

ORIGINAL ARTICLE

EFFECT OF OCCUPATIONAL STRESS ON BURNOUT AND ALEXITHYMIA AMONG MENTAL HEALTH PROFESSIONALS

Saira Akhtar, Mussarat Jabeen Khan*

Student of Psychology, *Department of Psychology, International Islamic University, Islamabad, Pakistan

Background: The present study adds to the literature of occupational stress, burnout and alexithymia by examining the effect of occupational stress on burnout and alexithymia among mental health professionals. **Method:** Snowballed purposive sample of 100 mental health professionals, including 50 psychologists and 50 psychiatrists completed the questionnaire that comprised of demographic sheet asking age, gender, qualification, years of experience, monthly income, hospital sector and Maslach Burnout Inventory, Toronto Alexithymia Scale, and Occupational Stress Scale. The data was analyzed using correlation, regression and *t*-test. **Results:** The regression findings illustrate that occupational stress was a significant predictor of burnout and alexithymia. The *t*-test findings illustrate that there was high occupational stress in male mental health professionals (41.82±4.52) than females (38.94±6.55) and the mean scores on burnout shows higher burnout tendency in male mental health professionals (87.84±5.22) than females (79.08±9.19). There was high burnout in psychiatrist (88.68±7.89) than psychologist (82.90±10.45) and higher mean score difference on alexithymia in psychiatrists (81.74±5.00) than psychologists (77.14±8.72). **Conclusion:** Occupational stress has positive effect on burnout and alexithymia among mental health professionals.

Keywords: occupational stress, burnout and alexithymia

Pak J Physiol 2019;15(1):48–51

INTRODUCTION

Mentally healthy is a state of psychological contentment or lack of mental problem.¹ Like the physical health, mental health also requires care to be taken off. Mental health professional is a health care expert or community services provider who provides assistance for the purpose of developing a person's psychological wellbeing or to cure psychological illnesses. In the United States, social workers provide most of the mental health assistance. In accordance with National Association of Social Workers, sixty percent of mental health experts are clinically prepared social workers, compared to ten percent of psychiatrists, twenty three percent of psychologists, and five percent of psychiatric nurses.²

Mental health professionals are subjected to organizational annoyance, as in their field they face emotional constraints in dealing with mentally disturbed individuals over and over again. Finally, mental health professionals requires interpersonal acquaintance to treat the clients usually charged with feelings of tension, anxiousness, hopelessness, shame, fear and at times hatred. This source of endemic emotional stress can lead to burnout and eventually disturb the psychological wellbeing.³

Some identified causes of mental pressure for worker's are low income, poor working circumstances, insufficient individual protective devices, absence of training in security, lack of job assurance and safety, and job rotation. Literature shows adverse and inversely proportional relationship

between stress and job presentation.^{4,5} Another aspect of a direct consequence to occupational strain in which devoted, passionate and concerned young employed persons eventually enter is a situation where they experience reduced stamina, feeling no more passion and power, but feeling extremely tired, dispassionate and disinterested in the completion of their task. These people suffer from symptoms of burnout or exhaustion.⁶

The mental pressure and stress not only effect person's performance but can also cause emotional impairment. Alexithymia is an inefficiency to recognize and describe behaviours in the individual. The fundamental properties of alexithymia are socially disabled in emotional recognition, social connection, and interpersonal relationship. People with alexithymia have difficulty in differentiating and acknowledging the behaviours of others, which leads to apathy and inadequate emotional responding.⁷

Stress-related psychological problems are particularly common among certain subsets of healthcare providers and they are at increased risk of burnout and stress. Specifically, professionals who work in settings that are considered high demand, such as hospitals, and with populations that are particularly emotionally challenging for caregivers, such as clients who have experienced trauma or abuse or who have personality disorders. Clinician's therapeutic work is emotionally drained; he can develop compassion fatigue, a condition of one experiencing severe strain as a result of helping those in distress.^{8,9} A study was

conducted in Singapore on healthcare professionals to assess stress and burnout. Young, less experienced, less paid healthcare professionals were reported to have the highest stress and exhaustion.¹⁰

Gender difference was also studied in some researches on occupational stress and burnout. Deosthalee and Pravin examined the effect of gender differences on occupational stress experienced by engineers in a sample of 198 engineers, gender had a significant impact. It was found that male engineers experienced higher stress than female.¹¹ In another study it is found that women tend to be more focused in their emotion and socially supported by peers to cope with their stress.^{12,13} Similarly, gender difference in Alexithymia among Graduation Students of Pakistan was explored and it was concluded that men experience high Alexithymia as compared to women.¹⁴ It was also revealed that Alexithymia was associated with male gender, elevating age, illiteracy, poor health, and depression.^{15,16}

In Pakistan there are few mental health professionals who have to deal with the whole population. According to Afridi, there are situation when the professionals are bombarded with people having mental issues. This could result in dysfunctional emotional responding hence affecting both the client who came to seek help and the mental health professional.²

The purpose of this study is to contribute towards the existing body of knowledge and provide useful insights to governing bodies of hospitals to predict the mental health professional's work stressors and job performance. The governing bodies can take measures to lessen the work stressors and increase the productivity level in mental health sectors. Because mental health professionals are sensitive to dysfunction, exhaustion and tiredness that may negatively affect their presence at clinics and dealing with an already distress client, it is ethically vital that they engage in personal grooming.¹⁷

The objectives of present study were to investigate the effect of occupational stress on burnout and alexithymia among mental health professionals and to investigate the impact of demographic variables like age and gender on occupational stress, burnout and alexithymia.

MATERIAL AND METHOD

Purposive sampling technique was used. Sample size comprised of 100 mental health professionals; psychologists and psychiatrists from public and private hospitals in Islamabad and Rawalpindi, with the experience of minimum two working years as inclusion criteria for present study. The participants included fifty psychologists (n=25 female psychologist and n=25 male psychologist) and fifty psychiatrists

(n=25 female psychiatrists and n=25 male psychiatrists). The qualification was divided into two categories for mental health professionals as graduate and post graduate.

The participants were approached in different hospitals (public or private sectors) where they were working as psychologists and psychiatrists. They were requested to provide correct information after assuring their consent to participate. Demographic information sheet was constructed to collect demographic information including age, gender, qualification and duration of working experience. The participants filled Maslach Burnout Inventory, Occupational Stress Scale and Toronto Alexithymia Scale. Later scores from these scales were configured quantitatively using regression analysis, correlation analysis and independent sample *t*-test analysis.

RESULTS

Table-1 indicates correlation between occupational stress, burnout and alexithymia. The occupational stress is positively correlated to burnout ($r=0.27$) and alexithymia ($r=0.32$). Similarly, burnout is positively correlated to alexithymia ($r=0.35$).

Table-2 shows Linear regression analysis where occupational stress is working as predictor while alexithymia and burnout as outcome variable. It indicated that 7% and 10% variance in the dependent variable which is burnout and alexithymia respectively can be accounted by occupational stress which is independent variable. The table shows that occupational stress is a significant predictor of burnout ($\beta=0.66$, $t=2.8$, $p<0.01$) and alexithymia ($\beta=0.70$, $t=3.31$, $p<0.01$).

Table-3 indicates significant difference between male and female mental health professionals on occupational stress and burnout. The mean scores shows high occupational stress in male mental health professionals (41.82 ± 4.52) than female mental health professionals (38.94 ± 6.55) and the mean scores on burnout shows higher burnout tendency in male mental health professionals (87.84 ± 5.22) than female mental health professionals (79.08 ± 9.19) while mean scores on alexithymia shows a non-significant differences between male and female mental health professionals.

Table-4 indicates a significant difference between psychiatrist and psychologist on burnout and alexithymia. The mean score shows high burnout in psychiatrist (88.68 ± 7.89) than psychologist (82.90 ± 10.45) and it also shows higher mean score difference on alexithymia in psychiatrists (81.74 ± 5.00) than psychologists (77.14 ± 8.72) while the mean scores on occupational stress shows non-significant difference between psychologists and psychiatrists.

Table-1: Pearson correlation coefficient of occupational stress, burnout and alexithymia

Factors	Occupational stress	Burnout	Alexithymia
Occupational stress	-	0.27*	0.32*
Burnout		-	0.35*
Alexithymia			-

* $p < 0.01$

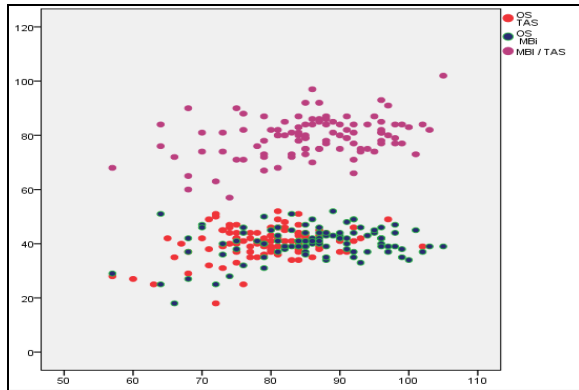


Figure-1: Pearson correlation coefficient of Occupational Stress Scale, Maslach Burnout Inventory and Toronto Alexithymia Scale

OS=Occupational Stress, TAS= Toronto Alexithymia Scale, MBI= Maslach Burnout Inventory, Scale

Table-2: Linear regression analysis showing occupational stress as predictor of burnout and alexithymia among mental health professionals (n=100)

Variable	Alexithymia		Burnout	
	B	95% CI	B	95% CI
Constant	62.9*	[53, 72.9]	67.3*	[54.2, 80.5]
OSS	0.70*	[0.16, 0.65]	0.66*	[0.31, 0.77]
R ²	0.10		0.07	
F	10.93*		7.94	

* $p < 0.001$

Table-3: Mean, standard deviation and t-test of mental health professionals on occupational stress, alexithymia and burnout (n=100)

Variable	Male (n=50)	Female (n=50)	t (98)	p	95% CI		Cohen's d
	Mean±SD	Mean±SD			LL	UL	
Occupational Stress	41.82 ±4.52	38.94 ±6.55	2.55	0.01	0.64	5.11	0.51
Burnout	87.84 ±7.13	83.74 ±11.36	2.16	0.03	0.33	7.86	0.43
Alexithymia	79.80 ±5.22	79.08 ±9.19	0.48	0.63	-2.24	3.68	0.09

Table-4: Occupational stress, alexithymia and burnout in psychiatrists and psychologists (n=100, Mean±SD)

Variable	Psychologist (n=50)	Psychiatrist (n=50)	t (98)	p	95% CI		Cohen's d
	Mean±SD	Mean±SD			LL	UL	
Occupational Stress	40.3 ±7.35	40.4 ±3.69	0.10	0.92	-2.42	2.18	0.01
Burnout	82.9 ±10.4	88.6 ±7.89	3.12	0.00	-9.45	-2.10	0.61
Alexithymia	77.1 ±8.72	81.7 ±5.00	3.23	0.00	-7.42	-1.77	0.64

DISCUSSION

Mental health professionals are caretakers for other's suffering in emotional distress. The organizational stressors for mental health professionals are not much different from any other workers; they also have to encounter troubled persons for a long time. They work in information overloaded and environments that demand emotional and physical presence with patients, families, or other medical staff. Therapist's effectiveness is directly proportional to stress and it reduces the attention span, concentrating powers and decision taking ability. The therapist's personal and professional space is affected by these stressors.¹⁸

Occupational stress is positively correlated to burnout and alexithymia; it also indicates that burnout is positively correlated to alexithymia. Our findings are consistent with de Vente *et al*¹⁹ who compared 69 participants of work related stress with 62 healthy participants on distress, burnout and alexithymia. The participants with work related stress scored high on burnout tendency, difficulty identifying emotions and had distress complaints. Thomas Colligan and Higgins²⁰ studied impact of stress causes cognitive impairment which can take lead to issues like concentrating and memory.²⁰

Occupational stress is a significant predictor of burnout and alexithymia. Our findings are consistent with nursing literature where high levels of work related stress have been found as a significant predictor of burnout. Stress due to workload, poor working environment, overtime, and extensive shifts is related to nursing burnout. Besides nursing, other professions such as medicine, psychology, social work, and teaching also found stress due to work as predictor of burnout.^{21,22} Increased number of patients was associated with higher burnout tendencies.²³ A much higher prevalence of alexithymia has been reported in medical students compared with the general population. Due to the demands of medical education, including extensive work burden, regular examinations, and a competitive environment, medical students show intense emotions and are at high risk of burnout.¹⁶

There were significant differences between male and female mental health professionals on occupational stress and burnout with male mental health professionals showing high burnout tendency and work related stress than female mental health professionals. Deosthalee and Pravin¹¹ examined gender as a determinant playing a role in occupational stress experienced by engineers in a sample of 198 engineers. It was found that gender was important in making impact between male and female engineers.¹² There were non-significant differences between gender of mental health professionals on alexithymia. It could be due to lower number of subjects in our study.

There were significant differences between psychologists and psychiatrists on alexithymia and burnout with psychiatrists showing high burnout tendency and difficulty identifying emotions as compared to psychologists, and non-significant differences on occupational stress between psychologist and psychiatrists were shown. The findings can contribute to literature with comparison of psychologists and psychiatrist in Pakistani culture. This may be due to the least awareness of mental health issues among Pakistani society and the people's belief that medication can help them cure rather than taking psychotherapy, so they visit psychiatrist than a psychologist if they have to. Aliyeva and Tunc²⁴ studied self-effectiveness, psychological capital, job satisfaction, alexithymia and exhaustiveness among counsellors who graduated from Guidance and Psychological Counselling Department and graduates from different departments working as counsellors. They found that those counsellors graduating from other departments have higher burnout tendencies and alexithymic symptoms than those from Counselling Department.²⁴

Our findings are consistent with another study²⁵ which investigated how psychiatrists who newly introduced the use of dialectical behavioural therapy (DBT) with self-injurious behaviour of women with borderline personality symptoms affected the 22 psychiatrists' experience of occupational stress and exhaustiveness. Treating these patients was very stressful for the psychiatrist with first experience of DBT.²⁵

CONCLUSION

Occupational stress has positive effect on burnout and alexithymia among mental health professionals. This study suggests the mental health professionals to care about their physical and mental health as they are the caretaker of individual suffering from emotional distress.

REFERENCES

- Shives LR. Basic Concepts of Psychiatric-Mental Health Nursing. 8th ed. Florida: Wolters Kluwer Health Lippincott Williams & Wilkins; 2012.
- Afridi MI, Rasool G, Tabassum R, Shaheen M, Siddiqullah, *et al.* Prevalence and pattern of self-medication in Karachi –A community survey. *Pak J Med Sci* 2015;31(5):1241–5.
- Kato T. Coping with workplace interpersonal stress among Japanese employees. *Stress Health* 2014;31(5):411–8.
- Kingstone MM, Ngonidzashe M. Effective management of occupational stress as perceived by workers at a manufacturing company in Zimbabwe. *Int J Res Hum Soc Stud* 2016;3(5):45–52.
- De Simone S, Cicotto G, Lampis J. Occupational stress, job satisfaction and physical health in teachers. *Eur Rev Appl Psychol* 2016;66(2):65–77.
- Maslach C, Goldberg J. Prevention of burnout: New perspectives. *Appl Prevent Psychol* 1998;7(6):63–74.
- Herbert BM, Herbert C, Pollatos O. On the relationship between interoceptive awareness and alexithymia: Is interoceptive awareness related to emotional awareness? *J Pers* 2011;79(5):1149–75.
- Gupta S, Paterson ML, Lysaght RM, Von Zweck CM. Experiences of burnout and coping strategies utilized by occupational therapists. *Can J Occup Ther* 2012;79(2):86–95.
- Botha C, Pienaar J. South African correctional official occupational stress: The role of psychological strengths. *J Crim Just* 2006;34(1):73–84.
- Yang S, Meredith P, Khan A. Is mindfulness associated with stress and burnout among mental health professionals in Singapore? *Psychol Health Med* 2017;22(6):673–9.
- Deosthalee, Pravin G. Effect of gender, age and educational maturity on job stress. *Psycho Lingua* 2000;30(1):57–60.
- Gabriel B, Bodenmann G, Beach SRH. Gender differences in observed and perceived stress and coping in couples with a depressed partner. *J Depression* 2016;5(2):7–20.
- Lim N, Kim EK, Kim H, Yang E, Lee SM. Individual and work-related factors influencing burnout of mental health professionals: a meta-analysis. *J Employ Couns* 2010;47:86–96.
- Zaidi IH, Arshad M, Yaqoob N. Gender distinction in alexithymia among graduation students of Pakistan. *Eur J Res Soc Sci* 2015;3(2):99–103.
- Mattila AK, Ahola K, Honkonen T, Salminen JK, Huhtala H, Joukamaa M. Alexithymia and occupational burnout are strongly associated in working population. *J Psychosom Res* 2007;62(6):657–65.
- Lala A, Bobirnac G, Tipa R. Stress levels, alexithymia, type A and type C personality patterns in undergraduate students. *J Med Life* 2010;3(2):200–5.
- Richards K, Campenni C, Muse-Burke J. Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *J Mental Health Couns* 2010;32(3):247–64.
- Shapiro SL, Shapiro DE, Schwartz GE. Stress management in medical education: A review of the literature. *Acad Med* 2000;75(1):748–59.
- de Vente W, Kamphuis JH, Emmelkamp PM. Alexithymia, risk factor or consequence of work-related stress? *Psychother Psychosom* 2006;75(5):304–11.
- Colligan TW, Higgins EM. Workplace Stress. *J Workplace Behav Health* 2006;21(2):89–97.
- Wang Z, Xie Z, Dai J, Zhang L, Huang Y, Chen B. Physician burnout and its associated factors: a cross-sectional study in Shanghai. *J Occup Health* 2014;56(2):73–83.
- Xie Z, Wang A, Chen B. Nurse burnout and its association with occupational stress in a cross-sectional study in Shanghai. *J Adv Nurs* 2011;67(7):1537–46.
- Lee Y, Park S, Lee M. Impact of job stress, depression and perceived health status on job satisfaction among child care teachers. *Korean J Occup Health Nurs* 2016;25(4):259–67.
- Aliyev R, Tunc E. Self-efficacy in counseling: The role of organizational psychological capital, job satisfaction, and burnout. *J Soc Behav Sci* 2015;190(2):97–105.
- Perseus KI, Kaver A, Ek Dahl S, Asberg M, Samuelsson M. Stress and burnout in psychiatric professionals when starting to use dialectical behavioural therapy in the work with young self-harming women showing borderline personality symptoms. *J Psychiatr Ment Health Nurs* 2007;14(7):635–43.

Address for Correspondence:

Dr Mussarat Jabeen Khan, Lecturer, Department of Psychology, Female Campus, International Islamic University Islamabad, Pakistan. **Cell:** +92-323-5696589

Email: mussarat.jabeen@iiu.edu.pk

Received: 21 Jul 2018

Reviewed: 3 Oct 2018

Accepted: 14 Jan 2019