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The Impact of Psychological Empowerment on Job Burnout in Hospital Staff

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Abstract

Background and Objectives: Job burnout is a major source of healthcare human resources' inefficiency with severe negative impact on patient care, physical-psychological health of staff, and healthcare costs. Psychological empowerment is a relatively new concept showing promise in boosting different aspects of human resources management. In this study, we pursued the question of whether psychological empowerment has any positive impact on the hospital staff job burnout.

Methods: Out of the 820 staff of Mehr Hospital (Tehran), a sample of 270 staff from different job categories, including services, administrative, and health care categories was selected using stratified random sampling method. Psychological empowerment was measured using Spreitzer's questionnaire (1995), and Maslach Burnout Inventory (2001) was used for assessing their job burnout. Correlations between the variables were examined using Pearson's coefficient.

Findings: A high level of job burnout was identified among the hospital staff. The healthcare staff showed a higher job burnout as compared with the administrative and serving staff. Significant negative correlation was observed between psychological empowerment and job burnout ($P < 0.05$). In addition, certain dimensions of both constructs showed significant inter-correlations.

Conclusions: The finding that psychological empowerment correlates with lower intensity and frequency of job burnout encourages the hospital managers to launch initiatives for constant psychological empowerment of the staff in order to achieve higher human resources' performance.

Keywords: Psychological empowerment, Job burnout, Hospital staff, Healthcare human resources, Human resources performance, Emotional exhaustion, Depersonalization, Personal accomplishment

Background and Objectives

Today, the phenomenon of job burnout has been focused on by many practitioners and researchers in the field of labor productivity. The level of job burnout in the workplaces is unknown, but according to studies, it affects a wide range of labor force and manpower [1]. One consequence of job stress is job burnout [2], which has destructive impact on patient care, physical- psychological health of the staff, and healthcare costs [3]. Reduced quality of life [4], job dissatisfaction, and negative effects on both the family and the personal life of individuals [4] are among the other consequences of job burnout.

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Job burnout leads to deteriorated well-being and health among the healthcare workers, decreased quality of care, and increased work absenteeism, and thus the elevated costs due to absenteeism [5], so that the annual cost of job burnout for organizations in the United States is estimated to be US$50 to US$75 million [6, 7].

Job burnout is one of the important factors in reducing the efficiency, loss of manpower, and occurrence of physical and psychological complications, especially in the human service professions [8]. It is directly and significantly correlated with the mental health disorders [8]. Also job burnout has adverse effects on job, family and individual performance, work absenteeism, and early retirement [9]. The findings of some studies show that job burnout decreases organizational commitment [10] and lower their emotional commitment [11]. Some relevant researches have indicated that job burnout causes degradation in

the quality of the services to be provided by staff, and is an influential factor for stop working, absenteeism, dissatisfaction with life, demoralization, lower confidence, and decreased responsibility and efficiency. Additionally, job burnout is associated with personal concerns such as physical fatigue, insomnia, increased use and abuse of drugs and alcohol, and family problems [12]. Job burnout creates a negative self-image, negative attitude towards job, and lack of sympathy with the clients while providing care, and thus leads to a severe decline in the quality of health services [12]. Saatchi reported that patients suffering from burnout cause problems not only for themselves, but also for others, and endanger their mental health and efficiency. He concludes that people who work excessively, overtime or during the weekend are more prone to job burnout [13]. Because of their stressful work environment, hospital personnel are one of the groups at risk of job burnout [14, 15]. It is believed that the problem is due to everyday encounter with stress and lack of positive conditions in the workplace [16, 17]. Job burnout is a psychological syndrome of emotional exhaustion (chronic fatigue, sleep disorders, and multiple physical symptoms), depersonalization (negative or pessimistic attitudes towards colleagues and clients, feeling guilty and isolated, and lower level of work and daily activity), and decreased feelings of personal accomplishment (dissatisfaction with job, feelings of failure, loss of judgment and understanding, a sense of constant abuses and exploitation, and reduced job performance) [18, 19]. Farajpour reported that the main cause of job burnout is tolerating stress due to prolonged labor and associated with overwork [20]. Lack of interest in work, professional inappropriateness, and the mismatch between potentiality and talent of people lead them to job burnout. Some believe that the victims of burnout usually have lower self-esteem and self-confidence, and for compensating the issue, they start working extremely and they want to prove themselves as valued and important people. This may be useful in the short term, but ultimately this leads to an accumulation of stress and loss of energy, which can harm the health of these individuals and others as well. Some studies have shown that empowerment of staff is associated with their job satisfaction and reducing the level of stress in them [21].

Thomas and Velthouse understand psychological empowerment as the process of increasing the intrinsic job motivation that includes four cognitive fields, namely *feeling of effectiveness*, *competency*, *meaningfulness* and *the right of choice*. They introduced the term "*psychological empowerment*" for the first time in the literature. Spreitzer adopted the model proposed by Thomas and Velthouse, and defined psychological empowerment as a motivational concept composed of four dimensions, namely *competence*, *self-determination* (right of choice), *meaning* and *impact* [22]. These dimensions represent a personal orientation towards the role of employees in the organization. When individuals become empowered, they have self-efficacy, or feel that they have the ability and expertise to perform a job successfully.

Competence refers to the feeling of capability, and the sense of self-determination is attributed to the feeling of the right of choice. When people, instead of being forced to be involved in a work or abandon it, can voluntarily control some measures, they feel self-determination. In this case, their activities are the result of their personal freedom and authority. Empowered employees feel both responsibility and ownership towards their own activities [23]. Empowered people understand themselves as proactive and self-starter. They are able to carry out some initiatives according to their own desire; make independent decisions, and test new ideas [24]. Rather than the sense that their works are predetermined or controlled by others, are inevitable and constant, these people believe this is their individual will that is ruling.

Self-determination also emphasizes on the right of choice of the methods to perform the task, its speed and time frame. When people feel the job they are performing is meaningful, they become more committed and involved in it, concentrate on it more powerfully, and display more perseverance in the pursuit of desired goals. On the other hand, since the meaningful job is associated with a sense of personal importance and self-esteem, people feel greater passion for their job. Moreover, people who are empowered by meaningfulness of the job are more innovative, influential and personally efficient than others. Efficacy means individuals' belief that within their job, they have a considerable influence and impact on the strategic, administrative or operating outcomes of the organization. Empowered people have a sense of personal control over the outcomes. They believe that they can influence the environment or results to cause change. Sense of efficacy is the beliefs of a person in one point of time about his/her ability to create change in the desired direction. Empowered people do not believe that the barriers of their surrounding environment can control their activities; rather they are able to control such barriers. Such a sense of "active control" allows them to make the environment be in line with their wishes. Conversely, in "passive control", the desires of the person become in line with the demands of the environment. People, who have a sense of personal result, try to maintain their dominance over the environment, instead of showing reactive response. Having the sense of personal acceptance of the result is totally related to the sense of self-control. To make people feel empowered, they not only must feel that what they do will have an impact but also they should feel that they are themselves who can create such impact. In other words,

Figure 1 Conceptual model of the relationship between job burnout and psychological empowerment

for that impact to be accompanied with a feeling of empowerment, they should feel that they are in control of the outcome [22].

Seemingly, no research has so far been concerned with job burnout among hospital staff based on the components of psychological empowerment. This study intends to investigate the extent and severity of job burnout and the psychological empowerment of Mehr Hospital staff based on job categories (i.e. medical and administrative services).

Literature review

Rafiee, Shamsikhani, Zarei, Haghani, and Shamsikhani conducted a research on the relationship between job burnout and demographic characteristics of nurses. The results showed a significant relationship between the frequency of emotional analysis and gender, and between the intensity of emotional analysis and gender [25]. Moreover, the intensity of depersonalization was significantly correlated with age. Khatibian, Hosseini, Beik Moradi and Roushanei performed a research on degree of job burnout among the medical emergency personnel in Hamedan province [26]. The results showed that in terms of frequency (repetition), the mean of emotional exhaustion was moderate, depersonalization was moderate and personal accomplishment was low. Moreover, in terms of intensity, their emotional exhaustion and depersonalization was moderate, and their depersonalization was low. Moghadassi, Aslani, Etemadi-far, Masoudi and Ravaghi conducted a research on the degree of job burnout among the nurses working in the teaching hospitals of Shahre-Kord University of Medical Sciences. The results showed that the level of job burnout was high in the field of emotional exhaustion and high in the field of depersonalization but low for the sense of lack of accomplishment [27]. This indicates that the level of burnout among the nurses working in the teaching hospitals of Shahre-Kord is moderate to high, and needs special attention.

Brazpardanjani, Karimipour and Ebrahimi Dastger-

Table1 Demographic and professional characteristics of the study sample

Variables	N	%
Gender *(n = 270)*		
Man	127	47.0
Woman	143	53.0
Age *(n = 270)*		
02 -02 years	110	40.7
31-40 years	130	48.1
> 40 years	30	11.1
Education *(n = 270)*		
High school	96	35.6
Diploma	27	10.0
Bachelor	126	46.7
Master and higher	21	7.8
Marital status *(n = 270)*		
Single	161	59.6
Married	109	40.4
Experience *(n = 270)*		
Less than 5years	100	37.0
5-10 years	103	38.1
11-15 years	46	17.0
> 15 years	21	7.8
Job type *(n = 270)*		
Medical	110	40.7
Service	90	33.3
Administrative	70	25.9

Table 2 Comparison of the perceived importance of job burnout dimensions among hospital staff of different job

Job burnout dimensions	Total N (%)	Medical N (%)	Service N (%)	Administrative N (%)
Emotional exhaustion				
High	171 (63.3)	83 (75.5)	43 (47.8)	45 (64.3)
Moderate	35 (13.0)	9 (8.2)	19 (21.1)	7 (10.0)
Low	64 (23.7)	18 (16.4)	28 (31.1)	18 (25.7)
Depersonalization				
High	210 (77.8)	87 (79.1)	67 (74.4)	56 (80.0)
Moderate	25 (9.3)	11 (10.0)	9 (10.0)	5 (7.1)
Low	35 (13.0)	12 (10.9)	14 (15.6)	9 (12.9)
Personal accomplishment				
High	18 (6.7)	18 (16.4)	0 (0)	0 (0)
Moderate	1 (0.4)	1 (0.9)	0 (0)	0 (0)
Low	(93.0) 251	91 (82.7)	90 (100.0)	70 (100.0)
Involvement				
High	55 (20.4)	39 (35.5)	9 (10.0)	7 (10.0)
Moderate	65 (24.1)	27 (24.5)	24 (26.7)	14 (20.0)
Low	150 (55.6)	44 (40.0)	57 (63.3)	49 (70.0)

di conducted a research on the relationship between self-esteem and job burnout among the critical care nurses in the teaching hospitals of Jondi Shapour University of Medical Sciences, Ahwaz. The results of correlation test showed a significant negative correlation between self-esteem and the frequency and severity of emotional exhaustion, between self-esteem and the frequency and severity of depersonalization and between self-esteem and personal accomplishment [28].

Salahian, Arizi, Babamiri and Asgari investigating on the predictive factors of job burnout syndrome of

Table 3 Comparison of the perceived importance of job burnout dimensions among hospital staff of different job

Job burnout dimensions	Total N (%)	Medical N (%)	Service N (%)	Administrative N (%)
Emotional exhaustion				
High	72 (26.7)	49 (44.5)	9 (10.0)	20.0) 14)
Moderate	137 (50.7)	39 (35.5)	60 (66.7)	38 (54.3)
Low	61 (22.6)	22 (20.0)	21 (23.3)	18 (25.7)
Depersonalization				
High	160 (59.3)	79 (71.8)	49 (54.4)	32 (45.7)
Moderate	93 (34.4)	25 (22.7)	34 (37.8)	34 (48.6)
Low	17 (6. 3)	6 (5.5)	7 (7.8)	4 (5.7)
Personal accomplishment				
High	22 (8.1)	13 (11.8)	7 (7.8)	2 (2.9)
Moderate	16 (5.9)	11 (10.0)	2 (2.2)	3 (4.3)
Low	232 (85.9)	86 (78.2)	81 (90.0)	65 (92.9)
Involvement				
High	163 (60.4)	65 (59.1)	58 (64.4)	40 (57.1)
Moderate	24 (8.9)	8 (7.3)	9 (10.0)	7 (10.0)
Low	83 (30.7)	37 (33.6)	23 (25.6)	23 (32.9)

nurses as hospital staff, found that job stress, role clarity and occupational overburden could significantly predict job burnout [29].

Sahebzadeh, Karimi, Hosseini, Akhtardanesh and Hosseini studied the level of job burnout among the executive and nursing mangers working in the teaching hospitals of Isfahan, and observed moderate and high job burnout among the head nurses, supervisors, managers who have also been supervisor and head nurse, matrons and executives, respectively. There was a significant correlation between job burnout and position, gender and age, where the head nurses and matrons had the highest and lowest mean job burnout, respectively. Job burnout in females was higher than in males, and decreased with increasing of age. The mean of emotional exhaustion and position was significantly correlated, and the head nurses had the highest and the matrons had the lowest mean of emotional exhaustion [12].

Mirkamali and Nastizaei investigated on the relationship between psychological empowerment and job satisfaction among nurses. The results showed a significant positive relationship between psychological empowerment of nurses and their job satisfaction [30].

Mirkamali, Hayat, Norouzi and Jarahi examined the relationship between psychological empowerment, job satisfaction and organizational commitment among the employees of Tehran University of Medical Sciences using descriptive-analytical method. Their findings showed that the components of psychological empowerment are predictive of the job satisfaction and organizational commitment of the employees [31].

Zahedi, Boudlaei, Sattarinasab and Koshki Jahromi analyzed the relationship between psychological empowerment and organizational commitment, and concluded that more psychological empowerment in people led to less commitment to the organization [32].

Momeni, Salehi and Seraji in a research compared the level of job burnout among the nurses working in the treatment and education departments of Arak University of Medical Sciences. The results showed that, overall, job burnout is high among the nurses of Markazi Province. The difference between job burnout for the nurses working in the treatment and education departments was significant only for depersonalization, while in other aspects, no statistical significant difference was observed [3].

Talaei, Mokhber, Mohamadnejad and Samari researched on job burnout and its associated factors

Table 4 Mean and Standard Deviation of the state of psychological empowerment as perceived by hospital staff of different job type

Variables	Mean	SD
Psychological empowerment		
Medical	56.66	6.08
Service	54.08	6.61
Administrative	57.83	6.10
Competence		
Medical	16.86	2.51
Service	15.90	3.23
Administrative	16.80	2.42
Self-determination		
Medical	12.17	3.52
Service	11.69	3.18
Administrative	13.27	3.30
Impact		
Medical	12.48	1.78
Service	11.84	1.78
Administrative	12.08	1.79
Meaningfulness		
Medical	15.14	1.57
Service	14.64	1.69
Administrative	15.67	1.65

Table 5 Correlations between the frequency of job burnout and psychological empowerment and its dimensions

Variables	Emotional exhaustion	Depersonalization	Personal accomplishment	Involvement
Psychological Empowerment	-0.001	0.043	0.046	0.017
Competence	-0.236**	0.096	- 0.129*	- 0.011
Self-determination	-0.224**	- 0.084	-0.065	-0.113
Meaningfulness	-0.202**	-.341**	-.176**	- 0.127*
Impact	-0.134*	-0.152*	- 0.075	-0.172**

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

Table 6 Correlations between the intensity of job burnout and psychological empowerment and its dimensions

Variables	Emotional exhaustion	Depersonalization	Personal accomplishment	Involvement
Psychological Empowerment	-0.129*	-0.245**	-0.124*	-0.109
Competence	-0.303**	-0.507**	-0.520**	-0.228**
Self-determination	-0.506**	-0.186**	-0.236**	-0.170**
Meaningfulness	0.057	-0.366**	-0.188**	0.000
Impact	-0.028	0.105	-0.088	-0.421**

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

among the staff of teaching hospitals in Mashhad. The results revealed a statistically significant relationship between three dimensions of job burnout and some variables such as age, work experience, education, and type of employment. Emotional exhaustion and depersonalization were significantly higher in females than in males, while married personnel had higher levels of personal accomplishment [9].

Mirabzadeh Ardekani, Samee, Feizzadeh and Irani conducted a research on job burnout and its related factors in Razi Psychiatric Hospital's staff. The results indicated that job burnout (albeit mild) was substantially present among the Razi Psychiatric Hospital's staff. This was more serious for the medical personnel. Meanwhile, job burnout among the medical staff was higher than among the administrative staff, and the difference was statistically significant. The difference between the mean scores of Maslach inventory among the medical and administrative staff was statistically significant in the field of emotional exhaustion and feeling of personal accomplishment, but not for depersonalization. Burnout had a significant relationship with the gender of employees and their working hours per week [16].

Soleimani et al. researched job burnout in the medical personnel of Roozbeh Psychiatric Hospital. Their results indicated that a considerable proportion of the medical personnel of Roozbeh Hospital suffered from severe job burnout, and this was specifically evident as significantly diminished personal accomplishment of the nurses, healthcare workers and service staff [17].

Method

The method used in this research is descriptive, and since it collects data on the demographic characteristics, and describes the status quo, this is a survey research; meanwhile, according to the research objectives (i.e. to measure the relationship between variables), it is a correlational study. The statistical population in this study includes all staffs of Mehr Hospital, Tehran (820 people). The hospital staffs were studied in three job categories, namely services, administrative and therapeutic categories. The sample size was calculated to be 270 people using Cochran's formula, and the personnel were studied based on the stratified random sampling method. Data collection tool was a questionnaire consisting of three sections. The first section was related to the demographic variables, including gender, job category, age, education, work experience and marital status. The second section included the standard 12-question "Psychological Empowerment Questionnaire", which was first developed by Thomas (1990) conceptually and theoretically. Spreitzer (1995) used their model to measure psychological empowerment dimensions, namely competence, independence, having impact and meaning, and validated them [33]. Thus the questionnaire measure four aspects of competence including *feeling of competence*, *self-determination*, *effectiveness* and *meaningfulness* as is structured based on a seven-point Likert-type scale (from 1 = strongly agree to 7 =strongly disagree). The tool has been fully translated and used around the world including Singapore, UK, Australia, Canada, China, the Philippines and Turkey [34]. In Iran, Abdullahi and Naveh Ebrahim used three dimensions of the tool, except self-determination after determining its validity and reliability (r = 0.81). The questionnaire was used fully for the first time in Iran by Eskandari et al. (2010) after obtaining the permission from the developer to use and translate it into Persian [34]. Vacharakiat has reported the reliability coefficient of the questionnaire based on Cronbach's alpha as 0.79 to 0.81 for competence, 0.82 for self-determination, 0.88 for impact, and 0.73 to 0.85 for meaningfulness; the overall reliability of the questionnaire was reported to be 0.90 [35]. Mirkamali et al. calculated the Cronbach's alpha for each dimension as 0.80, 0.85, 0.84, and 0.79, respectively, and 0.88 for the overall reliability [30]. Hassanpour et al. reported the reliability of 0.91 for the questionnaire

[22]. In this research, reliability coefficient for the whole inventory was 0.775, and for its dimensions (competence, self-determination, impact and meaning), it was 0.737, 0.787, 0.80 and 0.720, respectively, indicating the acceptable reliability of the questionnaire in this study.

The third section was comprised of the burnout inventory of Maslach et al. [36]. Maslach et al. believed that the only instrument that can measure the dimensions of burnout is Maslach Burnout Inventory (MBI) [36]. This instrument has been used in many studies of burnout, whether at national or international level. However, the fourth component in this test, namely involvement, is optional, and in the majority of studies that have chosen to use MBI, only 22 questions related to three components of emotional exhaustion, personal accomplishment and depersonalization have been employed. In this study, the complete form of MBI including four components was used, where involvement was measured using three questions. The inventory consisted of 25 questions; 9 items related to the estimation of emotional exhaustion, 5 items for depersonalization, 8 items for measuring personal accomplishment, and 3 questions for involvement. Emotional exhaustion is expressed as stress and feelings of being under pressure and absence of the individual's emotional resources. Depersonalization is negative and cynical attitude towards the patient. Diminished sense of personal accomplishment means loss of sense of competence and ability to work and engage with others in successful execution of the task.

Engaged person is the one who is focused on his/her job, lives for his/her job and is overwhelmed with his/her job (being inclined in job) [36]. In each question, a choice of zero (never) to six (every day) is selected. Total scores of the questions related to each of the dimensions of burnout are calculated separately. For emotional exhaustion, scores of 27 or more indicate a high level of emotional exhaustion; scores equal to16 or less are interpreted as low emotional exhaustion, and scores of 17-26 mean moderate emotional exhaustion. For depersonalization, scores equal to 13 or more indicate a high level of depersonalization; scores equal to 6 or less show low depersonalization, and scores in the range of 7-12 mean moderate depersonalization. For personal accomplishment, scores equal to 31 or less indicate a low level of personal accomplishment, scores more than 39 mean high personal accomplishment, and scores between 32 and 38 show moderate personal accomplishments. When someone enjoys a high emotional exhaustion and depersonalization but has low level of personal accomplishment, he/she suffers from job burnout. In Iran, validity and reliability of the questionnaire were confirmed for the first time by Filian. He reported the reliability as 78% using test-retest method; since then, it has been used in several studies [3]. Momeni et al. (2009) and Atef et al. (2006) reported the reliability of over 0.80 for the components of job burnout [3, 1]. In this study, the reliability coefficient for the whole inventory was 0.944, and for its components of emotional exhaustion, depersonalization, personal accomplishment and involvement, it was obtained as 0.909, 0.873, 0.823 and 0.889, respectively, indicating the acceptable reliability of the questionnaire for this study.

Results

In this study, 270 people among Mehr Hospital staff were studied. Table 1 shows the frequency distribution of the demographic variables of the studied units.

As shown in Table 2, high emotional exhaustion, high personal accomplishment and high involvement among the medical staff are higher than among the other personnel.

As it can be seen in Table 3, high emotional exhaustion, high depersonalization, high personal accomplishment and high involvement among the medical staff are higher than among the other personnel. In other words, job burnout of the medical staff is higher than that of the other personnel.

As it is evident in Table 5, there is a significant negative correlation between the feelings of competence and emotional exhaustion ($P < 0.001$). Also there is such a significant negative correlation between feelings of competence and personal accomplishment ($P = 0.034$). This means that the more a person feels competence, the less he/she feels emotional exhaustion and personal accomplishment; it also means that by increased sense of competence, the person will be at lower risk for job burnout.

Self-determination and emotional exhaustion are significantly and negatively correlated ($P < 0.001$). This means that the more a person feels self-determination, the less he/she will experience emotional exhaustion.

Moreover, significant and negative correlation can be found between meaningfulness and emotional exhaustion ($P = 0.001$), between meaningfulness and depersonalization ($P < 0.001$), between meaningfulness and personal accomplishment ($P = 0.004$), and between meaningfulness and involvement ($P = 0.037$). This means that when a person feels greater sense of meaningfulness, he/she will experience less emotional exhaustion, depersonalization, personal accomplishment and involvement. In other words,

with increased meaningfulness, person will be less prone to job burnout.

There is a direct and negative correlation between impact and emotional exhaustion (P = 0.028), between impact and depersonalization (P = 0.013), and between impact and involvement (P = 0.005) as the components of job burnout. This means that when someone feels more sense of having impact, he/she feels less emotional exhaustion, depersonalization, and involvement; in other words, ans an increased sense of having impact makes the individual less prone to job burnout.

As illustrated in Table 6, there is a significant negative relationship between psychological empowerment and the intensity of emotional exhaustion (P = 0.034), between psychological empowerment and the intensity of depersonalization (P < 0.001), and between psychological empowerment and the intensity of personal accomplishment (P = 0.042). This means that by increased psychological empowerment, people will be prone to less job burnout.

There is a significant negative correlation between the feeling of competence and the intensity emotional exhaustion (P < 0.001), between the feeling of competence and the intensity of depersonalization (P < 0.001), and between the feeling of competence and the intensity of personal accomplishment (P < 0.001), whereas there is a significant negative relationship between the feeling of competence and involvement (P < 0.001). This indicates that when a person feels more competence, he/she may be less prone to job burnout.

Self-determination and intensity of emotional exhaustion (P < 0.001), self-determination and intensity of depersonalization (P = 0.002), self-determination and intensity of personal accomplishment (P < 0.001), and self-determination and involvement (P = 0.005) are negatively and significantly correlated. This means that more self-determination leads to less job burnout.

Furthermore, meaningfulness and intensity of depersonalization (P < 0.001), and meaningfulness and intensity of involvement (P = 0.002) have a significant but negative correlation. This means that more meaningfulness causes less sever depersonalization and involvement. In other words, with more meaningfulness, the probability of job burnout decreases.

Sense of having impact and the intensity of involvement (P < 0.001) showed an inverse and significant correlation. It is to be understood that more sense of impact by a person will lead to less involvement, and that an increased sense of impact for individuals put them at less risk of job burnout.

Discussion

The results of this study showed that generally, job burnout of Mehr Hospital staff is high, and they are at risk of job burnout. It was also found that job burnout is higher among the medical staff rather than the administrative and service employees. This finding has been confirmed in previous studies [12]. Bronwyn et al. [37], Momeni et al. [3] and Soleimani et al. [17] also reported high job burnout among the medical staff of the studied hospitals. Another finding of this study is the association of psychological empowerment with the components of job burnout, that is higher psychological empowerment of staff will reduce job burnout in them; with increased feeling of competence, emotional exhaustion and personal accomplishment decrease. Elevated level of self-determination will diminish emotional exhaustion. With an increase of the sense of meaningfulness in a person, his/her exhaustion, depersonalization, personal accomplishment and involvement will be reduced. By increased sense of impact, we are witnessing reduced emotional exhaustion, depersonalization, and involvement. The results also showed that in the case of higher psychological empowerment in people, the intensity of emotional exhaustion, depersonalization, and personal accomplishment will diminish. With an increased sense of competence, the intensity of emotional exhaustion, depersonalization, personal accomplishment, and the intensity of involvement are reduced in people. With an increased sense of self-determination, the intensity of emotional exhaustion, depersonalization, personal accomplishment and involvement reduces. Meanwhile, higher sense of meaningfulness in people leads to lower intensity of depersonalization and involvement. Increased sense of impact will reduce the intensity of involvement. It has been reported that empowerment may have attitudinal and behavioral consequences, which in turn can lead to increased job satisfaction and reduced stress in individuals. Thomas and Velthouse found that high levels of meaning and sense of competence (personal accomplishment) will increase job satisfaction through creating interest in people towards their careers. Their research findings further revealed that freedom in job (self-determination) is among the Herzberg's motivation factors, and is considered an intrinsic reward. So, as Herzberg predicted, it leads to increased job satisfaction. Sense of impact will also increase job satisfaction [21].

Studies on the mechanism of psychological empowerment have reported that empowerment can reduce stress through increased meaningfulness, competence and freedom (self-determination). Matteson & Ivancevich concluded that "freedom of action" provides the individuals with control over some potential stressful factors, and leads to a reduction in stress [21], and less

stress in workplace can mitigate the factors resulting in job burnout. Gagné and Vansteenkiste [38] believe that independence and competence are important in shaping the inner motivations of individuals and the formation of values. Those people, whose basic psychological needs such as independence and competence are met, are more willing to grow and prosper. Gekas reported that feeling of competence leads to initiative, effort and perseverance in the face of challenging situations. According to Deci and Ryan, "freedom of action" of the staff in their work leads to their rapid response to the obstacles and difficulties. From motivational perspective, Thomas and Timoon found that empowerment provides the employees with needed motivation to improve their performance via freedom of action. On the other hand, Ashforth concluded that the sense of having impact due to empowerment will make people feel that their voice will be heard in organizations; hence, they will feel that they have a role in determining the direction of their unit, and should have better performance [21]. In other words, increased motivation can decrease job burnout. In this study, a significant correlation was found between psychological empowerment and the intensity of job burnout in the hospital staff. Previously, Mirkamali and Nastizaei [30], and Mirkamali, Hayat, Norouzi and Jarahi [31] reported a positive and significant correlation between psychological empowerment and job satisfaction of hospital staff (nurses); this can be explained by this fact that increased motivation and job satisfaction will reduce the incidence of job burnout in employees.

Conclusions

Our study explored the relationship between job burnout and psychological empowerment in the health care context. A high level of job burnout was identified among the employees of the hospital surveyed. The healthcare staff showed a higher job burnout as compared with the administrative and serving staff. Significant negative correlation was observed between psychological empowerment and job burnout. In addition, certain dimensions of both constructs showed significant inter-correlations. The finding that psychological empowerment correlates with lower intensity and frequency of job burnout encourages the hospital managers to launch initiatives for constant psychological empowerment of the staff in order to achieve higher human resources' performance.

Competing Interests

The authors declare that there is no competing interest.

Authors' Contributions

NM and SM jointly designed the study, SM collected, refined and analyzed the data, SM and NM contributed to the interpretation of the results, SM prepared the draft manuscript, and SM and NM revised and finalized the manuscript. All authords read and approved the final manuscript.

Competing Interests

The authors declare no competing interests.

Authors' Contributions

The authors contributed equally to this work.

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