

# The Job Related Burnout Questionnaire

## A multinational pilot study

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**OBJECTIVE** In preparation for investigating burnout among general practitioners internationally, we examined the validity and reliability of an instrument called the Maslach Burnout Inventory (MBI).

**METHOD** Twenty-four members from 16 European countries who attended the European General Practice Workshop in Gdansk, Poland (Autumn, 2001) were mailed a draft version of the MBI, and asked to administer it to a small group of family physicians.

**CONCLUSION** This pilot study suggests the MBI scale is reliable and valid. We believe it of use in identifying GPs at risk of, or already experiencing, burnout.

‘Burnout’ is a psychological syndrome with three components: emotional exhaustion, depersonalisation, and reduced personal accomplishment.<sup>1</sup> Some 25-30% of health care professionals develop burnout as a consequence of their activity in clinical settings,<sup>2</sup> with burnout being especially common among general practitioners,<sup>3</sup> and in particular younger GPs.<sup>4</sup> Heavy workload, low social support, and inability to divulge stress to others may be important factors in developing burnout.<sup>5,6</sup> General practitioners may be vulnerable due to the stresses of inadequate time per patient visit, long hours, resource constraints, and lack of control over schedules and other administrative aspects. Recruitment

shortage, lowering of job satisfaction, increase in job stress and poorer mental health may be its consequences.<sup>7</sup>

### Method

We developed a questionnaire with 11 items in consultation with the interest group. The questionnaire included demographic and workplace related items, and a question on job satisfaction (with a 6-point Likert scale). The MBI measured burnout. It contains 22, 7-point Likert scales.<sup>1</sup> We suggested respondents seek help if the survey indicated they were suffering burnout. The data were analysed using descriptive statistics, Cronbach’s coefficient alpha for internal consistency and factor analysis to measure construct validity.

### Results

Ninety-eight family physicians from eight European countries responded (Table 1). Data obtained from 98 scales completed by the respondents were analysed for internal consistency. Cronbach’s alpha for the MBI subscales emotional exhaustion, depersonalisation, and personal accomplishment were: 0.67, 0.66 and 0.70 respectively. VARIMAX rotations were undertaken to examine the inter-relationship of different items. Factor analysis with an Eigen value of one or more gave rise to three factors. Eight items loaded on Factor 1 (items 1, 2, 3, 6, 8, 13, 14 and 20, R=0.18-0.60); 6 on Factor 2 (items 5, 10, 11, 15, 16 and 22, R=0.38-0.62); and 8 on Factor 3 (items 4, 7, 9, 12, 17, 18, 19 and 21, R=0.19-0.79). Factor 1 could be

**Table 1. Respondents' characteristics**

	value (%)
Age years $\pm$ SD (range)	43.2 $\pm$ 8.33 (28-74)
Female	39 (41)
Male	57 (59)
Married	79 (81)
Single	8 (8.2)
Divorced or separated	8 (8.2)
Years since qualified as MD, years $\pm$ SD (range)	18.1 $\pm$ 9.05 (1-50)
Years in the same practice, years $\pm$ SD (range)	13.0 $\pm$ 8.46 (0.5-37)
Solo practice	55 (59)
Group practice	39 (41)
Rural practice	16 (17)
Urban practice	62 (65)
Mixed practice	17 (18)
Salary (Euros) < 500	42 (42)
500 – 2000	26 (27)
> 2000	30 (31)
Working hours per week, years $\pm$ SD (range)	43.4 $\pm$ 13.2 (20-105)
Job satisfaction score $\pm$ SD (range)	4.1 $\pm$ 0.86 (2-6)
Intention to change job - Yes	60 (61)
Intention to change job - No	58 (58)
MBI subscale scores - emotional exhaustion score $\pm$ SD (range)	25.1 $\pm$ 8.50 (1-43)
MBI subscale scores - depersonalisation score $\pm$ SD (range)	7.3 $\pm$ 4.92 (0-24)
MBI subscale scores - personal accomplishment score $\pm$ SD (range)	34.5 $\pm$ 7.67 (3-47)

interpreted as reflecting emotional exhaustion, Factor 2 as depersonalisation, and Factor 3 as personal accomplishment on the MBI. These factors are identical to the factors of the original MBI with the exception of item 6, which was expected to belong to Factor 1.<sup>1</sup>

## Discussion

Internal reliability analysis revealed medium-high correlations for each subscale (0.66-0.70). Interval validity tested by item factor loading showed similar loading as indicated by Maslach and Jackson.<sup>1</sup>

Most of the participants in our study were married, in contrast to a previous study, where being single, divorced or widowed was associated with higher burnout.<sup>8</sup> We did not find evidence of decreased burnout with age or experience

as most of our respondents were older and experienced.

There are a number of limitations to this pilot study. Respondents filling out an English language version of the MBI questionnaire could not accommodate cultural and language differences. Participation was voluntary, so no randomisation was possible. There were few participants.

Despite the high burnout scores and intentions to change workplace (60%), we found job satisfaction scores high. Perhaps GPs do not know they are emotionally exhausted, or believe that practising medicine in such a state is normal.<sup>10</sup>

## Acknowledgments

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## Implications of this study for general practice

- The Human Services Survey may be a good tool for identifying burnout among GPs.
- This tool may find a use in enhancing GPs' quality of life.

Conflict of interest: none declared.

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