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PREVALENCE OF BURNOUT AMONG HOME HEALTH CARE STAFF IN SAUDI ARABIA

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ABSTRACT

Burnout, as a type of prolonged response to chronic job-related stressors, has potentially very serious consequences for workers, their client, and the larger institutions in which they interact. Burnout can lead to deterioration in the quality of care or services provided by the staff. It appears to be a factor in job turnover, absenteeism and low. To determine the prevalence of burnout among home health care staff and to identify the risk factors of burnout. This is a cross sectional descriptive study conducted at all home health care centers (HHCCs) which belong to Military hospitals, National Guard hospital in Riyadh, King Abdul Aziz University hospital in Jeddah and King Fahad hospital in Madina. All home health care staff who were working and present at the time of study in HHCCs at the above mentioned study areas were invited for the study. Supervisor of home health care staff had been personally informed about the aims of this study and had been asked to distribute a questionnaire among the staff and collect them after completion. The data was collected through self-administered questionnaire consists of two parts; socio-demographic with job characteristics and MBI-HSS questionnaire. The response rate of returned questionnaires from all hospitals was 87%. The overall result showed that the prevalence of burn out among home health care staff was zero percent. However 55% of the sample showed high exhaustion level (58% of non Saudi staff with P-value =0.018), 85% showed high level of depersonalization (97% of Saudi staff with P-value =0.044) and 96% showed high level of personal accomplishment (98% were practicing recreational activity P-value=0.027). In all hospitals involved in this study, the overall prevalence of burnout among home health care staff was zero percent. However, the emotional exhaustion was higher among non Saudi home health care staff (58%).while the depersonalization was higher among Saudi staff (97%).The personal accomplishment surprisingly was very high among home health care staff 96% (97% among whom practicing recreational activities).

INTRODUCTION

Burnout syndrome refers to a kind of occupational stress that can have psychosomatic, behavioral, emotional, familial and social repercussions; it can also cause absenteeism and loss of efficacy at work [1]. Burnout in the life of health care workers is the construct used to describe the psychological state resulting from a prolonged period of high stress levels in their professional lives [2].

It was originally conceptualized as a syndrome resulting from contact with people who are suffering [3]. Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job that include three dimensions of exhaustion, cynicism (depersonalization), and inefficacy [4]. Also, it has been found to be associated with staff intending to leave the stressful work

environment [3]. Exhaustion as a dimension of burnout represents the most obvious manifestation of this complex syndrome [4].

Symptoms of burnout include physical, emotional, and mental exhaustion [4]. Persons experiencing physical exhaustion report a lack of energy and feelings of being tired during the day accompanied by an inability to sleep at night [1]. Emotional exhaustion is manifested by a person's feelings of being depressed, helpless, and hopeless [5]. Mental exhaustion in individuals is generally observed in the form of negative attitudes toward work and life. A mentally exhausted individual is typically impatient towards others and demonstrates a cynical reaction towards emerging problems [5].

According to Maslach et al, distancing is such an immediate reaction to exhaustion that the progression from exhaustion to cynicism (depersonalization) represents a consistent theme of burnout research [4]. This progression from exhaustion to cynicism is observed across a wide range of organizational and occupational settings [4]. Inefficacy, the third dimension of burnout to be discussed, is characterized by a person's feelings of reduced personal accomplishment [4].

In the last few years there has been a growing interest in the psychosocial work environment of health care workers, since they are both at high risk of burnout, role conflict and job dissatisfaction. Burnout, as a type of prolonged response to chronic job-related stress, has a special significance in health care settings, where staff experience both psychological (emotional) and physical stress [6].

Prevalence of burnout among health care professionals was high among occupational physicians (11%), psychiatrists (9%), general practitioners(8%), community nurses and midwives(7%) [7]. It is significantly higher for community psychiatric nurses than for public health nurses engaged in other services. Overwork in emergency services and lack of job control appear to represent work environment factors contributing to burnout [8].

Work-satisfaction with current income, social prestige and professional relations are important correlates of mental health among primary care physicians, as well as emotional exhaustion. Higher levels of these dimensions of work-related satisfaction seem to mitigate the relationship between emotional exhaustion and physicians' mental health [9]. Conflicts with clients or client's families were significantly associated with emotional exhaustion and depersonalization [10].

Studies suggest that improvement of the psychosocial work environment possibly will reduce the level of burnout [11]. Nurses who experienced an effort-reward imbalance (ERI) reported higher levels on two of the three core dimensions of burnout (i.e. emotional exhaustion and depersonalization) than those who did not experience such an imbalance [12].

Caring for seniors who are in their last phase of life is challenging, both physically and emotionally. Creating a supportive work environment that allows for adequate staffing, flexibility and choice with respect to assignment, participation in clinical decision-making, adequate resources and recognition for work well done will help to prevent emotional exhaustion among staff members [13].

This study aimed to measure the magnitude of burnout as a health problem among home health care staff.

SUBJECTS AND METHODS

This study is cross-sectional study conducted during April-May, 2013 among all home health care centers (HHCCs) which belongs to Military hospitals, National Guard hospital in Riyadh, King Abdul Aziz University hospital in Jeddah and King Fahad hospital in Madina.

The data was collected through a self-administered questionnaire derived from Maslach Burnout Inventory of Human Services (MBI-HSS) which was designed to assess the three component of burnout syndrome: emotional exhaustion, depersonalization and reduced personal accomplishment.

The collected data in the questionnaire was divided to two sections. First one was socio-demographic data in the form of age, gender, nationality, marital status, working institution, monthly income, specialty, years of home health care working, years of experience and number of patient visited every day and practicing recreational activities. The second section consists of 22 items which were divided into three subscales : emotional exhaustion, 9 items (the feeling of being emotionally overrun and exhausted by one's work; depersonalization, 5 items (the tendency to view others as objects rather than as feeling persons) and personal accomplishment, 8 items (the degree to which a person perceives doing well on worthwhile tasks .

The items were answered in terms of the frequency with which the respondent experiences these feelings, on a 7 point scale ranging from 0 (never) to 6 (every day).

For both the emotional exhaustion and depersonalization subscale, higher mean scores correspond to higher degree of experienced burnout. For the personal accomplishment, lower mean scores on this subscale correspond to higher degree of experienced burnout. The score for each subscale are considered separately and are not combined into a single total score (Table 1).

Burnout was defined as high score of emotional exhaustion and depersonalization and low score on personal accomplishment.

A total of 160 questionnaires were distributed to all home health care centers involved in the study by the

researcher and the supervisor of each center, were responsible for the distribution and recollection of the questionnaires directly. All working staffs were asked to fill the self-administered questionnaire.

Letter of approval by the research committee at NWAFH was taken as well as letters from NAWFH program director were sent to other hospital directors for permission, facilitating and informing home health care supervisors about the study. All information were kept confidential and used for research purposes only.

The collected data was analyzed through the Statistical Package for the Social Sciences (SPSS) version 16.0.2 and MS Excel 2007 was used to produce the tables and graphs. Confidence interval limits (95% and p-Value (α=0.05) were considered to indicate statistical significance.

RESULTS

A 160 questionnaires were distributed to all home health care staff working in Military hospitals (Riyadh, Tabuk, Taif, Khamis Musheet), National Guard hospital in Riyadh, King Abdul Aziz University hospital in Jeddah and King Fahad hospital in Madina, where 139 questionnaires were retained back, and the response rate was 87 %.

The total sample size was 139 home health care worker, 19 physician (13.7%), 74 nurse (53.2%), 12 physiotherapist (8.6%), 4 respiratory therapist (2.9%), 5 social worker (3.2%), 6 interpreter (4.4%), 15 driver (10.8%), others(3.2%) (Figure 1).

Most of home health care workers were non Saudi with total number of 107 (77%). Married home health care workers were 96 (69.1%) and singles were 37 (26.6%). Low salary was found in the majority of total sample 63 (45.3%) workers had monthly salary less than 5000 SR and only 31 (22.3%) had monthly salary above 9000 SR. Years of experience in home health care showed that the majority 85 (61.2%) were working for less than 3 years and only 3 (2.2%) were working for more than 10 years in home health care. Regarding total years of experience there were 111 (80%) working in medical field for 3 years or more. By looking to the number of patients being visited daily, 134 (96.4%) home health care workers were visiting more than 5 patients every day and while 51 (36.7%) worked for more than 6 hours every day. Table 2 showed that 131(94.2%) were practicing such activities and 100 (76%) of them at least once every month.

Figure 2 displays the percentages of different grades of emotional exhaustion among home health care staff derived from MBI scores, it was evident that 55% of the sample had high degree of emotional exhaustion in addition to 34% who had average degree compared to only 11% who had low degree of emotional exhaustion. The high degree of emotional exhaustion was almost similar in all working institution except for king Fahad hospital in Madina which was less than others (Figure 3).

Figure 4 illustrates the percentages of different grades of depersonalization among home health care staff derived from MBI scores. It was noticed that more than two thirds of home health care staff (85%) had high degree of depersonalization in addition to 14% who had average degree compared to 1% of home health care staff who had low degree of depersonalization. The high degree of depersonalization was almost similar in all working institution except for university hospital in Jeddah which was less than others (Figure 5).

Figure 6 demonstrates the percentages of different grades of personal accomplishment among home health care staff derived from MBI scores. It was noticed that 96% of home health care staff had high personal accomplishment in addition to 3% who had average degree compared to 1% of home health care staff who had low degree of personal accomplishment. The high degree of personal accomplishment was almost similar in all working institution (Figure 7).

By definition, burnout is defined by the combination of high emotional exhaustion, high depersonalization and low personal accomplishment. Accordingly, the presence of burnout among home health care staff in the current study was calculated on that base and it was zero percent. However more than 50% of the sample showed high degree of emotional exhaustion and depersonalization while more than 90% had high degree of personal accomplishment.

Further analysis was conducted to examine the significance of home health care staff socio demographic data against above three components overall score.

The analysis showed that the non Saudi home health care staff had strong correlation to high degree of emotional exhaustion which was statistically significant (table 3). Opposite to that, the analysis showed that the Saudi home health care staff had strong correlation to high degree of depersonalization which was statistically significant (table 4). The personal accomplishment was higher among those staff members who were practicing recreational activities and statistically that was significant (Table 5).

Table 1. Categorization of MBI score

MBI subscale	Low	Average	High
Emotional exhaustion	≤18	19-26	≥27
Depersonalization	≤5	6-9	≥10
personal accomplishment	≥40	39-34	≤33

Table 2. Socio demographic data of the study population

Demographic	No	%
Gender		
Male	55	**39.6**
Female	84	**60.4**
Age(years)		
<25	12	**8.6**
25-34	49	**35.3**
35-44	47	**33.8**
45-54	25	**18.0**
55+	6	**4.3**
Nationality		
Saudi	32	**23.0**
Non-Saudi	107	**77.0**
Marital Status		
Married	96	**69.1**
Single	37	**26.6**
Divorced	4	**2.9**
Widowed	2	**1.4**
Monthly Salary (SR)		
<5000	63	**45.3**
5000-8999	45	**32.4**
9000-12999	11	**7.9**
13000-16999	13	**9.4**
>17000	7	**5.0**
Job Title		
Physician	19	**13.7**
Respiratory therapist	4	**2.9**
Social worker	5	**3.6**
Nurse	74	**53.2**
Interpreter	6	**4.3**
Others	31	**22.3**
Driver	15	**48.4**
Physiotherapist	12	**38.7**
Dietician	2	**6.5**
Pharmacist	1	**3.2**
Ass. Nurse	1	**3.2**
Years of working in Home health care		
<3	85	**61.2**
3-9	51	**36.7**
10-19	3	**2.2**
20+	0	**0.0**
Years of experience		
<3	28	**20.1**
3-9	42	**30.2**
10-19	46	**33.1**
20+	23	**16.5**
Working institution		
Military Hospital	84	**60.4**
National Guard Hospital	19	**13.7**
MOH Hospital	17	**12.2**
University Hospital	19	**13.7**
Number of Patients visited per day		
<5	5	**3.6**
5-7	83	**59.7**

>7	51	**36.7**
Daily working hours		
<4	4	**2.9**
4-6	91	**65.5**
>6	44	**31.7**
Recreational Activity		
Yes	131	**94.2**
No	8	**5.8**
Frequency of recreation activities		
3-5 per week	13	**9.9**
1-2 per week	54	**41.2**
1-3 per month	46	**35.1**
1-4 per year	18	**13.7**

Table 3. Emotional exhaustion

	Low		Average		High		
	No	**%**	**No**	**%**	**No**	**%**	
Age group(in years)							
<25	1	**6.3**	2	**4.3**	9	**11.8**	**0.628**
25-34	8	**50.0**	16	**34.0**	25	**32.9**	
35-44	5	**31.3**	23	**48.9**	19	**25.0**	
45+	2	**12.5**	6	**12.8**	23	**30.3**	
Gender							
Male	5	**31.3**	22	**46.8**	28	**36.8**	**0.421**
Female	11	**68.8**	25	**53.2**	48	**63.2**	
Nationality							
Saudi	1	**6.3**	17	**36.2**	14	**18.4**	
Non-Saudi	15	**93.8**	30	**63.8**	62	**81.6**	**0.018**
Marital status							
Married	10	**62.5**	34	**72.3**	52	**68.4**	**0.750**
Un-married	6	**37.5**	13	**27.7**	24	**31.6**	
No of children							
Nil	1	**6.3**	3	**6.4**	4	**5.3**	**0.988**
1-3	7	**43.8**	24	**51.1**	35	**46.1**	
4-6	2	**12.5**	9	**19.1**	10	**13.2**	
Working institution							
Military	11	**68.8**	26	**55.3**	47	**61.8**	**0.774**
National Guard	1	**6.3**	7	**14.9**	11	**14.5**	
MOH	3	**18.8**	7	**14.9**	7	**9.2**	
University	1	**6.3**	7	**14.9**	11	**14.5**	
Monthly Salary							
<5000	8	**50.0**	18	**38.3**	37	**48.7**	**0.823**
5000-8999	6	**37.5**	1	**2.1**	20	**26.3**	
9000-12999	1	**6.3**	3	**6.4**	7	**9.2**	
13000-16999	1	**6.3**	4	**8.5**	8	**10.5**	
17000+	0	**0.0**	3	**6.4**	4	**5.3**	
Job title							
Nurse	9	**56.3**	21	**44.7**	44	**57.9**	**0.211**
Physician	4	**25.0**	6	**12.8**	9	**11.8**	
Respiratory therapist	0	**0.0**	2	**4.3**	2	**2.6**	
Social worker	2	**12.5**	1	**2.1**	2	**2.6**	
Interpreter	1	**6.3**	2	**4.3**	3	**3.9**	
Others	0	**0.0**	15	**31.9**	16	**21.1**	
Years of home health care work							
<3	13	**81.3**	22	**46.8**	50	**65.8**	**0.095**

3-9	3	**18.8**	24	**51.1**	24	**31.6**	
10-19	0	**0.0**	1	**2.1**	2	**2.6**	
Years of experience							
<3	2	**12.5**	8	**17.0**	18	**23.7**	**0.392**
3-9	7	**43.8**	17	**36.2**	18	**23.7**	
10-19	6	**37.5**	16	**34.0**	24	**31.6**	
20 above	1	**6.3**	6	**12.8**	16	**21.1**	
No of patients visited every day							
<5 Pt.	0	**0.0**	2	**4.3**	3	**3.9**	**0.231**
5-7 Pt.	13	**81.3**	38	**80.9**	32	**42.1**	
>7 Pt.	3	**18.8**	7	**14.9**	41	**53.9**	
Daily working hours							
<4 hrs	0	**0.0**	2	**4.3**	3	**3.9**	**0.291**
4-6 hrs	13	**81.3**	38	**80.9**	32	**42.1**	
>6 hrs	3	**18.8**	7	**14.9**	41	**53.9**	
Recreational activity							
Yes	16	**100.0**	46	**97.9**	69	**90.8**	**0.150**
No	0	**0.0**	1	**2.1**	7	**9.2**	

Table 4. Depersonalization

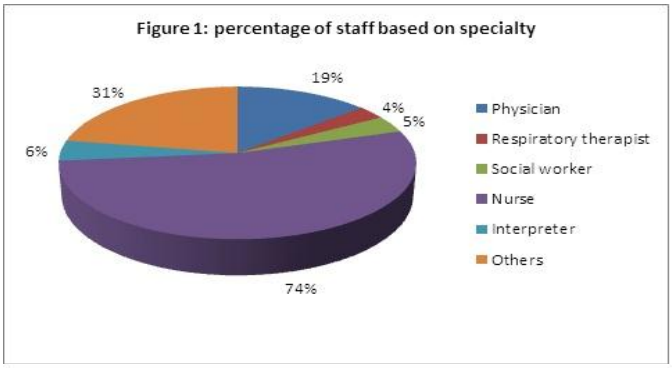
	Average		**High**		
	No	**%**	**No**	**%**	
Age group(in years)					
<25	0	**0.0**	12	**10.1**	**0.283**
25-34	9	**45.0**	40	**33.6**	
35-44	5	**25.0**	42	**35.3**	
45+	6	**30.0**	25	**21.0**	
Gender					
Male	5	**25.0**	50	**42.0**	**0.150**
Female	15	**75.0**	69	**58.0**	
Nationality					
Saudi	1	**5.0**	31	**26.1**	**0.044**
Non-Saudi	19	**95.0**	88	**73.9**	
Marital status					
Married	13	**65.0**	83	**69.7**	**0.671**
Un-married	7	**35.0**	36	**30.3**	
No of children					
Nil	2	**15.4**	6	**7.3**	**0.556**
1-3	9	**69.2**	57	**69.5**	
4-6	2	**15.4**	19	**23.2**	
Working institution					
Military	11	**55.0**	73	**61.3**	**0.109**
National Guard	1	**5.0**	18	**15.1**	
MOH	2	**10.0**	15	**12.6**	
University	6	**30.0**	13	**10.9**	
Monthly Salary					
<5000	12	**60.0**	51	**42.9**	**0.326**
5000-8999	6	**30.0**	39	**32.8**	
9000-12999	2	**10.0**	9	**7.6**	
13000-16999	0	**0.0**	13	**10.9**	
17000+	0	**0.0**	7	**5.9**	
Job title					
Nurse	15	**75.0**	59	**49.6**	**0.265**
Physician	1	**5.0**	18	**15.1**	
Respiratory therapist	1	**5.0**	3	**2.5**	

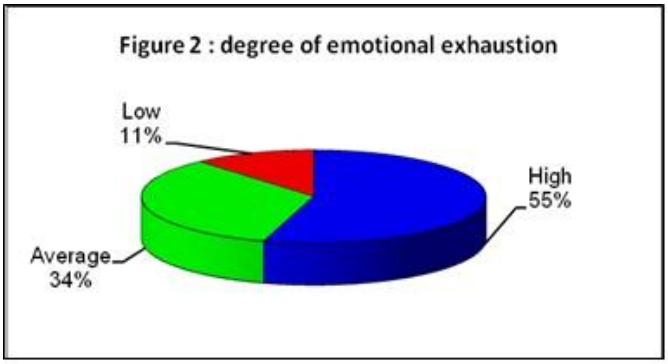
Social worker	1	**5.0**	4	**3.4**	
Interpreter	0	**0.0**	6	**5.0**	
Others	2	**10.0**	29	**24.4**	
Years of home health care work					
<3	13	**65.0**	72	**60.5**	**0.749**
3-9	7	**35.0**	44	**37.0**	
10-19	0	**0.0**	3	**2.5**	
Years of experience					
<3	7	**35.0**	21	**17.6**	**0.246**
3-9	5	**25.0**	37	**31.1**	
10-19	4	**20.0**	42	**35.3**	
20 above	4	**20.0**	19	**16.0**	
No of patients visited every day					
<5 Pt.	1	**5.0**	4	**3.4**	**0.352**
5-7 Pt.	7	**35.0**	76	**63.9**	
> Pt.	12	**60.0**	39	**32.8**	
Daily working hours					
<4 hrs	2	**10.0**	2	**1.7**	**0.148**
4-6 hrs	10	**50.0**	81	**68.1**	
>6 hrs	8	**40.0**	36	**30.3**	
Recreational activity					
Yes	15	**75.0**	116	**97.5**	**0.223**
No	5	**25.0**	3	**2.5**	

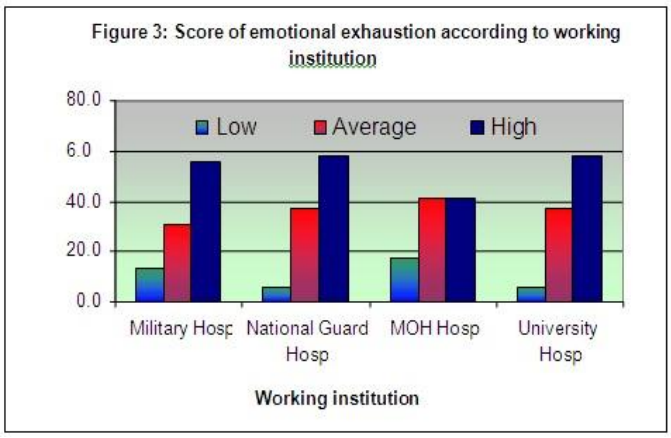
Table 5. Personal accomplishment

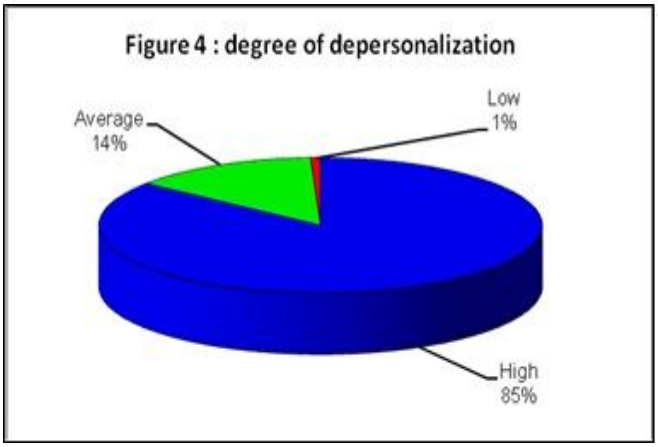
	P-value				
	Average		**High**		
	No	**%**	**No**	**%**	
Age group(in years)					
<25	1	**20.0**	11	**8.2**	**0.731**
25-34	2	**40.0**	47	**35.1**	
35-44	2	**40.0**	45	**33.6**	
45+	0	**0.0**	31	**23.2**	
Gender					
Male	3	**60.0**	52	**38.8**	**0.384**
Female	2	**40.0**	82	**61.2**	
Nationality					
Saudi	3	**60.0**	29	**21.6**	**0.080**
Non-Saudi	2	**40.0**	105	**78.4**	
Marital status					
Married	1	**20.0**	95	**70.9**	**1.000**
Un-married	4	**80.0**	39	**29.1**	
No of children					
Nil	0	**0.0**	8	**8.5**	**0.801**
1-3	1	**100.0**	65	**69.1**	
4-6	0	**0.0**	21	**22.3**	
Working institution					
Military	2	**40.0**	82	**61.2**	**0.213**
National Guard	1	**20.0**	18	**13.4**	
MOH	2	**40.0**	15	**11.2**	
University	0	**0.0**	19	**14.2**	
Monthly Salary					
<5000	3	**60.0**	60	**44.8**	**0.774**
5000-8999	1	**20.0**	44	**32.8**	
9000-12999	0	**0.0**	11	**8.2**	

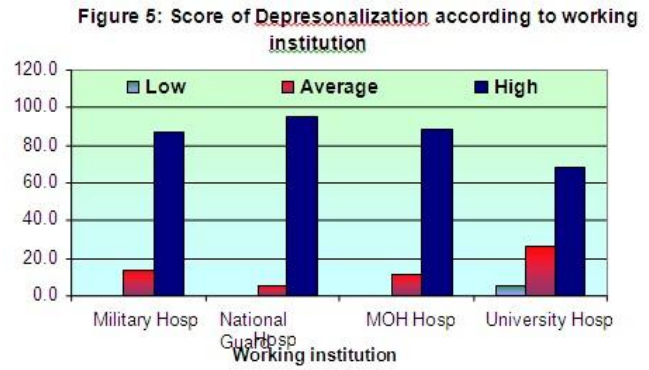
13000-16999	1	**20.0**	12	**9.0**	
17000+	0	**0.0**	7	**5.2**	
Job title					
Nurse	3	**60.0**	71	**53.0**	**0.843**
Physician	0	**0.0**	19	**14.2**	
Respiratory therapist	0	**0.0**	4	**3.0**	
Social worker	0	**0.0**	5	**3.7**	
Interpreter	0	**0.0**	6	**4.5**	
Others	2	**40.0**	29	**21.6**	
Years of home health care work					
<3	4	**80.0**	81	**60.4**	**0.668**
3-9	1	**20.0**	50	**37.3**	
10-19	0	**0.0**	3	**2.2**	
Years of experience					
<3	1	**20.0**	27	**20.1**	**0.778**
4-9	2	**40.0**	40	**29.9**	
10-19	2	**40.0**	44	**32.8**	
20 above	0	**0.0**	23	**17.2**	
No of patients visited every day					
<5 Pt.	0	**0.0**	5	**3.7**	**0.904**
5-7 Pt.	3	**60.0**	80	**59.7**	
> Pt.	2	**40.0**	49	**36.6**	
Daily working hours					
<4 hrs	0	**0.0**	4	**3.0**	**0.866**
3-6 hrs	3	**60.0**	88	**65.7**	
>6 hrs	2	**40.0**	42	**31.3**	
Recreational activity					
Yes	3	**60.0**	128	**95.5**	**0.027**
No	2	**40.0**	6	**4.5**	

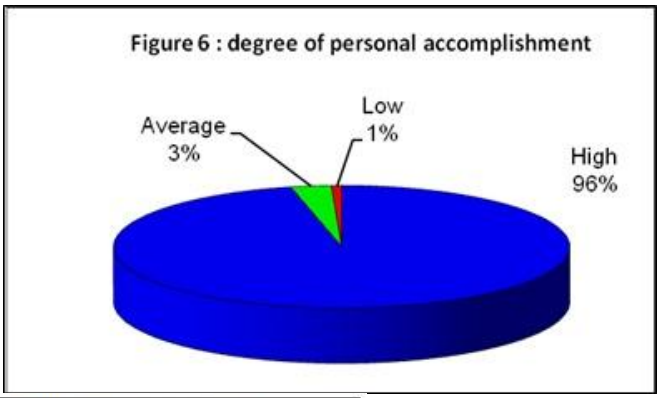


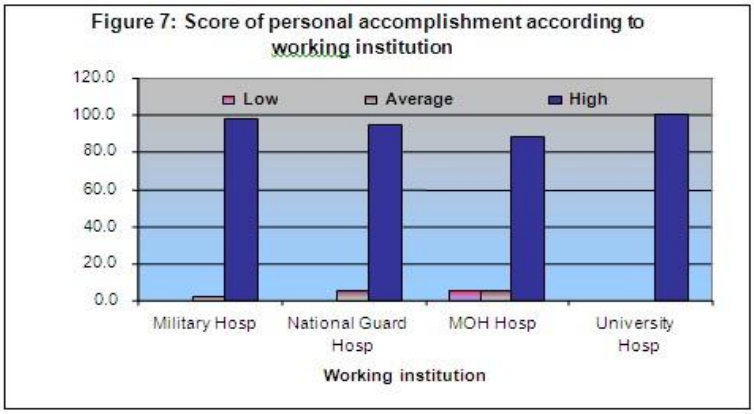












DISCUSSION

The study revealed that the prevalence of burnout among home health care staff in all hospitals involved in the study was zero percent. The lack of burnout among home health care staff was clearly expected with high degree of personal accomplishment among 96% of home health care staff comparing to 1% with low degree. This could be explained by working in low stressful environment which was patient home comparing to the hospitals. Another explanation could be the number of working hours which was about 5 to 6 hours comparing to 8 to 12 hours and on calls in the hospitals. Also the number of patient being visited every day which was 5 to 6 patients compared to a larger number of patient being seen inpatient or in the clinic. Other issue that could explain this result is the number of years working in home health care, which was less than 3 years in 61.2% and 3 to 9 years in 36.7% of the sample.

Small sample size could be another reason although the majority of all home health care centers in Saudi Arabia were involved in the study with high response rate.

By looking to the three components of burnout syndrome, the emotional exhaustion was statistically higher among non Saudi staff 58%. This could be explained by language difficulties, different cultural habits and religious aspects , especially that the staff are going to visit patient at home and to react with patient or care giver which might lead to conflict [14].

Several studies showed that conflict with clients could lead to high degree of emotional exhaustion. One study in Japan among home health care workers showed that conflict with client, care giver or the client family will lead to emotional exhaustion and depersonalization but the conflict did not significantly correlate with lack of personal accomplishment which often occurs independently of emotional exhaustion and depersonalization [10]. Another study showed that supervisory conflict was positively associated with emotional exhaustion [15].

The depersonalization was significantly higher among Saudi home health care staff (97%). This could be explained by the fact that Saudi nursing service is still young comparing to other countries like Philippine and also the home health care services in Saudi Arabia is also new to many hospitals. As a result of that, those Saudi nursing staff need to shift from one house to another to take care of patients most of time are geriatrics, dementic, bed redden or with terminal illness, which is new and deferent from what they expect to see in hospitals. The average to high degree emotional exhaustion among Saudi staff was 96% and the lack of coping strategies will end with depersonalization, which is considered as suppression of emotional interactions with others in order to cope with job demands [16]. Other issue that could lead to high degree of depersonalization is the conflict with other staff and supervisor. One study showed that the better relationship with coworkers and supervisors was associated with decreased depersonalization, and vice versa [17].

The final component of burnout syndrome is the low personal accomplishment, and this study surprisingly showed that the personal accomplishment was very high 96% which clearly explained the lack of burnout that occurs with low personal accomplishment. This high personal accomplishment was significantly correlated to practicing recreational activities by 98 %.This is explained by th at fact that physical and/or social recreation and leisure can improve physical health, self steam and mod. They increase energy and activity level, reduce depression and anxiety and they provide a distraction from stressful situation [18].

The MBI-HSS score of the above three component of burn out was almost identical in all 7 home health care centers explained by similar type of culture , similar type of medical systems and even the demographic characteristics are similar.

This study was limited by the fact that it's a cross-sectional study reflecting only the burnout level of home health care staff working at that point of time, not including staff on leave or missions, and it does not reflect the level of staff burnout in all home health care centers in Saudi Arabia. Also the study lacked statistical significance in many variables (gender, age, marital status, institution, salary, specialty, working years in home care, years of experience, daily working hours and number of patient visited every day), may be due to the relatively small sample size.

It is a fact that the health care staff worldwide are at high risk for burnout, role conflict and job dissatisfaction and bad consequences on medical organization, staff and patient are expected in absence of strategies that prevent such situation. As home health care being one of medical strategies for high medical authorities, good support for home health care staffs against the risk of developing job related burnout is highlighted by the fact that it directly affects job turnover, quality of care and patient safety and satisfaction.

It is difficult to work hard and never be recognized for one's accomplishments as some theories (Maslow, McGregor) state that praise, respect, recognition, empowerment and a sense of belonging are far more powerful motivators than money, where accolades are scarce, burnout is a risk [19].

In conclusion, in all home health care centers involved in the study the overall prevalence of burnout among the staff was zero percent, however the emotional exhaustion was higher among non Saudi (58%) while depersonalization was higher among Saudi (97%). Personal accomplishment was very high among all staff whom they practice recreational activities (98%).

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