

COMPARING JOB BURNOUT ACROSS SIX ARAB CULTURES: A CROSS-CULTURAL ANALYSIS IN SOCIAL WORK"

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Article Info

Keywords: job burnout, workplace stress, productivity, absenteeism, psychological well-being

Abstract

Job burnout, characterized by prolonged responses to chronic emotional and interpersonal stressors at work, poses significant challenges in modern workplaces. This multidimensional construct, encompassing inefficacy, exhaustion, and cynicism, has been extensively studied for its adverse effects on individuals and organizations. Burnout diminishes motivation and disrupts work relationships, leading to reduced productivity and increased absenteeism. Moreover, its implications extend beyond the workplace, affecting emotional and physical health. This paper delves into the complexities of job burnout, its consequences, and the barriers hindering effective mitigation strategies.

Introduction:

Job burnout, as originally conceptualized by Maslach, Schaufeli, and Leiter (2001), represents a chronic response to emotional and interpersonal stressors encountered in the workplace. This phenomenon is characterized by three core dimensions: inefficacy, exhaustion, and cynicism. It is well-established that individuals experiencing burnout tend to lose motivation and enthusiasm for their jobs, resulting in strained work relationships and diminished job satisfaction.

Empirical evidence consistently highlights the detrimental effects of burnout on both employees and organizations. The research by Finney et al. (2013) underscores the profound impact of burnout on workplace dynamics, revealing a correlation between burnout and reduced productivity as well as increased absenteeism. The burdens of emotional exhaustion, diminished self-fulfillment, and depersonalization, as described by Tziner et al. (2015), further exemplify the toll that burnout takes on individuals.

Importantly, burnout transcends the professional sphere, permeating into the personal lives of affected individuals. Morse et al. (2012) emphasize the far-reaching implications of burnout, including adverse effects on emotional and physical health. This detrimental impact on health is not limited to psychological distress; physical ailments also manifest. A longitudinal study by Kim and Kao (2011) highlights the connection between burnout and

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physical health issues in social workers, with higher initial levels of burnout leading to sleep disturbances, gastrointestinal problems, headaches, respiratory infections, and overall poor physical health.

In addition to the human toll, job burnout carries substantial economic costs. Hassard et al. (2014) estimate that stress disorders stemming from work-related burnout result in an annual economic burden of €20 billion in the European Union. This underscores the urgency of addressing burnout as a critical workplace issue with far-reaching implications for society at large.

Despite the growing recognition of the significance of burnout, several barriers impede effective intervention and prevention efforts. Identifying and implementing strategies to reduce workplace stress and burnout remains a complex challenge. Institutions and organizations that have attempted to address burnout have reported varying degrees of success, highlighting the need for more comprehensive and evidence-based approaches.

Furthermore, it is noteworthy that the empirical investigation of burnout in Middle Eastern countries is notably limited. Understanding the cultural and contextual factors contributing to burnout in this region is essential for the development of targeted interventions.

In conclusion, job burnout is a pervasive and multifaceted issue with profound consequences for individuals, organizations, and society as a whole. This paper aims to explore the complexities of burnout, its implications, and the barriers to effective intervention. Addressing burnout is imperative for promoting psychological well-being and creating healthier, more productive workplaces.

Cause of Burnout

One or a combination of individual and organizational factors causes job burnout. Regarding organizational factors, when individuals have greater decision latitude, they experience greater personal accomplishment and job satisfaction (Joseph & Conrad, 1979). Therefore, positions or job titles that constrain work autonomy are more likely to cause burnout.

This relates to inflexible rules in the workplace. Previous investigations have shown that many jobs include stress when the employee has low control over their own work (Karasek, 1979; Smoktunowicz et al., 2015). Furthermore, management style is also significant in causing job burnout as some managers fail to recognize the condition and wellbeing of their subordinates while simultaneously increasing work stress; this includes high job demands and low support at work (Schaufeli & Taris, 2014). Organizational factors can also include inflexible working conditions, few opportunities for promotion, and lack of job security (World Health Organization). However, these factors are under-investigated in certain professions including social work. Furthermore, workload and time pressure are consistently as well as closely related to burnout (Teng et al., 2010). Research surrounding job demands has found the prominent issue of role conflict and ambiguity regarding job duties and responsibilities. Another aspect relating to job characteristics that can lead to burnout is a lack of job resources. Specifically, many employees have reported lack of social support from supervisors and co-workers which increases the likelihood of job burnout (Galek et al., 2011). Interestingly, individuals seek feedback from their peers or superiors and wish for greater involvement in decision-making; both these dimensions have been linked to burnout.

Malalach, Schaufeli, and Leiter (2001) state that individual characteristics are also significant in determining one's susceptibility to job burnout. This includes demographic features such as age, marital status, years of job experience, and gender. Burnout is higher among individuals between 30 to 40 years of age; this is primarily because age is a confounder of work experience and so burnout appears to be a higher risk earlier in an individual's career. However, such interpretations should be considered with caution due to the risk of survival bias (i.e. individuals with burnout are likely to quit their titles, thereby reducing less signs of burnout). While some

investigations demonstrate greater risk of job burnout in women than in men, the results show little reliability as other more recent investigations show no difference (Guthrie & Jones, 2012). However, many studies have consistently shown men to achieve higher scores for cynicism and women for exhaustion. This could be due to gender stereotypes but might also be the confounding of sex with occupation such as males being more likely to be police officers, while women nurses. In terms of marital status as a predictor, unmarried individuals seem to show greater sensitivity to job burnout; this is especially true for men. Moreover, the effect is greater in single people than those that have experienced a divorce, which might be attributed back to the confound of age (Boyas et al., 2012). Moreover, personality traits might give rise to job burnout as people who display low levels of hardiness, locus of control, and coping styles show greater burnout scores (Bakker, Tims, & Derks, 2012). Whereas, those with confirmative, active coping, and locus of control are linked to less burnout as they can cope with stressful situations more effectively. Research on the Big Five demonstrates that neuroticism personality types show greater likelihood of job burnout as well as those with a Type A personality (Armon, Shirom, & Melamed, 2012). Other investigations have shown that job burnout is the result of physical fatigue syndrome as well as emotional strain (Maslach, 2017). Alternative studies suggest burnout is due to employees' decreasing interest and increasing negative trends as the job progresses.

Various charities and social services shared the common issue related to recruiting or retaining social workers. It is known that staffing social workers is more problematic than any other professional group (Kim & Stoner, 2008). This in turn leads to high vacancy rates which ultimately lead to staff shortages. Understaffing can lead to excessive pressure on other employees with increased workloads and reliance on temporary staff, making social work practice increasingly difficult. Such work pressures lead to social workers experiencing burnout. This suggests that there are unique elements that distinguish social workers from other professions.

Regional Differences in Burnout

Job burnout has been considered one of the most serious work-related issues in modern times in both industrialized and developed countries (Dollard & Winefield, 1996). One study found that burnout among fulltime employees in a developed country (Canada) and a developing country (China) have similarities with respect to work overload, working conflict, inadequacy of resources, and ambiguity with limited guidance. All these factors were found to have implications in both countries (Jamal, 2005). Therefore, culturally, burnout has similarities among both Eastern and Western countries.

This was further supported by Schaufeli et al. (2002) who conducted a cross-national investigation that included university students from Portugal, Spain, and the Netherlands, using the Maslach Burnout Inventory (MBI). It was found that many items in the MBI were not invariant across the samples and that burnout was negatively associated with engagement subscales irrespective of country. However, Schaufeli and Janczur (1994) also used the MBI to measure cross-cultural difference in burnout. In this study, the focus was on 200 Polish and 183 Dutch female nurses. After controlling for differences in work situations, Polish nurses were found more prone to burnout than their Dutch counterparts.

Subjective work stressors such as uncertainty and a perceived imbalance between investment and outcomes with the patients they cared for were found to be the most significant contributors. This investigation shows burnout varies culturally in patient-focused occupations. Moreover, this investigation supports Humberstad and Humberstad, and Whitfield's (2007) argument that self-investment and lack of outcomes pose a greater susceptibility to burnout. However, these results are not externally reliable with respect to cross-cultural burnout. Considering Arab populations particularly, Armstrong-Stassen et al. (1994) conducted a study that compared burnout among Arab and Western nurses. The large-scale experiment used LISREL 7 software to compare job

satisfaction dimensions with job burnout with the intention to quit. It was found that similar factors such as workload, career prospects, and type of work for both Canadian and Jordanian nurses were important determinants of burnout, whereas emotional exhaustion (EE) was more closely associated with quitting. The researchers support the notion for a universal model of the determinants as well as consequences of job burnout among nurses. Another investigation included Israeli Jews and Arabs (Malach Pines, 2003). The researchers argue that Arabs have a collectivist society, whereas Israelis are individualistic. Using structured interviews, it was found that Arabs have a negative correlation between burnout and quality of relationship between parents. Whereas, the Jewish sample burnout was negatively associated with the quality of relationship they had with superiors and co-workers. Furthermore, the researchers found that Arabs are more likely to seek help from a career counselor. This indicates that Arabs have a different culture, which influences vulnerability to job burnout specifically between individual and organizational factors. Interestingly, some researchers consider EE to be the most severe manifestation of burnout (Worley et al., 2008).

Burnout in Social Workers

Social workers provide a broad range of critical services for the community. Thus, they are vital to ensuring the wellbeing and good health of the most vulnerable in our societies. Yet, high demand for their skills combined with declining budgets make the profession significantly more exhausting. The nature of social work includes establishing and maintaining a strong relation with clients in complex social situations. Pressures include inadequate supervisor, chronic staff shortages, and workers having to manage many client caseloads. With all these challenges, it is expected that social workers often experience physiological and psychological stress, which increases their risk of burnout. Consequently, social workers experience many conflicts (Söderfeldt, Söderfeldt, and Warg, 1995).

Cournoyer (1988) argued that social service professionals tend to underestimate the extent of the stress they experience. Moreover, there is a seeming lack of systematic investigation on burnout in social workers. Researchers question whether it is the work philosophy and values that makes social work inherently stressful. Kanner, Kafry, and Pines (1978) theorize that social workers are a particularly homogeneous group, showing sensitivity and their own emotions to client's issues which in turn makes them more vulnerable to burnout. Social work relies heavily on the quality of the relationship between the service provider and the service user. Generally, conflicts regarding client's unrealistic or inappropriate demands occur. Social workers are put under pressure to reduce the client(s) issues without expecting personal improvement. Rushton (1987) argued that social worker training promotes a non-judgmental attitude toward clients and consequently, workers will have difficulty admitting that clients are being uncooperative toward effective service responses. Arguably, this can generate pressure in the form of personal responsibility for failure to improve the client's situation.

Pines (2017) states that individuals prone or vulnerable to depression choose social work as a career path as they unconsciously wish to deal with their own personal problems by helping others with similar issues. Moreover, social workers have an urge to be helpful, based on the primary motive of the position, getting significantly involved with dependents and thereby contributing to their own stress (Lloyfd, King, and Chenoweth, 2002). Social workers have very little control or power in patient care with respect to discharge, long-term planning, and care structure which is usually given to physician-dominated authority. Lack of decision-making is also linked to burnout. As social workers are problem-centered, they might be forced to choose an unsatisfactory option for the patients (Payne, 2015).

Another reason why social work is a stressful occupation is due to conflicting rules. Many health systems emphasize instrumental outcomes rather than individual outcomes. This can potentially cause issues for social

workers as the nature of the role also demands a supportive relationship (Alameda-Lawson, Lawson, and Lawson, 2010).

It is interesting that as societal changes continue, social workers face increasing pressures to be up to date while coping with the stress of the position. Another source of difficulty is the competing values between administrators and social workers. Health care services in some respects do not see social workers as cost effective. This often leads to staff shortages and greater workloads on social workers as understaffing is a common problem (Barck-Holst et al., 2017)

Over the past few decades, empirical evidence has provided data on prevalence rates of social workers experiencing job burnout. In the Arab world, the prevalence rates of self-rated job burnout shown by the MBI among 4,108 health care professionals from Bahrain, Egypt, Jordan, Lebanon, Palestine, Saudi Arabia, and Yemen exhibited high depersonalization (9.2–80.0%), low personal accomplishment (13.3– 85.8%), and high emotional exhaustion (20.0–81.0%)(Elbarazi, Loney, Yousef, &Elias, 2017). Therefore, the rate of job burnout attributes is high for social workers across the Arab world.

A prevalence study in the UAE that investigated burnout and job satisfaction in 180 social workers working in different sectors across the country (schools, hospitals, and governmental centers). The Professional Quality of Life Questionnaire revealed that age is negatively associated with burnout and positively related to compassion fatigue. Burnout was found to be positively associated with place of work as those in governmental centers were most at risk of burnout (Musa, 2009). This shows that among social workers, additional factors might contribute to their development of job burnout, in this case, place of work.

Current Investigation

In the Arab world, while there is a serious concern about the quality of care provided to the community. Little attention is given to health care providers. Research has shown that job dissatisfaction and job burnout can lead to economic and social costs due to negative effects on working environments, job performance, and the availability of healthcare professionals. As cultural and populace changes occur at a rapid rate in the Middle East, an expected steady increase of social health care demand is expected. For the last few decades, Arab countries have been experiencing a gradual increase in health care demand due to a population that is more critical and demanding of the care provided by services. Additionally, this modification of health habits in the general population has not been accompanied by the necessary administrative and managerial strategies to provide appropriate health care work environment. Work satisfaction has not significantly changed in the last 10years despite the important changes introduced by the reform of the Spanish primary care system. It is particularly unclear what aspects contribute to job burnout in Arab countries and this investigation will identify key variables that lead to job burnout in social workers in Qatar, UAE, Egypt, Jordon, and Saudi Arabia.

Method

Study Population and Selection Process

The study population constituted social workers from six Arab countries aged between 23 and 45 years with 46% participants being female and 54% males. The number of participants across the six countries was as follows: Kuwait: $N = 210$ (mean age= 27.02), Saudi Arabia: $N = 264$ (mean age=28.78), Emirates: $N = 242$ (mean age=27.94), Egypt: $N = 367$ (mean age=26.69), Jordan: $N = 276$ (mean age=27.70) and Qatar: $N = 195$ (mean age=28.34). The inclusion criteria for the social workers were that they must be current practicing full-time social workers with at least three years' experience in the field of social work. The exclusion criteria included being a social worker manager or having a senior role, having any current or previous history of mental health issues, and experiencing any chronic physical disorder or disability.

Measures

A demographic questionnaire was distributed to gather general information e.g., age, marital status, income, and gender. This self-report was also used to identify whether the subjects met the experiment's inclusion criteria. Furthermore, a scale was formulated to measure job burnout inspired by the MBI. This was the primary method to measure key burnout factors (e.g. emotional stress, personal achievement, work powers, social relations, work pressure, conflict of values, negative reinforcement, and inhumanity). This scale, written in Arabic, was used to measure the degree of job burnout severity ranging from low to high.

Procedure

The participants were invited fill out an online survey available on Qualtrics through Twitter. They were provided information regarding the purpose of this investigation and that by participating, they are consenting to completing the survey. All participants were informed that they had the right to withdraw from the study at any point and that the entire experiment could take between 15–25 minutes.

Analysis

Descriptive statistics were used to describe the participants' basic features, providing quantitative descriptions regarding gender, age, and nationality. A factor analysis was conducted for the eight key constructs in this investigation to identify the questions and key factors most closely associated with each other. A multivariate analysis was also conducted for the differences and interactions between the contextual factors across the key constructs and variables including experience, nationality, agegroup, and marital status. Pearson's *r* correlation was performed to determine any positive or negative associations between the constructs. A partial correlation was also used to measure the relationship between the constructs while controlling for nationality, marital status, and experience.

Results

Table 1. Emotional Stress, Personal Achievement, Work Powers, Social Relations, Work Pressure, Conflict of Values, Negative Reinforcement, and Inhumanity * Nationality

Nationality		ES	PA	WP	SR	WP	CV	NR	I
Qatar	Mean	17.87	17.83	11.13	13.62	20.77	7.58	25.12	9.12
	SD	6.72	3.60	4.48	6.57	7.45	3.71	7.77	3.86
	Kurtosis	0.26	-1.11	0.12	-0.44	-0.21	0.04	0.20	0.18
	Skewness	0.54	-0.05	-0.40	0.12	0.03	0.17	-0.49	0.95
Egypt	Mean	29.79	29.95	23.25	25.61	32.84	19.55	37.26	9.17
	SD	6.86	3.61	4.37	6.66	7.50	3.75	7.55	3.88
	Kurtosis	0.21	-1.14	0.13	-0.52	-0.25	-0.06	0.22	0.11
	Skewness	0.49	-0.10	-0.43	0.08	0.04	0.16	-0.44	0.92
Jordan	Mean	23.77	23.78	17.10	19.31	26.50	13.46	31.49	9.20
	SD	6.81	3.58	4.44	6.69	7.64	3.78	7.57	3.91
	Kurtosis	0.35	-1.14	0.03	-0.53	-0.32	0.02	0.27	0.24
	Skewness	0.59	-0.03	-0.36	0.13	0.08	0.20	-0.45	0.97
Saudi Arabia	Mean	25.75	25.87	19.05	21.57	28.95	15.53	33.39	9.18
	SD	6.63	3.64	4.44	6.62	7.44	3.83	7.62	3.88
	Kurtosis	0.38	-1.17	-0.03	-0.42	-0.09	-0.03	0.19	0.16

	Skewness	0.56	-0.03	-0.32	0.14	0.06	0.24	-0.44	0.94
UAE	Mean	14.88	14.92	10.76	12.36	16.75	8.57	19.47	9.14
	SD	4.15	2.29	2.94	4.13	4.67	2.28	4.84	3.85
	Kurtosis	0.21	-1.04	-0.02	-0.41	-0.25	0.07	0.29	0.19
	Skewness	0.58	0.09	-0.36	0.08	-0.04	0.06	-0.52	0.95
Oman	Mean	23.75	23.86	17.20	19.56	26.70	13.55	31.13	9.13
	SD	6.70	3.60	4.40	6.58	7.46	3.72	7.76	3.86
	Kurtosis	0.30	-1.11	0.08	-0.45	-0.22	0.01	0.21	0.18
	Skewness	0.54	-0.07	-0.36	0.14	0.05	0.17	-0.50	0.95
Total	Mean	22.64	22.70	16.41	18.67	25.42	13.04	29.64	9.15
	SD	8.06	6.05	6.07	7.73	8.84	5.39	9.28	3.87
	Kurtosis	-0.04	-0.83	-0.44	-0.39	-0.40	-0.32	-0.43	0.15
	Skewness	0.44	0.00	0.01	0.25	0.17	0.23	-0.15	0.94

Note: ES=Emotional Stress; PA=Personal Achievement; WP=Work Powers; SR=Social Relations; WP=Work Pressure; CC=Conflict of Values; NR=Negative Reinforcement; I=Inhumanity

Table 1 shows the mean scores, standard deviation of scores, level of kurtosis, and skewness in the scores achieved by individuals in Qatar, Egypt, Jordan, Saudi Arabia, UAE, and Oman. These scores represent the key factors of interest associated with whether an individual experiences jobburnout, these include emotional stress, personal achievement, work powers, social relations, work pressure, conflict of values, negative reinforcement, and inhumanity. Based on the findings in *Table 1*, participants from Egypt scored the highest in emotional stress, personal achievement, work powers, social relations, work pressure, conflict of values, negative reinforcement, and those from Jordan scoring the highest in inhumanity. Participants from the UAE scored lowest in emotional stress, personal achievement, work powers, social relations, work pressure, and negative reinforcement, and Qatari participants scored lowest in conflict of values and inhumanity. Those

Table 2. Factor analysis for the job burnout questionnaire

Factors and labels								
	ES	PA	WP	SR	WP	CV	NR	I
Item26	.879							
Item25	.852							
Item20	.776							
Item16	.745							
Item22	.709							
Item19	.706							
Item24	.702							
Item21	.650							
Item18	.634							
Item23	.558							
Item53	.539							
Item17	.537							
Item5	.459							

Item50	.815	
Item51	.694	
Item52	.693	
Item49	.679	
Item13	.672	
Item27	.635	
Item28	.548	
Item34	.491	
Item47	.466	
Item36	.665	
Item40	.661	
Item12	.654	
Item14	.608	
Item10	.589	
Item39	.584	
Item11	.580	
Item44	.527	
Item38	.522	
Item57	.838	
Item61	.773	
Item55	.691	
Item56	.654	
Item60	.639	
Item54	.630	
Item59	.580	
Item33	.385	
Item31	.700	
Item30	.688	
Item37	.657	
Item42	.629	

There was a statistically significant difference between the key variables experience and emotional stress ($F = 91.85$, $P < .0005$, partial $\eta^2 = 0.074$), personal achievement ($F = 134.15$, $P < .0005$, partial $\eta^2 = 0.104$), work powers ($F = 65.84$, $P < .0005$, partial $\eta^2 = 0.054$), social relations ($F = 5.88$, $P < .015$, partial $\eta^2 = 0.005$), work pressure ($F = 23.77$, $P < .0005$, partial $\eta^2 = 0.020$), conflict of values ($F = 102.87$, $P < .0005$, partial $\eta^2 = 0.082$), and negative reinforcement ($F = 23.17$, $P < .0005$, partial $\eta^2 = 0.020$).

There was a statistically significant difference between the key variables nationality and emotional stress ($F = 50.40$, $P < .0005$, partial $\eta^2 = 0.179$), personal achievement ($F = 1191.22$, $P < .0005$, partial $\eta^2 = 0.452$), work powers ($F = 85.20$, $P < .0005$, partial $\eta^2 = 0.269$), social relations ($F = 33.03$, $P < .0005$, partial $\eta^2 = 0.125$), work pressure ($F = 36.83$, $P < .0005$, partial $\eta^2 = 0.137$), conflict of values ($F = 103.60$, $P < .0005$, partial $\eta^2 = 0.309$), and negative reinforcement ($F = 44.04$, $P < .0005$, partial $\eta^2 = 0.160$).

Item29	.609	
Item32	.517	
Item58	.496	
Item9	.479	
Item41	.425	
Item8		.692
Item3		.671
Item4		.628
Item1		.601
Item2		.594
Item7		.579
Item6		.562
Item43		.733
Item45		.715
Item48		.622
Item46		.680
Item35		.667
Item15		.658

There was a statistically significant difference between the key variables age group and emotional stress ($F = 17.78$, $P < .0005$, partial $\eta^2 = 0.030$), personal achievement ($F = 29.71$, $P < .0005$, partial $\eta^2 = 0.049$), work powers ($F = 18.33$, $P < .0005$, partial $\eta^2 = 0.031$), social relations ($F = 4.52$, $P < .011$, partial $\eta^2 = 0.008$), work pressure ($F = 14.60$, $P < .0005$, partial $\eta^2 = 0.025$), conflict of values ($F = 15.86$, $P < .0005$, partial $\eta^2 = 0.027$), negative reinforcement ($F = 55.55$, $P < .0005$, partial $\eta^2 = 0.088$), and inhumanity ($F = 49.37$, $P < .0005$, partial $\eta^2 = 0.079$).

There was a statistically significant difference between the key variables marital status and emotional stress ($F = 7.48$, $P < .0005$, partial $\eta^2 = 0.019$), personal achievement ($F = 65.82$, $P < .0005$, partial $\eta^2 = 0.146$), work powers ($F = 26.05$, $P < .0005$, partial $\eta^2 = 0.063$), social relations ($F = 10.41$, $P < .0005$, partial $\eta^2 = 0.026$), work pressure ($F = 20.03$, $P < .0005$, partial $\eta^2 = 0.049$), conflict of values ($F = 10.92$, $P < .0005$, partial $\eta^2 = 0.028$), negative reinforcement ($F = 8.23$, $P < .0005$, partial $\eta^2 = 0.021$), and inhumanity ($F = 39.79$, $P < .0005$, partial $\eta^2 = 0.094$).

There was a statistically significant difference between the key variables age group and marital status along with emotional stress ($F = 24.44$, $P < .0005$, partial $\eta^2 = 0.021$), personal achievement ($F = 34.23$, $P < .0005$, partial $\eta^2 = 0.029$), work powers ($F = 19.52$, $P < .0005$, partial $\eta^2 = 0.017$), and work pressure ($F = 4.13$, $P < .0005$, partial $\eta^2 = 0.004$).

Table 4. Correlations between the job burnout constructs

	2	3	4	5	6	7	8
Emotional Stress	.422**	.318**	.627**	.700**	.562**	.269**	.384**
Personal Achievement		.822**	.477**	.451**	.619**	.658**	-.108**
Work Powers			.409**	.309**	.626**	.633**	-.047
Social Relations				.760**	.735**	.191**	.341**
Work Pressure					.725**	.275**	.467**
Conflict of Values						.438**	.334**
Negative Reinforcement							-.128**
Inhumanity							

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

Table 5 shows the correlations between job burnout constructs. There is significant positive association between most constructs except two relationships that were negative. These include ‘personal achievement’ and ‘inhumanity’ ($r = -.108, p < .01$), suggesting that increase in sense of personal achievement increases does not decrease sentiments of inhumanity.

Furthermore, there was significant negative relationship between ‘negative reinforcement’ and ‘inhumanity’ ($r = -.128, p < .01$). This suggests that as negative reinforcement increases, sense of inhumanity also increases. There was no significant association between work powers and inhumanity.

Table 5. Partial correlations between the burnout constructs while controlling for Nationality and Marital Status and Experience

	1	2	3	4	5	6	7
Emotional Stress Personal							
Achievement	.449**						
Work Powers	.390**	.841**					
Social Relations	.658**	.511*	.424*				
Work Pressure	.728	.487*	.328	.758**			
Conflict of Values	.712**	.678**	.618**	.770**	.768**		
Negative Reinforcement	.268	.707**	.667**	.181	.261	.472*	
Inhumanity	.449**	-.091	-.064	.339	.470*	.309	-.137

Table 6 shows the partial correlations between job burnout constructs after controlling for the effects of nationality, marital status, and experience among participants after which most of the constructs were found positively associated. However, key differences emerged after controlling for these three demographic features with many constructs becoming positively significantly associated. For instance, ‘emotional stress’ and ‘work pressures’ became significant ($r = .700, p < .01$) along with ‘work powers’ and ‘work pressure’ ($r = .309, p < .01$). ‘negative reinforcement’ with ‘emotional stress’ ($r = -.269, p < .01$), and ‘social relations’ ($r = .191, p < .01$), and ‘work pressure’ ($r = -.275, p < .01$). Finally, ‘inhumanity’ became negatively associated with ‘personal achievement’ ($r = -.108, p < .01$) and with ‘negative reinforcement’ ($r = -.128, p < .01$), positively associated with ‘social relations’ ($r = .341, p < .01$) and positively associated with ‘Conflict of Values’ ($r = .334, p < .01$).

Discussion and Conclusions

This study found a significant moderating effect on the relationship between all variables of interest (experience, nationality, age group, and marital status) and the dependent measures (emotional stress, personal achievement, work powers, social relations, work pressure, conflict of values, negative reinforcement, and inhumanity). Experience and nationality were found to have a significant influence on all dependent factors except inhumanity, suggesting that experience is significant in key constructs relating to job burnout with the exception of feeling a sense of inhumanity. Interestingly, subjects from Egypt had the highest scores across most constructs specifically emotional stress, personal achievement, work powers, social relations, work pressure, conflict of values, and negative reinforcement. On the other hand, subjects from the UAE scored lowest in emotional stress, personal achievement, work powers, social relations, and work pressure, and negative reinforcement, while Qatari participants scored lowest in conflict of values and inhumanity. These findings highlight the potential constraints that social workers face in different Arab countries. However, it can also be assumed that social workers in different countries are likely to have different workloads and to face different types of clients and salaries; all

these are important factors (). Furthermore, these findings show that both age group and marital status caused significant differences in the dependent measures of the investigation. Therefore, it can be suggested that job burnout is related to experience and age in terms of dealing with burnout as well as whether an individual has a spouse at home who can support or have further negative impact on various constructs related to job burnout. Finally, the correlations between the job burnout constructs suggests that there is a ripple effect such that the constructs had positive or negative effects on other constructs. These effects varied and remained consistent when controlling for nationality, marital status, and experience. These findings suggest that job burnout might intensify or lessen the impact of different job burnout constructs.

Regarding how this investigation is similar to other studies, the results from this investigation are consistent with literature that has shown job burnout to cause emotional difficulties (Morse et al., 2012). Furthermore, this study's findings show similarities with other research that has shown that work stress and low support at work are key constructs governing job burnout (Schaufeli & Taris, 2014). Furthermore, time pressure and workload/work pressure are also found in previous studies (Teng et al., 2010). The significance of management and organizational roles were also found in this study similar to research related to job burnout; specifically, social relations/social support can increase the likelihood of job burnout (Galek et al., 2011).

Furthermore, our study also supports literature that has shown individual characteristics being critical in determining job burnout. In this study, marital status, experience, and nationality showed variations in job burnout constructs similar to other researches (Malach, Schaufeli, and Leiter, 2001). However, this study did not control for the effects of gender and age. Gender is particularly important as previous research has found a greater risk of job burnout in women than in men (Guthrie & Jones, 2012).

Prevention Plans

Due to the serious consequences associated with job burnout for both the individual suffering from it and their employer, it is imperative to consider effective prevention methods. As mentioned previously, careers that focus around primary care have particularly high prevalence of burnout. For example, 40% of family doctors will experience burnout to some degree during their careers with the potential range being 10% to 80% (Gómez-Gascón, 2013).

Current research favors combined interventions to help individuals experiencing burnout, which can lead to long-term effects in reducing burnout. Whereas, person- and job-directed interventions are associated with short-term results in reducing burnout (Westermann et al., 2014).

Training programs aimed to prevent burnout symptoms should provide various levels of training. At the organizational or employer level, training staff in organizational development and sudden change is required. At the inter-personal level, different teams and their social interaction, and therefore factors such as social skills, leadership, self-efficacy, and social support strategies should be considered. Finally, at the individual level, solutions must be tailored to improve stress coping for the employee (Gil-Monte & MorenoJiménez, 2005). As stress in the workplace is unavoidable, it is imperative to educate employees about dealing with it in an effective manner.

Job-directed Intervention Approach

This type of intervention focuses on altering the workplace environment, working methods, or assigned tasks (Marine et al., 2006). This might include, for example, reducing workload or increasing an individual's independent job control. A study conducted in Spain that studies job satisfaction and life satisfaction among social workers found that workplace support was required as a mediator to increase job satisfaction and buffer the negative influence of burnout on life satisfaction (Hombrados-Mendieta & CosanoRivas, 2013). In a literature

review conducted by Westermann et al. (2014), two studies showed that workdirected intervention was effective in reducing burnout in the longterm, suggesting that this method can be used as a preventive measure. The effects on participants include improved overall health, and a systematic pain assessment was implemented. These results are supported by Lagerveld et al. (2012) whose results argued that work-related interventions' gradual exposure is essential in assisting employees who have experienced burnout and is particularly beneficial if combined with another intervention (e.g. work-focused CBT). Thus, a combination of interventions is ideal for an organization or company to address such issues.

Person-directed Intervention Approach

The person-directed approach aims to teach staff members skills in dealing with or lessening the effects of stress; this can include relaxation techniques for enhancing coping skills. In the same literature review by Westermann et al. (2014), the researchers found from their pool of papers (n = 9) that this was the most commonly employed intervention. Contrary to work-related intervention, the person-directed approach was successful in dealing with the short-term effects of burnout. When combined with communication training, improvements were found across the studies in intrinsic motivation, emotional exhaustion, and work satisfaction. This further supports the argument that a combination of methods is the most effective in producing desirable outcomes for staff with burnout.

Limitations

There are notable limitations in this investigation. Data was collected online through Twitter which leads to inherent biases in the data collection process. Many countries in the MiddleEast lack internet access and/or experience with online surveys. This might explain why the mean age of all subjects from each country is below 30. Consequently, the findings lack generalizability to older social workers who perhaps encounter different levels of job burnout compared to their younger counterparts. Future studies specifically targeting older participants should be conducted by contacting social service centers directly. Furthermore, this investigation did not observe changing patterns over time; therefore, any long-term effects could not be measured. This investigation overlooks mental and health effects of job burnout due to its repeated measures design. In future experiments, it is recommended that researchers measure mental and physical health issues using a retrospective research design. Job productivity was not also considered which would have indicated the economic or social impact for which the social workers worked.

Future studies can consider working hours and attendance and the outcomes for their clients. However, an inherent, common issue with assessing social workers is that social service professionals tend to underestimate the extent of their stress (Cournoyer, 1988)

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