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Job Burnout Rate and Related Demographic Factors in Nursing Personnel Employed in Emergency Departments of Chosen Educational Hospitals by Kermanshah University of Medical Science in 2012

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Abstract: Job burnout is a very common phenomenon in the helping professions including nursing. Since this syndrome can cause physical and psychological damage, reduces the job efficiency and motivation of the individual which leads to a sharp drop in the quantity and quality of caring services, current research was performed in order to better understand of burnout dimensions and its related factors in employed nurses in emergency, who are faced with a variety of occupational stress. This study was an analytical cross-sectional and its study population was from all nurses working in the emergency section of the 4 hospitals of Kermanshah University of Medical Science. The study sample included 120 nurses and nursing assistants who were studied using available sampling method. To collect data, a demographic information questionnaire and a job burnout questionnaire of "Maslach" were used. After data extraction, it was statistically evaluated using SPSS 22 software. 103 individuals completed the questionnaire and their data were analyzed. Based on the findings, all nurses had some degree of job burnout. 40.8% had experienced a frequency of emotional exhaustion, 41.7% had intensively faced depersonalization and 40.8% had experienced a high level of personal incompetence and there were significant statistical correlations between Job Satisfaction and Emotional Exhaustion ($P < 0.001$), Rotational Shifts and Intensity of Depersonalization ($p=0.045$), Contract Employment and Emotional Exhaustion ($p=0.015$), Job Description and Individual Incompetence ($p=0.016$), Job Environment Satisfaction and Emotional Exhaustion ($p=0.01$), Satisfaction of Physicians and Number of Depersonalization ($p=0.044$) and the Sense of Personal Incompetence and Training Courses related to the hospital care section ($p=0.012$). The results of this research showed that the job burnout is a major problem and it is at the top level in emotional exhaustion and personal incompetence among most of the employed nurses in the emergency and it is at the average level in depersonalization dimension. So the authorities and managers are advised to provide necessary facilities in order to reduce job burnout and its deleterious effects.

Key words: Job burnout · Nurses · Emergency · Occupational stresses

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INTRODUCTION

In a healthy organization, physical and mental health of staff is as much important as production and productivity and these are emphasized by the organization management [1]. Mental health of staff is a determining factor in increasing the productivity of labor [2]. Nowadays, the human resource as the most valuable asset of organizations is faced with numerous problems. Job burnout is one of the factors that has unfavorable effects on the human body and spirit and decreases their performance [3]. Burnout is an issue that has been studied by many researchers. Esfandiari [4] believed that the Job burnout phenomenon is very common in guardian professions and as a main characteristic of job stress, it is a delayed reaction to stressful chronic factors in the workplace [5]. Job burnout syndrome contains of emotional exhaustion (feeling of emotionally power draining), depersonalization (negative reaction without any feelings and with an extreme indifference to the recipients of services) and reducing personal accomplishment (reduces the sense of merit and success in the career), which occurs among social service professions, especially nurses [6, 7]. This syndrome creates a negative self-image, a negative attitude toward work and a feeling of lack of communication with the assistants, leads to a sharp drop in the quality of health services [8]. Experts consider the job burnout in nursing profession as a result of everyday facing to the stressful situations arising from the organization structure, such as role ambiguity, role conflict and work pressures and on the other side, the lack of positive conditions in the workplace environment [8]. Today, the healthcare sector is considered as one of the most important aspects of sustainable development in society because it is directly related to human health. Achieving the goals of healthcare department requires healthy, fresh and motivated therapists. Hospitals nurses are a part of this department. Among all hospital sections, we encounter nurses who have been regular, sympathetic and interested when entering the nursing profession, but after a few days of work and facing with numerous problems and occupational stresses in the workplace environment, they feel exhausted and even willing to quit their jobs. In the meantime, one of the common factors can be burnout [4]. Primarily, nurses are considered as a group of people who are at a high risk of burnout, due to having a stressful job, a grueling nature of patient care, organizational large demands and high emotional expectations [9, 10]. Participants who experience Job burnout are often exhausted physically, emotionally and mentally. This greatly affects the quality of patient care in such way that therapists begin to feel that they cannot face the patient and working with the patient is difficult for them [11].

A variety of individual and organizational factors, including age, sex, marital status, number of children, employment status, employment history, amount of working hours, low wages and benefits, lack of job description, lack of management support, job insecurity, getting a second job, satisfaction of being satisfied with the work and the workplace and satisfaction with colleagues, have great impacts on job burnout [12-14]. The results of various studies indicate the relationship between the mentioned factors with job burnout. Considering the fact that the nurses are a group subjected to the job burnout and employed nurses are even seemed to be more exposed to the job burnout due to their work overload and need for having more speed and immediate decision making; the researchers investigated the current research in emergency departments of educational hospitals chosen by Kermanshah University of Medical Sciences, aiming at better understanding of the extent and severity of job burnout in different dimensions and factors affecting it.

MATERIALS AND METHODS

The study was performed as cross-sectional on employed nurses and workers in different shifts of emergency sections in Taleqani, Imam Khomeini, Imam Reza, Imam Ali and Farabi hospitals of Kermanshah University of Medical Sciences, Iran. 120 individuals were enrolled through convenient sampling method of which 17 were excluded because they had filled the questionnaire incompletely. The inclusion criteria included having at least three months employment in emergency departments and lack of physical and mental diseases leading to the absence or frequent sick leave (more than once in 3 months) and the exclusion criteria was partial response or no response to the questionnaire.

Data collection tool was a questionnaire including demographic factors and also a questionnaire of job burnout by “Maslach” with 22 questions in 3 areas (9 questions of emotional exhaustion, 5 questions of depersonalization and 8 questions regarding the decrease of personal accomplishment sense). This questionnaire is

set as follows based on a seven-point Likert scale (from zero to 6 points) in the frequency dimension; and eight degrees (from zero to 7 points) in the intensity dimension.

After obtaining the necessary permits to collect data in three working shifts (morning, evening, night), researchers went to the emergency department of the considered hospital, provided their permits and expressed the objectives of the research as well as satisfaction of research unit and then gave them questionnaires to complete a report by themselves. After collecting the questionnaires, uncompleted cases were excluded and the completed questionnaire data were adjusted as descriptive statistics such as frequency, percentage, mean, standard, deviation and statistical tables. Also, in order to determine the relationship between the variables, we used χ^2 and to compare the emergency sections of the research location, we applied an independence T test. The significant level was considered as 0.05 in all tests.

RESULTS

Among 120 employed nurses in the emergency no.5 of the hospital, 103 filled the questionnaires completely. 27.2% of individuals were working in Imam Reza hospital. The average age of participants were 44/6±1/30 years old; 61.2% were women and the rest were men, 53.4% were married and the rest were single. 79.6% had got Bachelor's degree and 68.5 were as clinical nurses working in hospital. Their average job experience in the hospital were 6/5±5/8 years and in the emergency department were 3/4±3/6 years. 53.4% had passed the course related to the emergency. 88.3% of nurses had overtime and 65% of them worked over 150 hours per month as overtime plus 91.3% of them were employed in nursing jobs and had no other jobs. 68% were completely and 26.2% were partially satisfied with their supervisor. 42.7% were completely and 53.4% were partially satisfied with their colleagues. No significant statistical correlation was found between any variables listed above with different dimensions of job burnout.

Results showed that all 103 nurses had some degrees of job burnout (Table 2).

40.8% of nurses working in hospital emergency mentioned, were suffering from emotional exhaustion frequently. Intensity of emotional exhaustion by 41.7% was at low-frequency, depersonalization by 40.8% was at moderate level, severe depersonalization by 41.7% was much, number of feelings as an incompetent person was

Table 1: Classification of Job burnout dimensions in emergency nurses

Job Burnout Dimensions		Intensity	Abundance
Emotional exhaustion	Mild	= 25	= 17
	Moderate	26 - 39	18 - 29
	High	40 +	30 +
Depersonalization	Mild	= 6	= 6
	Moderate	7 - 14	7 - 11
	High	15 +	12 +
Reduced sense of personal accomplishment	Mild	= 36	= 33
	Moderate	37 - 43	34 - 39
	High	44 +	40 +

Table 2: Dimensions of job burnout in nurses working in hospital emergency

Dimensions of job burnout	Abundance Mean ± SD	Intensity Mean ± SD
Emotional exhaustion	27.91 ± 12.9	31.6 ±15.22
Depersonalization	10.81 ± 6.2	13.16 ± 7.85
Incompetent person	34.9 ± 12.6	37.68 ±13.22

40.8% which was much and the feeling intense of incompetent person was equally 36.9% and it has been a low-high value (Table 3).

22.3 percent were completely satisfied of their jobs and 63.1% were somewhat satisfied and the rest were dissatisfied. There was a significant statistical correlation between job satisfaction and frequency and intensity of emotional exhaustion (p=0.000). The nurses who have got a lower job satisfaction have experienced more frequent emotional exhaustion. The relationship between job satisfaction and job burnout was not found (Tables 4 and 5).

75.7 percent of nurses worked as rotational shifts and there has been a significant correlation between the shifts and depersonalization, (p=0.045) and shift nurses have experienced higher levels of depersonalization. But this factor has showed no significant correlation with job burnout (Tables 4 and 5).

48.5 percent have been contract employees and there had been a significant correlation between emotional exhaustion and type of employment (p=0.015), contract nurses have experienced more emotional exhaustion. There were statistically significant differences between the employment and the rest of job burnout dimensions (Table 4).

25.82% of nurses have had the Job description and there was a significant correlation between feelings of personal incompetence. People with Job description, had a more feeling of competence (p=0.016). There was no significant correlation between this factor and other dimensions of job burnout (Tables 4 and 5).

Table 3: Rate of job burnout in nurses working in hospital emergency

Dimensions of job burnout		Rate		
		Low	Moderate	High
Emotional exhaustion	Abundance	24	37	42
		23.3%	35.9%	40.8%
	Intensity	43	27	33
		41.7%	26.2%	32%
Depersonalization	Abundance	28	42	33
		27.2%	40.8%	32%
	Intensity	19	41	43
		18.4%	39.8%	41.7%
personal incompetence	Abundance	39	22	42
		37.9%	21.4%	40.8%
	Intensity	38	27	38
		36.9%	26.2%	36.9%

Table 4: Frequency of Job burnout dimensions in terms of demographic characteristics of emergency nurses

			Emotional exhaustion			
			Low	Moderate	High	P-value
type of employment	Official	N	3	13	8	0.018
		%	12.5%	54.2%	33.3%	
	Contract	N	9	13	7	
		%	31.1%	44.8%	24.1%	
	Contractual	N	12	11	27	
		%	24%	22%	54%	
	Total	N	24	37	42	
		%	23.3%	35.9%	40.8%	
Job Satisfaction	Completely	N	10	11	2	< 0.001
		%	43.5%	47.8%	8.7%	
	Somewhat	N	13	25	27	
		%	20%	38.5%	41.5%	
	No	N	1	1	13	
		%	6.7%	6.7%	86.6%	
	Total	N	24	37	42	
		%	23.3%	35.9%	40.8%	
Environment Satisfaction	Yes	N	10	11	7	0.001
		%	35.7%	39.3%	25%	
	Somewhat	N	12	23	17	
		%	23.1%	44.2%	32.7%	
	No	N	2	3	18	
		%	8.7%	13%	78.3%	
	Total	N	24	37	42	
		%	23.3%	35.9%	40.8%	
			personal incompetence			
			Low	Moderate	High	P-value
Job Description	Yes	N	31	15	39	0.045
		%	36.5%	17.6%	45.9%	
	No	N	6	7	5	
		%	33.3%	38.9%	27.8%	
	Total	N	37	22	44	
		%	35.9%	21.4%	42.7%	
Training Courses	Yes	N	17	8	30	0.012
		%	30.9%	14.5%	54.5%	
	No	N	20	14	14	
		%	41.6%	29.2%	29.2%	
	Total	N	37	22	44	
		%	35.9%	21.4%	42.7%	

Table 4: Continued

			Number of Depersonalization			
			Low	Moderate	High	P-value
Satisfaction of Physicians	Completely	N	8	6	4	0.044
		%	44.4%	33.3%	22.2%	
	Somewhat	N	15	26	14	
		%	27.3%	47.3%	25.4%	
	Very	N	5	10	15	
		%	16.7%	33.3%	50%	
	Total	N	28	42	33	
		%	27.2%	40.8%	32%	

Table 5: Frequency of Job burnout dimensions in terms of demographic characteristics of emergency nurses

			Intensity of emotional exhaustion			
			Low	Moderate	High	P-value
Job Satisfaction	Completely	N	19	4	0	< 0.001
		%	82.6%	17.4%	0%	
	Somewhat	N	23	21	21	
		%	35.4%	32.3%	32.3%	
	No	N	0	3	12	
		%	0%	20%	80%	
	Total	N	42	28	33	
		%	45.7%	27.4%	31.9%	
Environment Satisfaction	Yes	N	16	7	5	0.002
		%	57.1%	25%	17.9%	
	Somewhat	N	23	15	13	
		%	45.1%	29.4%	25.5%	
	No	N	3	5	15	
		%	13%	21.1%	66%	
	Total	N	43	17	33	
		%	41.2%	26.5%	32.4%	
			personal incompetence			
			Low	Moderate	High	P-value
Shifts	Morning	N	2	5	4	0.045
		%	18.2%	45.5%	36.3%	
	Evening	N	0	1	1	
		%	0%	50%	50%	
	Night	N	1	0	0	
		%	100%	0%	0%	
	Evening and Night	N	5	5	1	
		%	45.5%	45.5%	9%	
	Rotational	N	11	30	37	
		%	14.1%	38.5%	47.4%	
	Total	N	19	41	43	
		%	18.4%	39.8%	41.7%	

27.2% of them were entirely satisfied of their workplace environment, 49.5% were somewhat satisfied and the rest were dissatisfied. There has been a significant correlation between the frequency and intensity of emotional exhaustion and satisfaction of workplace; and there was a less satisfaction with the higher level of job burnout (p=0.01 and p=0.02). There were no significant correlation between this factor and other dimensions of job burnout (Tables 4 and 5).

17.5 percent of physicians have been quite happy and 53.4 percent have been relatively satisfied and the rest were dissatisfied. There was a significant correlation between satisfaction of physicians and number of depersonalization (p=0.044) Satisfaction of the physician, was along with a further reduction in the number of depersonalization. There was no significant correlation between this variables and job burnout (Table 4).

There was a significant correlation between the sense of personal competence and training courses related to emergency (p=0.012). Nurses who have not passed this period were more likely to feel the incompetence. There was no significant correlation between this factor and other variables of job burnout (Table 4).

DISCUSSION AND CONCLUSION

The findings of this study suggest that all samples (103 people) has experienced job burnout and the majority of them had faced a high emotional exhaustion (40.8%) and a moderate depersonalization (40.8%) and a high personal incompetence (40.8%). There was a significant correlation between the frequency of emotional exhaustion and the emergency (p=0.005). This dimension of job burnout for the employees of Imam Reza, Imam Khomeini and Taleqani, was more than that of Imam Ali and Farabi.

Abdi *et al*., [15] found that all three dimensions of job burnout were moderate except in dimension of personal incompetence most of people were at a high level of 45.5%. This result is different from our result except in personal incompetence. Kilfedder *et al*. [16], also in 2001 stated all three dimensions at a low level. Soleimani *et al*. [17] recorded that emotional exhaustion and depersonalization were at a lower level than our research and the personal incompetence was higher than ours. In Mirabzadeh *et al*. [18] personal incompetence and emotional exhaustion in clinical staff was more than non-clinical staff. America's General Intelligence Department noted that health care professions have the highest rate of occupational injuries including job burnout [19]. Sahebzamani *et al*. [20] stated that the job burnout is moderate but personal incompetence is high in nurses. Cabrera Gutiérrez *et al.* [21] announced the job burnout among nurses different in terms of emotional exhaustion. Moghimian *et al*. [22] showed that the job burnout moderate in all three dimensions and Rafii *et al*. [23] stated that the job burnout is moderate and low in two third of nurses. Rahmani *et al*. [24] also stated that most of nurses experienced the high emotional exhaustion and personal competence that is similar to the current study.

Payami Bousari [25] showed the emotional exhaustion at a low level and depersonalization and lack of personal success above the average level. In Massoudi *et al*. [26] also job burnout was less than current research. López Franco *et al*. [27] as the current research reported the lack of effectiveness at a high level. Due to the lack of consensus regarding the job burnout and its dimensions, several factors, including variations, different research environments, sampling, sample size and various individual and organizational factors can affect contributing to this problem.

Regarding the environments, many studies have indicated that several working positions have different effects on people, or we can say that stresses in different professions are not similar to each other.

Toubaei and Sahraeian [28] indicated that job burnout among nurses in different departments has a significant difference. Foxall *et al*. [29] considered that the nature of these differences origins from differences in occupational stress in various sectors. The current research investigated the nurses in emergency department and due to the circumstances in this section, it appears that many factors, including the pressure of work, waiting and emergency patients' treatment, the pressure of immediate care and treatments, lack of equipment and facilities necessary to meet their requirements, etc., had important roles in emotional exhaustion than most cited studies [16]. Some experts also believed that moderate to severe levels of emotional fatigue can cause conflict and role ambiguity, work overload, interpersonal and intrapersonal conflicts, lack of autonomy and rewards [6]. Most investigators considered the emotional exhaustion, as the most important symptom of job burnout [16] and stated the depersonalization, adaption to decrease in self-confidence and job satisfaction, lack of responsibility to the organization, increasing displacements and leaving professions are the consequences of emotional exhaustion [6].

In this study, the high failure could be attributed to the lack of independent decision making of individuals and the relationship with managers plans and strategies that prevent the talent, ability and sense of competence among others. Good sense of individual success starts when the person can affect the organization policy and with this, show their abilities to all and create a positive attitude toward them and to the patients [7] and where the people are not able to prove their own competence, they start feeling lack of success in the workplace and poor and negative working conditions can be a factor for this issue [30].

The findings concerning the relationship between some demographic and burnout showed that age, sex, marital status, number of children, education, satisfaction of partners and the head nurse, occupation other than nursing experience in emergency, having overtime and on the side there is no significant correlation.

Payami Bousari [25] also noted a weak relationship between demographic characteristics and job burnout. Melchior *et al*. [30] and Payne [31] researches also showed little effect of demographic variables at the individual and organizational factors in comparison with the job burnout.

Rashidi *et al*. [32] research showed that there is no significant relationship between age, experience, gender, education level, occupation and employment status with

the frequency and severity of burnout, which is similar to our research except employment situation. Yaghobinia *et al*. [33] did not report a significant association between burnout and age. But Boyas and Wind [34], age-related burnout know.

Abdi and Shahbazi [35] and Khaghanizadeh and Salimi [36] have suggested that younger people have had a more job burnout, but Rasoulian *et al*. [13] reported more emotional exhaustion in individuals older than 40 years. In Shakerinia and Mohammadpour's opinion [37], whatever the age of the subjects will be added, the amount of stress and burnout will increase too. Hajiloo *et al*. [38] showed that younger nurses with less experience, will be more involved in work and its accuracy and are more likely to job burnout. Boyas and Wind [34], Nyklicek and Pop [39] and Armon[40] have stated that there is a relationship between age (mostly young people) and job burnout which is different to the results of our study.

Regarding to gender, Mirabzadeh *et al*. [18], Garrosa *et al*. [41], Von Känel *et al*. [42], Hogan and McKnight [43] and Talaee *et al*. [44] have noted that women have higher levels of job burnout. Many top experts consider the high job burnout as the result of responsibilities of women at home and accepting the same role as wives and mothers and hormonal changes. Abdi masooleh *et al*. [15], Khaghanizadeh *et al*. [45], Ahola *et al*. [46] and Taei *et al*. [47] also reported the job burnout in men at a higher level. It the view of Garosifarshi and Moslemi, [48] men in emotional exhaustion and women in personal incompetence have higher average. Sahebazamani *et al*. [20] have expressed a high indifference and reduced personal accomplishment in male nurses. The results are different with the results of our study. Sundin *et al*. [49], Losa Iglesias *et al*. [50] and Akasheh *et al*. [51] believed that burnout has no relationship with gender, the results of this study are similar to our study.

In the study of Alimoglu and Donmez [52] there was no relationship between age and burnout which is similar to our findings. Rashedi *et al*. [32], Losa Iglesias *et al*. [50] and Yeh *et al.* [53], mentioned that the married have more personal incompetence and lack of control over additional responsibilities and they see this in lack of control on the work. Boyas and Wind findings [34] suggested that burnout in staff is more in single people and the reason is support from family and increasing motivation for their future. Garosifarshi and Moslemi [48] suggested the reasons of differences in groups under study indicating the effect of position of other social and cultural factors, including the views of the community on the issue of marital in adaptation and coping with different kinds of job stress.

Esfandiari [4] showed that the level of education is the factor affecting the burnout. Alimoglu and Donmez [52] suggested the increasing educational level of burnout. While the Boyas and Wind [34] and Talaee *et al*. [44] indicated that there is no significant correlation between education and burnout. Results of these studies are consistent with our results. In conjunction with work experience, Sahebazamani *et al*. [20], Rashedi *et al*. [32], Talaee *et al*. [44] and Taei *et al*. [47] have suggested that no significant relationship exists between burnout and job history. These are relevant to our study. In this Khaghanizadeh *et al*. [45] had faced with severe emotional exhaustion and depersonalization experience less often with a significant relationship. In contrast Dmyz *et al*. [54] have mentioned that there was a significant relationship between burnout and job history. Chen and McMurray [55] has also faced the burnout in nurses that is occurred in the first decade of his career. In contrast Rasoulian *et al*. [13] have mentioned more than twenty years of experience combined with exhaustion. Other researches have shown that with increasing age and experience burnout dimensions of emotional exhaustion and depersonalization in a significant reduction in the failure to increase [48].

In the present study, we examined the various hospital emergency department nurses and a comparison with other sectors has been done, but some researchers believed that the work is also a contribution to the prediction of burnout among nurses. It appears that people who have high expectations of themselves, had more motivation to enter the job and face more job burnout. The result of this research showed that most nurses have been relatively satisfied with their job perfectly and there was no significant relationship between job satisfaction and emotional exhaustion and individuals had greater job satisfaction and less emotional exhaustion. Kalliath and Morris [56] has reported that there is a significant negative relationship violence between job satisfaction and emotional exhaustion and depersonalization. Since there seems to contradict the results of job satisfaction is an important factor in reducing burnout. There was significant statistical relationship between emotional exhaustion and type of employment contract and nurses were more emotional fatigue perhaps because of the lack of job stability concerns about the loss of jobs. In Payami Bousari *et al*., [25] reported that emotional exhaustion in hired nursing has been lower. The present study is consistent had mixed results with this study including Rashidi *et al*., [32] have stated that employment status is not associated with burnout, while Talaee *et al*. [44] had an official employee

of the company and contract staff incompetence depersonalization more and more personal. Garosifarshi *et al*. [48] showed that nurse is more than individual accomplishment and depersonalization contract is less. In this study there was a significant relationship between shifts and intensity of depersonalization and circulating nurses have experienced depersonalization more aggressively. Rafii *et al*. [23] reported that nurses have a burnout at least the inner part of the evening shift and night shift is the largest CCU. Esfandiari [4] and Moghimian *et al*. [22] have mentioned that there was a significant relationship between shift work and burnout. Demir *et al*. [54] have suggested that who work the night shift with burnout and personal success in nurses' working day and night is constant over time.

Abdi masooleh *et al*. [15] mentioned that work in night shift working pattern will change people's sleep and it can be grounds for burnout. Monte Gill and Peiro [57] stated that there is a significant correlation between conflict and role ambiguity with burnout.

Although the study did not find a direct relationship between burnout and job satisfaction; in the study of Toubaei and Sahraeian [28] inadequacy of individual nurses, psychiatric nurse's burn and emotional exhaustion was significantly higher than in other sectors and probably some burnout can be attributed to the satisfaction of the parties. Foxall *et al*. [29] rooted differences in the nature of stress and burnout among nurses in different positions in various departments know. Most of the nurses have satisfaction of physician and the relative frequency of depersonalization, there was a significant relationship with the consent of fellow practitioners. Nurses, physicians' expectations of a partner and an expert in the care and treatment of patients and failure to meet these expectations, especially in sectors such as emergency can cause frustration and tension between the two groups and thus the indifference they have to provide optimal care and irreparable harm to the health system and patients to understand. Based on the above results seem to support the management of staff could be a useful factor in reducing burnout and its consequences. In this study, most nurses worked overtime and between these factors and burnout, there was no statistically significant correlation. Payami Bousari study [25] found a similar result. But studies have shown that increasing the total amount of individual success to reduce working hours [20]. Abdi masooleh *et al*. [15] also said that people are working overtime to experience greater emotional exhaustion. Since this topic has been studied less, the reason why there are different results is not clear and to the author's opinion, a further study is needed in different work environments.

The result of this study indicated that job burnout in nurses employed in emergency especially in dimension of emotional exhaustion and individual incompetence was a major problem and it lies at a high level. Thus, according to the results, authorities and nursing managers can be recommended to be always looking at the risk of job burnout and provide a proper system of encouragement and reward, by providing the necessary facilities to prevent or reduce job burnout such as hiring a sufficient number of nurses in emergency, courses with continuous study related to the emergency, providing adequate welfare facilities, health care, creating a lively, friendly and supportive atmosphere, creating and developing good working relationships between nurses and physicians, proper planning and fair work shifts, removing or reducing the rotational shifts and transferring nurses or making them work in other sectors.

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