



*The level of psychological burnout among general practitioners working in public hospitals according to some demographic variables*

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**Abstract ;**

*This study aimed to know the level of psychological burnout among general practitioners working in public hospitals according to some demographic variables. The study reached several results, most notably that the level of psychological burnout among the study sample is high, and the study indicated that there are statistically significant differences in the level of psychological burnout according to the gender variable, which were in favor of males, as well as the presence of statistically significant differences according to the variable of professional experience, in favor of the group whose experience ranged from 10 to 20 years old.*

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## 1. **Introduction**

The profession of a doctor is among the most important humanitarian service professions, because of its great position in society, given that it is related to the health and life of individuals, and the doctor, like other workers in various sectors, faces a number of psychological pressures in the work environment, most notably the large and continuous influx to hospital institutions such as Patients and treatment seekers, which makes the doctor live under pressure according to the degree of influx and the various external requirements he is exposed to, where this leads to more effort, sacrifice and giving, in his attempt to achieve a balance between work requirements in light of a specific and imposed professional reality, a balance that depends on the degree of psychological hardness of On the one hand, and through the availability of defensive mechanisms and coping strategies on the other hand, the more the doctor has a degree of mental health, the greater the degree of his tolerance and overcoming of pressure, and achieving balance depends on an ideal degree of practical climate within the hospital and respect for job status by providing what would raise his motivation The doctor seeks to work and his job satisfaction and reduces his level of stress and through him he can achieve his professional self. A large number of professional pressures and

their persistence leads to the emergence of many different psychological responses to doctors, especially those related to psychological burnout that prevents the doctor from practicing the various tasks and activities entrusted to him, and perhaps this may translate into many behaviors that appear among doctors, such as the way of dealing with patients and not understanding their suffering, In addition to the lack of communication with colleagues in the profession and evading social situations, in addition to the chronic fatigue that the doctor experiences daily as a result of the professional pressures he goes through. Also, the nature of the position that the doctor occupies in society by providing health care to patients of different intellectual and social affiliations and cultural levels, and the resulting pressure and additional burden on the doctor, made the interest in knowing the levels of psychological burnout among doctors working in public hospitals a very important matter in an attempt to diagnose their nature. And the disclosure of its results to understand the psychological pension of those with white aprons, as well as access to avoid the causes leading to the phenomenon of psychological burnout, especially since it is one of the obstacles to the doctor's profession. Therefore, it is important to work on improving the functional environment for doctors working in public hospitals in

order to improve health services today in a way that serves the health sector and makes it advanced. For the best in terms of quality and quality of services provided

### **1. Study problem**

During an international conference organized by the Algerian Society of Psychiatry in November 2007, a study conducted in Algeria revealed that no less than 10% of Algerians are in need of psychological care, and these indicators can be considered as a warning bell by drawing attention to the level of mental health in Algeria and shed light on the manifestation of stress that Decades ago, it became a private and public interest, while we in Algeria needed the beginnings of the twenty-first century and the succession of several hardships to pay attention to it and begin to explore its negative effects in particular (Ben Zeroual-Fatiha, 2010, p. 126).

And because the health sector is the only one in Algeria that recognized in (2002) the suffering of doctors and health workers in emergency departments and surgery rooms in various hospitals in the country, as they suffer from pressure, exhaustion, and fear, all of this will inevitably lead to their suffering psychologically and physically, and the Ministry of Health has issued a ministerial instruction calling for it All directors of public health and directors general of university hospital centers and specialized hospital institutions show in it the risks of

internal and external psychological conflicts for professionals in the profession of troubles and obligations and the need to prevent it (Wadi Lamin, 2018, p. 9).

Psychological stress and its sources and effects on workers in various institutions and organizations are among the topics that have attracted the attention of many researchers, especially in recent times, despite the existence of this phenomenon in the presence of humans as a result of the negative results caused by these pressures on the psyche of workers and the decrease in their performance, and the increase in absence days, Perhaps an increase in work accidents, and as a result the institution incurs large losses represented in workers' compensation and a decrease in production (Al-Dharib Abdullah and others, 2010, p. However, there are also sources, processes of tolerance, and methods of coping that are considered auxiliary factors that enable the individual to deal with psychological stress, and thus provide him with maintaining mental health (Jawda Amal Abdel Qader, 2004, p. 670).

Psychological stress is considered an integral part of the doctor's professional pension, which is an incentive, motivation, and encouraging factor to work, give, and sacrifice more to care for and treat patients, noting that the many and increasing requirements, harsh working conditions, and the absence of

appreciation and motivation are among the most important reasons for the exacerbation of professional psychological pressure among doctors, which impede them from performing. The best for their job, especially if these pressures exceed the adaptive capabilities of the speed, sharpness, and permanence of response to stress factors, as the continuity of exposure to high levels of professional pressure leads the doctor to make a greater effort to regulate his own emotions and confront them efficiently, and if he is unable to control his emotions and control them, he will fall into a psychological struggle. Internal exhaustion of his energies and makes him feel unable to accomplish the tasks entrusted to him, to develop negative self-concepts and low morale, to lead to a decrease in the level of job performance and satisfaction with work, and thus the doctor falls prey to psychological burnout (Badawi Mahmoud Al-Saeed, 2020, p. 82)

What can be confirmed is that the medical profession is one of the noblest social professions, and that is what it provides with humanitarian services, as it can be considered among the jobs and professions in which there is no room for error, such as surgery, resuscitation and medical emergency, but the great pressure and overcrowding in hospitals and the effort that doctors make in addition to Organizational variables such as double the salary compared to the pace of work,

the compulsion of professional mistakes that may sometimes lead to the life of the patient, all of this results in the psychological health of the specialist doctor negatively, as a group of studies that focused on this field of research confirmed the spread of the phenomenon of psychological combustion among professionals of medical interests in particular. Including doctors and specialists, the increasing number of researches on medical practice and exhaustion of therapists reveal that among those whose profession is to provide assistance, hospital doctors are the category most exposed to chronic pressure and psychological burnout (Habi Khaira, Bin Ahmed Qweider, 2016, p. 215).

Perhaps the characteristics that distinguish the medical profession as a profession belong to the health sector, given that it is related to human life, which makes it a constant pressure on its owners, which may expose them to more psychological burnout in light of the prevailing organizational climate and the nature of the tasks assigned to them, in light of the work requirements that require more. The efforts made in view of the size of the responsibility placed on the shoulders of doctors, and the doctors' sense of the size of the responsibility and the continuous increase in pressures produced changes that occurred in their behaviors inside the hospital, especially in work relations and the level of job

performance, and perhaps this is what leads in the future to results that highlight the suffering at work that doctors are exposed to Perhaps that is what makes it more than necessary to pay attention and try to shed light on the study of psychological burnout in this group, given the pressures that this group is experiencing. Psychological burnout constitutes an organizational problem that must be addressed by doctors, especially since it has become an obsession among doctors in view of the negative results that are inevitably reflected in their behaviors and their professional and personal lives, which makes dealing with this phenomenon very important, and perhaps this is what made us try to detect the level of burnout. Psychiatry among general practitioners working in public hospitals, based on a problem:

- What is the level of psychological burnout among general practitioners working in public hospitals in Jijel and Setif?

- Are there statistically significant differences in the level of psychological burnout among general practitioners working in public hospitals for each of the states of Jijel and Setif due to the gender variable?

Are there statistically significant differences in the level of psychological burnout among general practitioners working in public hospitals for each of the

states of Jijel and Setif due to the variable of professional experience?

### 3. The hypotheses of the study

- The level of psychological burnout among general practitioners working in public hospitals for both the states of Jijel and Setif is high.

- There are statistically significant differences in the level of psychological burnout among general practitioners working in public hospitals for each of the states of Jijel and Setif due to the gender variable.

- There are statistically significant differences in the level of psychological burnout among general physicians working in public hospitals for each of the states of Jijel and Setif due to the variable of professional experience.

### 4. Study objectives

Through the study that we will do, we aim to achieve a number of goals represented in the following:

- Identifying levels of psychological burnout among a sample of general practitioners working in public hospitals in Jijel and Setif.

- Examination of the significance of differences in the level of psychological burnout according to the variable of sex among general practitioners working in public hospitals in Jijel and Setif

- Examination of the significance of the differences in the level of psychological burnout according to the variable of professional experience among

general practitioners working in public hospitals in Jijel and Setif. Submit proposals that would reduce the phenomenon of psychological burnout among doctors in public hospitals.

### **5. The importance of the study**

The importance of our current study lies in the importance of the studied sample, which is a segment that deserves study and attention because of its great merit in our lives by providing services and health care to individuals. public health in the country.

The study is also considered a shortcut to the way for supervisors and those in charge of the health sector to know the levels of psychological burnout among general doctors working in public hospitals, and thus to identify its causes, ways, and means of addressing it.

The results of the study can be considered as a building ground for other studies related to the health sector, which contributes to raising awareness of the importance of such studies on the one hand and dealing with the phenomenon extensively on the other hand, especially by examining the psychological status of general physicians working in public hospitals. Allows researchers and specialists to create and design counseling and treatment programs to address or mitigate psychological burnout among doctors working in public hospitals.

### **6. Defining the terms of the study**

#### **Psychological burnout:**

a psychological condition characterized by the emergence of instability, a tendency to isolation, tension, and irritability, and many negative traits, all of which are considered defensive mechanisms as a result of the inability to adapt to various occupational pressures (Bilge, 2006), and procedurally it is a psychological condition reached by the doctor working in The public hospital as a result of the increasing burdens that fall upon him and that makes him vulnerable to a number of pressures, the increase and continuity of which leads to emotional exhaustion, dullness in feelings and a sense of ineffectiveness, and it is measured and estimated through the total score obtained by the doctor on the psychological burnout scale used in this study.

**Emotional exhaustion:** It refers to a significant decline in the emotional state of the individual, and his feeling that his emotional resources are insufficient and inappropriate to deal with the various situations he is exposed to (Al-Hussein Abdel Moneim, Osama Muhammad Al-Gharib, 2015, p. 22),

procedurally it is a state of fatigue afflicting doctors as a result of work requirements Increased and excessive effort to help others, which is measured and assessed through the scores obtained

through the emotional burnout dimension

### **Sluggishness of feelings:**

It indicates those stiff responses, which are harsh, insensitive, feeling, and dealing with others with harshness and material objects (Jackson et al, 1986)

. **Lack of a sense of achievement:** It appears through the individual's tendency to negatively evaluate his performance and behavior. This results in a feeling of inefficiency, worthlessness, and inability to achieve career goals (Hussein Abdel Moneim, Osama Al-Gharib, 2015, p. 23), and it is evident through the doctor's feeling of inefficiency and inability ability to achieve, where he evaluates himself in a negative way in his relationship with patients and colleagues, and it is measured and estimated through the grades obtained in the dimension of lack of a sense of achievement.

**Doctor:** He is a person who is qualified and specialized in treating patients. He is also considered the scientific authority that can access the diagnosis of disease and thus provide or issue the necessary instructions for each healthcare seeker (Bahri Saber, 2009, p. 139).

Setif and Jijel, who holds a degree in general medicine issued by an Algerian higher education institution, where he provides health care to its seekers.

## **7. Theoretical framework and previous studies**

### **1.7 Theoretical framework**

#### **1.1.7 The concept of psychological burnout:**

Psychological burnout is one of the psychological phenomena that attracted the attention of researchers, and their interests focused on studying the causes of the phenomenon, identifying its symptoms, and describing its negative effects. During his study of manifestations of responding to the pressures that teachers and others are exposed to in the service sectors, he emphasized that committed and sincere people are more likely to burn out, because they are under internal pressure to give, and at the same time they face circumstances beyond their control that reduce this giving, which hinders them from achieving their goals. Shaqura Yahya Ammar Shaaban and others, 2021, p. 231).

To take note of its various dimensions and problems in an attempt to understand and interpret it to reduce it and predict the most important results that can be avoided through certain strategies that the organization focuses on. Psychological burnout includes negative changes in most aspects of the worker's personality in the human service professions, which are fraught with pressures, and which are difficult for him to face, causing him a total drain of energy. Freudenberger A.K.

and his aspirations (Soleimani Sabrina, 2020, p. 6).

Psychological burnout is an aspect of the psychological pressures that the individual is exposed to in the organization, starting from stress and exhaustion, all the way to psychological burnout as one of its stages. Both Maslach and Jackson assert that psychological burnout includes "the individual's sense of emotional fatigue, the dullness of feelings and a decrease in lack of personal achievement, and the emotional stress represents the loss of the individual's energy to work and performance with a sense of increased work requirements, while the dullness of feelings is the individual's feeling that he is negative and strict in addition to his sense of imbalance Moodiness, while the decrease in the lack of personal achievement refers to the individual's sense of his low success and his belief that his efforts are useless (Maslach & Jackson, 1981, p109).

Emotional fatigue, dullness of feelings, and lack of personal achievement are the main focus of most studies that focused on the study of psychological burnout in various work environments.

Some refer to the concept of psychological burnout as "a state of exhaustion or physical or emotional exhaustion, as a result of continuous exposure to high pressures, and psychological burnout is represented in a group of negative phenomena, including

fatigue, exhaustion, feeling helpless, loss of interest in others, loss of interest in work, and ridicule of others." Others, depression, doubt about the value of life, social relations, and negative self-concept (Ali Askar, 2000, p. 102).

Pence and Aronson (1983) see that burnout is a state of physical, mental, nervous, and emotional stress, a state that occurs as a result of working with people and interacting with them for a long time and in situations that require a double emotional effort (Al-Qariot Ibrahim Amin Al-Qaryut, and the preacher Farid Mustafa, 2006, p. 133), the continuous interaction between individuals at work and the pressures they are exposed to in the work environment is a direct cause of the emergence of psychological burnout among them.

Sarason (1972) looks at the phenomenon of the burnt individual through his long service. The worker who is most interactive in his work and more sincere is the one who is known for his enthusiasm, control of his desires, and flexibility in dealing with work pressures, but after years of work, he may lose his enthusiasm and ambition. , and his lack of interest in the profession, as Sarason (1972) explained that the longer the worker is engaged in practicing his profession, the less influential, energetic, and responsive he becomes to the influences surrounding him in relation to the role he plays, and he attributed this to



the fact that increased experience may lead to The feeling of boredom, and therefore the increase in experience leads to an increase in the level of stress for him (Sanabel Amin Saleh Jarrar, 2011, p. 23). Strategies that can be relied upon to enhance the health of the individual and avoid burnout at work. What can be confirmed is that the various definitions dealing with the concept of psychological burnout have all focused on the following: Psychological burnout is a result of the high pressures that the individual is exposed to. Psychological burnout can be defined through its dimensions: emotional exhaustion, dullness of feelings, and lack of a sense of personal achievement. Psychological burnout is a negative phenomenon that affects the individual.

- There are many negative results that are reflected on the individual and the organization together as a result of the individual's exposure to psychological burnout.

### **7.1.2. Sources of psychological burnout:**

There are many sources and factors leading to psychological burnout, especially since there are many studies that have emerged in this regard, which confirmed the presence and ramifications of many factors that cause psychological burnout in work environments, and we will try to indicate the most important of these causes and factors as follows:

#### **7.1.2.1 Personal sources:**

**among which we mention:** Individual characteristics: Some studies have shown that people who may be affected by this condition are sensitive and sympathetic to others, dedicated to their work, exemplary in their performance, aware of their concerns and obsessive thoughts, enthusiastic, easily identifying with the other individual and those they deal with (Ben Amer Zakia, 2017, p. 49- 50).

**The personality of the individual:** Some studies have found that there are lively and sharp personalities who are characterized by the desire to work hard and race against time, and they usually bear high levels of stress and psychological pressure, or they do not feel the intensity of psychological pressure like others, but when they fall into a major crisis it is It has a great impact on their lives (Al-Misha'an Owaïd Sultan, 1994, pp. 310-311).

#### **Abilities, skills, and experiences:**

The skills and capabilities that an individual possesses are among the factors influencing his reactions to work pressures. For him, Kjarath confirms that previous experience plays an influential role in determining the individual's response to stress and how to deal with it (Abu Qahf Abdel Salam, 2001, pp. 181-182).

**The individual's view of life and its variables:** the individual's life contains several changes that contribute to the

pressures of work. In the same way, which leads to the possibility of contracting various organic diseases in the future, stress is not necessarily bad, as it does not exceed daily events in reality, incentives for success, achievement, and achievement of goals, and it is not something that is necessarily better to be avoided or avoided, as it is one of the demands of life. And the individual often needs a degree of it in order to be able to be productive, enthusiastic, achieve, and excel (Ibrahim Abd al-Sattar, 2002, pp. 51-96).

**Family pressures:** Family events and the individual's social habits may cause an increase in the level of pressure to an extent that exceeds the normal measure of compatibility (Andrew Sizlaqi, W, D, C, Wallace, 1991, p. 184). And the fundamental changes that occur in family life, such as deaths and diseases (The Blind Mahmoud Salman, 2005, p. 162).

**Professional life:** Work is considered a source of income for the individual that meets his psychological, social, and biological needs. Therefore, it is considered a major source of work stress. The individual's physical and mental health is adversely affected by undesirable working conditions. The employee is bored because there is no work he was doing and the employee's lack of communication and feedback can lead to stress from work that one does not want to do, or that conflicts with one's personal,

social, and family values. Good relationships with superiors and colleagues are crucial to stress, which is extremely stressful (Sheikhani Samir, 2003, pp. 32-34).

The different personal sources cast a shadow as an essential factor for psychological burnout, especially since the view and perceptions that the individual builds about the various pressures he encounters are what he has strategies to deal with or confront. He has the necessary experiences, skills, abilities, and competencies, in addition to family support. He can face these pressures comfortably, which avoids him from falling into the phenomenon of psychological burnout.

#### **7.1.2.2. Regulatory sources:**

Among the most important organizational sources are the following:

**Physiological environment:** The physiological environment includes many factors and stimuli that affect the individual, both physically and psychologically, and among these factors are climate, disasters, pollution, desertification, floods, noise, industrial and chemical hazards.

The environment to which the individual is exposed represents the sources of pressure on him, which in the event of its continuation leads to an imbalance in the physical and psychological health of the individual (Ali Askar, 2003, p. 118).

**Wages and incentives:** Wages and incentives are considered the main source of entry for individuals to various organizations, and the status and prestige of the individual depends on the wages among his colleagues at work, and considering wages as one of the most important financial incentives through which the basic needs of individuals are satisfied to maintain their survival and continuity in their giving to work, and there is no doubt In it, the degree of satisfaction of the individual with his work depends to a large extent on the value of what he gets in cash and in kind, and whether this wage is commensurate with the effort he puts into the work.

The individual becomes absent-minded and thinks about how to satisfy his needs of insufficient wages, which leads to a negative impact on the psychological state of the individual, which results in a high rate of work turnover and leaving work, and the resulting inconsistency and regularity of manufacturing programs as a result of the instability of the conditions of workers, which is It has a negative impact on the output of the work of the various organizations (Abu Qahf Abdel Salam, 2001, pp. 201-202).

**Working period:** The expansion of the social, economic, and organizational fabric imposed a large amount of human activity throughout the hours of the day, making the worker work in shifts throughout the full day or in shifts

(morning shift 6-14 hours, evening shift 14-22 hours, night shift 22-22 hours). 6 a.m.) is not in line with the biological and psychological changes of the worker, hence the feeling of fatigue, and in order to reduce this system, specialists in the United States of America have modified it and found another system that is summarized in dividing the work into three shifts (morning shift 8-16 p.m., shift Afternoon 16-24 hours, night shift 8-24 hours), and it was found that this applied system is more satisfying from a physiological and social point of view since each shift allows the worker to eat at least a meal with his family, and sleeping hours are better organized, especially with regard to the shift Morning as well as night, and since any job theoretically requires a certain type of work, officials and specialists must design positions in a way that guarantees the worker better adaptation and appropriate muscular stimulation (Hamdash Nawal, 2004, pp. 23-25).

**Lack of fairness and justice:** the employee has sometimes held responsibilities that he is not able to bear, and when they violate them, they are held accountable. The failure to perform the work may not be a failure on the part of the employee, but due to the poor quality of the equipment and the modest capabilities and limitations of its programs, in addition to the possibility of the lack of technical competencies able to

perform the duties. required (Khalasi Murad, 2013, p. 290).

The organizational sources that cause psychological burnout are diverse, but they are intertwined and intertwined, as they are related to the nature of the individual in and of itself. A direct or indirect cause of psychological burnout. Perhaps this is what made many organizations today try to develop and change the work environment in accordance with the aspirations and needs of individuals in order to prevent any possible psychological burnout at work, especially since the costs of psychological burnout are very dire for the individual and the organization together.

### **7.2. Previous studies:**

A study (Cohn 2003) titled Burnout among General Practitioners in Canada: This study aimed to determine the level of psychological burnout and its prevalence among the research sample, which was estimated at 2251 and was divided into two parts, the first part of 1666 individuals who are members of the Canadian Physicians Association, which was estimated at 74 %, and the second section are not members of the Canadian Doctors Association with 585, which represents 26%, and this study concluded that 45.7% of Canadian doctors have a high level of psychological burnout. 47.6% compared to men, 44.6% who are psychologically burnt out. The results of the study also concluded that there was no effect of the

age variable on the level of psychological burnout, and there was a high percentage of psychological burnout among doctors located in rural areas 46.9% compared to urban doctors, which was estimated at 45.5% (Khaira Gabi, 2016). , p. 27).

**Soler et al. (2008) study entitled Burnout among European Family Physicians:** The study aimed to find out the level of burnout among the research sample, which was represented by European family physicians with the participation of 12 European countries, with a sample of 1393 male and female doctors, where the Maslash burnout scale was used. The results of the study concluded that 43% have a level of professional burnout, while the level of emotional exhaustion reached 35%, i.e. both percentages are high. The study also concluded that 32% have a high level of psychological burnout in its three dimensions, and more than a third of the sample did not They have a specific level of these three dimensions (Soler et al, 2008).

**A study by Jediyat Abdel-Hamid (2012) entitled Psychological Exhaustion and its Relationship to marital adjustment among public health doctors and Nurses:** The study aimed to know the relationship between psychological burnout in its three dimensions: emotional exhaustion, emotional exhaustion, lack of personal achievement at work and marital

adjustment, and the researcher relied on a sample of Of 206 practitioners between a doctor and a nurse from three university hospitals in Algiers, the sample contained 92 males and 220 females. That there is a statistically negative relationship between the psychological exhaustion syndrome and the level of marital compatibility (Jedyat Abdel Hamid, 2012).

**A study by Taibi Naima (2013) titled The Relationship of Burnout with Some Psychological and Psychosomatic Disorders among Nurses:** This study aimed to reveal the levels of psychological burnout among nurses, as well as the relationship between psychological burnout with both perceived pressure and psychosomatic symptoms and depression and to reveal the existence of differences in the levels of psychological burnout for nurses. In order to achieve the objectives of the study, the researcher relied on the descriptive approach, and a random sample of (227) male and female nurses from health institutions in Algiers was chosen. Collecting data and conducting statistical analyzes and treatments. The results of the study concluded that nurses suffer from varying levels of psychological burnout, as the emotional stress dimension was high and the dimension (dullness of feelings, lack of a sense of achievement) was medium, and the overall level of psychological burnout among nurses was medium.

There is a difference in the levels of psychological burnout for nurses according to their different coping methods, and there is a statistically significant relationship between the level of stress perception and the level of psychological burnout among nurses, and there is a statistically significant relationship between levels of psychological burnout and the emergence of depressive symptoms among nurses, and there is a statistically significant relationship between levels of burnout Psychological and the emergence of psychosomatic symptoms among nurses (Taibi Naima, 2013).

**A study by Suad Makhlouf (2013) entitled “Psychological Burnout and its Impact on the Behavior of Doctors Working in Health Centers”:** The study aimed to investigate psychological stress and its effect on the behavior of doctors working in health centers. Its hypotheses, 10 general physicians, aged between 27-37 years, were selected, including three females and seven males, and since the study was based on individual cases, the clinical approach was relied upon, and the descriptive approach was also used, and the researcher applied the Holmes stress test in her study. The researcher concluded that psychological pressures lead to negative repercussions on the doctor's behavior, as they are the cause of all psychological and behavioral disorders

and even organic ones. Work (Makhlouf Souad, 2013).

**Study by Habi Khaira (2016) titled “Psychological burnout among specialized physicians” (an analytical study of practitioners of specialized medicine in hospital institutions and private clinics in the state of Tiaret):**

The study aimed to reveal the levels of psychological burnout among specialized physicians, as well as to reveal the existence of a difference in the levels of psychological burnout according to demographic variables are gender and professional seniority, and to verify the objectives of the study and answer its questions and verify its hypotheses, a random sample consisting of 104 male and female specialized doctors was selected from public institutions and hospital centers and private clinics in the state of Tiaret, where the Maslach scale of psychological burnout (mbi) was applied after collecting the data and carrying out a group From the statistical analyzes and treatments, the researcher reached results that the specialized doctors suffer from moderate severity of psychological burnout, according to the three dimensions of the Maslach scale, and that there are no statistically significant differences in the level of psychological burnout among the specialized doctors due to the gender variable, nor to the seniority variable, nor to the variable of the sector used

according to its three dimensions. Habi, 2016).

The study by Nabar Ruqia and Geagea Ammar (2018) titled Legalization of the Maslach Burnout Scale on the Algerian Environment It is characterized by an acceptable level of validity and stability, which indicates its effectiveness and suitability for use and application in other new studies related to the phenomenon of psychological burnout (Nabbar Ruqaya, Geagea Ammar, 2018)

Abdul Karim Mamoun and Bouafia Nabila (2018) entitled Burnout and its Relationship to the Quality of Life among night shift workers in the Medical Emergency Department:

Study aimed to know the relationship between psychological burnout and the quality of life among night shift workers in the Medical Emergency Department. The quality of life scale was prepared by researchers on a sample of (80) male and female workers in the Emergency Department. A relationship was found between psychological burnout and the quality of life among night shift workers in the Medical Emergency Department, and the presence of a high level of psychological burnout (Mamoun and Boafia, 2018).

A study by Muwaffaq Krum and Taleb Bahia (2020) titled Burnout Level among Anesthesia and Resuscitation Doctors: The study aimed to reveal the level of psychological burnout among doctors

specializing in anesthesia and resuscitation in the Wilayat of Temouchent. From three governmental hospitals and a private clinic of both sexes and to achieve the objectives of this study, the Mazlash burnout scale was applied, relying on the descriptive approach. Psychological burnout (Makhlouf Souad, 2013).

Various previous studies have dealt with the phenomenon of psychological burnout among physicians according to different samples and different environments. Data and information. In terms of statistical methods, many descriptive statistics methods have been used, such as the arithmetic mean, standard deviation, and Pearson correlation coefficient. Despite the agreement on the samples of previous studies that belonged to the health sector, there is a discrepancy in terms of the nature of the sector between the public sector and the private sector, and between The type of sample in terms of doctors' specialization is between general medicine and specialized medicine.

As for the methodology, the descriptive approach was the main one in all the previous studies that were presented, and it is the same for our study. Despite that, the discrepancy and difference between our study and previous studies on the one hand, as well as the similarity in some points. On the other hand, most of the previous studies enabled us to build a preliminary perception about

the subject of the study, especially in terms of field study procedures, whether it is related to the nature of the sample and how to choose it, the nature of the study tools, the statistical methods used, which are the most important aspects of benefiting from previous studies in our current study.

#### **8. Limits of the study .**

**The limits of the study:** Spatial limitations: This study was carried out in Saadna Abdel Nour Hospital, Setif Province, and Bachir Mentouri Hospital, Jijel Province. Temporal limits: Our study spanned about two months during the academic year 2021/2022, from November to December 2021. Human limitations:

The study was applied to a sample of general practitioners.

**9. The study sample** was selected by intentional sampling, that is, we intended to select 40 general practitioners who we will conduct the study because of their cooperation and desire to participate in the study, from a study population, and they are general physicians in each of Saadna Abdel Nour Hospital, Setif Province, and Bashir Mansouri Hospital, Province of Jijel, and we can describe the sample in the following table:

**Table No. (1) Distribution of respondents by gender and age group**

gender		frequency	age
Female	male		
12	6	18	10-1
6	4	10	20-10
10	2	12	30-20
28	12	40	total

**10. The methodology used in the study**

The approach applied in our study was the descriptive approach, which is defined as "a method to describe the studied phenomenon and depict it quantitatively by collecting codified information about the problem, classifying it, analyzing it, and subjecting it to careful study" (Buhoush Ammar, and Al-Thunaibat Muhammad Mahmoud, 1999, p. 140), and this type was used One of the approaches, due to its suitability, is our study in terms of exceeding the limits of collecting data for a phenomenon to analyzing this phenomenon and its relationship to other phenomena.

**11. Study tools In this study**, the burnout scale of Maslach and Jackson (198), the Arabized version, was relied upon. The scale contains 22 items distributed on three dimensions: emotional exhaustion, dullness of feelings, and lack of a sense of achievement. The distribution of items on dimensions can be indicated in the following table No. (02).

**Table No. 2 shows the distribution of items according to the dimensions of the burnout scale**

dimension	Item numbers	number of items
Emotional exhaustion	-13-8-6-3-2-1 20-16-14	09
Feelings sag	22-15-11-10-5	05
Lack of a sense of accomplishment	-17-12-9-7-4 21-19-18	08

Source: (Wadi Lamin, 2018, p. 236)

It should also be noted that determining the level of psychological burnout on the scale through three levels (low, moderate, high), according to the degrees obtained in the three dimensions of the scale, which measure the doctors' responses through a seven-fold gradient, as the degree increases with the intensity of the reactions (0=0). Never, 1=occurs a little per year, 2=occurs once a month or less, 3=occasionally occurs per month, 4=occurs once a week, 5=occurs sometimes per week, 6=occurs daily) as shown In the following table No. 03:

**Table No. 3 shows the classification of the dimensions of the Maslach burnout scale and how it is scored**

the level	high	Moderate	Low
Dimensions			
Emotional exhaustion	30 فما فوق	29-18	17-0
Feelings sag	12 فما فوق	11-6	5-0
Lack of a sense of accomplishment	33-0	39-34	40 فما فوق

In order to reach the intensity of psychological burnout, the answers of each of the three dimensions are collected



separately, where the psychological burnout is high if the level of emotional exhaustion is high i.e. (above 30) and the level of insensitivity is high (12 and above) and the level of a low sense of achievement is high (0 -30).

As for the moderate intensity of psychological burnout, it is distinguished through the level of moderate emotional exhaustion (19-29), the level of moderate dullness of feelings (6-11), and the level of a moderately low sense of achievement (34-39). Low-intensity psychological burnout is characterized by a low level of emotional exhaustion (0-17), a low level of the dullness of feelings (0-5), and a low level of a sense of achievement is low (40 and above) (Taybi Naima, 2013, p. 221).

In order to know the validity of the scale, it was presented to a group of psychology professors from the University of Mohamed Lamine Debaghine, Setif 2, to express their observations about the scales. Cronbach's alpha equation, where the results obtained indicate that the scale is characterized by a high degree of stability (0.71), which confirms that the scale is applicable.

**12. The statistical methods used in the study** To achieve the objectives of the study and in view of the nature of the topic covered, especially since we are in the process of knowing the level of psychological burnout according to some variables, we used the Statistical Packages for Social Sciences (spss) program, where

the following statistical methods were relied upon:

- Arithmetic mean, standard deviation, T-test, one-way ANOVA, Tukey's test.

**13. Presentation and discussion of results**

**1.13 Presenting and discussing the results of the first hypothesis:** “The burnout level of general practitioners working in public hospitals for both the states of Jijel and Setif is high.

” **Table No. 04 levels of psychological burnout of the respondents according to its three dimensions.**

level of burnout combustion dimensions	Low		Moderate		high		total	
	R	%	R	%	R	%		
Emotional exhaustion	10	25	13	32	17	42	40	%
Feelings sag	23	57	17	42	65	157	40	%
Lack of a sense of accomplishment	10	25	13	32	17	42	40	%

**Table 5: The arithmetic mean and standard deviation of burnout according to its three dimensions**

Dimensions of burnout	mean	Standard deviation
Emotional exhaustion	35.12	15.19
Feelings sag	12.52	7.90
Lack of a sense of accomplishment	30.75	12.47

**For comment and discussion:**

Through the results, we can see that 42.5% of the respondents suffer from a high level of emotional exhaustion and that 15% of the respondents suffer from a high level of the dullness of feelings, while 42.5% of the respondents suffer from a high level of lack of a sense of achievement. It is noted that the study sample suffers from a high level of both feelings of bias and emotional exhaustion, with an arithmetic average of 30.75 and 35.12, respectively, which confirms to us that there is a high level of psychological burnout among the study sample, with an arithmetic mean of 78.39, which exceeds the value of the hypothetical mean of the scale estimated at 66. Therefore, the results are consistent, and the hypothesis The key to the study, which makes it come true, as the study sample doctors suffer from a high level of psychological burnout. The results of the study can be explained by the fact that the medical profession is among the most miserable human professions, sacrifice, and pressure due to the sanctity of the life of the

individual, especially with the emergence of the new Coronavirus - Covid 19 - which caused a state of terrible pressure at the level of all hospitals in the country and increased workloads and requirements due to the large outbreak of the virus. , which exceeded the capabilities and capabilities to endure and absorb, whether human or even material capabilities, because of the pressure of work, most doctors did not visit their families and friends to the extent usual before the pandemic and the lack of rest time and thus the lack of direct family support, in addition to the ambiguity of the role of some doctors who changed their work positions for the interests of Another hospital suffers from overcrowding in the number of patients, and thus the support of its health staff with other doctors, all of this led to the exacerbation of the psychological and professional pressures of doctors to develop and worsen its situation to become a high-level psychological burnout, as a result of the additional work and burdens that doctors do, especially in terms of the pressure recorded in public hospitals What makes them exert more effort to deal with this increasing number of patients arriving in public hospitals, which constitutes a kind of physical and psychological exhaustion for them, which exposes them to a state of emotional exhaustion as a result of the additional effort and sacrifices they make, and the lack of appreciation for those efforts that

they make Whether from the hospital administration or the patients and their families, it makes them feel a kind of lack of achievement as a result, and perhaps this is what makes them feel a high degree of psychological burnout as a result of the general environment of the hospital in which they work and the additional efforts that are required in order to achieve the aspirations of the doctor in the professional community. in which he works.

The results of the current study agreed with each Cohen's study, Soler study, et al.'s study, as well as the study of Abd al-Karim Mamoun, Bouafia Nabila, and the study of Muwaffaq Krum and Taleb Baheya, who confirmed that the study sample had a high-level of burnout, while its results differed with the study of Tayebi Naima and Habi Khaira's study, which confirmed The sample of the study has psychological burnout, but to a medium and not high degree

**.13.2 Presentation and discussion of the results of the second hypothesis:**

“There are statistically significant differences in the level of psychological burnout among general physicians working in public hospitals for both the states of Jijel and Setif, due to the gender variable. To verify the validity of this hypothesis, we used the T-test in order to examine the significance of differences in the level of psychological burnout

according to the gender variable, and Table (06) shows this.

**Table No. 06 shows the results of the T-test to indicate differences in the level of psychological burnout for doctors, according to the gender variable.**

Type	n	mean	Psychological Burnout	T	sig	Note
males	12	32.23	32.14	100	0.01	Statistically significant
females	28	29.75	30.14			

**Comment and discussion:** Through the results obtained and monitored in Table No. (06) above, it is clear to us that there are statistically significant differences at the level of significance 0.001 in the level of psychological burnout according to the gender variable, in favor of males, which means that male doctors are more affected by psychological burnout than female doctors. Considering that they are the largest, with an arithmetic average of 32.14, and this may be due to the nature of the tasks and responsibilities entrusted to the doctor, although the responsibilities and duties are the same, there are many tasks that the doctor undertakes without the female doctor, which makes him more vulnerable to psychological burnout than the female doctor. The vision of the two

sexes of the prevailing climate and working conditions differs, where the men's vision is different from the women's, which makes their view differently of the pressure they are exposed to at work, and the work pressures that cause psychological burnout may differ according to the sexes.

A man causes pressure that a woman may accept and consider as normal, and here enter a lot of factors that determine that, and perhaps the differences between the sexes, especially in terms of perceptions, vision, and social responsibilities make the doctor more vulnerable to psychological burnout than the female doctor because of that, especially since the social responsibility in society rests on the male older than the female, so we see that the difference in dealing with the work environment and its climate between the two sexes, which may affect the degree of their vulnerability to psychological burnout itself. The results of the study related to the gender variable differed from both the study of Habi Khaira and the study of Muwaffaq Krum and Taleb Baheya, which confirmed that there were no statistically significant differences in the level of psychological burnout among the specialized physicians due to the gender variable

**.13.3 Presenting and discussing the results of the third hypothesis:** There are statistically significant differences in the level of psychological burnout among

general practitioners working in public hospitals for both the states of Jijel and Setif, due to the variable of professional experience. To verify the validity of this hypothesis, the On-Way ANOVA test was used to examine the significance of differences in the level of psychological burnout according to the experience variable, and Table (07) shows this.

**Table No. 07 shows the results of the one-way analysis of the variance test to indicate differences in the level of psychological burnout among physicians according to the experience variable.**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	115.109	2	57.55	6.15	0.03
Within Groups	673.754	72	9.35		
Total	788.863	74			

Since the calculated p of 6.15 is greater than the tabulated p at the level of significance of 0.05, the differences are statistically significant, which confirms that there are statistically significant differences in the level of psychological burnout among doctors according to the variable of years of experience. To find out the direction of the differences, the

Tukey test was used for post-comparisons, and table (08) shows that.

**Table No. 08 shows the results of the Tukey test for post-comparisons in the level of psychological burnout according to the variable of years of experience.**

	Experience	mean	10-1	20-10	30-20
Psychological Burnout	10-1	93.78	/	-1.08	3.28*
	20-10	94.86		/	*3
	30-20	97.06		2.2	/

**Comment and discussion:** Through the results obtained, it is clear to us that there are statistically significant differences in the level of psychological burnout according to the variable of experience, in favor of the category whose years of experience ranged between 10 and 20 years, which is the middle category, which means that the years of experience affect the degree of burnout injury of the doctor. Thus, the hypothesis of the study is fulfilled. During the first years of his work, the doctor may have a spirit of dedication and sacrifice, and the motivation to work, which makes him feel less pressure compared to other groups, but with the passage of years he begins to feel a kind of high pressure that affects his

work, which makes many people live Occupational obstacles and difficulties in this period, which leads to high-level psychological burnout, and perhaps his possession of experience and his coexistence with many situations and events during work and not seeing any change that may occur makes him adapt and adapt to the pressures he is exposed to, which is what makes the category whose years of experience ranged between 20 And 30 are the least affected by psychological burnout compared to other groups, because their dealing with pressures in the previous professional age stage gave them a kind of defense mechanism and the development of strategies for dealing with various psychological and professional pressures. Various pressures and employing them to serve his goals and the goals of the hospital to which he belongs, what can be confirmed is that the doctor in his first years of work has a strong motivation to work, which makes psychological burnout not affect him where he overcomes it in light of trying to achieve his ambitions, but with time he is constantly exposed to pressure This makes the middle stage of work more vulnerable to psychological burnout, because the doctor, after passing through the middle stage, possesses the skills of adaptation and the mechanics of compatibility with the work environment, which makes him deal more with psychological burnout, which does not

cause him any problem at that stage. The results of the current study differed from the study of Habi Khaira, which confirmed that there were no differences in the levels of psychological burnout according to the variable of professional seniority, which contradicts what we have reached in our current study.

**14. Conclusion** Public hospital institutions are considered a focus for various psychological and professional stresses for their employees, especially the general doctors working in them, and they are the category that we find the majority of in the medical emergency department to receive patients of different numbers and the degree of severity of their illness. In turn, the continuation of this pension often leads to psychological burnout, and this is what our study highlighted to know the levels of psychological burnout for this segment, which concluded that there is a high level of psychological combustion for this segment and the presence of statistically significant differences in the level of psychological burnout according to the demographic variables represented in gender and experience

**15. Suggestions and recommendations** - Carrying out more studies on psychological burnout and its effects on the work of doctors in public hospitals.

- Designing training programs to mitigate the effects of psychological burnout.

- Improving the doctor's working conditions and providing the necessary capabilities for his work to ensure that he performs his duty to the fullest.

- Subject doctors to permanent training to improve their performance and inform them of developments in the work. Include special materials on how to deal with patients in the curricula of medical students.

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