

An- Najah National University

Faculty of Graduate Studies

**Burnout amongst Governmental Mental Health
Professionals in West Bank, Palestine**

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for
The Degree of Master in Public Health, Faculty of Graduate Studies,
An-Najah National University, Nablus-Palestine.**

2019

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Dedication

For all those who are persistent to making a difference in people's lives despite their Burnouts; those who chose to light the way instead of extinguishing while no one have recognized.

For my parents, Maher & Hanan Abul-Hawa, sisters and friends who supported me constantly. Their infinite, unconditional love and encouragement will forever be cherished.

Acknowledgement

This study aims to assess Burnout amongst mental health professionals who work in the governmental mental health institutions and workplaces in the West Bank. It is implemented by Niveen Maher Abul-Hawa; MPH graduate at An-Najah National University- Nablus and supervised by Dr. Mohammad Marie; Assistant Professor in the Faculty of Medicine and Health sciences at An-Najah National University- Nablus.

The preparation of this study would not have been possible without the collaboration of the Palestinian Ministry of Health, Faculty of Graduate Studies at An-Najah National University – Nablus, all the governmental mental health workplaces in the middle region (Ramallah & Jericho), north region (Nablus, Tubas, Jenin, Salfit, Qalqelia, Tulkarm), south region (Bethlehem & Hebron), in addition to all participants.

Special thanks to Dr. Mohammad Marie for his guidance, assistance, and wisdom. Of course not to mention my parents: Hanan and Maher Abul-Hawa, whom their full support was the main reason for this success. I wish also to thank Mr. Marwan Zuhd; the statistician who helped in the analysis of data, for his advices and suggestions.

الإقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Burnout amongst Governmental Mental Health Professionals in West Bank, Palestine

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وأن هذه الرسالة ككل، أو أي جزء منها لم يقدم لنيل أية درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى .

Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's name:

اسم الطالب:

Signature:

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Date:

التاريخ:

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List of Abbreviations

SD	Standard Deviation
PMoH	Palestinian Ministry of Health
MBI-HSS	Maslach Burnout Inventory – Human Services Survey
EE	Emotional Exhaustion
DP	Depersonalization
PA	Personal accomplishment
WHO-AIMS	World Health Organization – Assessment Instrument For Mental Health Systems
WHO	World Health Organization

Study Terms

Mental Health Professionals = Mental Health Workers:

The Mental health professionals or workers are the people who offer mental health care services for improving the mental health and quality of life of the clients. Such as: psychiatrists (medical doctors in the mental health field that can prescribe medications), psychologists (practitioners who provide cognitive and behavioral therapy), psychiatrist nurses (who are monitoring treatment and implementation, and assisting patients), social Workers (assist clients who suffer from certain social conditions), and occupational therapists (assist with developmental conditions, such as Autism, or can help children struggling with medical conditions) (“Mental Health Foundation of New Zealand”, n.d.).

Burnout = Job Burnout, occupational Burnout, and work-related Burnout:

Burnout is "A psychological syndrome of exhaustion, cynicism, and inefficacy, which is experienced in response to chronic job stressors". In essence, they described Cynicism as “a negative, callous, or excessively detached response to various aspects of the job”, Exhaustion: “Feelings of being overextended and depleted of one’s emotional and physical resources”, and inefficacy: “Feelings of incompetence and lack of achievement in work” (Maslach & Leiter, 2000, P.368).

Maslach Burnout Inventory-Human Services Survey (MBI-HSS):

The most widely used tool for measuring Burnout. It is adapted for professionals in the caring professions, including nurses, physicians, mental health workers, and therapists. The Burnout is measured throughout three subscales; emotional exhaustion, depersonalization, and personal accomplishment emerged (Maslach & Leiter, 2016).

MBI three dimensions = MBI three subscales:

Emotional Exhaustion: measures feelings of being emotionally overextended, and the lack of energy to use or offer, where depersonalization measures sets of unpleasant feelings toward clients, such as insensitive behaviors or not being empathetic and cynical, and personal accomplishment measures feelings of incompetence and negative evaluation of one's work, where they feel ineffective (Schaufeli, Leiter & Maslach, 2009).

**Burnout amongst Governmental Mental Health Professionals in West
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Abstract

Burnout in general is a gradual process of feeling the loss of motivation and energy to deal with daily issues that occurs over an extended period of time, where it might effects on the mental, social, or physical well-being, and reduces the productivity.

Purpose: This study aims to assess the level of Burnout amongst mental health Professionals in the West Bank governmental mental health workplaces, to investigate Burnout presence and the significant differences between the Burnout level on the three dimensions of emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) with the socio- demographic factors.

Methods: This cross – sectional study is utilizing a socio-demographic sheet and (MBI-HSS) to investigate the presence and level of Burnout, in addition to the significant difference between the independent variables (socio-demographic factors) and dependent variables (the level of Burnout on EE, DP, & PA) amongst a convenient sample of 149 mental health workers that include: Psychologists, Psychiatrists, Social Workers, Psychiatric nurses, or occupational therapists who are working in the governmental mental health workplaces in the West Bank, in the middle region (Ramallah, Jericho), south region (Bethlehem, Hebron),and north

region (Tubas, Qalqilia, Tulkarm, Jenin, Salfit, and Nablus) . The 138 valid questionnaires were analyzed using SPSS version 20. One way ANOVA test is used to analyze groups which contain more than two socio-demographic variables such as age, marital status, workplace location, educational level, years of experience, and specialty, while an independent t- test is used to analyze socio-demographic groups which contain two variables such as gender, and monthly income.

Results: Moderate level of Burnout on EE and DP, while nearly moderate on PA. Professionals have reported the mostly high level on (EE) (37%), low level on (PA) (47%), and low level on (DP) (51%). Tests showed significant differences on the three subscales due to marital status, specialization, gender, and age.

Conclusion: The lack of resources along with the high demand impulse Burnout in the WB mental health workplaces. This study recommends future research to investigate the reasons behind the Burnout prevalence amongst the mental health professionals who work in the governmental mental health workplaces in the West Bank.

Keywords: Burnout, Mental health professionals/workers/providers, West Bank/Palestine, Socio-demographic factors, Risk factors

Chapter One

Introduction

This chapter will discuss the background, significance of the study, problem statement, the aim of the study and research questions, in addition to the operational definitions.

1.1 Background

Burnout can be defined as feelings of exhaustion, cynical attitude toward the job and the people involved, and reduced sense of personal accomplishment or work efficacy. In a radical meaning, Burnout takes away a persons' spirit (Maslach et al., 2001).

The prevalence of Burnout in Jewish and Arab Israelis, as well as many other populations is significant. After the research of Burnout had burgeoned, it became clear that Burnout occurred cross culturally and is prevalent across a variety of occupations and thus Maslach and her colleagues had developed a general MBI to include teachers, managers, and clerical workers in the mid-1990s (Stalker & Harvey, 2002). In addition to the emergence of Burnout amongst different occupations, it had been assessed in different countries as well. After the initial emergence of Burnout in the Unites States of America in the 1970s, the concept was introduced in Western Europe, particularly the United Kingdom, Holland, Belgium, Germany, and Scandinavia and Finland. Despite the different value systems, Burnout was prevalent in Israel amongst the Jewish and Arab Israeli populations, and in the rest of Western and Eastern Europe,

Asia, the Middle East, Latin America, Australia, New Zealand, Africa, China, and to the Indian Subcontinent (Pines, 2000b). The incidence of Burnout and its recognition has increased substantially over the last few years, according to the WHO report, in a 5-year prospective intervention study by Borritz and colleagues (2006), where they comprised 2,391 employees from different organizations in the human service sector. They found that health care workers had high levels on work- and client-related burnout, where supervisors and office assistants had low levels on both scales. Also, a review study by Lloyd, King, and Chenoweth in (2002) found that social workers may experience higher levels of Burnout than comparable occupational (WHO, 2010).

Assumingly, these studies, in addition to the studies mentioned in the literature review, indicates the relevance of Burnout in all occupations and locations, where this issue is not taken seriously as should be.

In essence, Burnout amongst mental health workers is an essential matter to be investigated, especially nowadays where Burnout is considered as a global phenomenon which prevents health care professionals from delivering the necessary quality of care (Laschinger & Montgomery, 2014). Accordingly, this study is conducted to reveal the presence of Burnout amongst mental health professionals who work in the governmental mental health workplaces in the West Bank.

1.2 Significance of the Study

In the West Bank, mental health is not taken seriously by the society. In most cases, people do not seek help at an early stage but wait until they are chronically sick, or their condition has severely deteriorated. This adds to the burden on the mental health workers, especially as the governmental mental health workplaces suffer from a shortage of mental health workers in relation to the huge number of cases (Vanheule, Lievrouw & Verhaeghe, 2003).

The phenomenon of Burnout has been studied by researchers in many different countries and different populations from different occupations as mentioned previously, as well as in the West Bank, but nationally, studies were mostly directed to health care areas other than mental health, and no studies were conducted to assess Burnout amongst mental health workers in the governmental mental health workplaces as noticed by the researcher. Accordingly, the fact that mental health facilities work to improve the cognitive, behavioral and mental health of individuals; it should be ensured that the psychological conditions amongst mental health workers would be acknowledged and taken seriously. Unfortunately, this is not the case in the West Bank and in spite of the importance of the mental health workers' psychological health and its sensitivity, researchers have not done it justice, to investigate Burnout amongst mental health professionals in the governmental mental health workplaces in the West Bank, Palestine. Thus, this study is the first in the West Bank to be conducted regarding this issue.

1.3 Problem Statement

Assessing Burnout amongst governmental mental health professionals in the West Bank is very important to address, because it adversely affects not only the target population but also extends to the clients.

1.4 The aim of the Study

The aim of this study is to assess the level of Burnout amongst mental health professionals in the West Bank governmental mental health workplaces.

- **The specific objectives of this study are:**

1- To investigate the presence of Burnout amongst the mental health professionals in the West Bank governmental mental health workplaces.

2- To assess the level of Burnout amongst the mental health workers in the West Bank governmental mental health workplaces on the three subscales: emotional exhaustion, depersonalization, and personal accomplishment.

3- To investigate the significant differences of socio-demographic factors in Burnout on the three subscales: emotional exhaustion, depersonalization, and personal accomplishment, including: age, gender, workplace location, educational level, monthly income, specialty, and years of experience.

1.5 Research Questions

1- Is Burnout present amongst mental health professionals in the West Bank governmental mental health workplaces?

2- What is the level of Burnout amongst the mental health professionals in the West Bank governmental mental health workplaces due to the three MBI subscales items?

3- Are there any significant differences between Burnout on the three MBI subscales and the given socio-demographic factors?

1.6 Operational Definitions and Theoretical Framework

Operational Definitions

- **Palestinian Ministry of Health (PMoH)**

The Palestinian Ministry of Health is the Palestinian State independent institution that works with other relevant parties to develop the health policies and legislations, structures, strategic planning, projects and regulations to continuously improve the performance of the health sector to maintain the constant provision of comprehensive and good health services in all public and private health sectors.

- **West Bank Governmental Community Mental Health Workplaces**

According to the World Health Organization- Assessment Instrument for Mental Health Systems (WHO-AIMS) report on Mental Health System in West Bank and Gaza, 2016: The Palestinian governmental agency; The Ministry of Health is taking responsibility to provide mental health services to the Palestinian people primarily and secondarily, therefore, community mental health and healing centers/clinics are secured and distributed within all regions; middle region (Jericho & Ramallah), south region (Bethlehem

& Hebron), north region (Nablus, Tulkarm, Tubas, Qalqilia, Salfit, Jenin). One psychiatric hospital located in Bethlehem and 10 primary out-patients governmental community centers/clinics distributed amongst the 10 districts.

- **Mental Health Workers in the West Bank Governmental Mental Health Workplaces**

Professionals who offer mental health services to improve the mental health of the Palestinian people, as psychiatrists, psychologists, social workers, psychiatric nurses, and occupational therapists are estimated to be 241 according to the WHO-AIMS report in 2016, taking into consideration the probability of there being more or less than this figure.

Summary: This chapter has discussed the background which illustrated the work-related Burnout effects on variety of populations, specifically on mental health workers, and clarified the importance of Burnout nationally and globally.

Chapter Two

Literature Review

The literature review chapter will give more details about Burnout. The history and various definitions, measurement tools, and models inclusively to the health care professions will be demonstrated. Additionally to the International, Arabic, and Palestine studies that exclusively utilized MBI-HSS, the risk factors of Burnout, prevalence amongst mental health professionals worldwide and nationally, and the consequences, preventions, and interventions.

Search Strategy

A detailed search strategy was developed and revised appropriately for the following electronic databases: PubMed, Google Scholar, and Research Gate for the time period 1978 – 2018, using English, and Arabic languages. The terms used while searching were Burnout, mental health professionals/ workers/ or providers, West Bank/ Palestine, socio-demographic factors, and risk factors .The keywords are stated in the abstract.

The researcher had reviewed journals, academic studies and articles, in addition to relevant academic books (e.g. The Maslach Burnout Inventory manual), organizational publications (e.g. WHO-AIMS), and grey literature such as unpublished studies (e.g. Naerat, 2016). Two summary tables illustrate the 15 literatures reviewed regarding risk factors and prevalence of Burnout as shown in Appendix 1, and the 21 international, Arabic, and Palestinian studies that exclusively utilized MBI-HSS are included.

2.1 Definition of Burnout

Definitions of Burnout varied between researchers, and had not been unified because of their substandard agreement on how Burnout develops and whether it is an event or a process, and what stage should be considered a development of Burnout (Burisch, 2002).

Kyriacou defined Burnout as a behavioral indicator of a long term and constant psychological stress resulting gradual exhaustion and depletion of job satisfaction and enthusiasm to achieve goals, and as a sequel, individuals become more stressed and concerned about being appreciated in accordance to their provision (Kyriacou, 2001). Whereas, Maslach and her colleagues defined Burnout as a “syndrome of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment that can occur among individuals who work with people in some capacity” (Jackson, Leiter, & Maslach, 1996, p.4).

2.2 Burnout Brief History

This section gives a brief recognition on how the term Burnout was coined and introduced to researchers, and how related research had progressed

Before the early 1970s, the term ‘Burnout’ was used as an expression referred to the destructive effects of the chronic abuse of drugs at that period of time. In the early seventies the term caught the attention of Herbert Freudenberger; an American practicing and consulting psychologist, in a clinic in New York for drugs addiction recovery, and

initiated the use of this term describing the gradual emotional exhaustion, the lack of motivation and the poor commitment through observing the volunteers in the clinic, and as a person who had faced similar symptoms, he was dedicated to spread the knowledge and awareness of the existence of Burnout, but he was more interested in preventing the emergence of Burnout rather than investigating the foundation. Concurrently, in California, a social psychology researcher; Christina Maslach, and her colleagues fell upon the term ‘Burnout’ while interviewing human services workers in the University of California, and they were interested in understanding the coping mechanisms for their emotional exhaustion, negative perceptions of themselves and their clients, and their work proficiency while obligated to maintain the quality of services provided in a high demanding job. Afterwards, Maslach and her colleagues developed a self-reporting questionnaire thorough a process of interviews, observation, and psychometric development, to assess Burnout amongst the caring professions which includes human services, health care, education, psychotherapy, and any other client-centered professions which known as MBI; Maslach Burnout Inventory. In the middle 1990s till 2000s, the MBI was developed, evaluated and used in different countries, and Burnout research had been nourished by the practical, empirical, and academic streams, even though the streams had not interacted, thousands of related studies were published. The notable, global and significant phenomenon of Burnout had arisen in the twentieth century because of the bureaucratic system, poverty, and cultural revolution. (Neckel, Schaffner, & Wagner, 2017)

However, many researchers amongst the world where interested in studying this phenomenon of Burnout and conducted different studies.

2.3 International, Arabic, and Palestine Studies that Exclusively Utilized MBI-HSS (Table 2-1)

Table (2-1) illustrates the international, Arabic, and studies which had been conducted in Palestine that Exclusively Utilized MBI-HSS.

	INTERNATIONAL	ARABIC COUNTRIES	PALESTINE
Health Care Professions	Cagan & Gunay, 2015. The Job Satisfaction and Burnout Levels of Primary Care Health Workers in the Province of Malatya in Turkey. (Turkey)	Al-Imam & Al-Sobayel, 2014. The Prevalence and Severity of Burnout among Physiotherapist in an Arabian Setting and Influence of Organizational Factors: An Observational Study. (Saudi Arabia)	Naerat, 2016. Burnout and Psychological Distress among Primary Health Care Nurses in North West Bank. (West Bank)
	Shafaghat, Zarch & Kavosi, 2016. Studying the Status of Job Burnout and its relationship with Demographic Characteristics of Nurses in Shiraz Nemazee Hospital. (Iran)	Sabbah et al., 2012. Burnout among Lebanese Nurses: Psychometric Properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). (Lebanon)	Abushaikha & Hazboun, 2008. Job Satisfaction and Burnout among Palestinian Nurses. West Bank. (West Bank)
	Muhammad & Nawaz, 2014. Socio-demographic and Occupational Aspects in Relation with Physicians' Burnout and Career Satisfaction in Pakistan. (Pakistan)	Khashaba et al., 2014. Work Related Psychosocial Hazards among Emergency Medical Responders (EMRS) in Mansoura City. (Egypt)	
	Canadas et al., 2018. Gender, Marital Status, and Children as Risk Factors of Burnout in Nurses: A Meta-Analytic Study. (Gernada, Spain)		
	Linzer et al., 2001. Predicting and Preventing Physician Burnout: Results from the United States and Netherlands. (United States and Netherlands)		

	Chou, Li, & Hu, 2014. Job Stress and Burnout in Hospital Employees: Comparisons of Different Medical Professions in a Regional Hospital in Taiwan. (Taiwan)		
Mental Health Professions	Ean, 2017. Study on the Job Satisfaction and Burnout among Medical Social Workers in Government Hospitals in Malaysia. (Malaysia)	Musa, 2009. Mental Health Problems and Job Satisfaction amongst Social Workers in the United Arab Emirates, Abu Dhabi.(Abu-Dhabi)	Abu Akar, 2013. Burnout among Mental Health Workers in Gaza Strip. (Gaza)
	Bakker, A., Demerouti, E., & Schaufeli, W. (2005). The crossover of burnout and work engagement among working couples (U.S.A)	Hamaideh, 2011. Burnout, Social Support, and Job Satisfaction among Jordanian Mental Health Nurses. (Jordan)	Alhajjar et al., 2012. Burnout and Self-esteem among Social Workers in Gaza, Palestine. (Gaza)
	Deckel & Peled. (2008). Staff Burnout in Israeli Battered Women's Shelter. (Israel)	Jaharmi & Thomas., 2013. The Relationship between Burnout and Job Satisfaction among Mental Health Workers in the Psychiatric Hospital Bahrain. (Bahrain)	Abdallah, 2009. Prevalence and Predictors of Burnout among Palestinian Social Workers. (West Bank)
	Al-Dubai, S.A, Rampal, K.G. (2010). Prevalence and associated factors of Burnout among dates in Yemen.		

2.4 Risk factors and Prevalence of Burnout

This section exposes national and international research regarding Burnout prevalence, and its association with socio-demographic factors amongst health care and mental health populations. It nourishes our present study and offers it guidance to be compared with other national and international studies.

According to the reviewed literature, Burnout development amongst mental health professionals or any other health care professionals are likely to be associated to several risk factors; it could be socio-demographic, cultural, or work life. The socio-demographic factors, such as: age, gender, marital status, monthly income, years of experience, or specialty.

In this study, investigating the relationship between the socio–demographic factors and Burnout is one of the objectives. Therefore, several studies will be demonstrated on this regard.

The cultural factors are surely associated with Burnout. As reported by the study “Predicting and Preventing Physician Burnout: Results from the United States and the Netherlands”, to compare the physicians in the Netherlands with the physicians in the United States, they found that older physicians in the United States reported an increased sense of control in their work field compared with the younger physicians. Meanwhile, they haven’t found significant differences between physicians in the Netherlands (Linzer et al., 2001).

Christina Maslach, the creator of the MBI, agrees with several of models including the JD-R model. Accordingly, she combined the areas of factors of work life that contribute to Burnout development. In order to assess what in the work environment contributes in developing Burnout, Maslach had categorized six factors as follows, (1) lack of control, such as, opportunity to solve problems, make choices and decisions about your work. (2) Insufficient reward; financial or social rewards are important for recognition. (3) Lack of community; social support and healthy relationships with colleagues, coworkers, managers and clients play a big role in the psychological wellness. (4) Absence of fairness; equity and equality in rules, justice, and respect to everyone. (5) Conflict in values; whether the values of the professionals and organization are intersecting or parallel. (6) Work overload; excessive demands, or the amount of work to

be accomplished in a given time, usually the stress resulting from workload extends to personal and social life, causing physical and intellectual burden (Leiter & Maslach, 2000).

In Spain, a study was published in 2018, to investigate the relationship between Burnout syndrome and socio-demographic factors amongst nurses, by assessing the impact of gender and marital status on the three subscales of Burnout, (emotional exhaustion, depersonalization, and personal accomplishment). They have taken 78 studies to analyze using meta-analysis, 57 studies were enrolled to investigate the gender correlation with Burnout, and 32 for marital status. They found a significant relation between depersonalization and gender ($r = 0.078$), and marital status ($r = 0.047$). Also, they have found that Single, or divorced men were related to highest levels of Burnout amongst nurses and had higher tendency to present negative attitudes towards clients and coworkers at the workplace (Canadas-De la Fuente et al., 2018).

Another study that included 942 participants in Slovenia was conducted to assess demographic variables and working conditions in relation with Burnout amongst individuals with different profiles using the MBI. The outcomes were classed into four categories: low burnout, high burnout, high emotional exhaustion, and low personal accomplishment. Individuals in different categories had differed significantly in terms of age. The younger respondents; under 30 years of age, had experienced low personal accomplishment and high emotional exhaustion, while the respondents who

are over 49 years had experienced low Burnout (Boštjančič, Kocjan, & Stare, 2015).

In Pakistan, a study was established in 2014 to determine the job Burnout prevalence amongst physicians along with the three dimensions, and to identify the socio-demographic factors and their relation to three dimensions of job Burnout, using a convenient sample of 640 physicians working in one of the largest public teaching hospitals in the second largest city in Pakistan, Lahore, where 331 questionnaires were valid for analysis. The results showed very high levels of emotional exhaustion amongst the physicians who are suffering from moderate job burnout. Socio-demographic factors had shown high influence on job Burnout development, where the participants who are less than 24 years old scored high emotional exhaustion, and there was no significant differences detected between genders, marital status, number of children and residential status in relation with EE, DP, and PA (Muhammad & Nawaz, 2014). Another study was conducted in 2013 to investigate the “relationship between Job Burnout and Gender-Based Socio-Demographic Characteristics”, selecting a random sample of 89 workers from various industries in Lahore, after 11 questionnaires were eliminated because of incomplete data, and found significant differences between males and females regarding marital status, where married men had higher scores of Burnout than married women. Also, Females had high scores on EE subscale, while men had high scores on PA. Burnout amongst women was related to educational level where the higher the educational level the

higher Burnout scores, and work experience where less experience is related to higher Burnout scores, while amongst men Burnout was related to age, where (24–35 years) groups recorded high level of Burnout, because of being shocked of reality or early career Burnout (Nabi Khan, 2013).

In accordance, Çapri mentioned in his study that several researches which aimed to study the relation between Burnout and gender had reported higher levels of Burnout amongst females than men (Çapri, 2013). On the other hand, there are several studies also that had found higher levels of Burnout amongst men than women (Hammer & Zimmerman, 2010), and also there are several studies which found no differences between males and females (Benbow & Jolley, 2002)

In 2014, a study was composed in California to examine the correlations of Burnout amongst human service workers in a non-urban setting, where a convenient sample of 288 participants was selected. Results had found that workers experienced moderate to high levels of job Burnout which were significantly correlated with age, gender, education, and experience (Thomas, Kohli, & Choi, 2014). A study was made in Finland in 2008, had mentioned that several studies reported that with age, Burnout levels tend to decrease, on the other hand, another studies had the opposite finding. This study selected two representative samples of 9,922 employees that are in three age groups: young group (18–34), middle age (35–49), and aging (50–64) by gender to explore the relationship between Burnout levels and age by gender. The outcome was that Burnout scored the highest amongst young women in their early working years while in aging women, the

Burnout levels was highest amongst the older women. On the other hand, there was an association amongst men in the middle age only. Whereas, the educational levels, specialty, and marital status did not have any relation (Ahola et al., 2008).

In Iran, in 2016, a study was conducted to evaluate the levels of Burnout amongst nurses in Shiraz Nemazee Hospital and to investigate the relation between Burnout and the age, gender, marital status, job experience, education level factors. The results found significant differences between depersonalization with age and marital status, where age groups 41- 50 and singles scored the highest. But there was no significant differences in between gender, education level and work experience (Shafaghat & Kavosi, 2016).

Lots of studies were conducted to investigate Burnout and its relation with the socio-demographic factors, in different countries and amongst variety of populations. Obviously, results findings differ depending on the culture, geographical area, work environment, and economic situation, etc. Thus this deviation somehow explains the variety of models and tools to investigating Burnout by researchers. There is an identical study had been conducted in the Islamic University-Gaza to investigate the prevalence of job Burnout in seven mental health centers located in Gaza amongst 118 mental health professionals, including: psychiatrists, psychiatric nurses, psychologists, and social workers, using MBI-HSS, and socio-demographic variables. They found that 54.9 % of participants are suffering from Burnout, significantly due to the educational levels, but they have not

found any relation with gender, age, location, marital status, income, experience, or specialization (Abu Akar, 2013).

Although, not finding a relation between Burnout and specialization may be true, one study had found that 89% of psychiatrists had experienced or susceptible to developing severe Burnout. Likewise, on the regard of specialty, a study that aims to investigate the prevalence of Burnout in Australian occupational therapists was conducted. Results had found that occupational therapists who work in the mental health field are scoring higher Burnout levels, especially on the personal accomplishment subscale, than the occupational therapists working in other areas of health care. This finding had been justified by reviewing the literature of some studies where researchers had stated that the susceptibility of developing Burnout amongst occupational therapists that are in the mental health field has to do with the nature of their jobs. On this regard, a cross-sectional survey was conducted in Italy by La salvia and colleagues (2009), which aimed to explore the relation between job-related characteristics and organizational factors in developing Burnout amongst mental health staff, selecting 2000 mental health professionals, including: psychiatrists, psychologists, psychiatric nurses, occupational therapists, and social workers. The results found one in five mental health professionals had developed Burnout; psychiatrists and social workers suffered from severe emotional exhaustion (50.0% and 37.6%), and also recorded the highest levels of severe depersonalization (23.0% and 21.0%), where social workers had been the least to report scores on the personal accomplishment subscale,

respectively, High emotional exhaustion scores were found amongst workers who had been working in the mental health field more than one year, and recorded higher levels of depersonalization in favor of men, where the professionals who had been in the field for more than six years recorded significant high threat of developing Burnout (Lasalvia et al., 2009).

Carrying to the Middle East, in Jordan a descriptive study aimed to measure Burnout levels amongst mental health nurses, in other words (psychiatric nurses) and to investigate the correlations. 181 psychiatric nurses from all mental health workplaces in Jordan were selected to complete the questionnaires. Results had shown high levels of EE and moderate levels of DP and PA (Hamadieh, 2011). Where, in the UAE a study was established by Dr. Saif Musa (2009) to investigate the prevalence of Burnout and secondary traumatic stress and its association with job satisfaction in Dubai and Alian Cities. A random sample of 180 social workers working in schools, centers, hospitals, and charity organizations had completed the given questionnaires, and analysis reported no significant differences in Burnout due to age , but a relationship existed due to workplace location (Musa, 2009).

For more information about Burnout prevalence in the Arab countries, a systematic review study was conducted by Elbarazi, Loney, Yousef, & Elias (2017) to estimate the Burnout prevalence amongst health care professionals and to explore the related individual and work-related factors, selecting English and Arabic studies on this regard from 1980 to

2014 that used MBI. The studies varied from Bahrain, Egypt, Jordan, Lebanon, Palestine, Saudi Arabia and Yemen, Palestine and other Arab countries. Results reported high EE, high DP and low PA, where Burnout levels were associated with demographic factors, such as: gender, nationality, working years, working hours, and shift patterns. This study had considered three studies conducted in Palestine, one in Gaza and two in the West Bank, where social workers, occupational therapists, and mental health workers were included. The analysis showed that social workers in Gaza had scored higher levels of Burnout compared to the West Bank (high EE 56.2 vs. 20.0%, high DP 67.0 vs. 46.7%, low PA 85.8 vs. 53.3%; respectively). Thus, this finding had been justified by the distinction of policy, society, culture, and working and living circumstances. Critically, this study mentions that there is an absence of research which aims to investigate Burnout in health care professions, mental health field in particular in Palestine territories (Elbarazi et al., 2017)

Despite the undeniable significance of Burnout amongst mental health professionals according to the evident literature, surprisingly, the British psychological Society reported a study's finding which notified that mental health professionals do not recognize their own Burnout until they suffer the emotional and physical symptoms and thus their work had been already affected, even though this is the case, ironically, they tend to ignore the symptoms and do not seek help. This study had been conducted by Ledingham, Standen, & Skinner, to addresses mental health professionals recognition to their own Burnout. They selected 55 mental health

professionals, including: (psychologists, psychiatrists, psychiatric nurses, social workers, occupational therapists) to complete a qualitative questionnaire expressing their attitudes, perceptions and believes about Burnout and how it might affect their work life, in addition to 12 mental health professionals who were interviewed thoroughly. It is critical to mention that most participants were women aged over 40. (60 %) aged over 40, and (33 %) were over 50 (British Psychological Society, 2015).

2.5 Burnout Consequences, Preventions, and Interventions

This section will illustrate the Burnout consequences, preventions, and intervention as clarified in previous studies.

Consequences

The literature of this study concludes the Burnout consequences amongst mental health professionals, where it is clear that when a person struggles emotional exhaustion, lacking the sense of self-worth, drained of energy, feeling negatively toward the self and the others, diminishing the sense of personal accomplishment, suffering from physical fatigue, and cannot bare the little routines such as washing up, dealing with clients and authorities, and job demands, frequently and constantly. Thus, these struggles would definitely lead to negative attitudes or turnover on authorities (Chemiss, 1980), reduced sense of commitment and belonging to the organization and to the humane mission, moreover the morality of the professionals might be effected where professionals tend to have long term sick leaves, nonetheless they do not provide the care properly, because they are barely

helping themselves to pass through another day. These consequences extend to job performance, services provided, and to the clients, family members, and friends. Not only would it affect the work life but also the lifestyle, and attitudes toward the others, and the quality of life in general. In severe cases it might lead to depression or suicide (Burke, Greenglass, & Konarski, 1995).

There is a study that had been published by Morse and colleagues in 2012 to study Burnout consequences, prevention programs and interventions, where they analyzed eight studies from European countries which most included psychiatrists and psychiatric nurses, and two studies in the United States. Results had found (62.5%) of programs implemented in these studies succeeded to decrease Burnout development significantly amongst the mental health professionals, where trainings, supervision sessions, and workshops were involved (Morse et al., 2012).

Prevention and Intervention

This study demonstrated the necessity of interventions to be applied for prevention and recovery through individual programs and organizational strategies.

Halbesleben & Buckley, (2004) mentioned that even though several studies found effective results from the interventions applied on individuals, some other studies did not agree with the individual-based interventions but more encouraged change in organizational environment and culture, such as workshops and trainings arrangements directed to the supervisors and

heads of departments to improve their leadership skills, and to be aware of workers development tools. The organization should also intend to work on the six work life areas explained by Maslach, so that professionals should be given more control, and rewarded sufficiently, where the workplace should arrange events to increase the social support between workers, balance between demands and resources, and build a workplace that is based on equity, justice, and respect, so that colleagues would share same values. With this intention, it is recommended to use both individual programs along with organizational strategies. (Halbesleben & Buckley, 2004)

In fact, a study targeted the governmental hospitals to study the Burnout and job satisfaction amongst medical social workers in Malaysia, selecting 143 participants who were distributed between 58 governmental hospitals to complete Human Service Job Satisfaction Questionnaire (HSJSQ).The results reported that the work life , and organizational culture were significantly associated with Burnout (Ean, 2017).

Generally speaking, Burnout is a severe problem that effects negatively on professionals or workers in the health care professions, where they feel hopeless, irritable, impatient, and may include physical illness, poor relationships with clients, family members and coworkers, and may lose attention and memory, and in severe cases might lead to depressions and suicide as mentioned above.

The professional or work-related Burnout is not just about working for long hours, but a conflict between values, expectations, and resources, which often can be avoided. By addressing Burnout, and implementing interventions or prevention strategies the professionals' personal wellness and thus the quality of service provided would enhance and as a result the recipients will be satisfied.

Summary: Clearly, from the review of Burnout literature, there is a research gap in the West Bank. For interpretation, the problem of Burnout development amongst mental health professionals as a whole working in the West Bank governmental workplaces had not been addressed so far. Additionally, due to literature we have recognized the prevalence of Burnout and its association to socio-demographic factors.

Chapter Three

Methodology

The Methodology section will demonstrate the study design, study setting, target population, sample size and technique, in addition to the questionnaire, including the used instrument for this study and its validity and reliability, besides the data collection, data analysis, ethical consideration, and difficulties of the study.

3.1 Study Design

A quantitative cross-sectional study design was conducted. This research purpose was to assess the level of Burnout amongst mental health professionals working in the West Bank governmental mental health workplaces and the questions were “What is the level of Burnout amongst the target population?”, and “Are there any Significant differences between Burnout and socio-demographic factors?”, therefore the quantitative design; which is numerical based, is the regularly used method for assessment and descriptive studies, and it is usually used to determine the relationship between an independent variable (e.g. socio-demographic variables) and another dependent variable (e.g. Burnout subscales) to establish the associations, on the other hand it is not a time consuming method.

3.2 Study Setting

This study was conducted amongst a convenient sample of mental health professionals who were working in the governmental mental health workplaces in all the West Bank districts which including: the middle region (Ramallah and Jericho), south region (Bethlehem and Heabron), and north region (Tubas, Nablus, Jenin, Qalqelia, salfeet, and Tulkarem), where East Jerusalem was excluded from this study due to practical difficulties. According to the World Health Organization- Assessment Instrument for Mental Health Systems (WHO-AIMS) report on Mental Health System in West Bank and Gaza, 2016: The Palestinian governmental agency; The Ministry of Health is taking responsibility to provide mental health services to the Palestinian people primarily and secondarily, therefore, community mental health and healing centers/clinics are secured and distributed within the West Bank regions. One psychiatric hospital located in Bethlehem and 10 primary out-patients governmental community centers/clinics distributed amongst the three regions. Professionals who offer mental health services to improve the mental health of the Palestinian people, as psychiatrists, psychologists, social workers, psychiatric nurses, and occupational therapists are estimated to be 241 according to the WHO-AIMS report in 2016, taking into consideration the probability of having more or less than this number .

3.3 Target Population

The Mental health professionals including: psychiatrists, psychologists, social workers, occupational therapists and psychiatric nurses, were estimated to be 241 mental health professionals who work in the governmental mental health workplaces in the West Bank/Palestine.

3.4 Sample Size and technique:

Table (3-1).Distribution of the Mental Health Professionals' Socio-Demographic Data

Socio-Demographic Data	Frequency	(%)
Age (years)		
20-30 years	17	12
31-40 years	59	43
41-50 years	44	32
More than 50 years	18	13
Gender		
Male	66	48
Female	72	52
Marital Status		
Single	16	12
Married	117	84
Divorced / Widowed	5	4
Monthly Income		
3000 NIS and Less	14	10
More than 3000 NIS	124	90
Location		
Middle Region	11	8
South Region	99	72
North Region	28	20
Educational Level		
Diploma	36	26
B.A	61	44
M.A	34	25
PH.D	7	5
Years of Experience		
Less than 5 years	11	8
Between 5-10 years	43	31
Between 11-15 years	34	25
More than 15 years	50	36

Professionals' Specialty		
Psychiatrists	17	12
Psychologists	20	15
Social workers	22	16
Psychiatric nurses	71	51
Occupational therapists	8	6

The convenient sample of 241 mental health professionals from both genders of psychiatrists, psychologists, psychiatric nurses, social workers, and occupational therapists who are working in the governmental mental health workplaces in the three regions of the West Bank including: the middle region (Ramallah and Jericho), south region (Bethlehem and Hebron), and north region (Tubas, Nablus, Jenin, Qalqelia, salfeet, and Tulkarem), in both clinics and psychiatric hospital were taken into consideration as our population. For the record, 138 questionnaires were valid for analysis. The table (3-1) shows the distribution of the mental health professionals' socio-demographic data.

3.5 Questionnaire

A structured questionnaire was consisted of two sections.

The first section contained socio-demographic factors, which were about 8 questions including: age, gender, marital status, location of workplace, educational level, years of experience, monthly income, and specialty, in order to investigate the significant differences between the socio-demographic variable and Burnout sub-scales.

The second section included a Burnout measurement instrument; (MBI-HSS) Maslach Burnout Inventory – Human Services Survey. A self-reporting questionnaire, that was reliable and was validated. This tool was used globally on research investigating Burnout, consisting of 22 items answered on a 7-point Likert scale, covering three areas: emotional exhaustion, depersonalization, and personal accomplishment. However, according to Shaufeli & Taris (2005), the MBI-HSS was considered as the ‘gold standard’ to measure Burnout, this tool is the most validated and most used worldwide.

Instrument of the study

MBI-HSS is composed of 22 questions regarding the three dimensions: nine questions to evaluate emotional exhaustion (1-2-3-6-8-13-14-16-20). Five questions to evaluate depersonalization (5-10-11-15-22) and eight to evaluate personal accomplishment (4-7-9-12-17-18-19-21). Participants would have to rate the statements on a 7-point scale ranging from 0=never to 6=every day, in more detail 0 (never), 1 (a few times per year), 2 (once a month), 3 (a few times per month), 4 (once a week), 5 (a few times per week) and 6 (every day).

According to Scoring and Interpretation Key – MBI-HSS, the results of the summation of each dimension represented the score of each. For emotional exhaustion subscale, if the score was between (0-16) then the level was considered low, and if the results were between (17-26), the level was considered as moderate and high if (27 or over). For depersonalization

subscale, the level was considered low when the results were between (0-6), moderate (7-12), and high if results were between (13 or over). Whereas, personal accomplishment (the reduced sense of personal accomplishment) was considered low if the results were between (0 -31), moderate (32-38), and high (39 or over), see appendix (5).

A participant was considered to have a high level of Burnout when getting high scores on emotional exhaustion and depersonalization, and low scores on personal accomplishment (Qiao & Schaufeli, 2011).

3.6 Validity and Reliability

The MBI was the most frequently used instrument worldwide to assess Burnout, it was valid, accepted, and reliable. It was translated into many languages and validated. The English version was as shown in appendix (4) section (C). Furthermore, the Arabic version of the Maslach Burnout Inventory as shown in appendix (3) section (C). It was validated and widely used among studies in Arabic language, some of these studies were conducted in Algeria by Nuaimah (2013), Saudi Arabia by Al-arayda (2016), Jordan by Al-Dumur (2008) and Palestine, the West Bank in particular by Naerat (2016), and Odeh (1998). Gaza by Shalah (2015), and Abu Akar (2013).

Several studies were carried out by Iwanicki & Schwab (1981) and Gold (1984) to assess internal reliability of the three subscales, which reported that the Cronbach alpha ratings of 0.90 for emotional exhaustion, 0.76 Depersonalization, and 0.76 for Personal accomplishment that were

reported by Schwab. In addition to Gold's (1984) Cronbach's alpha coefficient yielded .90 for Emotional Exhaustion, .74 for Depersonalization, and .72 for Personal Accomplishment.

Table 3-2 Reliability (Cronbach's Alpha) of the MBI subscales

Measure	No of items	Cronbach's α
MBI subscales		
Emotional exhaustion (EE)	9	0.91
Depersonalization (DP)	5	0.88
Personal Accomplishment (PA)	8	0.85
All MBI subscales	22	0.85

In this study, a Cronbach's Alpha for MBI subscales (table 3-2) were: emotional exhaustion (0.91), depersonalization (0.88), and personal accomplishment (0.85), and for all MBI subscales (22 items) questionnaire (0.85), as shown in table (3-2).

3.7 Data Collection

The data collection process took place in the mental health centers in the middle region (Ramallah, and Jericho), north region (Nablus, Jenin, Tubas, Salfit, Tulkarm, Qalqelia), and south region (Hebron, and Bethlehem), in addition to the psychiatric hospital located in Bethlehem. The questionnaires were delivered to the officials by hand. Whereas, the researcher had explained to the participants briefly about the purpose of this study, and the completing process of the questionnaires, and reassured their confidentiality reservation, and confirmed their right for not answering the questions they don't want to answer, and their capability to withdraw from the study without any consequences.

The questionnaires were collected at the same day of visit to each workplace, except the psychiatric hospital in Bethlehem due to the nature of work in hospitals, mental health professionals work on day or night shifts, therefore, the questionnaires were collected after 10 days of the distribution. The whole data collection process took time from the first of October 2018, till the 31 of October 2018. Bearing in mind the questionnaire was timesaving.

3.8 Data Analysis

All collected data were analyzed using Statistical Package for the Social Sciences (SPSS) version 20, which was used to analyze survey data and to get the results of all research questions. One way- ANOVA test was used to measure the differences in MBI-HSS subscales due to socio-demographic variables which contain more than two variables (age, marital status, workplace location, educational level, years of experience, and specialty), and independent t-test for socio-demographic variables that contained two variables (gender and monthly income). P -value ≤ 0.05 , p -value = 0.001, and p -value = 0.004 were considered to be statistically significant in all cases.

3.9 Ethical consideration

The research was conducted after the Graduate Studies Council (appendix 7) and IRB approval (appendix 6), in addition to the approval of the Ministry of Health that was acquired and attained (appendix 8).

Afterwards the questionnaires (appendix 3, sections B & C) and participant information sheet (appendix 2) were distributed amongst the study participants after receiving their absolute consent, and the purpose of the study was adequately explained.

Confidentiality of participants was reserved and the data were collected for the study use only in accordance to the principles of research ethics. Moreover, each participant had the right to withdraw freely from the study without any consequences. The study was conducted after participants consent (appendix 3 section A)

3.10 Limitation of the Study

The main limitation in this study is the partially filled or incomplete questionnaires. Also some participants have filled the questionnaires chaotically or have withdrawn in the last minutes. As a result, 149 questionnaires have been reduced to 138 valid questionnaires for analysis.

Summary: A quantitative cross-sectional study was conducted, utilizing the MBI-HSS tool to measure Burnout, selecting a random representative sample of 149 mental health professionals who are working in the West Bank governmental mental health, counting 138 valid questionnaires for analysis.

Chapter four

Results

This section will analyze the level of Burnout due to EE, DP, & PA, and the significant difference on MBI-EE, MBI-DP, and MBI-PA due to socio-demographic factors.

4.1 Introduction

The results and findings of the 138 analyzed questionnaires will be presented statistically in order to answer the following thesis questions: “Is Burnout present amongst mental health professionals in the West Bank governmental mental health workplaces?”, “What is the level of Burnout amongst the mental health professionals in the West Bank governmental mental health workplaces due to the three MBI subscales items?”, and “Are there any significant differences between Burnout on the three MBI subscales and the given socio-demographic factors?”. Through finding means, standard deviations, and p-value.

4.2 Level of Burnout amongst Mental Health Professionals

Table (4-1). Levels of Burnout amongst Mental Health Professionals based on MBI-HSS Subscales: Emotional Exhaustion (EE), Depersonalization (DP), Personal Accomplishment (PA).

Subscale	Overall Mean (SD)	Burnout		
		Low	Moderate	High
		No (%)	No (%)	No (%)
Emotional Exhaustion (EE)	23.09 (13.5)	45 (33)	42 (30)	51 (37)
Depersonalization (DP)	8.09 (7.93)	70 (51)	26 (19)	42 (30)
Personal Accomplishment (PA)	31.11 (10.63)	65 (47)	32 (23)	41 (30)

*SD = Standard Deviation

* High Burnout: EE score ≥ 27 , DP ≥ 13 , PA (0-13)

*Moderate Burnout: EE score (17-26), DP (7-12), PA (32-38)

*Low Burnout: EE score (0-16), DP (0-6), PA ≥ 39

*PA: Low score indicates high Burnout, and high score indicates low Burnout on the PA

“Is Burnout present amongst mental health professionals in the West Bank governmental mental health workplaces?”

It is clear from table (4-1), that out of the 138 mental health professionals who completed the MBI-HSS, on the EE scale, 45 (33%) of the respondents scored low, 42 (30%) scored on moderate, and 51 respondents (37%) scored high on the emotional exhaustion subscale.

Whereas, on the DP subscale, 70 (51%) respondents scored low, 26 (19%) scored moderate, and 42 (30%) of the respondents scored high on the depersonalization subscale. Meanwhile, on the PA subscale, 65(47%) respondents scored low, 32 (23%) respondents scored moderate, and 41 (30%) professionals scored high.

The mental health professionals have reported the mostly high levels of Emotional Exhaustion subscale (EE) (37%), low levels of Personal Accomplishment (PA) (47%), and low levels of depersonalization (DP) (51%). Also, the table shows the overall mean of EE, DP, & PA. The scores are moderate Burnout on EE score (17-26), & DP (7-12), while nearly moderate on PA (32-38).

Scores that indicate negative condition in any two of the three subscales, indicates the presence and occurrence of Burnout (Cogan & Gunay, 2015; Holmes et al., 2014). Therefore, Burnout is present amongst mental health professionals in the West Bank governmental mental health workplaces.

4.2.1 Level of Burnout amongst Mental Health Professionals due to EE Items

Table (4-2). The means and Standard Deviations of Emotional Exhaustion (EE) by Items

Item	Mean	SD	Rank
I feel emotionally drained from work.	2.62	1.93	4
I feel used up at the end of the workday.	3.30	1.91	1
I feel fatigued when I get up in the morning and have to face another day on the job	2.70	2.02	3
Working with patients is a strain.	3.01	1.92	2
I feel burned out from work.	2.57	2.03	6
I feel frustrated by job.	1.94	1.92	8
I feel I'm working too hard on my job.	2.59	2.00	5
Working with people puts too much stress.	2.51	1.84	7
I feel like I'm at the end of my rope	1.84	2.10	9
Emotional Exhaustion (EE)	23.09	13.5	

“What is the level of Burnout amongst the mental health professionals in the West Bank governmental mental health workplaces due to the three MBI subscales items?”

In order to answer this question, the researcher has found the mean and the standard deviation for each item on the emotional exhaustion subscale.

Table (4-2) shows, the greatest symptom of the emotional exhaustion appears to be “I feel used up at the end of the workday” (mean = 3.30), followed by “Working with patients is a strain” (mean = 3.01), the item “I feel fatigued when I get up in the morning and have to face another day on the job” comes after with (mean=2.70). The least symptom of emotional exhaustion is “I feel like I’m at the end of my rope” (mean = 1.84).

The mean score of emotional exhaustion (EE) equals (23.09), which is between (17- 26). The level of EE dimension is considered to be moderate.

4.2.2 Level of Burnout amongst Mental Health Professionals due to DP Items

Table (4-3) .The Means and Standard Deviation of Depersonalization (DP) by Items

Item	Mean	SD	Rank
I treat patients as impersonal ‘objects’.	1.32	1.82	5
I’ve become more callous toward people.	1.68	2.01	3
I worry that this job is hardening emotionally.	1.80	2.05	1
I don’t really care what happens to patients.	1.57	1.93	4
I feel patients blame me for their problems.	1.72	1.90	2
Depersonalization (DP)	8.09	7.93	

Table (4-3) shows, the greatest symptom of depersonalization appears to be “I worry that this job is hardening emotionally.” (Mean = 1.80), followed by “I feel patients blame me for their problems.” (Mean = 1.72), the item “I’ve become more callous toward people” comes after with (mean=1.68). The least symptom of depersonalization is “I treat patients as impersonal ‘objects’.” (Mean = 1.32).

The mean score of depersonalization (DP) equals (8.09) which is between (7- 12). The level of DP dimension is considered to be moderate.

4.2.3 Level of Burnout amongst Mental Health Professionals due to PA Items

Table (4-4). The Means and Standard Deviations of Personal Accomplishment (PA) by Items

Item	Mean	SD	Rank
I can easily understand patients’ feelings.	3.55	1.99	8
I deal effectively with the patients’ problems.	3.90	1.90	3
I feel I'm positively influencing other people's lives through my work.	4.18	1.86	1
I feel very energetic.	3.80	1.91	7
I can easily create a relaxed atmosphere.	3.86	1.82	5
I feel exhilarated after working with patients.	4.08	1.88	2
I have accomplished many worthwhile things in my job.	3.87	1.85	4
I deal with emotional problems calmly.	3.86	1.92	6
Personal Accomplishment (PA)	31.11	10.63	

Table (4-4) shows, the greatest symptom of personal accomplishment appears to be “I feel I'm positively influencing other people's lives through my work” (mean = 4.18), followed by “I feel exhilarated after working

with patients” (mean = 4.08), the item “I deal effectively with the patients’ problems” comes after with (mean=3.90). The least symptom of personal accomplishment is “I can easily understand patients’ feelings”. (Mean = 3.55).

The mean score of personal accomplishment (PA) equals (31.11), which is between (32- 38). The level of PA dimension is considered to be nearly moderate.

4.3 Differences of MBI due to Demographic Variables

In order to answer the question “Are there any significant differences between Burnout on the three MBI subscales and the given socio-demographic factors?”

The researcher considers every dimension with the demographic variables, where differences are judged to be statistically significant when $p\text{-value} \leq 0.05$, $p\text{-value} = 0.001$, and $p\text{-value} = 0.004$

4.3.1 Differences of MBI- EE due to the Demographic Variables

Table (4-5) Differences of MBI-EE Scores due to Socio-demographic Variables (results from One-way ANOVA)

Variable		Mean	SD	F value	P value
Age	20-30 years	23.29	14.16	0.40	0.75
	31-40 years	22.86	13.22		
	41-50 years	24.43	14.56		
	> 50 years	20.33	11.20		
Marital status	Single	17.38	13.49	3.12	0.05
	Married	24.26	13.29		

	Divorced or widow	14.00	11.00		
Workplace Location	Middle Region	22.82	11.67	0.92	0.40
	South Region	23.97	12.98		
	North Region	20.07	15.64		
Educational Level	Diploma	23.83	11.36	0.98	0.40
	Bachelor	21.77	13.25		
	Master	23.09	14.91		
	Ph.D.	30.71	17.71		
Years of Experience	Less than 5 years	20.91	15.12	0.33	0.81
	5-10 years	24.09	14.33		
	11-15 years	21.68	13.64		
	More than 15 years	23.66	12.44		
Specialization	Psychiatrist	29.88	14.99	3.68	0.004
	Psychologist	16.90	11.88		
	Social worker	16.32	13.04		
	Psychiatric nurse	25.56	12.73		
	Occupational therapist	20.71	9.84		

The differences of Burnout regarding Emotional Exhaustion (EE) due to age, marital status, workplace location, educational level, years of experience, and specialization, were examined by One-Way ANOVA test.

The One-Way ANOVA test results displayed in table (4-5) showed no significant difference in MBI-EE level between the age groups (P-value = 0.75), educational levels (P-value = .760), years of experience (P-value = 0.81), or workplace locations (F=0.92, P-value = 0.40).

However, there was a significant difference in MBI-EE means between marital status groups (F=3.12, P-value = 0.05) due to the married with (mean = 24.26), and professionals' specialization (F=3.61, P-value = 0.004), to the psychiatrists with (mean =29.88).

Table (4-6) Differences of MBI- EE Scores due to Gender and Monthly income Variable (results from independent t-test)

Variable		Mean	SD	t- value	P value
Gender	Male	26.50	14.34	2.93	0.004
	Female	19.96	11.85		
Monthly income	3000 Nis and less	21.71	15.36	-0.40	0.69
	More than 3000 Nis	23.24	13.28		

The differences of Burnout regarding Emotional Exhaustion (EE) due to gender and monthly income are examined by Independent-t test.

The Independent-t test results displayed in table (4-6), it showed there is a significant difference in MBI-EE level between males and females professionals with (P-value = 0.004), male workers got higher mean score than females, while there is no significant differences in monthly income(P=0.69).

4.3.2 Differences of MBI- DP due to the Demographic Variables

Table (4-7) Differences of MBI- DP Scores due to Socio-demographic Variables (results from One-way ANOVA)

Variable		Mean	SD	F value	P value
Age	20-30 years	10.94	8.17	1.37	0.26
	31-40 years	7.83	8.36		
	41-50 years	8.36	8.17		
	>50 years	5.61	4.69		
Marital status	Single	4.75	6.95	2.44	0.09
	Married	8.72	8.03		
	Divorced or widow	4.20	5.22		
Workplace	Middle Region	6.36	6.92	0.30	0.74

Location	South Region	8.32	8.02		
	North Region	7.96	8.17		
Educational level	Diploma	9.81	7.13	0.93	0.43
	Bachelor	7.30	7.96		
	Master	7.41	9.00		
	Ph.D.	9.57	5.77		
Years of experience	Less than 5 years	8.64	8.36	0.16	0.92
	5-10 years	8.60	8.17		
	11-15 years	7.41	8.09		
	More than 15 years	8.00	7.74		
specialization	Psychiatrist	7.53	6.29	5.02	0.00
	Psychologist	4.65	6.60		
	Social worker	4.32	7.74		
	Psychiatric nurse	10.97	7.93		
	Occupational therapist	3.00	4.69		

Table (4-7) shows no significant difference in MBI-DP level between the age groups (P-value = 0.26), marital status (P-value = .09), educational levels (P-value = .43), years of experience (P-value = 0.92), or workplace location (p-value = 0.74). However, there is a significant difference in MBI-DP means due to Specialization (F=5.02, P-value = 0.00), the highest among professionals who are psychiatric nurses with mean (10.97).

Table (4-8) Differences of MBI- DP Scores due to Gender and Monthly income Variable (results from independent t-test)

Variable		Mean	SD	t- value	P value
Gender	Male	10.42	8.52	3.43	0.001
	Female	5.96	6.73		
Monthly Income	3000 Nis and less	7.21	7.28	-0.44	0.66
	More than 3000 Nis	8.19	8.03		

Table (4-8) shows significant differences in MBI-DP level between males and females professionals with (P-value = 0.001), male workers got higher mean score than females, while no significant differences are found due to monthly income (p-value = 0.66)

4.3.3 Differences of MBI- Personal Accomplishment (PA) due to the Demographic Variables

Table (4-9) Differences of MBI-PA Scores due to Socio-demographic Variables (results from One-way ANOVA)

Variable		Mean	SD	F value	P value
Age	20-30 years	25.47	10.88	2.80	0.04
	31-40 years	30.46	11.46		
	41-50 years	32.66	9.76		
	>50 years	34.78	7.53		
Marital status	Single	33.44	8.76	0.45	0.64
	Married	30.85	10.61		
	Divorced or widow	29.80	16.98		
Workplace Location	Middle Region	35.91	6.47	1.92	0.15
	South Region	30.10	11.02		
	North Region	32.79	10.04		
Educational level	Diploma	29.81	9.02	0.31	0.82
	Bachelor	31.77	10.32		
	Master	31.56	12.65		
	Ph.D.	29.86	11.92		
Years of experience	Less than 5 years	31.45	9.45	1.12	0.34
	5-10 years	29.47	10.34		
	11-15 years	30.00	13.33		
	More than 15 years	33.20	8.86		
specialization	Psychiatrist	33.06	10.07	3.30	
	Psychologist	33.85	10.66		

	Social worker	35.68	12.35		0.01
	Psychiatric nurse	27.80	9.72		
	Occupational therapist	36.71	5.22		

Table (4-9) above shows no significant difference between marital status (P-value = .64), workplace location (P-value = 0.15), educational levels (P-value = .82), years of experience (P=0.34). However, there is a significant difference in MBI-PA means between specialization groups (F=3.30, P-value = 0.01) due to occupational therapists with mean (36.71), and age groups (F=2.80, P-value = 0.04) due to professionals who are more than 50 years old with mean (34.78).

Table (4-10) Differences of MBI-PA Scores due to Gender and Monthly income Variable (results from independent t-test)

Variable		Mean	SD	t- value	P value
Gender	Male	30.52	10.32	0.39	0.53
	Female	31.65	10.95		
Monthly Income	3000 NIS and less	31.14	10.52	0.01	0.99
	More than 3000 NIS	31.10	10.68		

Table (4-10) shows no significant difference in MBI-PA level between males and females workers with (P-value = 0.53) or monthly income (p-value = 0.99).

Summary: The mental health professionals who work in the west Bank governmental mental health workplaces were found to suffer a moderate level of Burnout on Emotional exhaustion, and depersonalization, while nearly moderate on the personal accomplishment subscale. Whereas, the

mental health professionals have reported the mostly high levels on (EE) (37%), low levels on (PA) (47%), and low levels on (DP) (51%). Significant differences between independent variables (socio-demographic), and dependent variables (Burnout level on EE, DP, and PA) were found due to gender, age, specialization, and marital status.

Chapter Five

Discussion

This chapter will discuss the major findings of the present study comparably to the literature related to Burnout. The found significant differences between socio-demographic variables and Burnout level will be interpreted, and justified according to the researcher. Additionally, the conclusion, strengths and limitations, recommendations, and the implication of the study will be settled.

5.1 Prevalence of Burnout

This study have found that Burnout is present in a moderate level on (EE) with an overall mean of (23.09), & (DP) with the mean (8.09). While nearly moderate on the (PA) with mean (31.11). Most of the population have reported high level on (EE) (37%), low level on (PA) (47%), and (DP) (51%). Burnout had been often reported in moderate and high levels amongst mental health professionals (Maslach & Leiter, 2008).

However, according to the literature, the prevalence of Burnout in Arab countries are comparable to the non-Arabic speaking countries such as United States of America, Canada, Britain, France, etc. Some Burnout studies results were congruent and some other studies exceeded the levels (Elbarazi et al., 2017). Correspondingly, our present study finding is suitable.

In this section, we will compare this study with similar and incompatible findings with other national and international studies for each subscale.

5.1.1- Emotional Exhaustion subscale

Most of the studies, have found high level reports of emotional exhaustion by the mental health professionals. Congruently with a study established in Pakistan, by Muhammad & Nawaz (2014), where the results shows very high scores on emotional exhaustion amongst the subjects who are suffering from moderate job Burnout, and similarly to Adenkan et al. (2008),and Ashtari et al. (2009).

5.1.2 Depersonalization

Similar to Selmanovic et al. (2011), most of the population has scored low on (DP), unlike La salvia et al. (2009); their population reports highly on depersonalization amongst the mental health staff in Italy.

5.1.3 Personal accomplishment

Our study reports that (47 %) of mental health professionals score highly on the low score of personal accomplishment, which means most of the participants suffer from reduced sense of personal accomplishment, Likewise Alhajjar et al. (2013), where social workers in Gaza score similarly, in addition to Abu Akar, (2013), in which most of the mental health professionals in Gaza suffered from reduced sense of personal accomplishment. The results of Hamadieh (2011) reports are incompatible with the present study, where most of psychiatric nurses have high scores on the moderate personal accomplishment subscale in Jordan. In addition to Sturgess & Poulsen (2013) study, in which occupational therapists in the

mental health field have significantly more Burnout on the reduced sense of personal accomplishment.

5.2 Significant differences between socio-Demographic factors and Burnout

The significant differences between socio- demographic variables and Burnout level are found in this study on the three subscales due to marital status in favor to the married (MBI-EE), specialization in favor to psychiatrists (MBI-EE), psychiatric nurses (MBI-DP), and occupational therapists (MBI-PA), gender in favor to men (MBI-EE) (MBI-DP), and age groups in favor to the mental health professionals who are more than 50 years old (MBI-PA).

Canadas-De la Fuente et al. (2018), had found a significant relation between depersonalization and marital status ($r = 0.047$). Also, they have found that Single, or divorced men were related to highest levels of Burnout and had higher tendency to present negative attitudes towards clients and coworkers at the workplace. This study is against the present study findings. The justification might be that married people have great responsibilities toward their children, families, and work. Also, burden can be greater in favor to the financial support, especially in Palestine, as alleged by the researcher.

This finding has been justified by the literature review according to the researcher by explaining the challenges psychiatrists and psychiatrist nurses have to confront every day, where they providing care to recipients

who might behave violently, along with high job demands, restricted regulations, and dealing with family members of clients, as a result they will be emotionally exhausted and cynical. Likewise, an Australian study by Thomas, Kohli, and Choi in (2014) had found that occupational therapists who work in the mental health field are scoring higher Burnout levels, especially on the personal accomplishment subscale, than the occupational therapists working in other areas of health care. We assume that researchers have stated that the susceptibility of developing Burnout amongst occupational therapists working in the mental health field has to do with the nature of their jobs, where they are dependent on authority, and not considered as team players. Regarding the gender, Brake, Bloemendal, & Hoogstraten, (2003) findings are compatible to our study, but unlike Benbow & Jolley (2002), and Hastings & Bham (2003), where they had not found any differences between males and females. According to the researcher, these results might be justified by the natural capability of women in multi-tasking, while men operate better when duties are one at a time, also Palestinian women are supported socially by their families in particular.

Boštjančič, Kocjan, & Stare (2015) in Slovenia, have found that individuals in different categories has differed significantly in terms of age. The younger respondents; under 30 years of age, had experienced low personal accomplishment and high emotional exhaustion, while the respondents who are over 49 years had experienced low Burnout. Another study in Lahore, Pakistan to investigate the “relationship between Job Burnout and Gender-

Based Socio-Demographic Characteristics”, found that Burnout was related to age, where (24–35 years) groups recorded high level of Burnout, because of being shocked of reality or early career Burnout (Nabi Khan, 2013). On the other hand, other studies have the opposite findings, where results are relatively similar to our study. One study in Pakistan has found Burnout level is the highest amongst the older participants (Ahola et al., 2008). Ending at a study in Iran has been conducted to evaluate the levels of Burnout amongst nurses in Shiraz Nemazee Hospital. The results found significant differences between depersonalization with age, where age groups 41- 50 scored the highest (Shafaghat & Kavosi, 2016).

Assumingly, older mental health professionals score highly in the reduced sense of personal accomplishment might not be having more capacity to adapt or cope with work-related stress, or even with the work environment changes and challenges, like new job system, or new technologies, which as a result causes a loss of sense in their achievement in the profession.

5.3 Conclusion

The reviewed literature compatibly with the present study, confirm that Burnout prevalence varies undeniably in the Worldwide.

The lack of resources along with high demands factor is assumed for Burnout presence in the West Bank amongst the mental health professionals working in the governmental mental health workplaces. The WHO-AIMS report in 2016 had confirmed that the shortage of resources in the West Bank, whether they are financial resources or human resources

are effecting severely on the development of the mental health area, not to mention the scarcity of mental health professionals comparatively with the number of the West Bank population (2.3 million). Not to mention, the shortage in facilities where only one psychiatric hospital is established in the West Bank which is located in Bethlehem (WHO-AIMS, 2016). Furthermore, it has been reported by Dr. Samah Jaber; chair of the Mental Health Unit at the Palestinian Ministry of Health, and her colleagues that there are only 20 psychiatrists in the West Bank, in which most of them work in the private sector, and the mental health field is definitely struggling from health care personnel shortage. Moreover, the mental health problems are usually managed by general practitioners, who are not able to receive consultation for severe and complicated cases, in addition to the lack of clinical exposure in the training programs (Jaber et al., 2013).

5.4 Strengths of the Study

This study is the first to be conducted to investigate Burnout amongst the mental health professionals in the governmental community mental health workers in the West Bank. The MBI-HSS instrument “is currently considered as the ‘gold standard’ to measure Burnout, this tool is the most validated and most used worldwide” (Schaufeli & Taris, 2005, P.256).

5.5 Difficulties of the Study

The process of the questionnaire distribution amongst the districts of the West Bank was not flexible as anticipated. The distance between the location of the administration buildings and the community mental health

centers in some districts was one of the main endured difficulties. Taking into consideration, the consent form that was sent by the Palestinian Ministry of Health to the primary health care centers was obligated to be received directly by the researcher from the administration building to be delivered to the authorized members in the primary health care centers.

For this fact, the mobility by public transportation was time, energy and money consuming. Additionally, some mental health professionals did not accept to participate in the study, and some questionnaires were filled out carelessly.

5.6 Recommendations

- Improving the organizational culture, by embracing transparency, recognizing and rewarding valuable contributions, cultivating strong relationship between coworkers and officials, and giving regular feedback.
- Creating events, training programs, and workshops to talk about Burnout as the main matter, so mental health workers can talk, share, and express their experiences openly without feeling unprofessional, and to develop effective communication skills and establishing a good relationship with the mental health workers, so they can seek help without restrictions or fear of rejection, and providing supervisors for the mental health workers.
- Assessing Burnout amongst mental health professionals every few months, by creating survey software using the MBI-HSS tool to investigate

its prevalence and Engaging occupational therapists in team work, so a team atmosphere can be promoted.

- Expanding the studies to explore causes of the Burnout, and using longitudinal designs to confirm the risk factors.
- It is necessary for the governmental institutions or organizations to adapt with the changes that are happening in the world, and not to restrict old management strategies on new generations who are filled with complete different perspectives.
- Clarifying duties and job description, and career development plan and providing sufficient job resources and decreasing heavy demands when necessary.

5.7 Implication of the Study

This study has enriched the research of the West Bank. It highlighted the matter of Burnout presence amongst the mental health professionals who are working in the governmental mental health workplaces and investigated the association between Burnout and socio-demographic factors, in the time when research is absent. The target of this study is to spot a light on Burnout amongst the mental health professionals for further seeking of attention, intervention and prevention from the officials for a better provided quality of mental health care services and better quality of life. Furthermore, the literature has mentioned strategies to prevent and treat this issue, and noted some recommendations which are likely to be effective for

the mental health workplaces in the West Bank, Palestine. Hopefully this study will truly attract the eyes and attention of the officials who have the authority to make a change.

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Appendix (1)

Table of Literature Reviews on Risk factors and Prevalence of Burnout

Title, year	Authors	Location	Sample	Tools	Results
Gender, Marital Status, and Children as Risk Factors for Burnout in Nurses: A Meta-Analytic Study, 2018	Canadas-De la Fuente, G. A., Ortega, E., Ramirez-Baena, L., De la Fuente-Solana, E. I., Vargas, C., & Gomez-Urquiza, J. L.	Spain	78 studies that are made amongst nurses were taken to be analyzed. 57 studies were enrolled to investigate the gender correlation with Burnout, and 32 to investigate the marital status.	<ul style="list-style-type: none"> • Socio-demographic questionnaire • MBI-HSS • Meta-analysis test 	They found a significant relation between depersonalization and gender ($r = 0.078$), and marital status ($r = 0.047$). Also, they have found that Single, or divorced men were related to highest levels of Burnout amongst nurses and had higher tendency to present negative attitudes towards clients and coworkers at the workplace.
Role of Socio-Demographic Characteristics and Working Conditions In Experiencing Burnout, 2015	Boštjančič, E., Kocjan, G. Z., & Stare, J.	Slovenia	942 participants were taken as a sample in the study to assess demographic variables and working conditions in relation with Burnout amongst individuals in health professions with different profiles.	<ul style="list-style-type: none"> • Socio-demographic questionnaire • MBI-HSS 	The outcomes were classed into four categories: low burnout, high burnout, high emotional exhaustion, and low personal accomplishment. Individuals in different categories had differed significantly in terms of age. The younger respondents; under 30 years of age, had experienced low personal accomplishment and high emotional exhaustion, while the respondents who are over 49 years had experienced low Burnout
Socio-demographic and occupational aspects in relation with physicians' burnout and career satisfaction in Pakistan, 2014	Dr. Syed Muhammad Hassan Nawaz (MD)	Pakistan	convenience sampling method amongst physicians working in indoor wards of one of the largest public teaching hospitals of the city Lahore (second largest city of Pakistan), with approximately 750 doctors working in it at a time. A total	<ul style="list-style-type: none"> • socio-demographic sheet • Abbreviated MBI including career satisfaction related questions 	Results showed very high levels of emotional exhaustion among given sample with most of the physicians suffering from moderate job burnout. Burnout was significantly associated with career satisfaction and brain drain. Significant relationship between career satisfaction and brain drain was also established. Various socio-demographic and work related factors showed major influence on job burnout, career satisfaction

			of 640 questionnaires were handed over to the physicians and they were requested to return them after filling to the registrar office. As a result 331 (51.7%) completely filled questionnaires were received.		and brain drain. Pakistani physicians were highly emotionally exhausted and had remarkably high intention to leave the country. Although career satisfaction was fairly adequate, level of overall burnout was still present at moderate intensity. It is the moment for local official to cope with the issues like job burnout and brain drain to meet the health requirement for fast growing population of the country.
The Relationship between Job Burnout and Gender-Based Socio-Demographic Characteristics in Lahore, 2013	Shamila Nabi Khan	Lahore	Random sample of 89 workers from various industries in Lahore, after 11 questionnaires were eliminated because of incomplete data	<ul style="list-style-type: none"> • Cross-tabulations to calculate the mean frequencies of the variables. • MBI 	Significant differences between males and females regarding marital status, where married men had higher scores of Burnout than married women and females had high scores on EE subscale, while men had high scores on PA. Burnout amongst women was related to educational level where the higher the educational level the higher Burnout scores, and work experience where less experience is related to higher Burnout scores. And age amongst men had highest scores
Correlates of Job Burnout among Human Services Workers: Implications for Workforce Retention, 2014	Thomas, M., Kohli, V., & Choi, J.	Australia	convenient sample of 288 human service workers	<ul style="list-style-type: none"> • 13-item composite scale created by the authors. • Socio-demographic questionnaire 	Results had found that workers experienced moderate to high levels of job Burnout which were significantly correlated with age, gender, education, and experience
Studying the Status of Job Burnout and its Relationship with Demographic Characteristics of Nurses in Shiraz Nemazee Hospital, 2016	Tahereh Shafaghat , Mohammad-Kazem Rahimi-Zarchi, Zahra Kavosi	Iran	All Nemazee Hospital nurses which are 245 were selected by random sampling	<ul style="list-style-type: none"> • MBI-HSS • Socio-demographic questionnaire. 	Depersonalization was low level. Most nurses were moderate Between Depersonalization items and marital status and age. Nurses in neurological wards were the highest (62.28%) while nurses in children ward scored the lowest (49.92%) on Burnout
Burnout among Mental Health Workers in Gaza Strip, 2013	Fatma Mahmoud Abu Akar	Palestine, Gaza	Seven Mental health centers in Gaza, selecting random sample	<ul style="list-style-type: none"> • MBI-HSS • Socio-demographic questionnaire 	54.9 % of participants are suffering from Burnout, significantly due to the educational levels, but they

			of 118 mental health workers		have not found any relation with gender, age, location, marital status, income, experience, or specialization
Understanding the Burnout experience: Recent research and its implications for psychiatry, 2016	Maslach C. & Leiter M.		Reviewing studies related to Burnout amongst psychiatrists	Meta-analysis	89% of psychiatrists had experienced or susceptible to developing severe Burnout
Influence of perceived organizational factors on job Burnout: survey of community mental health staff, 2009	La salvia A. & et.al	Veneto region, Italy,	A representative sample of 2000 mental health staff working in the Veneto region	<ul style="list-style-type: none"> • Organizational Checkup Survey. • MBI-HSS 	One in five of mental health staff suffered from burnout. Psychiatrists and social workers reported the highest levels of burnout
Burnout, Social Support, and Job Satisfaction among Jordanian Mental Health Nurses, 2011	Shaher H. Hamaideh	Jordan	181 mental health nurses recruited from all mental health settings in Jordan	<ul style="list-style-type: none"> • MBI-HSS • Social Support Scale • Job Satisfaction Scale • Self-reported demographic and work-related questionnaire 	Jordanian mental health nurses showed high levels of emotional exhaustion and moderate levels of depersonalization and personal accomplishment
Mental Health Problems and Job Satisfaction amongst Social Workers in the United Arab Emirates, 2009	Dr. Saif Musa	Dubai and Alian Cities	A random sample of 180 social workers working in schools, centers, hospitals, and charity organizations	<ul style="list-style-type: none"> • 30-Item Professional Quality of Life Questionnaire • MBI-HSS • Socio-demographic sheet • secondary traumatic stress (STS) 	age is negatively related to Burnout and there was significant differences related to place of work in Burnout
Prevalence of and factors associated with Burnout among health care professionals in Arab countries: a systematic review, 2017	Elbarazi,I., Loney, T., Yousef, S., and Elias, A.	Arab countries	Nineteen studies conducted on Health Care Professionals in Bahrain, Egypt, Jordan, Lebanon, Palestine, Saudi Arabia and Yemen this review	Meta-Analysis	Variation of scores regarding prevalence of Burnout in Arab Countries amongst health care professionals

Appendix (2) Arabic Participant Information Sheet

نموذج معلومات للمشاركة/ة

في هذا النموذج دعوة للمشاركة في هذه الدراسة البحثية تحت عنوان " الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية، فلسطين "

نرجو من حضرتكم قراءة المعلومات التالية بتأني، لفهم أهمية هذه الدراسة وأهدافها، وماذا سوف يحدث ان قررت أن تشارك/ي فيها.

• الاحتراق الوظيفي

الاحتراق الوظيفي هو الشعور بالإرهاك العاطفي والنظرة السلبية للنفس وللآخر على حد سواء، وبالتالي يصاحبه شعور عدم الانجاز الذي يؤدي الى صعوبة تأدية المهام والواجبات العملية والحياتية.

• الهدف من الدراسة

الاحتراق الوظيفي هو عبارة عن ظاهرة عالمية تمت دراستها وتقييمها منذ عقد من الزمن، وعلى الرغم من ذلك الا أنها لا زالت تزايد وتنتشر بين المجتمعات العملية، وفي مختلف المؤسسات ومختلف الوظائف. لقد أشارت العديد من الدراسات في كل من العالم العربي والغربي الى انتشار هذه الظاهرة بين الاختصاصيين والعاملين في مجال الصحة النفسية، الا أنه لم يتم البحث فيها في الضفة الغربية وبالتحديد في المؤسسات الحكومية التي تعمل في مجال الصحة النفسية. وكما نعلم أهمية وضرة الصحة النفسية للاختصاصي الذي يقدم الخدمة والرعاية النفسية للآخرين، فان هذا البحث تم اعداده لتقييم مدى انتشار الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية؛ الذي يشمل كل من الطبيب/ة والاختصاصي/ة النفسي/ة، المرشد/ة الاجتماعي/ة، الممرض/ة النفسي/ة، والمعالج/ة المهني/ة في المؤسسات الحكومية في كل من جنين، نابلس، طولكرم، قلقيلية، سلفيت، طوباس، رام الله، اريحا، بيت لحم، والخليل.

• من هم المدعوون للمشاركة ؟

كل من يعمل كاختصاصي وعامل في مجال الصحة النفسية في مراكز ومؤسسات رعاية الصحة النفسية التابعة لوزارة الصحة الفلسطينية.

• آلية المشاركة

في حال تم التطوع بالمشاركة في هذا البحث، فان على المشارك / ة توقيع نموذج الموافقة وتعبئة الاستبانة ومن ثم اعادتها الي الباحثة.

• الفائدة من المشاركة في هذه الدراسة

مشاركتك ستساعدنا في اكتشاف مدى انتشار ظاهرة الاحتراق الوظيفي بين العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية ولمعرفة ان كان العاملون في مجال الصحة النفسية على الرغم من المعرفة والوعي والمهارات والادوات والادارة التي يمتلكونها لا يزالون عرضة للاحتراق الوظيفي وكما يتم تقييم الوضع واتخاذ الإجراءات والمبادرات اللازمة للحد من انتشار هذه الظاهرة في حال اثبات وجودها وكيفية الوقاية منها، و ستساعد النتائج في التخطيط لدراسات اخرى في ذات المجال.

هل من ضرر قد يلحق بالمشارك ؟

ليس هنالك من ضرر قد يلحق بالمشارك في هذه الدراسة، اذ أنها لا تطالب بأي معلومات شخصية عن المشارك، وكل المعلومات التي سيتم الادلاء بها ستستخدم بأمانة وبما يختص البحث العلمي ونأكد على الحفاظ على السرية التامة.

• سرية المعلومات

سيتم التعامل مع المعلومات المدلى بها من قبل المشاركين ضمن الضوابط الاخلاقية والقانونية المتبعة في البحث العلمي، مع التأكيد ان الاجابات مجهولة ولا يمكن التعرف على صاحبها.

• من يقوم بتنفيذ الدراسة ؟

نيفين أبو الهوى، طالبة ماجستير في الصحة العامة، في جامعة النجاح الوطنية تحت اشراف الدكتور محمد مرعي؛ أستاذ مساعد في كلية الطب وعلوم الصحة - جامعة النجاح الوطنية وحاصل على شهادة الدكتوراة في الصحة النفسية من بريطانيا.

حصلت هذه الدراسة على موافقة لجنة الاخلاق في جامعة النجاح الوطنية والدراسات العليا وموافقة وزارة الصحة الفلسطينية.

ملاحظة: اذا كانت لديك أي شكوى يمكنك الاتصال مع المشرف دكتور محمد مرعي في كلية الطب وعلوم الصحة في جامعة النجاح الوطنية على البريد الالكتروني m.marie@najah.edu

وإذا كان لديك أي أسئلة اضافية يمكنك التواصل مع الباحثة: نيفين أبو الهوى، عن طريق الاتصال المباشر بالرقم 0524861874

أو عن طرق الايميل niveen.m.hawa@hotmail.com

Appendix (3)**A. Arabic Consent Form**

An-Najah National
University

بسم الله الرحمن الرحيم

العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية الكرام

تحية طيبة وبعد:

دراسة احصائية \ صحية " الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية، فلسطين "

تهدف هذه الدراسة الى تقييم مستوى الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية، وذلك لزيادة الوعي وتسليط الضوء على هذه الظاهرة في المجالات التي تقدم الخدمات الانسانية وخاصة الصحة النفسية، فعلى الرغم من أهمية الصحة النفسية لكل من العاملين في المجال والمتلقين للخدمة أو العلاج في كل المجتمعات عامة وفلسطين خاصة وعلى مختلف الأصعدة الا أنه فرع صحي مهمل ومهمش سواء من المجتمع أو المستويات الادارية أو حتى السلطات.

لتحقيق أهداف هذه الدراسة نضع بين أيديكم استبيان يتكون من قسمين، لذا نأمل منكم الاجابة بموضوعية على الأسئلة الاجتماعية الديمغرافية في القسم الأول وتقييم مستوى الاحتراق النفسي في القسم الثاني باتباع التعليمات المرفقة.

نؤكد على الأمانة في استخدام المعلومات الواردة لأغراض البحث العلمي، ومراعاة السرية التامة.

المشاركين لهم الحرية الكاملة بعدم الاجابة عن أي سؤال وامكانية الانسحاب من المشاركة في الدراسة دون أي عواقب.

شكرا لكم حسن تعاونكم

2017/2018

لمزيد من المعلومات الرجاء التواصل على البريد الالكتروني

niveen.m.hawa@hotmail.com

الباحثة / نيفين ماهر أبوالهوى

توقيع المشترك/ة

توقيع الباحثة

Appendix (3)

(B) Arabic Socio – Demographic Sheet

القسم الاول / بيانات شخصية و معلومات عامة

المتغيرات الاجتماعية – الديمغرافية

الرجاء وضع اشارة x في المربع المناسب للإجابة (كالتالي ☒)1- العمر ☐ 30 – 20 ☐ 40 – 31 ☐ 50 – 41 ☐ أكثر من 502- الجنس ☐ مؤنث ☐ ذكر3- الحالة الاجتماعية ☐ أعزب / عزباء ☐ متزوج / متزوجة ☐ مطلق/ة / أرمل/ة

4- مكان العمل

☐ منطقة الوسط (رام الله ، أريحا)☐ منطقة الجنوب (بيت لحم ، الخليل)☐ منطقة الشمال (نابلس ، جنين ، طوباس ، سلفيت ، طولكرم ، قلقيليا)5- المستوى الأكاديمي ☐ دبلوم (كلية مجتمع) ☐ بكالوريوس ☐ ماجستير ☐ دكتوراة6- سنوات الخبرة ☐ أقل من 5 سنوات ☐ 5 – 10 سنوات ☐ 11 – 15 سنة ☐ أكثر من 15 سنة7- الدخل الشهري ☐ 3000 أو أقل ☐ شيكل شهريا ☐ أكثر من 3000 شيكل شهريا8- الاختصاص ☐ طبيب/ة نفسي/ة ☐ أخصائي /ة صحة نفسية ☐ مرشد /ة اجتماعي/ة☐ ممرض /ة نفسي/ة ☐ معالج /ة مهني/ة

Appendix (3)

(C) Arabic Maslach Burnout Inventory – Human Services Survey (MBI-HSS)

القسم الثاني / المقياس النفسي

يحتوي المقياس النفسي ماسلاش على 22 تعبير يتعلق بمشاعر المشترك اتجاه عمله. نرجوا من حضراتكم الكرام القراءة بعناية و وضع اشارة X أمام كل فقرة حسب عدد المرات التي تتناسب و شعورك نحو مهنتك و التي تتدرج من 0 الى 6

مقياس ماسلاش للاحتراق النفسي

الاحتراق النفسي

وردت تعريفات كثيرة لمصطلح الاحتراق النفسي في الأبحاث والدراسات التي تناولت هذه الظاهرة ولكن بالرغم بعض الاختلافات بين هذه التعريفات إلا أن هناك نقاطاً تجمع عليها معظم الباحثين؛ وهي أن الاحتراق النفسي عبارة عن خبرة نفسية سلبية داخلية تتضمن المشاعر والاتجاهات والدوافع وتشمل استجابات سلبية وغير ملائمة نحو الغير ونحو الذات. ومن هذه التعريفات: تعريف كريستينا ماسلاش 1982, Christina Maslach الباحثة في مجال الاحتراق النفسي أنه "حالة من الإنهاك الجسدي والانفعالي والعقلي تظهر على شكل إعياء شديد وشعور بعدم الجدوى وفقدان الأمل وتطور مفهوم ذات سلبي واتجاهات سلبية نحو العمل والحياة والناس". ويتضمن ثلاثة مكونات (السرطاوي، ١٩٩٧: ٦٠) هي :

الإجهاد الانفعالي emotional exhaustion

يتصف هذا البعد بالإرهاق والضعف واستنزاف المصادر الانفعالية إلي المستوى الذي يعجز به عن العطاء، ويعد هذا البعد العنصر الأساسي للاحتراق النفسي ويظهر علي شكل أعراض جسمية، أو نفسية، أو جمع بينها.

تبليد المشاعر depersonalization

يتضمن هذا البعد تغييراً سلبياً في الاتجاهات والاستجابات نحو الآخرين، وخصوصاً المرضى او متلقي الخدمة النفسية ، وغالباً ما يكون مصحوباً بسرعة الغضب والانفعال، وفقدان التقدير للعمل، وكذلك الاتجاهات الساخرة نحوهم.

نقص الشعور بالانجاز الشخصي low personal accomplishment

الميل إلى تقييم الانجازات الشخصية بطريقة سلبية، ويتمثل بمشاعر الاكتئاب، والانسحاب، وقلة الإنتاجية، وعدم القدرة على التكيف مع الضغوط، والشعور بالفشل، وضعف تقدير الذات.

الدرجات تعني : -

الرقم (0) يعني أنك لا تعاني من الشعور مطلقاً.

الرقم (1) يعني أن الشعور يتكرر مرات قليلة خلال السنة .

الرقم (2) يعني أن الشعور يتكرر مرة أو أقل في كل شهر.

الرقم (3) يعني أن الشعور يتكرر مرات قليلة خلال الشهر.

الرقم (4) يعني أن الشعور يتكرر مرة في الاسبوع.

الرقم (5) يعني أن الشعور يتكرر عدة مرات في الاسبوع.

الرقم (6) يعني أن الشعور يتكرر كل يوم

6	5	4	3	2	1	صفر
كل يوم	عدة مرات في الاسبوع	مرة في كل أسبوع	مرات قليلة بالشهر	مرة في الشهر أو أقل	مرات قليلة بالسنة أو أقل	لا أعاني مطلقاً

6	5	4	3	2	1	0	العبارة	
							أشعر أن عملي يستنفذني انفعاليًا نتيجة عملي	1
							أشعر أن طاقتي مستنفذة مع نهاية اليوم	2
							أشعر بالإرهاك حينما استيقظ في الصباح وأعرف أن علي مواجهة يوم عمل جديد	3
							من السهل معرفة مشاعر متلقي الخدمة الصحية النفسية	4
							أشعر أنني أتعامل مع بعض المتلقين لخدمة الصحة النفسية وكأنهم أشياء، و ليسوا بشر	5
							إن التعامل مع الناس طوال يوم العمل يسبب لي الإجهاد	6
							أتعامل بفعالية عالية مع مشاكل المتلقين لخدمة الصحة النفسية	7
							أشعر بالاحتراق النفسي من عملي	8
							أشعر أن لي تأثيرًا إيجابيًا في حياة كثير من الناس من خلال عملي	9
							أصبحت أكثر قسوة مع الناس نتيجة عملي	10
							أشعر بالإنزعاج والقلق لأن مهنتي تزيد من قسوة عواطفني	11
							أشعر بالحيوية والنشاط	12
							أشعر بالإحباط من ممارستي لمهنة الصحة النفسية	13
							أشعر أنني أعمل في هذه المهنة بإجتهاد كبير	14
							حقيقة لا أهتم بما يحدث مع المتلقين للخدمة الصحية النفسية من مشاكل	15
							إن العمل بشكل مباشر مع الناس يؤدي بي إلى ضغوط شديدة	16
							أستطيع بسهولة خلق جو نفسي مريح مع المتلقين للخدمة الصحية النفسية	17
							أشعر بالسعادة والراحة بعد انتهاء العمل	18
							أنجزت أشياء كثيرة ذات قيمة وأهمية في ممارستي لهذه المهنة	19
							أشعر وكأنني أشرفت على النهاية نتيجة ممارستي لهذه المهنة	20
							أتعامل بكل هدوء مع المشاكل الانفعالية والعاطفية في أثناء ممارستي لهذه المهنة	21
							أشعر أن متلقي الخدمة الصحية النفسية يلومونني عن بعض مشاكلهم	22

Appendix (4)**(A) English Consent Form**

Dear Mental health Professionals in the Governmental Mental health institutions in the West Bank/Palestine.

This study “Burnout amongst Governmental Mental Health Professionals in the West Bank, Palestine” is conducted to assess the level of Burnout amongst the mental health workers, who work in the governmental mental health workplaces, to spot a light on this phenomenon for furthermore seeking of attention, intervention and prevention from employers and government for a better quality of mental health service provision and better quality of life.

If you find yourself eligible and interested in being a part of this study, please kindly fill the questionnaire following the instructions.

We assure you that the data will be used for the study cause only and confidentiality will be reserved.

Participants have the freedom to skip the questions they don't want to answer and they can withdraw from the study without any consequences to follow.

For further information, please feel free to contact the researcher {Niveen Maher Abul-Hawa}

via e-mail: niveen.m.hawa@hotmail.com

Thank you for your time and co-operation.

2017/2018

Signature of the researcher _____ Signature of the participant_____

Appendix (4)

(B) English Socio – Demographic Sheet

Instructions: For choice fields please place a firm cross in a single box per item. (e.g. ☒)

1- Age ☐ 20 – 30 ☐ 31- 40 ☐ 41 - 50 ☐ More than 50

2- Gender ☐ Male ☐ Female

3- Marital Status ☐ Single ☐ Married ☐ Divorced / Widow

4- Workplace Location

☐ Middle Region (Ramallah, Jericho)

☐ South Region (Bethlehem, Hebron)

☐ North Region (Nablus, Jenin, Tulkarem, Qalqelia, Salfit, Tubas)

5- Education Level ☐ Diploma ☐ B.A ☐ M.A ☐ PH. D

6- Years of experience ☐ Less than 5 years ☐ 5- 10 years ☐ 11- 15 years
☐ More than 15

7- Income/ Month ☐ 3000 and Less NIS ☐ More than 3000

8- Specialty ☐ Psychiatrist ☐ Psychologist ☐ Social worker
☐ Psychiatric nurse
☐ Occupational therapists

Appendix (4)

(C) English Maslach Burnout Inventory- Human Services Survey (MBI-HSS)

CHRISTINA MASLACH • SUSAN E. JACKSON

MBI–Human Services Survey

The purpose of this survey is to discover how various persons in the human services or helping professionals view their job and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How Often

0–6

Statements:

I, _____ I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."



1055 Joaquin Road, 2nd Floor
Mountain View, CA 94043
800-624-1765 www.cpp.com

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11 10 09 08 45 44 43 42 41 40 39 38

MBI–Human Services Survey

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times times a week	Every day

How Often 0–6	Statements:
1. _____	I feel emotionally drained from my work.
2. _____	I feel used up at the end of the workday.
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____	I can easily understand how my recipients feel about things.
5. _____	I feel I treat some recipients as if they were impersonal objects.
6. _____	Working with people all day is really a strain for me.
7. _____	I deal very effectively with the problems of my recipients.
8. _____	I feel burned out from my work.
9. _____	I feel I'm positively influencing other people's lives through my work.
10. _____	I've become more callous toward people since I took this job.
11. _____	I worry that this job is hardening me emotionally.
12. _____	I feel very energetic.
13. _____	I feel frustrated by my job.
14. _____	I feel I'm working too hard on my job.
15. _____	I don't really care what happens to some recipients.
16. _____	Working with people directly puts too much stress on me.
17. _____	I can easily create a relaxed atmosphere with my recipients.
18. _____	I feel exhilarated after working closely with my recipients.
19. _____	I have accomplished many worthwhile things in this job.
20. _____	I feel like I'm at the end of my rope.
21. _____	In my work, I deal with emotional problems very calmly.
22. _____	I feel recipients blame me for some of their problems.

(Administrative use only)

EE: _____ cat. _____ DP: _____ cat. _____ PA: _____ cat. _____

Appendix (5) Scoring and Interpretation Key of MBI-HSS

Scoring & Interpretation Key – MBI-HSS

Instructions. For each column, transfer your response (0-6) from the original measure to the three columns below. Only transfer numbers to the unshaded/ungreyed spaces. Then, sum each column and place that number in the space provide below. This number represents your score for that dimension. Guidelines for interpretation can be found on the right side of the sheet.

Emotional Exhaustion Depersonalization Professional Accomplishment

How Often 0-6	How Often 0-6	How Often 0-6
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____
7. _____	7. _____	7. _____
8. _____	8. _____	8. _____
9. _____	9. _____	9. _____
10. _____	10. _____	10. _____
11. _____	11. _____	11. _____
12. _____	12. _____	12. _____
13. _____	13. _____	13. _____
14. _____	14. _____	14. _____
15. _____	15. _____	15. _____
16. _____	16. _____	16. _____
17. _____	17. _____	17. _____
18. _____	18. _____	18. _____
19. _____	19. _____	19. _____
20. _____	20. _____	20. _____
21. _____	21. _____	21. _____
22. _____	22. _____	22. _____

Categorization: Emotional Exhaustion, Human Services & Educators Forms	
	Frequency
High	27 or over
Moderate	17-26
Low	0-16

Categorization: Depersonalization, Human Services Form	
	Frequency
High	13 or over
Moderate	7-12
Low	0-6

Categorization: Personal Accomplishment,* Human Services Form	
	Frequency
High	39 or over
Moderate	32-38
Low	0 - 31

EE Sum _____

Dep Sum _____

PA Sum _____

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MBI-Human Services Survey: Copyright ©1981 Christina Maslach & Susan E. Jackson.

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Appendix (6) An-Najah National University - Institutional Review Board (IRB) Ethical Approval

An-Najah
National University
Faculty of medicine
& Health Sciences
Department of Graduate
Studies



جامعة النجاح
الوطنية
كلية الطب وعلوم الصحة
دائرة الدراسات العليا

IRB Approval Letter

Study Title:

"Burnout amongst Governmental Mental Health Professionals in West Bank, Palestine"

Submitted by:

Niveen Maher Abul-Hawa, Dr. Mohammad Marie

Date Reviewed:

2nd May, 2018.

Date Approved:

3rd May 2018.

Your Study titled "Burnout amongst Governmental Mental Health Professionals in West Bank, Palestine" with archived number (4) May 2018 was reviewed by An-Najah National University IRB committee and was approved on 3 May, 2018.

Hasan Fitian, MD


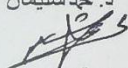
IRB Committee Chairman

An-Najah National University

نابلس - ص.ب 7 أو 707 || هاتف (970) 2342902/4/7/8/14 || فاكس (970) 2342910 (970)

Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910 | E-mail : hgs@najah.edu

Appendix (7) An-Najah National University – Graduate Studies Approval

<p>An-Najah National University Faculty of Graduate Studies Dean's Office</p>		<p>جامعة النجاح الوطنية كلية الدراسات العليا مكتب العميد</p>
<p>التاريخ: 2018/5/13</p> <p>حضرة الدكتور حمزة الزبيدي المحترم منسق برنامج ماجستير الصحة العامة تحية طيبة وبعد،</p>		
<p><u>الموضوع: الموافقة على عنوان الأطروحة وتحديد المشرف</u></p>		
<p>قرر مجلس كلية الدراسات العليا في جلسته رقم (358)، المنعقدة بتاريخ 2018/5/10، الموافقة على مشروع الأطروحة المقدم من الطالب/ة نيفين ماهر حسين أبو الهوى، رقم تسجيل 11457451، تخصص ماجستير الصحة العامة، عنوان الأطروحة:</p>		
<p>(الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية) (Employment Burnout Amongst Governmental Mental Health Professionals in West Bank, Palestine)</p>		
<p>بإشراف: د. محمد مرعي</p> <p>يرجى إعلام المشرف والطالب بضرورة تسجيل الأطروحة خلال اسبوعين من تاريخ اصدار الكتاب. وفي حال عدم تسجيل الطالب/ة للأطروحة في الفترة المحددة له/ا ستقوم كلية الدراسات العليا بإلغاء اعتماد العنوان والمشرف وتفضلوا بقبول وافر الاحترام،،،</p>		
<p>د. محمد سليمان  عميد كلية الدراسات العليا</p>	<p>نسخة: د. رئيس قسم الدراسات العليا للعلوم الطبية والصحية المحترم ق.أ.ع. القبول والتسجيل المحترم مشرف الطالب ملف الطالب</p>	
<p>ملاحظة: على الطالب/ة مراجعة الدائرة المالية (محاسبة الطلبة) قبل دفع رسوم تسجيل الأطروحة للضرورة</p>		
<p>فلسطين، نابلس، ص.ب 7، 707 هاتف: 2345115، 2345114، 2345113 (972) * فاكس: 2342907 (972) (972) Nablus, P. O. Box (7) * Tel. 972 9 2345113, 2345114, 2345115 هاتف داخلي (5) 3200 * Facsimile 972 92342907 * www.najah.edu - email fgs@najah.edu</p>		

Appendix (8) Palestinian Ministry of Health's Letter of Approval

17-SEP-2018 17:10 From: To: 41023 Page: 1-1

State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health

دولة فلسطين
وزارة الصحة نابلس
الإدارة العامة للتعليم الصحي

Ref:
Date:

الرقم: ٥٥٤/٢٠١٨
التاريخ: ٢٠١٨.٩.١٥

الأخ مدير عام الإدارة العامة للرعاية الصحية الأولية المحترم،

مهمه واحتراماً...

الموضوع: تسهيل مهمة طالبة - جامعة النجاح

يرجى تسهيل مهمة الطالبة: نيفين ماهر حسين ابو الهوى - ماجستير صحة عامة/ جامعة النجاح، في عمل بحث بمنوان: "الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية"، من خلال السماح للطالبة بجمع معلومات من خلال مقابلة وتوزيع استبانات على اطباء واستشاريين وممرضين نفسيين ومرشدين اجتماعيين ومعالجين مهنيين في مراكز الصحة النفسية، وذلك في مديريات صحة:

- جنين - نابلس - قلقيلية - طولكرم - سلفيت - رام الله

- الخليل - بيت لحم - طوباس - اريحا

علماً ان البحث تحت اشراف د. محمد مرعي، كما انه سيتم الالتزام بمعايير البحث العلمي والحفاظ على سرية المعلومات.

مع الاحترام،

دولة فلسطين وزارة الصحة
الإدارة العامة للتعليم الصحي
مدير عام التعليم الصحي

نسخة: عميد كلية الدراسات العليا المحترم/ جامعة النجاح

P.O. Box: 14
Tel.: 09-2333901

ص.ب. 14
تلفون: 09-2333901

جامعة النجاح الوطنية

كلية الدراسات العليا

الاحترق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات

الحكومية في الضفة الغربية، فلسطين

إعداد

نيفين ماهر ابو الهوى

إشراف

د. محمد مرعي

قدمت هذه الأطروحة استكمالاً لمتطلبات الحصول على درجة الماجستير في برنامج الصحة العامة، بكلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2019

الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة

الغربية، فلسطين

إعداد

نيفين ماهر ابو الهوى

إشراف

د. محمد مرعي

الملخص

تهدف هذه الدراسة الكمية الى تقييم مستوى الاحتراق الوظيفي لدى العاملين في مجال الصحة النفسية، بما يتضمن تخصصات مختلفة من: (الأطباء النفسيين، الاخصائيين النفسيين، الممرضين النفسيين، المرشدين الاجتماعيين، والمعالجين المهنيين)، في المؤسسات الحكومية في الضفة الغربية، في كل من منطقة الوسط (رام الله، أريحا)، منطقة الجنوب (بيت لحم، الخليل) ومنطقة الشمال (نابلس، جنين، طولكرم، قلقيلية، طوباس، طولكرم)، كما تسعى هذه الدراسة الى الكشف عن وجود فروق ذات دلالة احصائية في مستويات الاحتراق الوظيفي بأبعاده الثلاثة والخصائص الديمغرافية الاجتماعية (العمر، الجنس، الحالة الاجتماعية، مكان العمل، المستوى الأكاديمي، سنوات الخبرة، الدخل الشهري، والاختصاص).

لتحقيق أهداف هذه الدراسة والاجابة عن التساؤلات تم توزيع الاستبيان المكون من مقياس ماسلاش لقياس الاحتراق الوظيفي وورقة البيانات الاجتماعية الديمغرافية على عينة مقبولة ومناسبة مكونة من 149 عامل في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية، وبعد عملية التنفيذ تم استثناء الاستبيانات الغير صالحة للتحليل وبذلك تم استخدام 138 استبيان للتحليل الاحصائي باستخدام SPSS version 20.

بعد جمع المعلومات واجراء التحليلات والمعالجات الاحصائية تم التوصل الى أن العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية يعانون بشكل عام من مستوى متوسط من الاحتراق الوظيفي في أبعاده الثلاثة: الانهاك الانفعالي أو الشعوري، وتبلد المشاعر، بحيث أنه كان قريب من المتوسط على مستوى نقص الشعور بالإنجاز الشخصي. 37% من

المشاركين في الدراسة يعانون من مستويات عالية من الانهاك الانفعالي، 47% كان مستوى الاحتراق الوظيفي منخفضاً لديهم في بعد الشعور بالإنجاز الشخصي، و37% كان مستوى الاحتراق الوظيفي لديهم أيضاً منخفضاً في بعد تبلد المشاعر. هذا وأظهرت الدراسة وجود فروق ذات دلالة احصائية بين درجة الاحتراق الوظيفي بأبعاده الثلاثة والخصائص الديمغرافية الاجتماعية (العمر، الجنس، الحالة الاجتماعية، الاختصاص، ومكان العمل).

وتبعاً لذلك أوصت الدراسة أصحاب القرار في الاهتمام بظاهرة الاحتراق الوظيفي والعمل على الوقاية والتدخلات اللازمة للتخفيف من انتشارها، من خلال تبني بعض البرامج الوقائية والمعالجة، وبعض الاستراتيجيات التي تختص ببيئة العمل، وبهذا نساهم بتحسين جودة حياة العاملين في مجال الصحة النفسية في المؤسسات الحكومية في الضفة الغربية وتحسين خدمة الصحة النفسية المقدمة لمجتمع الضفة الغربية.

مفاتيح البحث: الاحتراق الوظيفي، العاملين/ المهنيين في مجال الصحة النفسية/ مقدمي الخدمة النفسية، الضفة الغربية/ فلسطين، العوامل الاجتماعية الديمغرافية، العوامل المسببة.

