

Original article

# Disorders associated with burnout and causal attributions of stress among health care professionals in psychiatry

## Perturbations associées à l'épuisement professionnel et attributions causales du stress chez des soignants en services de psychiatrie

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### Abstract

This study, carried out among health care professionals in psychiatry, evaluates burnout (Maslach Burnout Inventory) in relation to other associated disorders: lower levels of self-esteem in different areas (Self-Esteem Inventory); the frequency of stress felt (Nursing Stress Scale); a lesser feeling of general control (Lumpkin); a more negative perception of the general state of health (Diagnostic Interview Schedule); job dissatisfaction and dissatisfaction with numerous aspects of life (Subjective Quality of Life Profile). Moreover, among these professionals, the fact of describing the causes of one's professional burnout as having a "global" impact on one's behavior (using the CDS II), reveals both one's emotional exhaustion and associated disorders (but not the feeling of internal control). This attributional variable appears as a significant mediator between burnout and health (DIS). These results are discussed with the aim of developing the early detection and treatment of burnout and the associated disorders among health care professionals.

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### Résumé

Cette étude, réalisée auprès de professionnels soignants en psychiatrie, rend compte de leur épuisement professionnel (MBI) en relation avec d'autres perturbations associées : plus faible estime de soi dans différents domaines de vie (SEI), stress ressenti plus intense (NSS), moindre sentiment de contrôle (Lumpkin), état général de santé moindre (CIDIS), insatisfaction liée au travail aussi que dans de nombreux domaines de vie (PQVS). De plus, au sein de cette profession, le fait de décrire ses sources de stress comme ayant un impact « général » sur son comportement (à l'aide du CDS II) est diagnostique à la fois du niveau d'épuisement émotionnel et de son association avec d'autres perturbations (par analyse de médiation totale ; le sentiment de contrôle interne s'avérant quant à lui non prédictif). Ces résultats sont discutés au regard des possibilités de prévention et de prise en charge de l'épuisement et des troubles associés chez les professionnels de santé.

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### 1. Introduction

This paper has two objectives. On the one hand, it aims to show the links which can exist between the feeling of burnout and

other psychological variables such as the different dimensions of self-esteem, the stress felt, the feeling of general self-control, the perception of one's state of physical health, job satisfaction as well as the perceived quality of life and dissatisfaction in all areas of life. On the other hand, it aims to study the extent to which the reasons found for this professional burnout reveal both exhaustion and its repercussions in different areas of subjective life. We will discuss the significance of these results in view of possibilities for prevention and individual treatment.

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Numerous studies have been devoted to job satisfaction and its relation to the health of workers by means of diverse intermediary variables: burnout, stress and coping, workload, social support, institutional aspects, personality, related pathologies and particularly depressive episodes (Jurado et al., 2005). These investigations are most often cross-sectional (to observe the role of conflicts in the interface between the professional life and the familial life, De Zanet and Tjeka, 2003; Lourel et al., 2005; or the effect of reconciling roles, Le Floch et al., 2005) and less often longitudinal (e.g., to evaluate the relative impact of depressive episodes encountered in the past, Nyklicek and Pop, 2005). In a meta-analysis which included almost 500 research studies dealing with job satisfaction and perceived health, Faragher et al. (2005) recently emphasized the recurrence of the link between satisfaction and health. The large majority of the studies taken into account in this analysis show, among other things, that mental health is linked to job satisfaction. Satisfaction is clearly linked in particular to less professional burnout. However, only five studies (out of 62 measuring burnout) do not show the significant link between satisfaction and burnout. Moreover, the authors find an important relationship between dissatisfaction and low self-esteem as well as between dissatisfaction and factors of anxiety and depression.

These observations make it possible to see that professional burnout is not only linked to job satisfaction, but also to modifications in self-esteem and the perceived state of health (Golembiewski and Kim, 1989; Masclet and Mineure, 1999; Rosse et al., 1991), and can then be linked to dissatisfaction in other areas of life. In an earlier study, dealing specifically with paramedical health care professionals in a general hospital and in rehabilitation centers, it was observed that job satisfaction was lower among exhausted subjects although they did not attach less importance to their work (Daloz, 2004; Daloz and Bénony, submitted). Burnout could be understood as a growing dissatisfaction and a discrepancy between what the subject desires at work, although this area of life remains central to him. This dissatisfaction could then fuel a psychological and an emotional tension in a much larger framework than the simple relationship to work. Effectively, relationships have been observed between professional burnout and less satisfaction regarding life in general, as well as in relation to other extraprofessional areas (personal activities, sleep, leisure, finances, family). Conforming to earlier reported research, professional burnout appears to be linked to lower self-esteem on the professional level, as well as on a general and even a familial level. These observations leave one to suppose a more widespread psychological effect than is usually envisaged and which could take into account the transitions between job dissatisfaction, burnout and symptoms of depression (Grondin et al., 2003; Iacovides et al., 2003; Ahola et al., 2005).

The aim of the present study is to verify the range of the symptoms associated with burnout in a population of health care professionals (burnout measured by the MBI). This study aims to show firstly that the effect is not limited to work (in terms of professional satisfaction or confrontation with professional stressors), but that it also concerns self-esteem in its different dimensions, including extraprofessional (measured by the

Self-Esteem Inventory and its subscales), the general state of health (DIS) (measured by the items of the Diagnostic Interview Schedule) as well as satisfaction concerning the quality of life in different and varied areas (measured by the Subjective Quality of Life Profile [SQLP])<sup>1</sup>.

The second aim is to see the extent to which the reasons found for this professional burnout are relevant to exhaustion and its repercussion on all areas of subjective life. In order to do this, health care professionals are questioned about the perceived determinants of their stressors and professional exhaustion<sup>2</sup> and more precisely about the dimensions or causal characteristics of these determinants. Regarding this subject, it is known that what is important is not so much the effective determinants of a daily event, but the way in which the subject interprets these determinants and, for example, believes himself capable of controlling them (Gray et al., 2003, p. 300).

It is largely accepted today that autonomy and the LOC felt in the workplace allow individuals to better resist stress, to be less affected by burnout, to maintain satisfaction and an implication at work or even to avoid drifting towards counterproductive behaviors (Karasek, 1979; De Jonge et al., 1999; Bakker et al., 2005; Jex and Bliese, 1999; Jex et al., 2001; Lourel et al., 2004; Penney and Spector, 2005). Therefore, the LOC is frequently conceived as a very adaptive psychological characteristic and essential for confronting stress and burnout (Moore, 2000).

Nevertheless, this characteristic of the causal interpretation of events, referring to controllable causes or not, actually groups diverse dimensions well-known in theories of attribution:

- the locus of the cause (internal/external to the individual);
- the controllability of the cause (controllable or not);
- the stability of the cause (stable over time or random);
- or even the globality of the cause (the cause affects behavior in diverse situations of daily life or, on the contrary, in a single situation; Weiner, 1985; Islam and Hewstone, 1993; Gilibert and Salès-Wuillemin, 2005).

By way of explanation, what counts is not that the subject does or does not attribute his behavior to one of his personal characteristics, but rather that the other behaviors that can be inferred on the basis of the causes that he evokes (Silvester et al., 2002; Silvester et al., 2003; Gilibert, 2004). Therefore, concerning depression or post-traumatic stress in particular, the importance of a LOC is emphasized (Seligman et al., 1979). Nevertheless, ulterior research has shown that the most decisive

<sup>1</sup> On no account does this study make it possible to determine if professional exhaustion is at the origin of disorders in other areas of life or inversely (Peeters et al., 2005). Our concern here is to draw a portrait of the disorders associated with the presence of exhaustion and to see how it is possible to predict them statistically. It is probable that in our observations, the disorders, either professional or extraprofessional, are mutually supporting. Only a longitudinal study will subsequently make it possible to establish the exact nature of the links between these diverse disorders.

<sup>2</sup> To insure comprehension on the part of the subjects, we asked them to enumerate the “sources of stress and professional exhaustion” insofar as they assimilated these two concepts. We do not distinguish these two concepts in this paper for that reason although they are usually subject to different theoretical approaches.

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