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Research Paper

The Relationship between Resilience and Burnout of Health Staff at COVID-19 Dedicated Hospitals: A case study of Afghan-Japan Hospital

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ABSTRACT

Job burnout is a decrease in a person's ability to adjust with internal and external stressors of the organization. However, resilience is the ability to withstand adversity and bounce back from difficult life events. The main purpose of this study was to find out the relationship between resilience and burnout among health staff in Afghan-Japan Hospital, the first dedicated hospital for COVID-19 in Afghanistan. Descriptive-correlational design was used in this study. All the doctors and nurses working in Afghan-Japan hospital constituted the population of the study and for data collection, the Connor and Davidson Resilience Scale (2003) and the Maslach Burnout inventory (MBI) are applied. The results showed that the health staff of the Afghan-Japan Hospital had low resilience and moderate and severe burnout in the dimensions of job burnout. There was also a significant negative relationship between resilience and burnout (r= -0.859, P = 0.000). As a result, it can be claimed that resilience is a good predictor of burnout and managers can use to reduce the rate of burnout of the health staff by resilience enhancement programs.

Keywords: *Resilience, Burnout, Health Staff, Hospital, COVID-19*

Burnout is a mental condition that includes a set of symptoms such as physical fatigue, emotional fatigue, and lack of motivation to work that results absenteeism from work, decreased work motivation, mental disorders, cardiovascular disorders and, even in acute cases, hospitalization (Hakanen & Schaufeli, 2012). The term of burnout was first coined by Frodenberger to describe inappropriate experiences in service occupations and to the point where other people are no longer able to effectively perform their duties (Sadeghi, Shadi & Moghimbeaigi, 2016). In other words, burnout syndrome creates a state in a person that leads to a negative self-image, a negative attitude towards the profession and a feeling of lack of communication with the patient when providing care (You et al., 2013).

Among the definitions of burnout, the definition given by Maslach and Jackson (1981) is the most comprehensive. They believe that burnout Job burnout is a decrease in a person's

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ability to adjust with internal and external stressors of the organization (Maslach &Jackson, 1993). It is a syndrome that causes physical and emotional fatigue and leads to negative self-concept, negative attitude towards work and lack of proper communication with others. Burnout has a three-dimensional structure that, despite the link between them, acts less simultaneously in response to stressful job sources.

The three-dimensional structure of burnout is composed of components such as emotional exhaustion, depersonalization, and lack of sense of personal accomplishment. In the case of "emotional exhaustion", individuals find it difficult to communicate with colleagues or clients. Depersonalization occurs when a person gives emotional and harsh responses to clients and colleagues. Employees who experience burnout, have negative and pessimistic attitudes when it comes to depersonalization and become hostile to co-workers or clients. Lack of a sense of personal accomplishment indicates that employees are not optimistic about the results of their efforts and feel that they are not making progress in their work and their work and efforts will not have positive results (Baghri et al., 2016).

The main cause of burnout is due to tolerating long time work and a lot of work. Other factors that can lead to burnout include organizational factors, interpersonal factors and individual factors. Organizational factors that lead to burnout include role conflict, role ambiguity, and role increase. Interpersonal factors include social support. Whenever the level of social support among the employees of the organization decreases, it will result in employee burnout. Internal factors include unpreparedness for a job, demographic variables such as gender, age, level of education and personality traits of individuals (Robbins, 2010).

The world of work today is full of stress that paves the way for burnout. Among the various occupational groups, the health staff of dedicated hospitals and the intensive care unit have experienced more work and psychological stress which, in turn, leads to burnout (Enjezab & Farnia,2002). According to the US information office, among the occupations, health occupations are associated with the highest rates of occupational health injuries and problems including burnout (Bakker et al., 2002). This factor in industrialized countries, has led to the fact that most medical centers are facing a shortage of health staff and has forced the authorities to look for solutions (Leiter, 2009).

COVID-19, or Acute Respiratory Syndrome, is a viral disease and a changeable form of SARS that was first discovered in December 2019 in people with respiratory infection in Wuhan, China (Stubinger & Schneider, 2020).

With its rapid spread, the disease was able to spread around the world by March 2020. According to the scientists, COVID-19 pandemic has been said to be unprecedented in the history of the world (Ranasinghe et al., 2020). In most medical centers around the world (especially Afghanistan), intensive care personnel, such as COVID-19 hospitals, have to work long hours, and cancel many of their personal and recreational programs (Saffari, Vahedian-Azimi & Mahmoudi, 2020). Medical staff are in the front line of the fight against this disease, dealing with the diagnosis, treatment and care of the patients. All these together cause them to feel a lot of work pressure and exposure to the risks of contracting this disease, as well as their families are also under immense stress. On the other hand, lack of personal protective equipment for medical staff, lack of specific drugs or vaccines to control and prevent the disease, media pressure and creating an atmosphere full of stress, feeling of not receiving the necessary support from high-ranking officials, increase in number of

deaths, family quarantine, working conditions, and adherence to health protocols are all factors that can affect the performance of health care providers and reduce their ability, skill, and professional commitment to provide care, making them more vulnerable to be infected (Nogee & Tomassoni, 2020).

One of the psychological preoccupations of the COVID-19 dedicated hospital staff is fears of contracting the virus and protecting themselves from getting infected. Being contagious is the main characteristics of COVID-19. Since it is a dangerous and deadly disease, attention to protection issues and how to prevent it is considered significant for the medical staff (Ong et al., 2020). Research shows that the percentage of infection rate of staff at COVID-19 medical centers is (3.8%) (Wu, & McGoogan, 2020). The staff of COVID-19 dedicated hospitals must wear heavy protective clothing and N-95 mask while working, which restricts movement and makes it difficult for them to perform care procedures and provide health services in comparison with normal conditions. All of these factors, as well as the risk of contracting and infecting others, increase the risk of psychological disorders among health staff (Shahyad & Mohammadi, 2020). Findings of a research from china COVID hospitals disclosed that out of 512 employees, 1.36% of them had moderate anxiety and about 0.78% had severe anxiety (Lui et al., 2020).

Health care workers, especially those in COVID-19 intensive care units are at risk of contracting the virus, which puts them under immense stress. The health workers of COVID-19 dedicated hospitals are usually affected by factors such as shift work, high workload, conflict with colleagues, observation of patients and deaths, professional responsibilities and issues related to the administrative system, quarantine conditions, compliance with health protocols, etc. Consequentially, these factors in the long run leads to burnout (Embriaco et al., 2007).

A study by Khazaei, Khazaei and Sharifzadeh (2006) in university hospitals in Birjand, Iran, showed that (35.5%) of nurses felt mild emotional exhaustion, (54.2%) experienced extreme feelings of depersonalization and (37.5%) experienced severe feelings of personal accomplishment and this rate of burnout in the dimension of emotional exhaustion ($p = 0.026$) and in the dimension of depersonalization ($P = 0.026$) and in the dimension of depersonalization ($P = 0.034$) has shown a significant difference between the two sexes. Also, comparison of the mean score of personal accomplishment between married and single people ($P = 0.028$) as well as the frequency of feeling of depersonalization in different work shifts ($P = 0.029$) showed a significant difference. The findings of a research done by Cabrera and Gutierrez, (2005) showed that the rate of burnout among different nurses in the dimensions of emotional fatigue, depersonalization and personal adequacy was 40%, 32%, 63% respectively. The results of a study by Aghajani (2012) showed that t nurses in the emergency department suffered more burnout in the dimensions of emotional fatigue and depersonalization ($P <0.001$) and they have more personal accomplishment.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors (Doo, 2004).

Resilience encompasses a broad concept which researchers have given different definitions to it. The resilience term was used the first time by Werner in 1970. According to her, resilience is the ability of a person to establish biological and psychological balance in

dangerous situations (White, Driver & Warren, 2010). In other words, resilience is the ability of individuals to adapt effectively to the environment despite being exposed to risk factors (Gomes & McLaren, 2006). The association of avoidance coping style, and perceived Mother and father support According to McCobin (1996) resilience refers to a person's successful coping with stressors and difficult situations. Resilience, as a famous subject, has been studied widely to explore individual abilities that lead to progress and resistance in difficult situations (Richardson, 2002). Therefore, resilience is not just passive resistance to harming or threatening situations, but the resilient person is an active participant and builder of environment. Therefore, resilience is an individual's ability to maintain biological and psychological and spiritual balance in the face of risky situations and a kind of self-healing that is associated with positive emotional, and cognitive consequences (Mosavi & Esfahanialasl, 2015).

According to Patterson and Bloom (1996), resilience is the ability to return to a state or position after bending, compressing, or stretching, but in terms of psychological, it is the ability to return to recovery quickly after sickness, depression, and illness. According to Freiburg et al. (2009), resilient people are more flexible to violent conditions and protect themselves from them. Masten, Bast, and Garmsey (1990) studied the characteristics of resilient individuals. According to them resilient individual has three main characteristics. These characteristics are the ability to grow and develop despite adverse and high-risk conditions and the positive consequences after experiencing them, the ability to always function under stress, and the ability to return back to normalcy after trauma due to experiencing adverse life situations. In general, personality traits such as the ability to develop self-regulation or self-control, positive self-concept, being social, intelligence, self-rule, self-esteem, good communications, problem-solving skills, and mental and physical health are among the factors to increase the resilience of individual (Damghanian, Jamshidi, & Maghsoudi, 2015).

Resilience is a personality trait that enables a person to jump through hardships, to be balanced, and to flourish in the face of adverse conditions (Friborg et al., 2009). From a personality perspective, resilient individuals are usually characterized by characteristics such as positive self-concept, tenacity, and self-efficacy (Waller, 2010). Researchers believe that resilience is a form of self-healing with positive emotional and cognitive consequences that reduce stress and increase the ability to adapt at different in different environment and thus quality of life and productivity in different dimensions (Howard & Johnson, 2007, Wjite, Driver & Warren, 2010). Also, the results of studies related to resilience show that resilience is part of a successful life and increasing it leads to overcome stress caused by problems (Schure, Odden & Goins, 2013). In the meantime, research shows that employees with high levels of resilience are more resistant to burnout and less affected by it. The results of Momani et al. (2009), study suggested that there is a significant negative correlation between all components of the burnout questionnaire and resilience scale. Also, the results of study by Amini et al. (2012) showed that, the frequency of burnout in nurses of intensive care units was significantly higher than other wards and their resilience has been low. Similarly, in another study, Amini (2013) showed that, there is a significant relationship between resilience and burnout of nurses. Meanwhile, the results of researches by Menezes et al. (2006), Edward et al. (2007), and Jackson et al. (2007), and Phili et al. (2007) all showed that, the health staff with high resilience had better performed and they were resistance job burnout.

Considering the importance of these reliance and burnout in any environment, this study was conducted to determine the relationship between resilience and burnout among of health staff of the Afghan-Japan (COVID-19) Hospital to help the country's health system from a scientific perspective with scientific analysis of this issue.

METHODOLOGY

The present study is a descriptive-correlational study that was conducted to determine the relationship between resilience and burnout among health staff of COVID-19 dedicated hospital of Afghan-Japan in Kabul. In order to collect the necessary data, the researcher first obtained permission from Ministry of Public Health of Afghanistan and the administrative bodies of Afghan- Japan Hospital. All health staff Afghan-Japan Hospital invited to participate to the study. The participants were informed about the objectives of the study and that the participation is voluntary. 90 health staff including doctors and nurses from the Afghan-Japan (COVID-19) Hospital participated in the study. The research data collection instrument included demographic questionnaire, the Connor and Davidson Resilience Scale (2003) and the standard Maslash Burnout Questionnaire (1981).

The Connor & Davidson (2003) resilience scale consist of (25) items. The items of this instrument are rated on a 5-point likert scale ranging from (always) to (never) and the higher score shows higher resilience. The Farsi version of this too which is already translated in Iran used in this study. This widely used instrument possesses the satisfactory internal consistency reliability (Mohammadi, 2005; Samani et al., 2007; Amini, 2013). A pilot study was conducted to check the reliability of the translated version of resilience scale. The reliability was investigated using Cronbach's Coefficient Alpha (0.75). The face and content validity was approved by psychology experts.

The standard burnout questionnaire of Maslash and Jackson (1981) was used to assess burnout. This instrument has 22 items including three components: 9 questions for emotional exhaustion, 5 questions for depersonalization and 8 questions for personal accomplishment (Bumpuri, Qaljeh & Navidiyan, 2019). The score range of each question varies from 0 to 6. The sum of the scores of the questions on each scale represents the individual score on that scale. In this research, the choice was between 'never, rarely, sometimes, often and always' to represent scores of 1, 2, 3, 4 and 5, and the acquisition of a higher score was indicator of more problems. The interpretation of the obtained scores was as follows:

1. In the emotional fatigue subscale, a score above 30 indicates "high emotional exhaustion", a score between 18 - 29 indicates "moderate emotional exhaustion" and a score below 17 indicates "low emotional exhaustion".
2. In the depersonalization subscale, a score higher than 12 indicates the rate of "high depersonalization", a score between 6 - 11 indicates the rate of "moderate depersonalization" and a score less than 5 indicates the rate of "low depersonalization".
3. In the individual performance subscale, a score higher than 40 indicates the rate of "high personal accomplishment", a score between 34-39 indicates the rate of "average personal accomplishment", and a score less than 33 indicates the rate of "low personal accomplishment" (Saatchi, Kamkari & Askarian, 2012).

Maslash and Jackson reported the internal reliability of the entire scale between (0.71) and (0.90) and the reliability of Emotional exhaustion subscale (0.90), depersonalization (0.79)

and Personal accomplishment with (0.71) (Abdi, Khaghanize & Sirati, 2008). The Farsi version of this too which is already translated in Iran used in this study and possess good reliability for entire scale and subdomains (Amini et al., 2012). A pilot study was conducted to check the reliability of the translated version of the scale. The reliability of emotional exhaustion domain, depersonalization domain and Personal accomplishment domain found to be 0.92, 0.741 and 0.72 respectively. The face and content validity was approved by psychology experts.

The collected data were analyzed using SPSS-24 software. Descriptive and inferential statistical analysis methods were employed to analyze the data. In descriptive analysis, frequency, percentage, mean and standard deviation were applied and in inferential analysis, mean test and Spearman' correlation coefficient test, as well as (99%) confidence level were used and measured.

RESULTS

Table 1: Socio-demographic characteristics of the participants.

Variable	Category	Number	Percentage
Sex	Male	62	68.9
	Female	28	31.1
Profession	Doctor	43	47.8
	Nurse	47	52.2
Age	19-24	22	24.4
	25-29	40	44.4
	30-35	20	22.2
	>35	8	8.9
Work Experience	<1	78	86.7
	1-5	5	5.6
	>5	7	7.8

The findings of Table 1 showed that a total of 90 health staff of the dedicated COVID-19 hospital participated in this study. Of those, 62 (68.8%) were men and 28 (31.1%) were women, and were between (19 to >35) years old. Among them, 43 (47.8%) paricipants were doctors and 47 (52.2%) participants were nurses. Majority of the participants 78 (86.7) have less than one year experience.

Table 2: Comparison of participants based on gender and profession

Profession			**Sex**		**Total**
			Male	**Female**	
	Doctor	Frequency	34	9	43
		Percentage	79.1%	20.9%	100.0%
	Nurse	Frequency	28	19	47
		Percentage	59.6%	40.4%	100.0%
Total		Frequency	62	28	90
		Percentage	68.9%	31.1%	100.0%

The results showed that (79.1%) of men were doctors and (59.6%) of them were nurses, while the percentage females working as doctor in this hospital is 20.9% and the percentage females working as nurse is 40.4%. (Table 2).

Table 3: Comparison of participants' profession with their work experience

Work Area * Work Experience		About 1 Year	1 to 5 Years	Over 5 Years	Total
Doctor	Frequency	37	2	4	43
	Percentage	86.0%	4.7%	9.3%	100.0%
Nurse	Frequency	41	3	3	47
	Percentage	87.2%	6.4%	6.4%	100.0%
Total	Frequency	78	5	7	90
	Percentage	86.7%	5.6%	7.8%	100.0%

Table 3 indicated that (86%) of doctors and (87.2%) of nurses have been working in this hospital for less than a year and only (9.3%) of doctors and (6.4%) of nurses have spent more than five years in this hospital (Table 3).

Table 4: The Mean and Standard Deviation of the Main Variables.

Main variables of research	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic
Resiliency	26.00	62.00	40.5333	7.60869
Emotional exhaustion	36.00	45.00	40.1111	2.26078
Depersonalization	20.00	25.00	22.2222	1.29630
Personal accomplishment	34.00	40.00	36.9667	1.61071
Job burnout	90.00	110.00	99.3000	3.92757

Table (4) shows that the lowest resilience score was 26 and the highest resilience score was 62 with a mean of 40.53 and a standard deviation of ± 7.608, indicating a low resilience rate. In the dimensions of burnout in emotional exhaustion, the lowest score was (36) and the highest score was (45) with a mean of (40.11) and the standard deviation was (± 2.26). In the dimension of depersonalization, the lowest score was 20 and the highest score was 25 with mean of (22.22) and the standard deviation was (± 1.29). In the dimension of personal accomplishment, the lowest score was (34) and the highest score was (40) with mean of 36.96 and standard deviation of (± 1.61). In the dimension of general burnout, the lowest score was 90, the highest score was 110 with an average of 99.3 and a standard deviation of (± 3.92) which all together suggest the highest rate of burnout components.

Table 5: Level of resilience and burnout among participants

Main variables	Levels	Number	Percentage
Resiliency	Low	31	34.4%
	Medium	34	37.8%
	High	25	27.8%
Emotional exhaustion	Low	17	18.9%
	Medium	48	53.3%
	High	25	27.8%
Depersonalization	Low	30	33.3%
	Medium	38	42.2%
	High	22	24.4%
Personal accomplishment	Low	18	20.0%
	Medium	59	65.6%

Main variables	Levels	Number	Percentage
	High	13	14.4%
	Low	26	28.8%
Job burnout	Medium	32	35.6%
	High	32	35.6%

Table 5 results showed that 31 (34.4%) participants were at low level of resiliency, 34 (37.8%) participants were at medium level of resiliency and 25 people (27.8%) were at high level of resiliency. In the dimensions of burnout majority 38 (42% of the respondents reported medium level of emotional exhaustion, similarly majority of the respondents 38 (42%) reported medium level of depersonalization and also 59 (65.6%) of the participants reported medium level of personal accomplishment. Overall, more number of participants 64 (70.2%) reported medium and higher level of job burnout

Table 6: Relationship between reliance and job burnout.

Resiliency	Components of Burnout				Demographic Information			
	Emotional Exhaustion	De-personalization	Personal Accomplishment	Job Burnout	Sex	Age	Work Experience	Work Area
correlation coefficient	-.638**	-.683**	-.614**	-.859**	-0.034	-0.117	0.103	-0.141
Sig	0.000	0.000	0.000	0.000	0.751	0.274	0.335	0.184

**. Correlation is significant at the 0.05 level (2-tailed).*
***. Correlation is significant at the 0.01 level (2-tailed).*

The Spearman's correlation coefficient was used to find out the relationship between resilience and burnout components and demographic characteristics. The results showed that the relationship between resilience and emotional exhaustion (r= -0.638), in the depersonalization (r= -0.683), personal accomplishment (r= -0.614) and in the total of job burnout (r = -0.859) at the level significance (P≤0.01) was significant. However, the result showed that there was no correlation between demographic characteristics and resilience between gender, age, work experience and work area at the level of (P≤0.01) and (P≤0.05) (Table 6).

DISCUSSION

The results showed that the health staff of the Afghan-Japan Hospital have a low resilience rate, while all of them experience high and moderate level of burnout in most dimensions of burnout (Table 4). The results of this study are consistent with the findings of Khazaei et al. Khazaei, et al (2006), in their research, showed that 35.5% of nurses experienced mild emotional distress, 54.2% severe metamorphosis and 37.5% have experienced a strong sense of personal failure [(20)].

Also, the Cabrera and Gutierrez (2005), reported the rate of burnout among different sections of nursing in the dimensions of emotional exhaustion, depersonalization and personal accomplishment, 40%, 32%, 63%, respectively. In the same context, Lopez et al. (2005) have reported that the rate of burnout of emergency department nurses was high in the dimensions of emotional exhaustion and depersonalization while low in the personal accomplishment. Also, Zautcke et al. (1996) in their study reported that the rate of burnout of nurses in the emergency department was higher than other departments. In the same context, the findings of Aghajani (2012) revealed that nurses in the emergency department suffered more burnout in the dimensions of emotional exhaustion and depersonalization (P

<0.001) while, on the contrary, had more personal adequacy. The results of Alacacioglu et al (2009), to evaluate the rate of burnout and compare it between doctors and nurses indicated that nurses (5.4%) and doctors (7.8%) experienced higher rates of burnout. In all these studies, the rate of burnout has been reported high in all and dimensions. Similarly, this research revealed that the health staff of the Afghan-Japan Hospital have a higher level of burnout which is consistent with the results of the previous studies.

The results obtained from calculating the correlation coefficient showed that resilience with burnout has a strong negative significant correlation (r= -859, P=0.000). This means that as the level of resilience decreases, the rate of burnout among employees is likely to increase.

Therefore, it can be claimed that resilience is an acceptable predictor of burnout among the health staff of the Afghan-Japan Hospital. As the research results of Momeni et al (2009), showed that there is a significant negative correlation between all components of the burnout questionnaire and resilience scale. Also, Amini et al (2012), found that the frequency of burnout of nurses in the special ward was significantly higher than other wards and their resilience rate was low. In this regard, another study by Amini (2013), revealed that there was a significant relationship between resilience and burnout of nurses. Meanwhile, the results of research by Menezes et al. (2006), Edward et al. (2007), and Jackson et al. (2007), and Phili et al. (2007) all suggested that health staff with high resilience have performed better resist job burnout. The findings of this study also indicate that there is a strong and negative correlation between resilience and burnout of health staff of the Afghan-Japan (COVID-19) Hospital (Table 6) which is in line with the findings of the previous studies.

CONCLUSION

According to the results of this study, it can be stated that health of the dedicated hospitals for the treatment of COVID-19 patients have low resilience, moderate and strong burnout, which, in turn, can have adverse results in their fight against this deadly disease. Therefore, paying attention to the mental health of the health staff of such hospital should also be considered as an effective factor in combating the disease as the resilience is seen as one of the components strengthening one's mental health. Psychology theorists and researchers say that resilience is one of the influential factors in one's performance. In this regard, providing training programs that strengthen one's mental health such as empathy, meditation, non-violent communication, resilience training, etc. will be useful to increase the resilience of the staff of the health department of COVID-19 dedicated hospitals. Due to these cases, the heads of departments and high-level managers of the health sector can increase the resilience of health workers with careful planning and should take effective steps in the fight against this disease.

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Conflict of Interest

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