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JIU JIANG UNIVERSITY

GRADUATION THESIS

Title Analysis of the Current Situation and Influencing
Factors of Occupational Burnout among Medical Staff

Department School of Nursing

Major Nursing

Name Zhou **

Class Nursing A2112

Student ID 20210205526

Supervisor 1 Menghan Xia

Supervisor 2 Shuang Zou

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Originality Statement

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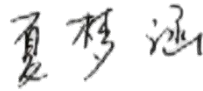
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Abstract

Objective To investigate the current status of occupational burnout among medical staff in a hospital in Jiujiang City and to analyze the causes of burnout.

Methods The current status of burnout among medical staff was measured using the generalized version of the burnout questionnaire, MBI-GS, revised by Li Chaoping. The questionnaires were distributed and collected from medical staff in a hospital in Jiujiang City through Questionnaire Star. SPSS 27.00 statistical software was used to enter and analyze the data. General demographic information was statistically described using frequencies and percentages. Medical staff's burnout scores conforming to normal distribution were statistically described by mean $\pm$ standard deviation, and those not conforming to normal distribution were described by median, percentile, and so on. Univariate analysis was performed with the t-test or ANOVA. Differences were considered statistically significant at $P < 0.05$.

Results (1) The current status of burnout among medical staff: the total score of the burnout scale (48.81 ± 6.23), in which depersonalization obtained the largest value (3.58 ± 0.93), followed by emotional exhaustion (3.23 ± 0.69), and reduced personal accomplishment scores (3.06 ± 0.65). (2) Analysis of various factors of burnout among medical staff: independent samples t-test was conducted on gender and occupation, and one-way ANOVA was conducted on age, professional title, years of service, and job satisfaction. The significance of all variables except years of service was greater than 0.05, indicating that only years of service among these factors and covariates had a significant effect on medical staff's burnout total score.

Conclusion Hospitals should pay attention to the problem of burnout among medical staff, establish mentorship programs, and change their policies to alleviate burnout. Medical staff themselves should also pay attention to their personal physical and mental health and maintain a good mindset.

Key words Medical staff; Job burnout; Influence factor

1 Introduction

1.1 Research Background

Job burnout is a concept first proposed by American psychologist Freudenberger in 1974 when studying occupational stress. He used the term "job burnout" to describe "a state of exhaustion experienced by people in helping professions due to working long hours, excessive workload, and high work intensity" ^[1]. On May 28, 2019, in the 11th Revision of the International Classification of Diseases, the World Health Organization referred to job burnout as an "occupational phenomenon," emphasizing that burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed ^[2].

For many years, job burnout has been a frequent issue in the workplace, particularly common and severe among service industry personnel such as teachers, medical staff, and waiters. According to surveys, the health problems caused by job burnout represented by stress, anxiety, sleep disorders, and depression among medical staff cannot be ignored. Among them, the proportion experiencing sleep disorders is 67.5%, the proportion with depressive symptoms is 22.4%, and the proportion experiencing job burnout is 68.8% ^[3]. Furthermore, medical staff show high levels of burnout in the two dimensions of emotional exhaustion and depersonalization, with the mean scores of these two dimensions accounting for 70.24% and 62.87% of their respective total dimension scores ^[4]. High levels of job burnout among medical staff not only significantly impact themselves, e.g., causing anxiety, depression, sleep disorders, and cardiovascular and cerebrovascular diseases, which may lead to behaviors such as smoking and alcohol abuse, endangering their own and their families' health, but also lead to emotional instability, low work enthusiasm, high turnover intention, and even suicidal tendencies ^{[5][6]}. For hospitals and patients, high-level burnout among medical staff is also entirely harmful. It greatly increases the likelihood of affecting work efficiency, causing decreased alertness and overall quality, leading to adverse events ^[7], endangering the physical and mental health of

patients and medical staff. It also leads to decreased patient satisfaction with hospital medical services, creating negative impressions of medical staff and the treatment services they provide, increasing the possibility of patient refusal to cooperate with treatment and poor evaluation of the hospital. In severe cases, it can cause medical disputes, seriously affecting the quality and safety of hospital care, not only hindering patients' normal treatment but also damaging the hospital's reputation and impeding its internal development and sustainable growth^[8].

1.2 Domestic and International Research Progress

1.2.1 International Research Progress

Internationally, Gashmard R et al.^[9] conducted a cross-sectional survey and related factor analysis of job burnout among 461 medical staff in Iran, showing that 53.6% of medical staff experienced moderate or higher levels of burnout, with more than half of them having high levels of reduced personal accomplishment. A study in France also showed that the incidence of job burnout could reach 46.5% among doctors and 33% among nurses, especially among medical staff working in ICUs^[10]. International research primarily attributes the factors causing burnout to two aspects: personal factors and organizational factors. Personal factors mainly focus on sociodemographic characteristics and personality traits. Regarding this, individual coping styles, the Big Five personality traits, Type A personality, Type D personality, etc., have been frequently studied personality traits by foreign scholars. Task-oriented coping is considered associated with reduced burnout, while emotion-oriented coping can increase an individual's burnout^[11].

1.2.2 Domestic Research Progress

Chinese scholars began exploring job burnout only in the 1990s. Ren Xia et al.^[12] reported on the job burnout status of doctors in a Beijing tertiary hospital. The study showed that doctors' emotional exhaustion was severe, with a detection rate of 81.2%. Additionally, 66.4% of doctors exhibited varying degrees of depersonalization tendencies, and 76.2% reported lacking personal accomplishment at work. Moreover, research on job burnout among medical staff in China tends to focus more on personal

factors rather than other aspects ^[13].

Therefore, this survey primarily aims to assess the current status of job burnout among doctors and nurses at Jiujiang First People's Hospital, compare and analyze the factors contributing to burnout between the two groups, and propose corresponding targeted policies to alleviate burnout among medical staff. This also holds theoretical significance and value for more systematic and in-depth research on burnout among medical staff.

2 Subjects and Methods

2.1 Study Subjects

Convenience sampling was used to select medical staff from a hospital in Jiujiang City as the study subjects.

Sample size: Based on the rough estimation method proposed by Xiao Shunzhen et al. ^[14], the sample size should be 5-10 times the number of variables. Ideal sample size = $21 * 5 * (1 + 20\%) = 126$. A total of 132 questionnaires were distributed, and 124 were actually returned, yielding a response rate of 93.9%.

Inclusion criteria: ① Informed and voluntarily participating in the survey; ② Aged 18 to 65 years; ③ Possess appropriate professional practice certificates.

Exclusion criteria: ① Did not agree to participate in this survey; ② Medical staff who were interns, trainees, or on leave.

2.2 Research Methods

2.2.1 Literature Research Method

Relevant literature was retrieved from the Jiujiang University electronic library using keywords such as "doctor," "nurse," "medical staff," "job burnout," and "occupational risk factors." The related literature was organized, analyzed, and compared from multiple perspectives and disciplines. Existing research findings and experiences were also used to provide a theoretical framework and practical methods for this study.

2.2.2 Questionnaire Survey Method

A self-designed general information questionnaire and the Maslach Burnout Inventory General Survey (MBI-GS), revised by Li Chaoping ^[15], were used to measure the current status of burnout among the study subjects. Questionnaires were distributed and collected from medical staff in the hospital via an online survey platform. Valid questionnaires were screened, and effective information was organized.

2.2.3 Survey Tools

2.2.3.1 General Information Questionnaire

This mainly collected basic personal information of the study subjects, including age, gender, occupation, years of work experience, professional title, job satisfaction, and other work-related conditions.

2.2.3.2 Medical Staff Burnout Scale

The MBI-GS, revised by Li Chaoping ^[15], was used to measure the current burnout status of the study subjects. The MBI-GS is based on a questionnaire developed by Michael Leiter. In 2002, after receiving authorization and guidance from Professor Michael Leiter, Chinese scholar Li Chaoping translated and revised the MBI-GS to be more suitable for the Chinese context. The Cronbach's α coefficient of this scale is 0.901, indicating good reliability and validity, making it suitable for this research. The scale consists of 15 items covering three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The scale uses a Likert 7-point scoring method, ranging from 0 to 6 points, with items 10 to 15 reverse-scored (from 6 to 0 points). The severity of job burnout is determined based on the scores of the three dimensions: the top 1/3 of the score distribution for each dimension serves as the cutoff point. If the score on only one dimension exceeds its cutoff, it is defined as mild burnout; if scores on any two dimensions simultaneously exceed their cutoffs, it is defined as moderate burnout; if scores on all three dimensions exceed their cutoffs, it is classified as severe burnout. Based on the collected data, the calculated cutoffs for this study are: emotional exhaustion 21, depersonalization 11, and reduced personal accomplishment 15. This questionnaire

was uploaded to Questionnaire Star and distributed to in-service staff for completion during the internship at Jiujiang First People's Hospital. Statistical data were collected from Questionnaire Star after completion.

2.2.3.3 Statistical Analysis

SPSS 27.0 was used for data entry and analysis, as follows: (1) For the general information questionnaire, count data were statistically described using frequencies and percentages. Measurement data conforming to normal distribution were described using mean $\pm$ standard deviation; those not conforming to normal distribution were described using median and percentiles. (2) Scores from other scales conforming to normal distribution were described using mean $\pm$ standard deviation; those not conforming were described using median and percentiles. (3) Univariate analysis of influencing factors was performed using ANOVA or independent samples t-test. $P < 0.05$ was considered statistically significant.

3 Results

3.1 Basic Demographic Information of Medical Staff

As shown in Table 1, among the respondents, female medical staff accounted for 71.8%, significantly higher than males (28.2%). This may be related to the higher number of female medical staff in the sample source or occupational distribution. In terms of occupation, nurses accounted for 64.5%, higher than doctors (35.5%), indicating that the nurse group was dominant in the sample. The overall job satisfaction of medical staff showed a diverse distribution: 45.2% were "satisfied" with their work, 11.3% were "very satisfied". However, 15.3% and 7.3% rated their satisfaction as "very poor" and "poor", respectively, and another 21.0% rated it as "fair". This indicates that while a considerable proportion of medical staff hold a positive attitude towards their work, nearly a quarter have low job satisfaction.

The age distribution of the surveyed medical staff was wide, with the majority aged 25 to 35 (62.9%), and 16.9% aged 25 and under, indicating that the respondents were generally younger. The distribution of work years showed that 47.6% had 10-20

years of experience, and 12.1% had 20 years or more, suggesting a certain level of occupational stability within the group, although there were also some medical staff with shorter work tenures. Among the respondents, nurses (50.8%) and supervisor nurses (27.4%) constituted the largest proportions, followed by junior nurses (14.5%) and assistant doctors (7.3%), indicating a broad sample range.

Table 1 General Demographic Information of Medical Staff (n=124)

Category	Number	Percentage (%)
Gender		
Female	89	71.80%
Male	35	28.20%
Age		
25 years and below	21	16.90%
25-35 years	78	62.90%
35 years and above	25	20.20%
Occupation		
Nurse	80	64.50%
Doctor	44	35.50%
Professional Title		
Assistant Doctor	9	7.30%
Junior Nurse	18	14.50%
Nurse	63	50.80%
Supervisor Nurse	34	27.40%
Years of Service		

Category	Number	Percentage (%)
10 years and below	50	40.30%
10-20 years	59	47.60%
20 years and above	15	12.10%
Job Satisfaction		
Very Poor	19	15.20%
Poor	9	7.30%
Fair	26	21.00%
Satisfied	56	45.20%
Very Satisfied	14	11.30%

3.2 Current Status of Occupational Burnout among Medical Staff

Table 2 Current Status of Occupational Burnout among Medical Staff

	Minimum	Maximum	Mean	Standard Deviation
Emotional Exhaustion	1.4	4.8	3.23	0.69
Depersonalization	1.75	5.5	3.58	0.93
Reduced Personal Accomplishment	1.5	4.83	3.06	0.65
Total Burnout Score	34	64	48.81	6.23

As shown in Table 2, the mean total burnout score for medical staff was (48.81 ± 6.23) . From an item analysis perspective, depersonalization had the highest mean score (3.58 ± 0.93) , indicating that many medical staff experience burnout due to an inability to express their own ideas during work. Emotional exhaustion ranked next (3.23 ± 0.69) , suggesting that a significant proportion also experience burnout due to

strong emotions arising from work. Reduced personal accomplishment had a lower mean score (3.06 ± 0.65), indicating that not all medical staff are greatly concerned about low work accomplishment leading to burnout.

3.3 Overall Burnout Level of Medical Staff

This study uses the following criteria for evaluating job burnout: The top 1/3 of the score distribution for each of the three dimensions (emotional exhaustion, depersonalization, reduced personal accomplishment) is taken as the cutoff. Having only one dimension above the cutoff indicates mild burnout; any two dimensions above the cutoffs indicates moderate burnout; all three dimensions above the cutoffs indicates severe burnout. The cutoffs are: emotional exhaustion 21, depersonalization 11, reduced personal accomplishment 15.

Table 3 Overall Burnout Level of Medical Staff

Overall Burnout Status	Number (persons)	Percentage (%)
No Burnout	25	20.16%
Mild Burnout	71	57.26%
Moderate Burnout	16	12.90%
Severe Burnout	12	9.68%

Table 4 Univariate Analysis of Occupational Burnout among Nursing Staff with Different Demographic Characteristics

Category	Score ($\bar{x} \pm s$, points)	t/F	p
Gender			
Female	48.51 ± 6.48	0.745	0.458
Male	49.43 ± 5.44		
Age			
25 years and below	47.67 ± 7.69	0.417	0.66
25-35 years	49.06 ± 6.01		

Category	Score ($\bar{x} \pm s$, points)	t/F	p
35 years and above	48.76 $\pm$ 5.51		
Occupation			
Nurse	48.94 $\pm$ 6.48	0.414	0.68
Doctor	48.45 $\pm$ 5.70		
Professional Title			
Assistant Doctor	49.67 $\pm$ 7.79	0.086	0.968
Junior Nurse	48.39 $\pm$ 5.85		
Nurse	48.71 $\pm$ 6.35		
Supervisor Nurse	48.82 $\pm$ 5.88		
Years of Service			
10 years and below	47.20 $\pm$ 5.64	4.189	0.017*
10-20 years	49.24 $\pm$ 6.40		
20 years and above	52.13 $\pm$ 5.89		
Job Satisfaction			
Very Poor	50.05 $\pm$ 4.97	1.017	0.401
Poor	51.78 $\pm$ 5.49		
Fair	48.88 $\pm$ 5.91		
Satisfied	48.00 $\pm$ 6.93		
Very Satisfied	47.93 $\pm$ 5.30		

Note: *p < 0.05

As shown in Table 4, independent samples t-tests were conducted for gender and occupation, and one-way ANOVA for age, professional title, years of service, and job satisfaction. The results showed that only years of service had a statistically

significant difference in the total burnout score among medical staff ($P < 0.05$).

4 Discussion

4.1 Current Status of Occupational Burnout among Medical Staff

Work and life constitute a very important part of everyone's life. Work can be a source of income and fulfillment, but it can also be a cause of frustration and breakdown. When a person engages in a particular job for a long time, repeating mechanical tasks day after day, they gradually develop a sense of fatigue, exhaustion, and even boredom. Due to the particularity of medical work, such situations are more likely to occur among medical staff. As direct providers of medical services, medical staff bear the professional responsibility of alleviating pain, saving lives, and promoting health, which is closely related to human health and life, demanding high work standards and intensity. At the same time, uncertainty and emergencies occur frequently, and work risks are high. Therefore, work-related stress is unavoidable. However, when medical staff are exposed to high stress for too long, they may develop harmful psychosocial stress responses, leading to burnout. Representative surveys show that almost every doctor or nurse in a hospital is affected by burnout to some extent.

Table 3 shows that the detection rate of job burnout in the surveyed hospital in Jiujiang City was 79.84%. Compared to the detection rate of 63.7% reported by Liu Fei et al.^[17] (no burnout 36.4%, mild burnout 28.7%, moderate burnout 24.8%, severe burnout 10.2%), the overall level of burnout among medical staff in this study is higher. Compared to the results obtained here, this study found a higher proportion of mild burnout and a lower proportion of no burnout. Depersonalization was the primary source of burnout, followed by emotional exhaustion, and lastly reduced personal accomplishment. This suggests that medical staff are more eager for their medical work and colleague interactions to align with their own wishes during daily work, while also having poor resistance to emotions generated at work. This might be related to the timing of the survey. The questionnaire was distributed during a period

of healthcare system reform, which may have caused unrest among medical staff, making them more prone to burnout. Additionally, tertiary hospitals have higher patient volumes and more complex cases, along with greater pressure from research and medical technology.

4.2 Analysis of Factors Influencing Occupational Burnout among Medical Staff

This study explored the influence of different demographic characteristics on medical staff burnout through univariate analysis. Table 4 shows that years of service was the only factor with a statistically significant effect on the total burnout score ($p = 0.017$), while other variables such as gender, age, and professional title showed no significant correlation ($p > 0.05$). Specifically, the severity of burnout showed a clear increasing trend with years of service: medical staff with 10 years or less had a burnout score of 47.20 ± 5.64 , those with 10-20 years scored 49.24 ± 6.40 , and those with 20 years or more scored 52.13 ± 5.89 . This result suggests that the probability of burnout among medical staff significantly increases with longer work experience, possibly related to the cumulative effects of job fatigue, changing pressures at different career stages, and the depletion from long-term emotional investment.

From the perspective of career development theory, longer work experience is often accompanied by increased role responsibilities and the accumulation of job burnout. For junior medical staff (under 10 years), although work intensity is high, the learning enthusiasm and professional identity in the early career stage may buffer the risk of burnout to some extent. The middle-to-senior group (10-20 years) often faces the combined effects of promotion pressure, family responsibilities, and job burnout, leading to continuous depletion of psychological resources. The high burnout scores in the 20+ years group may reflect career development bottlenecks for senior medical staff, such as pressure to update skills, increased management responsibilities, or a sense of detachment from professional value. This finding is consistent with the "burnout dynamic model" proposed by Maslach ^[18], where the cumulative effect of job burnout may show non-linear growth in long-term high-stress environments.

Although factors such as gender, age, and professional title were not statistically

significant in this study, this result may be due to sample limitations, insufficient variable coverage, limitations of the measurement tool, or other reasons.

4.3 Proposed Countermeasures

4.3.1 Establish a Mentorship Program

In response to the lack of clinical experience and high work pressure faced by junior medical staff, a mentorship program should be quickly established, pairing experienced staff with newcomers to help them adapt to the hospital environment and work more quickly and effectively, thereby reducing the stress and anxiety of new staff. The mentor should be not only a technical instructor but also an emotional regulator. They should guide newcomers through medical tasks and provide necessary psychological support, enabling junior medical staff to better understand work challenges, cope with stress, and enhance job competence.

4.3.2 Hospital Policy Support

Encourage hospitals to improve fairness, justice, and standardization in areas such as salary, benefits, and professional title promotion. For performance evaluation and awards, refine the criteria to ensure that the value of medical staff is fairly reflected, establishing a reasonable relationship between effort and reward, and creating a fair and positive environment for the career development of each medical staff member, thereby increasing their work motivation. Further improve the channels for medical staff to voice their opinions and report issues, so that management understands their reasonable demands and real needs. Simultaneously, optimize the leadership's workflow to make timely and accurate corresponding decisions.

4.3.3 Individual Psychological Monitoring and Maintenance

Medical staff should undergo regular health check-ups that include psychological assessments to ensure their physical and mental well-being. Medical staff themselves should also promptly pay attention to their own health issues, maintain self-care, including adhering to appropriate exercise, consuming adequate water and nutrition, etc. Personal emotional health is also essential. Research has found that psychological capital is a major predictor of nurse job burnout. As a positive psychological state,

psychological capital uses an individual's psychological strengths to achieve goals and drive performance, partially mediating the effects of work stress and job burnout on nurses ^[16]. Sleep plays a significant role in maintaining personal emotional health; it can reduce the feeling of fatigue caused by stress and restore the body's balance.

5 Conclusion

This study found a high detection rate of job burnout among medical staff, with mild burnout being the most common, and depersonalization being the most severe dimension. Among all the factors investigated, years of service was a significant contributor to job burnout. Hospitals should pay attention to the issue of burnout among medical staff, establish mentorship programs, and change their policies to alleviate burnout. Medical staff themselves should also focus on their personal physical and mental health and maintain a positive attitude.

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Appendix

1. General Information Questionnaire

No.	Question	Answer
1	Age	_____ years
2	Gender	☐ Male ☐ Female
3	Occupation	_____
4	Years of work experience	_____
5	Professional title	_____
6	Job satisfaction	☐ Very poor ☐ Poor ☐ Fair ☐ Satisfied ☐ Very satisfied

2. Burnout Measurement Scale

No.	Description of Burnout	Never (0)	Rarely (1)	Sometimes (2)	Occasional ly (3)	Frequently (4)	Very Frequently (5)	Every day (6)
1	Work makes me feel physically and mentally exhausted							
2	I feel exhausted at the end of my shift							
3	I feel very tired when I get up in the morning and have to face another day at work							
4	Working all day is really a lot of stress for me							
5	Work makes me feel like I'm going to break down							

No.	Description of Burnout	Never (0)	Rarely (1)	Sometimes (2)	Occasional ly (3)	Frequently (4)	Very Frequently (5)	Every day (6)
6	Since starting this job, I have become less interested in work							
7	I am not as enthusiastic about my work as I used to be							
8	I doubt the significance of the work I do							
9	I care less and less about whether my work contributes							
10	I can effectively solve problems that arise at work							

No.	Description of Burnout	Never (0)	Rarely (1)	Sometimes (2)	Occasional ly (3)	Frequently (4)	Very Frequently (5)	Every day (6)
11	I feel I am making a useful contribution to my organization							
12	I think I am good at my job							
13	I feel very happy when I accomplish something at work							
14	I have accomplished many valuable things at work							
15	I am confident that I can effectively complete various work tasks							

