

The Burnout of Paramedical Workers

(A Study on some Health Institutions in Oran)

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Abstract: The current study "The Burnout of Paramedical Workers" was conducted on a sample of 300 workers in the field of paramedical in Oran hospital by using the Burnout scale of Maslach and Jackson (MBI-HSS). After confirming its psychometric properties, it was found that the paramedical workers suffer from an average level of Burnout and there were significant differences in the level of Burnout according to the following individual variables: age, experience, while there are no significant differences according to the workers' gender.

Keywords: Burnout, MBI-HSS scale, paramedical field.

المخلص : استهدفت هذه الدراسة موضوع " الاحتراق النفسي لدى عمال الوسط شبه الطبي " ، حيث تم إجراء الدراسة على عينة قوامها 300 عامل بالوسط شبه الطبي بمستشفى وهران الجامعي ، و باستعمال مقياس الاحتراق النفسي لماسلاش و جاكسون (MBI-HSS) بعد التأكد من خصائصه السيكمترية ، تم التوصل إلى أن عمال الوسط شبه الطبي يعانون من مستوى احتراق متوسط ، كما تم التوصل إلى وجود فروق دالة إحصائية في مستوى الاحتراق النفسي تبعا لاختلاف المتغيرات الفردية التالية: السن، الخبرة ، في حين توجد فروق غير دالة احصائيا تبعا لاختلاف جنس العامل.

الكلمات المفتاحية : الاحتراق النفسي ، مقياس (MBI-HSS) ، الوسط شبه الطبي.

Introduction :

The current era is characterized by technological, cognitive, behavioral and cultural changes, in parallel with the growth of life requirements, and in the new circumstances that characterize the relationship of the person to his work and his institutions that implies him to adhere to a range of different roles, taking in consideration every situation that he encounters, all these circumstances gave birth to the "Burnout " as a phenomenon which occupied a prominent interest in psychological studies in recent times, especially in the social services sector that requires dealing with others and providing assistance and help them.

Because the success of any institutions in achieving its objectives depends mainly on providing the convenient atmosphere for the workers to do their work efficiently and effectively and with the expected level by others, through the detection of various

troubles which makes workers suffering, and working to avoid the conditions that are leading to it, among the most important disorders "the Burnout" .

1. The Study Problem :

"The Burnout" is generally a reflection or reaction to the unbearable work conditions and it is characterized by several symptoms, the most important: low sense of responsibility, exhaustion of emotional energy, tendency to isolation, negative attitudes towards others, the sense of exhaustion throughout the day, loss of enthusiasm and low level of personal achievement.¹

According to many studies, the phenomenon of Burnout has emerged in the early seventies in the domain of work pressure, but it is relatively recent in the Arab world, though it is sweeping most sectors. Hence, the need to find a standardized measuring tool to measure this phenomenon accurately becomes urgent to help decision-makers to identify the importance of this problem, in order to intervene in a timely and appropriate manner.

The Paramedical workers represent the largest proportion in the sector of Health Care, because of many problems they face such as: administrative pressures - poor salary - lack of job security - lack of material and moral incentives and the lack of social support by the society, and other problems that make them more vulnerable to Burnout, without forgetting that these workers (nurses as an example) who are frequently dealing with patients. Therefore, the existence of the Burnout- whatever its level - in this category is a very difficult problem that should be corrected quickly by diagnosing and identifying the most important causes and solutions to it.

Basically, the study aimed to detect ,accurately ,the real size of this phenomenon in our society through the measure of "the Burnout" (MBI-HSS) of "Maslach" and "Jackson". According to previous studies, this measure is one of the most widely used standards in the field of services, including health.

The problem of the study was formulated in the following questions:

1. What are the levels of the Burnout of the paramedical workers?
2. Is the difference of some of the individual variables (sex, age, experience) of the sample accompanied by a difference in the level of the Psychological Burnout?

2. Hypotheses of the Study:

Based on the study's questions, the following hypotheses can be proposed:

1. Paramedical workers suffer from a high level of Psychological Burnout
2. The differences of some of the individual variables (sex, age, experience) of the sample are accompanied by a difference in their level of Psychological Burnout.

3. The Theoretical Framework :

The concept of Burnout as a scientific term has evolved gradually since its first appearance, and its symptoms were referred to in a lot of researches. During World War I and II, the term "épuisement du guerres " or "exhaustion of wars" was used to denote the symptoms similar to the symptoms of the Burnout as known nowadays ². In France, the pioneers studied "la fatigue du travail" or "work fatigue" under different specifications but remains close such as: intellectual fatigue or exhaustion cases ³. In 1959, the French mental doctor "Claude Veil " wrote about cases of exhaustion at work in a medical meeting⁴, He considered that the state of self-Burnout as a result of the confluence of the individual with its individual characteristics and work surroundings. To study this case ,one should organize a deep study and avoid simplifications ⁵.

In 1969, Bradley launched the first scientific research on Burnout, which first raised the problem of occupational depression related to work anxiety, in an article entitled "Treatment for Community Based Young adult offenders", which states that the symptoms resulted from the work pressure and the Burnout symptoms are much the same, and he considered the Burnout as a type of depression ⁶

In the 1970s, in the United States of America, the term " Burnout" emerged as the result of the work of the American psychoanalyst "H. Freudenbreger", who first provided the term "Burnout" into academic use in 1974 , through his study about the responding to the pressures that face workers in the services sector. He made a study for the "Journal of Social Issue" and discussed his own psychological experiments on some volunteers in one of the free Clinique in New York City for addicts - "toxicomanes" ⁷

The study revealed the emergence of a range of physical symptoms such as: excessive fatigue, headache, gastrointestinal disorders, insomnia ,and so on .In addition to psychological symptoms such as: excitability, suspicion, frustration, which reflect on the professional level by avoiding addicted patients.

In his book "La Brule Interne" that is published in Québec in 1980, he explained how people are victims of Burnout basing on his experience and practice. He sees that the pressures of complicated life cause damage to the internal resources of the individual "resource internes" , and cause the individual Burnout even if the person looks fine from outside . His definition of the term "Burnout" was initially mean that the individual was exhausted by the disparity between his abilities and his work requirements ⁸

In 1974, however, he gave a more comprehensive definition : "The excess of the usage of the individual's energies to meet the work requirements that exceeding his capacity" ⁹. Thus, the individual becomes a victim of internal burnout as a result of exhaustion of all his energy" ¹⁰ . But the works of Christina Maslach, Professor of Psychology at the University of Berkeley, USA, a pioneer in the study and development of the concept of Burnout, found that this last is a fatigue and emotional exhaustion resulting from work pressure, and leads to the loss of interest in others ¹¹

"H. freudenbreger" and "Richelson" modified the concept of Burnout, they found that it is a state of fatigue, frustration, and depression resulting from the individual's exhaustion of his energies and the failure of his expectations ¹². Truch, on the other hand, and through his work concluded that Burnout is a situation which is caused by work pressures which lead to negative attitudes towards work, others which leads to an automatic dealing with people who are receiving services ¹³.

In 1982, the work of Christina Maslach and her colleague Susan Jackson, which represented the mainstay of most of the research and studies that came later. They defined the Burnout as a combination of symptoms (syndrome) resulted from work pressure, manifested through :stress and emotional exhaustion, Apathy, loss of sense of personal achievement. As they designed a scale to measure the Burnout and its three dimensions, called "MBI" or "Maslach Burnout inventory" ¹⁴

The concept of Burnout has expanded to include other professions such as education, administration, police, etc. Several standards have been developed to measure it, and several studies and researches was conducted in both in the Arab and foreign world. However, what is highly observed is that researchers and authors have proposed a relational approach to understand the Burnout as a result of the continuous and reciprocal relationship of the individual with his work environ ¹⁵. One of the pioneers of this approach is Cherniss, who sees the Burnout as the ultimate outcome of the personal variables's interaction of the working individual with his work environment characteristics. This interaction leads to the emergence of negative trends like : ambiguous work objectives ,the contradiction between idealism and reality, lack of personal responsibility."Mustafa Bouzazoua" believes that the Burnout is an internal situation resulting from permanent work pressures, and is understood only within the overall framework of the institution.

As the technological and scientific advances continue, and with the changing of psychological theories and the emergence of Cognitive Psychology, and though the Burnout is the result of the mutual interaction between the characteristics of the individual and his work environment, the concept of Burnout will change constantly, depending on developments and changes affecting the environment and the individual's perception of this environment.

In this study, the Burnout procedurally was defined as the getting of the of paramedical worker on a high degree in the Burnout scale of Maslach and Jackson (MBI-HSS), by obtaining a high degree in the three dimensions: "emotional exhaustion" , "Apathy " and "lack of personal achievement".

4. Methodology:

The descriptive approach was adopted in this study according to the following procedures:

4.1. the Study Sample's Characteristics: The study sample consisted of 300 workers of the paramedical sector of all specialties in Oran hospital (CHUO), of both sexes (46% males, 54% females), with an average of 36.29 years ranged between 23 to 58 "years old" and a standard deviation of 8.26 years. and an experience in the paramedical sector of one year as minimum to 35 years as maximum with an average of 11.30 years and a standard deviation of

8.61 years. The sample was randomly selected in different strata (30.7% surgery, 23.7% emergencies, 28% medicine, 17.7% pediatrics and maternity)

4.2. Study Tools: This study was based on the Burnout scale of Maslach and Jackson (MBI).

4.2.1. Description of the scale: A scale measures of Burnout in the field of social and human services, prepared by Christina Maslach and Susan Jackson of the University of California, USA, in 1980¹⁶. The scale consists of 25 paragraphs, in its original version, divided into four main dimensions which are: emotional exhaustion (9 paragraphs), Apathy (5 paragraphs), personal achievement (8 paragraphs), and finally commitment (3 paragraphs), which is an additional dimension. After the factor analysis, the scale becomes to consist of 23 paragraphs divided into 3 main dimensions.

4.2.2. Psychometric characteristics of the scale: The psychometric characteristics of the MBI were confirmed as follows:

A). The validity: The scale's validity has been verified through the concurrent validity method, so that the results of previous studies indicate positive correlation between both the level of Burnout and the level of public health¹⁷.

The public health test, authored by Goldberge and Williams in 1991, Arabization is done by Hoda Jaafar (1999), is one of the most well-known criteria for distinguishing individuals who are likely to suffer from non-psychotic disorders from any other healthy individuals. The complete test, in its original version, consists of "60 words", the response is selected on a scale of "4 alternatives" ranging from "absolutely" to "more than usual". This test was designed to measure five areas of mental disorders: anxiety, depression, social dysfunction, sleep disorders, psychosomatic disorders¹⁸.

In this study, this standardized version of the public health measure (34 paragraphs) was used to measure the concurrent validity of the Maslach test of the Burnout by applying the measures of "public health" (standardized) and the Maslach scale of the Burnout (MBI) on the sample of the exploratory study. According to Pearson's correlation coefficients, this last was 0.92 ** at the level of 0.01, and the high correlation coefficient indicates that the scale is valid.

B). The Reliability: The reliability of the scale was measured according to the following methods: Guttman coefficient, Gronbach's alpha coefficient, and the reliability parameters of the scale ranged between 0.92 and 0.98, which indicates that the scale in the overall image is very stable. This confirms that the scale of the good psychometric qualities that make it qualified for use in the collection of basic study data.

5. Presentation of the results of the study and discussion:

The results of the study will be presented according to the hypotheses and discussed in the light of previous studies.

5.1 .First Hypothesis Test Results: This hypothesis states that "**paramedical workers suffer from a high level of Burnout.**" This hypothesis was proved by: the arithmetical average and standard deviation. The results were as follows:

Table (1): **The level of Burnout among the sample members**

Variables	Arithmetical average	Theoretical average	Standard deviation
Emotional exhaustion	21.84	21	12.83
Lack of personal achievement	19.27	24	13.46
Apathy	17.59	24	13.78
Burnout	58.75	69	37.37

It appears that the overall sample suffers from an almost average level of Burnout, with an average value of (58.75) on the scale as a whole, which is lower than the theoretical average (69).

However, although the three-dimensional levels indicated an average level of Burnout, the result varied from one dimension to the next, So that level of "emotional exhaustion" exceeding the theoretical average, but the "lack of personal achievement" and "Apathy" are less than the theoretical average.

The order of the Burnout factors appeared to be as follows:

- Emotional exhaustion: an average of (21.84) and a standard deviation of (12.83)
- lack of personal achievement: An average of 19.27 and a standard deviation of 13.46.
- Apathy: An average of 17.59 and a standard deviation of 13.78.

Through these results, it can be said that this hypothesis is not achieved.

This result is consistent with the study results of Stordeur (1999) in Belgium on a sample of 625 nurses ¹⁹ and Carole Vanier on a sample of 208 psychiatrist ²⁰. However, this result is different from several other studies; So that Abd Allah El Djoudi, "M. Lorient", "Dr. Laurent" and "M. Laurel" see that workers in the health sector, according to their specialties, suffer from a high level of Burnout as a result of work pressures associated with the lack of social support, conflicts with colleagues and supervisors ²¹.

Other studies show that workers in the health sector suffer from a low level of Burnout such as "Ceslowitz" (1999) ²² and "Martinez" ²³.

However, field study and observation in hospitals show that the health sector considered to be one of the most active, stressful and vulnerable sectors. The study of Ben Farahat Amirouche, conducted in a similar environment, supports this view. His study comparing the doctors of the Algerian central region with the doctors of the Western region of Algeria (such as the sample of the current study), he found that the conditions in which doctors practiced their work in Western Algeria is suitable for work, which can include the rest of the health sectors such as: paramedical sector ²⁴, which explains the average level of Burnout in the sample.

The study also found that the sample had a lower than average level in dimension of "Apathy" and "lack of personal achievement", which is almost consistent with "Carole Vanier" in her

study of mental health workers, which found that they have an average level of emotional exhaustion , Apathy and a low level of personal achievement ²⁵ .

5.2. Second Hypothesis Test Results: This hypothesis states: "**The variation of some individual variables of the sample is accompanied by a difference in the level of their Burnout**" .

This hypothesis included a set of partial hypotheses which stated that:

5.2.1.difference of the worker's age is accompanied by a difference in the level of Burnout.

5.2.2.The difference in working age is accompanied by a difference in the level of Burnout.

5.2.3.Different working experience is accompanied by a difference in the level of Burnout.

5.2.1.Partial Hypothesis Test Results : This hypothesis states that: "**the sex of the worker is accompanied by a difference in the level of Burnout**"

This hypothesis was proved by extracting the value of T. The results were as follows:

Table (2): **Different levels of Burnout depending on the sex difference**

Variables		N= 300					
		Arithmetical average	Arithmetical average	Deviation	Value T	Freedom degree	Significance level
Emotional exhaustion	Male	21.1	21	12.55	-1.19	298	non-significant
	Female	22.46		13.04			
Lack of personal achievement	Male	18.32	24	13.24	-1.45	297	non-significant
	Female	20.07		13.61			
Apathy	Male	17.33	24	13.92	-0.37	298	non-significant
	Female	17.80		13.69			
Burnout	Male	56.87	69	36.79	-1.03	297	non-significant
	Female	60.33		37.83			

The table shows that there are non-significant differences between males and females in both the test as a whole or in its three dimensions. It also shows thatThe sample - both males and females - suffer from an average level, to some extent of Burnout , and Through these results, it can be said that thispartial hypothesis is not achieved.

The results of these studies are consistent with the results of the following studies : Stordeur ²⁶ , Carroll ²⁷ .So that both males and females perform their work in the same situations and under the same conditions, and are subjected to the same pressure which makes them suffer together of Burnout. However, there are studies confirmed that there are differences in the level of Burnout due to the gender variable, As a study of Laurel ²⁸ examined the 119 supervisor and nurse found that the males suffer from a high level of apathy more than females, which explains the patients desire to get health care by female

workers. and The Martinez study on health care workers in France has found that Burnout is more common among males and females. and the study of "Martin" and "Eric" that is conducted with a sample of 201 nurses ²⁹, and most of the studies on other sectors confirmed that the sex variable has no effect on the level of Burnout. Including Studies on teachers, such as the study of Ali Askar (1986), Issa Mohammed (1995), Veyman (1986)³⁰, Ayed study (1993)³¹ studies on psychiatrists and educational guides such as studies of Katherine (1994) and Yoky(1995)³².

Generally, both males and females practice their work within the hospital's laws. These laws define their rights, duties and the nature of the human relationship that binds each person to others, colleagues, supervisors and even patients. As that The current civilizational stage was also concerned with gender equality in various fields.

5.2.2. The results of the partial hypothesis test : This hypothesis states that: **"the age difference of the worker is accompanied by a difference in the level of Burnout"**. This hypothesis was proved by extracting the value of F, The results are shown in the following table:

Table (3): **The difference in the level of Burnout according to the groups age.**

Variables	The source of variance	Total squares	Freedom degree	Average squares	F value	Significance level
Emotional exhaustion	Between groups	14301.8	03	4767.27	34.81	0.01
	Inside groups	68468.8	296	136.94		
Lack of personal achievement	Between groups	24896.2	03	8298.76	62.69	0.01
	Inside groups	66053.8	295	132.37		
Apathy	Between groups	19241.3	03	4613.78	42.03	0.01
	Inside groups	76290.8	297	152.58		
Burnout	Between groups	171014.8	03	57004.9	53.68	0.01
	Inside groups	529933.04	295	1061.99		

The table shows significant differences among individuals in the four age groups: (20-30) - (31-40) - (41-50) - (51 and above), whether in the total degree of Burnout or in the three dimensions, all of these differences are significant at level 0.01. and Through these results, it can be said that this partial hypothesis is achieved.

To find out the direction of differences between individuals on the factors of Burnout, the "Sheffee" equation was used, and reached the following results:

Table (4): **The trend of differences in the level of Burnout according to the difference in ages.**

Variables	Comparison groups	Arithmetical averages	Theoretical	the average of the differences values			
				20-30	31-40	41-50	+50

			averages				
Emotional exhaustion	20-30	29.49	21	-----	*9.65	*13.47	*9.34
	31-40	19.83			-----	*3.81	0.3-
	41-50	16.01				-----	4.12 -
	+50	20.14					-----
Lack of personal achievement	20-30	29.15	24	-----	*11.65	*17.14	*19.08
	31-40	17.51			-----	*5.49	*7.44
	41-50	20.01				-----	1.49
	+50	10.07					-----
Apathy	20-30	26.39	24	-----	*10.62	*15.25	*15.42
	31-40	15.77			-----	*4.63 -	4.81
	41-50	11.14				-----	0.17
	+50	10.96					-----
Burnout	20-30	85.04	69	-----	*31.79	*45.87	*43.86
	31-40	53.24			-----	*14.07	12.06
	41-50	39.17				-----	2.008-
	+50	41.17					-----

The results show that there are significant differences at the level of "0.01" between the categories of individuals aged (20-30 years) and the following categories: (31-40 years), (41-50 years), (+ 51 years) for the first group (20-30 years).

There is also a difference between the age groups (31-45 years old) and (41-50 years) for the first group. It is clear from the arithmetic averages that individuals of the age group (20-30 years) has a level of burnout more than other age groups.

The results showed that there was a difference between individuals in the three Burnout factors ,The differences were as follows:

- Differences in the "emotional exhaustion" and "lack of personal achievement" were found between age group (20-30 years) and age groups: (31-40 years), (41-50 years) , (+ 51 years) for the first category, and between (31-40 years) and (41-50 years) for the first category,
- Differences in the "lack of personal achievement" were found between age groups (31-40 years) and (+51 years) for the first category
- Differences in the 'Apathy ',were found between age group (20-30 years) and age groups : (31-40 years), (41-50 years), (+51 years) for the first category, while the differences appeared between age groups (31-40) years and (41-50 years) for the second category.

The table also shows that individuals of different age groups suffer from average levels of Burnout, either in the scale as a whole or in its three dimensions. However, it is noted that the age group (20-30 years) had an arithmetical averages more than the theoretical averages in the whole scale and in its three dimensions. The rest of the age groups had an arithmetical averages of less than the theoretical average, with some variation from one category to another, and from one dimension to another.

This finding is consistent with the study results of Martin and Eric (2005) on a sample of 201 nurses ³³, as well as the study results of Lourel ³⁴, but Several studies have confirmed that there are no differences in the levels of Burnout due to the age variable, such as the study of Stordeur ³⁵ and BenFarhat ³⁶.

Concerning the dimensions. Carole Vanier found a negative correlation between the "emotional exhaustion" and the "Apathy", and between age ³⁷, and "Lourel" found that age had a negative impact on personal achievement, and found a positive correlation between decision making and personal achievement³⁸.

Usually, we see that younger people hesitate to make decisions and refer back-up to several sources before making any decision, contrary to older people, this hesitation decreases as they are aging, with increase in experience and experiments. Through a field study and communication with paramedical workers, it was found that younger individuals are tend to complain a lot, ridicule on patients, impatiently waiting for holidays, conflict with each other and with their supervisors, unlike older ones, who tend to accept the others, and carefully perform their duty, which confirms the achieved result, and according to the theory of growth Psycho-social "of the" Erikson " as the individual grows up, his personal achievement increases till the extent of searching for giving help and be tender to others; the one that comes from the inner-side and is not imposed by duty, which proves the exact opposit to the " Lourel " study.

5.3.2. The results of the partial hypothesis test: This hypothesis states that: **"the difference of the worker's experience is accompanied by a difference in the level of Burnout."** This hypothesis was proved extracting the value of F. The results are as shown in the following table:

Table (5): **difference in the level of Burnout depending on the difference in the experience.**

Variables	The source of variance	Total squares	Freedom degree	Average squares	F value	Significance level
Emotional exhaustion	Between groups	16502.35	6	2750.39	20.63	0.01
	Inside groups	66268.26	293	133.34		
Lack of personal achievement	Between groups	28606.49	6	4767.75	37.93	0.01
	Inside groups	62343.64	292	125.69		
Apathy	Between groups	22212.12	6	3702.02	25.09	0.01
	Inside groups	73320.09	293	147.52		
Burnout	Between groups	196870.12	6	32811.69	32.29	0.01
	Inside groups	504077.77	292	1016.29		

The table shows that there are significant differences between groups of individuals according to experience:(-5 years),(6-10 years),(-25 years) ,(26-30 years) ,(35 years),either in the Burnout scale as a whole or in its three dimensions .All were significant at the level of '0.01'.andThrough these results, it can be said that thispartial hypothesis is achieved.

In order to determine the direction of differences between individuals on the factors of Burnout ,it was based on the ‘Sheffee ‘equation ,and the following results were obtained:

Table (6):The direction of differences in the level of Burnout according to the experience.

Variables	Comparison groups	Arithmetical averages	Theoretica l averages	the average of the differences values						
				-05	6-10	11-15	16-20	21-25	26-30	31-31
Emotional exhaustion	-05	29.03	21	----	*7.50	*12.76	*13.2	*13.66	*10.68	7.15
	6-10	21.53			----	5.26	5.69	6.16	3.18	0.34-
	11-15	16.27				----	0.43	0.90	2.07-	5.6-
	16-20	15.83					----	0.46	2.51-	6.04-
	21-25	15.37						----	2.97-	6.5-
	26-30	18.35							----	3.52-
	31-35	21.87								----
Lack of personal achievement	-05	38.20	24	----	*8.28	*16.28	*16.6	*17.29	*18.07	*18.50
	6-10	26.63			----	*8.002	*8.33	*9.01	*9.79	10.22
	11-15	16.26				----	0.32	1.01	1.78	2.22
	16-20	16.33					----	0.68	1.45	1.89
	21-25	14.66						----	0.77	1.21
	26-30	14.74							----	0.43
	31-35	13.50								----
Apathy	-05	16.20	24	----	*8.17	*14.91	*14.37	*15.35	*14.29	*16.40
	6-10	11.33			----	*6.74	6.2	7.18	6.12	8.23
	11-15	6.88				----	0.54-	0.43	0.61-	1.48
	16-20	7.09					----	9.97	0.12	2.03
	21-25	7.1						----	1.05-	1.05
	26-30	7.3							----	2.10
	31-35	6.00								----
Burnout	-05	83.44	69	----	*23.95	*43.8	*44.18	*46.31	*43.05	*42.06
	6-10	59.49			----	*19.84	*20.23	*22.35	19.09	18.11
	11-15	39.42				----	0.38	2.51	0.74-	1.73-
	16-20	39.26					----	2.12	1.13-	2.11-
	21-25	37.13						----	3.25-	4.24-
	26-30	40.39							----	0.98-
	31-35	41.37								----

The table show that there are significant differences at the level of "0.01" among the group with less than 5 years' experience, and among the groups of experienced individuals (6-10 years), (11-15 years), (16-20 years) , (21-25 years) , (26-30 years) , (31-35 years) for the first group, and between the groupof experienced individuals (6-10 years) and the following groups: (11-15 years), (16-20 years), (21-25 years) for the first group.

The averages show that the group of less experienced individuals of "5" years has the burnout level morethan the rest of the other groups.

Concerning the dimensions,The differences were as follows:

- Differences in the "emotional exhaustion" were found between the group of less experienced persons of 5 years and the following groups: (6-10 years), (11-15 years), (16-20 years), (21-25 years), (26-30 years) for the first group.
- Differences in the dimension of "lack of personal achievement" were found between the less experienced group of "5" years and the rest of the other groups: (6-10 years), (11-15 years), (16-20 years), (21-25 years), (26-30 years), (31-35 years) for the first group, and between group (6-10 years) and groups : (11-15 years), (16-20 years), (21-25 years), (26-30 years) for the first group.
- Differences in the dimension of "Apathy " were found between the group: the least experience of "5" years and the rest of the other groups in favor of the first group, between the category (6-10 years) and the category (11-15 years) for the first group.

As for the arithmetic averages, the table showed that individuals, regardless of their experience, suffer from intermediate levels of Burnout either in the scale as a whole or in its dimensions. However, the group of less experienced people of 5 years had their mean values in the scale and in all three dimensions above the theoretical average of the scale and the rest of the individuals had their arithmetic average less or equal to the theoretical average, with some difference from one category to another and from one dimension to another.

This result is consistent with study results of Martin, Eric ³⁹ and Laurel ⁴⁰, and differs with the following studies of Stordeur ⁴¹, Ben Farhat ⁴² and Carol ⁴³.

Generally, The variable of both experience and age are quite associated, so that the experienced workers from 31 to 35 years had the average level of emotional exhaustion, But the absence of any of its effects on the dimensions of "Apathy " and "lack of personal achievement" shows that the feel of exhaustion is only due to physical fatigue and aging, unlike those whose experience is less than "10 years, whose levels exceeded the average in the three dimensions of the scale, which corresponds to the study of " Lourel ", which found that experience is positively associated with emotional exhaustion ⁴⁴. It is also logic shows that the more experience an individual have in his work, the more he will be able to cope with the stress of work, and the less likely he will be exposed to Burnout.

Finally, the study of the subject of Burnout requires addressing a number of factors that interact with each other, the most important: individual factors such as: personality strength, strategies of dealing with others, quality of communication within the work environment, social status, educational level, etc, and environment oceanic factors that need to be researched and studied accurately.

Références:

1. الخطيب محمد جواد: "الاحتراق النفسي وعلاقته بمرونة الأنا لدى المعلمين الفلسطينيين بغزة", كلية التربية. جامعة الأزهر. غزة. 2007. ص : 10
2. خليلي عبد الحليم. "مستوى الاحتراق النفسي لدى مربى الأطفال ذوي الاحتياجات الخاصة". رسالة ماجستير غير منشورة في علم النفس. جامعة عنابة. الجزائر. 2007. ص: 19

3. Mélanie Jullian. "**Comprendre et prévenir l'épuisement professionnel des soignants**".Mémoire de l'école Nationale de la santé publique-ENSP.2007 .P :5
4. Benferhat Amirouche."**L'étude du syndrome du Burnout chez une population a risque** » . université d'Oran.2008.P :33
5. Mélanie Jullian. "**Comprendre et prévenir l'épuisement professionnel des soignants**". Op.cit.P :5
6. Benferhat Amirouche."**L'étude du syndrome du Burnout chez une population a risque** » . Op.cit .P :33
7. القرنى علي بن شويل . "الإعلام والاحتراق النفسي". جامعة الملك سعود. الرياض. السعودية. 2000. ص : 10
8. Benferhat Amirouche."**L'étude du syndrome du Burnout chez une population a risque** » . université d'Oran.2008.P :34
9. نشوى كرم عمار. "الاحتراق النفسي للمعلمين ذوي النمط (أ-ب) وعلاقته بأساليب مواجهة المشكلات" . أطفال الخليج. 2007. ص:23
10. Marc Lorient. "**La construction social de la fatigue au travail chez l'infirmière d'hospitalières**". centre national de recherché scientifique 2003.p :65-75
11. Pierre Canoui.Aline Mauranges. "**Le Burnout**". 3ém édition. Masson.Paris.2004.p :7
12. Didier Truchot: "**Epuisement professionnel et Burnout**". DUNOd.Paris.2004 .p :8
13. رائدة حسن الحمر . " دراسة مستوى الاحتراق النفسي لمعلمي التربية الخاصة مقارنة بالمعلمين العاديين في مملكة البحرين " . كلية التربية. جامعة البحرين. 2005. ص:16
14. Didier Truchot. "**Epuisement professionnel et Burnout**". Op.cit.p :15
15. IPID.p :15
16. Christina Maslach.Susan Jackson. "**The measurement of experienced burnout**". Journal of occupation behaviour(1981)2.p:99.113
17. D.Black.E.Guthrie. "**psychiatric disorder. Stress and burnout**". Advances in psychiatric Treatment(1997)3.p:275-281
18. بن طاهر بشير. "استراتيجيات التكيف مع مواقف الحياة الضاغطة وعلاقتها بالصحة العامة" . أطروحة دكتوراه. جامعة وهران. 2005 . ص:128
19. S.Stordeur. "**Prédicateurs de l'épuisement professionnel des infirmières**". Recherche en soins infirmiers N:59.1999.p :57-66
20. Carole Vanier. "**Etude de l'épuisement professionnel et des facteurs associés chez des intervenants et intervenantes de ressources communautaires et santé mentale**". Université du Québec-Montréal-1999 . p :219
21. M.Laurel.N.Gueguen. "**The burnout assessment of pines**". Masson pratique psychologiques.13.2007.p :353-364.
22. Laurencine piquemal –vieu. "**Le coping une ressource à identifier dans le soin infirmier**". Recherche en soins infirmiers N:67.2001.p :93
23. Martin Lauzier. Eric Gosselin . « **Effet Autogène des stratégies de coping sur la dynamique épuisement professionnel** » (chez les infirmières) ASAC.Canada.2005 .p :212
24. Benferhat Amirouche."**L'étude du syndrome du Burnout chez une population a risque** » . Op.cit .P :6
25. Carole Vanier. "**Etude de l'épuisement professionnel et des facteurs associés chez des intervenants et intervenantes de ressources communautaires et santé mentale**". Op.cit. p :219
26. S.Stordeur. "**Prédicateurs de l'épuisement professionnel des infirmières**". Op.cit.p :57-66

27. Carole Vanier. **"Etude de l'épuisement professionnel et des facteurs associés chez des intervenants et intervenantes de ressources communautaires et santé mentale"**. Op.cit. p :219
28. Marcel Laurel.Kamel Gana. **"Le burnout chez le personnel des maisons d'arrêt"**. centre de recherche en psychologie- Encéphale.30(6).p :557-563
29. Martin Lauzier. Eric Gosselin . **« Effet Autogène des stratégies de coping sur la dynamique épuisement professionnel »** (chez les infirmières) Op.cit.p :6
30. رائدة حسن الحمر . " دراسة مستوى الاحتراق النفسي لمعلمي التربية الخاصة مقارنة بالمعلمين العاديين في مملكة البحرين " . مرجع سبق ذكره .ص:45
31. أحمد محمد عوض . "الاحتراق النفسي والمناخ التنظيمي في المدارس" ،ط1 ،دار الحامد . الأردن . 2007 ص:30
32. رائدة حسن الحمر . " دراسة مستوى الاحتراق النفسي لمعلمي التربية الخاصة مقارنة بالمعلمين العاديين في مملكة البحرين " . مرجع سبق ذكره .ص:40
33. Martin Lauzier. Eric Gosselin . **« Effet Autogène des stratégies de coping sur la dynamique épuisement professionnel »** (chez les infirmières) Op.cit.p :61
34. Marcel Laurel.Kamel Gana. **"Le burnout chez le personnel des maisons d'arrêt"**. Op.cit.p :557-563
35. S.Stordeur. **"Prédicateurs de l'épuisement professionnel des infirmières"**. Op.cit.p :57-66
36. Benferhat Amirouche. **"L'étude du syndrome du Burnout chez une population a risque »** -. Op.cit.P :7
37. Carole Vanier. **"Etude de l'épuisement professionnel et des facteurs associés chez des intervenants et intervenantes de ressources communautaires et santé mentale"**. Op.cit. p :219
38. Marcel Laurel.Kamel Gana. **"Le burnout chez le personnel des maisons d'arrêt"**. Op.cit .p :557-563
39. Martin Lauzier. Eric Gosselin . **« Effet Autogène des stratégies de coping sur la dynamique épuisement professionnel »** (chez les infirmières) Op.cit.p :61
40. Marcel Laurel.Kamel Gana. **"Le burnout chez le personnel des maisons d'arrêt"**. Op.cit p :557-563
41. S.Stordeur. **"Prédicateurs de l'épuisement professionnel des infirmières"**. Op.cit.p : 57-66
42. Benferhat Amirouche. **"L'étude du syndrome du Burnout chez une population a risque »** . Op.cit.P :7
43. Carole Vanier. **"Etude de l'épuisement professionnel et des facteurs associés chez des intervenants et intervenantes de ressources communautaires et santé mentale"**. Op.cit. p :219
44. Marcel Laurel.Kamel Gana. **"Le burnout chez le personnel des maisons d'arrêt"**. Op.cit .p :557-563