( $p < .05$ ). Both weekly working hour and degrees of burnout were significantly different between disciplines, with doctors and nurses to be the highest respectively.

## Conclusions

The weekly working hour was longer comparing with both national analytic data and criterion of Labor Standards Act, which aroused the attention that medical personnel’s working condition should be valued. It was suggested that supervisor used hierarchical management to prevent staffs’ diseases and improve their health at the same time. Hence, for those who felt severe burnout, consultation and administrative adjustment should be arranged immediately, even those who felt a slight burnout, manager should encourage them to exercise more often.

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Work-related burnout degrees by demographic variables (N=3592)

variables		work-related burnout degrees			p value		
		slight <sup>a</sup>	medium <sup>b</sup>	severe <sup>c</sup>			
		n(%)					
discipline	doctor	230(56.51)	199(29.24)	58(14.25)	p< .0001		
	nurse	793(46.87)	597(35.28)	302(17.85)			
	medical technician	322(59.74)	146(27.09)	71(13.17)			
	administrative staff	495(66.71)	169(22.78)	78(10.51)			
	else	157(74.06)	45(21.23)	10(4.72)			
unit	ward of multi-department	83(44.15)	67(35.64)	38(20.21)	p< .0001		
	ward of internal medicine	123(43.77)	113(40.21)	45(16.01)			
	ward of surgery	75(50.68)	52(35.14)	21(14.19)			
	administrative	413(67.48)	149(24.35)	50(8.17)			
	medical related	771(60.61)	343(26.97)	158(12.42)			
	special	353(46.39)	267(35.09)	141(18.53)			
	emergency room	59(40.41)	43(29.45)	44(30.14)			
	else	120(65.22)	42(22.83)	22(11.96)			
	gender	female	1528(54.45)	863(30.76)		415(14.79)	p< .05
		male	469(59.67)	213(27.10)		104(13.23)	
working hour (weekly) <sup>d</sup>	<=40	1105(63.00)	467(26.62)	182(10.38)	p< .0001		
	>40	879(48.64)	597(33.04)	331(18.32)			
age (year)	<=28	578(56.17)	309(30.03)	142(13.80)	p< .05		
	29-45	905(53.61)	509(30.15)	274(16.23)			
	>45	514(58.74)	258(29.49)	103(11.77)			
suicidal thoughts	no	1617(66.60)	592(24.38)	219(9.02)	p< .0001		
	yes	380(32.65)	484(41.58)	300(25.77)			
exercise <sup>e</sup>	no	1315(52.54)	789(31.52)	399(15.94)	p< .0001		
	yes	682(62.63)	287(26.35)	120(11.02)			

<sup>a</sup>n=1997, <sup>b</sup>n=1076, <sup>c</sup>n=519, <sup>d</sup>n=3561, <sup>e</sup>= abbreviation of “doing exercise for 30 minutes every day”

