

ORIGINAL ARTICLE

EXAMINING THE BURNOUT EPIDEMIC: PREVALENCE AND CONTRIBUTING FACTORS AMONG HEALTH-CARE PROFESSIONALS IN BALOCHISTAN: A CROSS-SECTIONAL STUDY

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Background: Burnout is a commonly recognized phenomenon that is defined by a prolonged state of exhaustion, both physically and psychologically. This is a condition that almost all medical professionals deal with, mainly because the medical profession is so extremely hard and overloaded. This study explores the factors that contribute to burnout and how common it is among health-care worker in Balochistan. **Methods:** This cross-sectional study was carried out at different hospitals in Balochistan between January and June of 2023; we carefully looked at the levels of burnout among health-care professionals. Convenience sampling was used to choose the participants, guaranteeing a varied representation. We employed the American Public Welfare Association. Questionnaire as our all-inclusive burnout assessment instrument. There was a statistical analysis done with SPSS 23. **Result:** We found that participants in our study (n=307) had various degrees of professional well-being. Significantly, 30% (n=92) said they had "no stress or professional burnout," whereas 37% (n=112) said they had "stress but no professional burnout," suggesting that stress was common but controllable. Among those with a 'Fairly likelihood of burnout,' a notable 16% (n=48) required attention to avoid escalation. Furthermore, 10.77% (n=32) of the participants were in the 'Early burnout' stage, highlighting the importance of prompt intervention. Last but not least, 4.3% (n=13) showed indications of "advanced burnout," highlighting the significance of focused assistance for this category. **Conclusion:** The wide range of experiences seen, from little stress to early and severe burnout, highlights the necessity of specialized therapies and support networks to deal with the complex issues that health-care professionals in this area encounter.

Keywords: Burnout; Healthcare; Balochistan

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INTRODUCTION

Health care worker in Balochistan faces numerous problems. They have concern about their safety and well-being. Despite being rich in resources, health system of Balochistan lacks basic facilities.¹ Balochistan, being the largest province of province, lacks quality of health-care system and a poor health care management system. The study aims to find out the burnout proportion among health care professionals in Balochistan and factors that contribute to it.¹ In order to improve the wellbeing of health care professional in Balochistan, it is essential to find out the factors that contribute to burnout in health care professional.

Despite the advancement in technology and health care system, health care professional is often face with burnout due to the workload, less human resources and direct exposure to the patient and their family. Our investigation is based on the groundbreaking work American Public Welfare Association's standard questionnaire which offers a

thorough explanation of the burnout experience, especially in light of current psychiatric research.¹ Burnout is a series threat and hurdle to the service delivery. It impacts wellbeing and performances of health care professional as well as environment where health care workers are rendering their services.² Embriaco *et al.*'s in the study finds out that burnout among medical staff is reaching to its peaks and most of staff had minor sign of burnout.⁴ Aiken *et al.* Finds out that there are organization in medical workers who through organization and union helping nurses to cope the situation and helping them to deal burnout.⁵ Adriaenssens *et al.* provide further insight that how personal skills such as communication, is helpful and vital dealing burnout.⁷ Fahrenkopf *et al.* and Halbesleben & Rathert find out patient satisfactions has direct relationship to the burnout of health care professionals. When patient are satisfied, health care workers less likely to be affected by burnout.^{8,9} Ramirez *et al.* Finds out that burnout has cultural variation and it varies depending on the culture and

health care workers cultural belief to wellbeing and burnout.¹⁰ Dewa *et al.* Highlights that burnout has economic impact.¹¹ Rothenberger's research finds out that burnout is not confined to signal specialty in medical rather HCW in any specialty can face burnout.¹² Mealer *et al.* discuss the role of resilience in tackling burnout in health care professional. According to him resilience can play important role recovery of burnout.¹³ personal experience and exposure can play a significance role, helping health care workers to deal burnout.¹⁴

Burnout is not uniform and it varies in across different specialties.¹⁵ Burnout is greatly influenced by the boarder societal factors and burnout can be attributed to societal and environmental condition.¹⁶ Organization should availably resources to deal with burnout and this will help them increase their productivity¹⁷ latest technology can be helpful in reducing or increasing burnout. Through technology recording keeping and telemedicine are helpful and, on the hand, managing them an extra work load on health care worker.¹⁸ Toker *et al.*'s longitudinal study finds out positive role of leadership in dealing with burnout among workers. Leadership should focus on wellbeing of the its worker and help them deal work stress.¹⁹

MATERIAL AND METHODS

A cross-sectional study was conducted to investigate burnout among health-care professionals in major hospitals across Balochistan from January to June 2023. Ethical approval for this cross-sectional study was obtained from the Jhalawan Medical College (JMC) in Khuzdar, ensuring compliance with ethical standards and principles outlined in the Declaration of Helsinki.

Inclusion Criteria were Health-care professionals (doctors, nurses, and allied health professionals) actively working in major hospitals and those participants willing to provide informed consent. And exclusion Criteria was health-care professionals on leave during the study period and Individuals unwilling to participant. Stratified random sampling was employed to ensure representation from diverse health-care departments, with the sample size determined based on statistical considerations. Data collectors underwent training on the questionnaire and ethical guidelines. The structured questionnaire consisted of two sections: Section 1: Demographic Information (e.g., age, gender, years of experience, job position).

Section 2 we used The American Public Welfare Association's standard questionnaire, which comprised 28 items, served as the basis for this questionnaire. The burnout ratings on the questionnaire ranged from grade I to grade V, with standard result criteria (Table-1). The burnout grading system categorizes individuals into five distinct levels based on

their scores, offering valuable insights into their stress and professional well-being. Scores falling within the range of 26–38 indicate an absence of stress or professional burnout. As scores escalate between 38 and 50, individuals experience stress without reaching a state of professional burnout. The range of 51–70 signifies a fair chance of burnout, while scores in the 71–90 bracket suggest early burnout. Advanced burnout is denoted by scores exceeding 90, providing a comprehensive framework for understanding and addressing different levels of professional well-being.

Statistical analysis was conducted to explore relationships between demographic variables and burnout scores, utilizing appropriate statistical methods.

Table-1: Score and grade of burn out by American welfare association

Grade of Burt out	Score	Inference
1.	26–38	No stress or professional burn out
2.	38–50	Stress but no professional burn out
3.	51–70	Fairly chance of burn out
4.	7–90	Early burn out
5.	90+	Advance burn out

RESULT

The majority of those polled (88%), according to their demographic profile, are Muslims, reflecting the diversity of the sample. In terms of marital status, there is a mixture of respondents who are single (33%) and married (77%); in terms of gender distribution, women are slightly more represented (56%) than men (44%). Remarkably, a sizable fraction of the participants had experience after graduation (75%), mostly from government entities (98%). Furthermore, 72% of respondents said they are satisfied with their current specialty, indicating that the population under survey has a good perspective.

There are differences in the studied population's degrees of professional well-being based on the distribution of burnout grades. Thirty percent of respondents, or a significant chunk, indicated that they had "no stress or professional burnout," indicating that their mental health was typically in good condition. In the meantime, 37% report having "Stress but no professional burnout," which suggests that stress is common yet controllable. A smaller subset 16% has a "Fairly chance of burnout," which calls for attention in order to stop the situation from getting worse. Significantly, 10.77% of them are in the "Early burnout" stage, highlighting the necessity of assistance. In the "Advance burnout" group, where 4.3% of respondents show symptoms of severe professional burnout, a more dire condition is seen. These results highlight the significance of focused assistance and therapies catered to different levels of burnout.

The information on the causes of burnout in the population surveyed provides important new

insights into the causes of distress in the workplace. A noteworthy 18% of participants ascribe their burnout to "Long Working Hours," highlighting the detrimental effects prolonged time commitments may have on psychological health. The "Work Environment" is cited as a critical element by 25% of respondents, highlighting the importance of a positive work environment for overall job satisfaction. Notably, 40% of respondents identify "Work Overload" as the main cause of burnout, highlighting the difficulties in handling excessive work duties.

Additionally, 15% of respondents cite "Low Wages" as a contributing cause, emphasizing the burden of money as a major source of stress in the workplace. Lastly, 2% of respondents blame burnout on "Other Reasons," indicating the necessity for thorough investigation that goes beyond the pre-established categories. These results offer focused insights to firms and advocate for a comprehensive strategy to address the various causes that lead to employee burnout.

Table-2: Demographic information of participant

Age	30±2/8	
Religion	Islam	Other
	88%	12%
Marital Status	Single	Married
	33%	77%
Gender	Male	Female
	56%	44%
Post-Graduation Exp.	Yes	No
	75%	25%
Institution	Govt.	Private
	98%	2%
Satisfaction your current specialty	Yes	No
	72%	28%

Table-3: Frequency and Percentage of Burn out

Grade of burn out	Frequency	Percentage
No stress or professional burn out	92	30%
Stress but no professional burn out	112	37%
Fairly chance of burn out	48	16%
Early burn out	32	10.77 %
Advance burn out	13	4.3%

Table-4: Reason of burn out

Reason of burn out	Frequency	Percentage
Long working hours	18	18%
Work environment	25	25%
Work overload	40	40%
Low wages	15	15%
Others	2	2%

DISCUSSION

In delineating the outcomes of our study in comparison with the research conducted by Saravanan et al. and Whitehead *et al.*, it is imperative to recognize the nuances that emerge in the demographic profiles and burnout dynamics of healthcare professionals.^{1,2} Our study, undertaken in a distinct context that predates the COVID-19 era, reflects a diverse sample

with a predominant Islamic affiliation, a trend shared with Saravanan *et al.*'s findings.¹ However, noteworthy distinctions arise in the marital status, gender distribution, and post-graduation experience of our surveyed population.

While our study observes a mix of single and married respondents, in contrast to Saravanan *et al.*'s more balanced representation, and a slightly higher proportion of females, these variations likely stem from the unique regional and temporal characteristics of our study population. The higher prevalence of post-graduation experience within government institutions, notably 98%, underscores the specific professional landscape our study explores, highlighting the importance of context in interpreting demographic data.²¹ Examining the distribution of burnout grades, our findings share similarities with Saravanan *et al.*'s outcomes. A substantial proportion experiences "Stress but no professional burnout," echoing the prevalent manageable stress identified in both studies.^{1,2} However, the distinct nature of our study reveals a relatively lower prevalence in the "Advanced burnout" category, suggesting potential variations in the severity of burnout experienced in a non-COVID context. This divergence emphasizes the necessity of considering the specific temporal and contextual factors influencing burnout dynamics.²² Delving into the reasons for burnout, the congruence with Saravanan et al.'s and Whitehead *et al.*'s research is evident.^{1,2} Long working hours, challenging work environments, and work overload emerge as major contributors, aligning with broader literature on health-care professionals' stressors.²³ Our study, however, uniquely sheds light on the significance of "Low Wages" as a contributor to professional distress, emphasizing the financial strain experienced by our surveyed population.²⁴ Moreover, the recognition of "Other Reasons" in our study emphasizes the need for a more comprehensive exploration beyond predefined categories. COVID temporal context.²⁵

CONCLUSION

our large sample had consisted of both male and female health care workers with different religious background and most of them were Islamic background. During our research periods cases of burnout were less as compared with during COVID. Major factor were less salary and high workload. Most of participant claimed they would not get enough to full-fill their needs. After provincial autonomy Govt of Balochistan is making its health policy but after passing a decade no reforms can be seen.

Burnout is serious problem but it's often ignored. Large awareness session and workshops should be conducted in hospital in Balochistan. We

can only make our health system productive when all stakeholders are in one pages and real efforts are put.

AUTHORS CONTRIBUTION

ASG and NS design the research and literature review. BK and SQ collected the data and analysis-ed the data. MMB did proofreading. All authors have read final manuscript

REFERENCES

- Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016;15(2):103–111.
- Shanafelt TD, Dyrbye LN. Physician burnout: a potential threat to successful health care reform. *JAMA*. 2012;307(19):2131–2132.
- West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences, and solutions. *J Intern Med*. 2018;283(6):516–529.
- Embriaco N, Azoulay E, Barrau K, Kentish N, Pochard F, Loundou A. High level of burnout in intensivists: prevalence and associated factors. *Am J Respir Crit Care Med*. 2007;175(7):686–692.
- Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*. 2014;288(16):1987–1993.
- Panagioti M, Panagopoulou E, Bower P, Lewith G, Kontopantelis E, Chew-Graham C, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA Intern Med*. 2017;177(2):195–205.
- Adriaenssens J, De Gucht V, Maes S. Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *Int J Nurs Stud*. 2015;52(2):649–661.
- Fahrenkopf AM, Sectish TC, Barger LK, Sharek PJ, Lewin D, Chiang VW, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ*. 2008;336(7642):488–491.
- Halbesleben JR, Rathert C. Linking physician burnout and patient outcomes: exploring the dyadic relationship between physicians and patients. *Health Care Manag Rev*. 2008;33(1):29–39.
- Ramirez AJ, Graham J, Richards MA, Cull A, Gregory WM. Mental health of hospital consultants: the effects of stress and satisfaction at work. *Lancet*. 1996;347(9003):724–728.
- Dewa CS, Loong D, Bonato S, Trojanowski L, Rea M. The relationship between physician burnout and quality of healthcare in terms of safety and acceptability: a systematic review. *BMJ Open*. 2014;4(8):e003167.
- Rothenberger DA. Physician burnout and well-being: A systematic review and framework for action. *Dis Colon Rectum*. 2017;60(6):567–576.
- Mealer M, Conrad D, Evans J, Jooste K, Solyntjes J, Rothbaum B, et al. Feasibility and acceptability of a resilience training program for intensive care unit nurses. *Am J Crit Care*. 2017;26(1):10–18.
- Williams ES, Konrad TR, Linzer M, McMurray J, Pathman DE, Gerrity M, et al. Physician, practice, and patient characteristics related to primary care physician physical and mental health: results from the Physician Worklife Study. *Health Serv Res*. 2008;43(2):536–556.
- Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of burnout among physicians: a systematic review. *JAMA*. 2018;320(11):1131–1150.
- Salvagioni DAJ, Melanda FN, Mesas AE, González AD, Gabani FL, Andrade SM de. Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS One*. 2017;12(10):e0185781.
- Toker S, Biron M, Spector PE. Relationships between job stressors and job performance: a conceptual and meta-analytic review. *J Appl Psychol*. 2012;97(3):619–32.
- Dubale BW, Friedman LE, Chemali Z, Denninger JW, Mehta DH, Alem A, et al. Systematic review of burnout among healthcare providers in sub-Saharan Africa. *BMC Public Health*. 2019;19(1):1247.
- Kumar S. Burnout and doctors: prevalence, prevention and intervention. *Healthcare (Basel)*. 2016;4(3):37.
- Chirico F, Magnavita N. The COVID-19 pandemic and the burnout syndrome: a cross-sectional study among healthcare workers in Italy. *J Health Soc Sci*. 2020;5(2):169–75.
- Poghosyan L, Clarke SP, Finlayson M, Aiken LH. Nurse burnout and quality of care: cross-national investigation in six countries. *Res Nurs Health*. 2010;33(4):288–98.
- Ishak W, Nikraves R, Lederer S, Perry R, Ogunyemi D, Bernstein C. Burnout in medical students: a systematic review. *Clin Teach*. 2013;10(4):242–5.
- Afzal A, Khan MA, Saeed H, Anjum S. Burnout and its associated factors among health professionals in Pakistan: a cross-sectional survey. *J Ayub Med Coll Abbottabad*. 2020;32(2):179–83.
- Bano S, Ullah H, Khan A, Javed I. Prevalence and factors associated with burnout among physicians in public sector hospitals of Quetta, Balochistan. *Pak J Public Health*. 2021;11(2):88–92.
- Ahmed Z, Shaikh BT. Medical education and research in Pakistan: challenges and the way forward. *J Coll Physicians Surg Pak*. 2008;18(5):317–9.

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