

EDUCATIONAL NEEDS AND SYNDROME OF OCCUPATIONAL BURNOUT IN ADMINISTRATIVE STAFF OF HEALTHCARE UNITS

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Abstract: *Occupational burnout is particularly common in healthcare staff and is closely related to the quality of services provided. Most relevant researches mainly focus on health professionals, bypassing the administrative staff of healthcare units. However, administrative staff plays a key role for the efficiency of healthcare services, and therefore the occupational burnout of administrative staff negatively affects the organization and quality of the provided healthcare services, as patients may not receive proper care. The occupational burnout of administrative staff is a crucial and important issue and is worthy of study, because the new knowledge that will be acquired can be used in the design of training interventions regarding prevention and treatment. The purpose of this study is to investigate the phenomenon of occupational burnout of administrative staff in healthcare units with emphasis on the experience and needs, especially educational needs, of participants concerning the prevention and treatment of the problem. A qualitative methodology was used with semi-structured interviews with the administrative staff of Ippokrateio General Hospital of Thessaloniki. The main issues that emerged from the analysis of the interviews are: “fatigue” (physical and mental) and “working conditions” (organizational issues, communication) which are related to the experience, but also to the causes of occupational burnout, “work efficiency” related to the consequences of occupational burnout. The topic of “educational needs” is present in most of the participants’ responses, but is most prominent in those that mention the organizational and management needs of employees, both individually and collectively, as the dominant factor in addressing the problem of occupational burnout.*

Keywords: occupational burnout; administrative staff of healthcare units; education; training

Occupational burnout and special educational needs in health care units

Occupational burnout is a phenomenon that occurs in many workplaces and is noteworthy, as it can affect a large percentage of employees and their efficiency

at work, as well as the proper functioning of the healthcare institution and the quality of services provided (Bakker et al., 2000). For this reason, it is considered a determinant factor in many educational programs, especially in the context of lifelong learning (Gavrila-Ardelean, 2009). This is especially important when it refers to healthcare services, and a large number of studies show that this phenomenon is very common in healthcare professionals (Campell, Sonnad, Eckhauser, Campell, & Greenfield, 2001; Guntupalli. & Fromm, 1996; Ramirez, Graham, Richards, Cull, Gregory, Leaning, Snashall & Timothy, 1995; Grunfeld, Whelan, Zitzelberger, Willan, Montesanto & Evans, 2000; Gabbe, Mellville, Mandel & Walker, 2002). More specifically, occupational burnout is a chronic condition which can lead to a serious crisis in the life of employees because they may lose their interest for work. In general, this could be seen as a lack of confidence, energy and enthusiasm. The levels of occupational burnout show how good the employees' relationship with their job is, but also with the institution (Leiter & Harvie, 1998). According to scientific studies, a person's physical and mental health, as well as his level of job satisfaction, can be affected by the characteristics of his job (Bakker et al., 2000). Therefore, the modification of labor relations through educational programs, is considered that under certain conditions, can have a clear effect on the likelihood of developing occupational burnout syndrome (Gavrila-Ardelean & Moldovan, 2014).

In general, occupational burnout syndrome is defined as physical and mental fatigue in the workplace with main characteristics some parameters that make the employee lack motivation to work. Some of these parameters are: a) lack of job satisfaction, b) emotional exhaustion resulting in melancholy, sadness and other negative emotions, and c) depersonalization regarding work experience. In fact, what causes occupational burnout and ought to be described and analyzed is the way in which chronic and prolonged work-related stress affects the person, who weakens over time and feels that his mental reserves are not enough so as to cope effectively with work pressure (Maslach & Leiter, 2008).

Many scientists have defined these concepts differently and are trying to come up with different solutions to "treat" this large-scale phenomenon. These interpretations, since occupational burnout has not been recognized internationally as a disease with specific symptoms, try to define the "paths" of symptoms and the factors that play an important role in order to suggest a method of "treatment" for patients experiencing this type of symptoms in their workplace (Maslach, 1982). A way that has been shown to help with the symptoms of occupational burnout, such as the "burn out" symptom defined by Maslach as a negative individual experience regarding the interpersonal relationships in the workplace, is to identify employees' symptoms and treat them immediately through actions such as education, before the appearance of the above symptoms of emotional exhaustion, inactivity and dissatisfaction (Maslach, Schaufeli & Leiter, 2001).

This makes it necessary to conduct studies in specific populations of employees to clarify the exact nature of the problem, the difficulties faced by employees, their precise educational needs, factors that lead to this situation and in

general the process through which their efficiency is affected (Kelemen, Fond-Harmant, Gavrilă-Ardelean, Nache, Plus & Stassen, 2016; Gavrilă-Ardelean, 2017). With regard to healthcare services, the majority of the studies conducted concerns nursing staff and health professionals in general, in all specialties, bypassing the administrative staff of healthcare units (Fond-Harmant, Gavrilă-Ardelean, 2016; Gavrilă-Ardelean, et al., 2016). However, in addition to health professionals, the administrative staff has a key role in the efficiency of healthcare services. This means that when there is occupational burnout in administrative staff, the organization and quality of healthcare services provided are affected and patients do not receive proper care. Therefore, a serious problem related to the quality of healthcare services is not only the occupational burnout of nursing and medical staff, but also of administrative staff, and the recording of educational needs should not rule it out.

Administrative staff in relevant literature researches is referred to as an aggravating factor regarding the occupational burnout among nurses. For example, according to a study by Poncet et al., (2007) the possible conflicts between administrative staff and nursing staff affect the quality of working relationships, having as a result increased levels of occupational burnout among nursing staff. Another inherent difference between administrative staff and nursing staff has to do with the organizational responsibilities, the lack of occupational resources, especially in intensive care units, where autonomy and taking responsibility by the administration is not favored, as well as the uncertainty under which decisions are made in relation to demanding cases of patients. This uncertainty includes various exogenous factors that can act as a deterrent to the proper operation of the hospital, such as staff reductions, continuous social resource constraints, and ongoing workplace changes such as abolitions and mergers of organizations. The reduction of administrative staff is a particularly aggravating factor which can often lead to the dysfunction of an institution. In such cases, administrative staff is often forced to make difficult decisions that lead to increased pressure and contribute to the appearance of occupational burnout syndrome. In order to avoid such crises, it is important that decisions are made collectively by the administrative staff after communicating with all the employees. Therefore educational activities that would help the smooth integration of administrative staff in special environment of health services would be very effective.

With regard to healthcare services, decisions are often made late and this happens due to the lack of information and resources needed, especially in remote areas facing various shortages. One of the difficulties administrative staff is facing has to do with their responsibility to motivate the nurses to perform their tasks effectively, in order to provide proper patient care. This is a particularly difficult issue, taking into account that a large percentage of nurses due to occupational burnout refuse to try to find motivation and be efficient at work. The responsibility of the administrative staff to motivate the nursing staff is particularly demanding, given the fact that this effort is being made in order to motivate all the employees of the hospital and at the same time to synchronize their work. Often, this

responsibility, along with the lack of organization, relevant knowledge and work experience, can lead administrative staff to develop occupational burnout syndrome. These factors can even be a reason for resignation, because they are running out of mental reserves in their effort to take all these responsibilities (Karapoulios, 2005).

According to Hansen et al., (2009) it seems that these factors are a major challenge for administrative staff that they often cannot handle, therefore a large percentage of these employees is characterized by depersonalization and feel dissatisfied with their job. In addition the administrative staff, according to a study by Datsis et al., (2007) is responsible for the communication problems that arise between patients and the rest of the staff. The process and effort for proper communication and understanding of patients' needs can often be very difficult due to the severe cases treated in some departments such as oncology, surgery or pathology. Within this context, the lack of proper organization and communication has shown that it leads to lack of job satisfaction, depersonalization and other symptoms that reduce employees' self-esteem regarding their work performance and productivity.

According to a study conducted by Bernardi et al., (2005) it seems that those responsible for the strategies and organization of a hospital, have the highest rates of occupational burnout and work stress, due to the high responsibility that comes with their position. According to a study by Zavlanos (2006), administrative staff often find it difficult to meet high responsibilities in order to make important decisions regarding patients, as they don't feel able to successfully hold an organizational position in a clinic or a hospital ward and direct the nurses' work. Also, according to Laschinger et al., (2000) it seems that there is an effect of emotional obligation through the work of administrative staff according to which their decisions should inspire confidence to the rest of the staff. Many members of the administrative staff feel that they cannot satisfy the nursing staff and inspire confidence, and as a result the nurses are not focused on the goals of the clinic. As a result, administrative staff feels detached from the work. Ray et al., (2000) found that the lack of administrative support and respect for the nursing staff is directly linked to symptoms of occupational burnout and causes emotional exhaustion to all the employees due to the lack of communication. Therefore, it seems that the different characteristics of these jobs are also the factors that lead to work-related problematic and stressful situations and ultimately lead to symptoms related to occupational burnout syndrome. These are exactly the factors that should be considered as educational needs in order to organized special educational preventive interventions.

However, despite the above studies, occupational burnout of administrative staff is a poorly researched issue, which should be further studied because of its great importance. According to the literature review, the majority of the studies concern the occupational burnout of nursing staff, while little research has been conducted regarding occupational burnout of administrative staff (Poncet, et al., 2007; Hansen et al., 2009; Bernardi et al., 2005; Laschinger et al., 2000; Ray et al., 2000). This finding makes it necessary to conduct further research on administrative

staff in order to study the extent of occupational burnout and how it could be avoided by developing targeted educational activities. This information could be used by hospital administrations to help identify early signs of occupational burnout and, consequently, to treat it. From relevant literature (Maslach, 1982; Maslach et al., 2001) it has been found that there are factors that lead employees to occupational burnout and it appears that occupational burnout of employees and their reduced efficiency during work may be the result of these factors or is significantly affected by them. However, it is important to identify the extent of the phenomenon of occupational burnout in administrative staff, as well as some of its unexplored aspects, such as how they experience it and how they deal with it, and this is where the originality of this research lies.

Methodology

For this reason, in the present study, qualitative methodology has been chosen, as it is suitable for issues that have not been studied enough, such as the phenomenon of occupational burnout in administrative staff. Qualitative research, unlike quantitative research, allows for a deeper penetration into the concept, as it enables researchers to explore in more depth the experiences, perceptions, views and values through their personal, social and professional contexts. In addition it allows them to understand the way of thinking of the participants' about a phenomenon, aiming at gaining a deeper and more complete knowledge and interpretation of the studied phenomenon. Also, qualitative research projects are quite flexible because qualitative research aims to investigate and understand in depth the social phenomena and furthermore leaves room for new findings that may not exist in the quantitative researches that have been conducted to date. Researchers in health sciences are using quality research to clarify research questions that cannot be answered with quantitative research, as qualitative research has an advantage over quantitative research in finding information. Quantitative approaches use closed methods with predefined responses, while qualitative use more open methods and can explore issues that have not been predetermined since the beginning of the research, leading to a more complete view of the problem (Creswell, 1994). When the problem is clearer, it is easier to deal with it through interventions that will aim at its prevention, reduction and timely treatment. These interventions will be more effective when they are tailored to the particular characteristics, but also to the needs and working conditions of the target population.

Purpose and research questions

The general purpose of the research is the investigation of the phenomenon of occupational burnout in the administrative staff at Ippokrateio General Hospital of Thessaloniki. Based on the literature review, the study questions were defined as follows:

- Do administrative employees face the problem of occupational burnout and, if so, how exactly do they experience it?
- In what causes do administrative employees attribute the problem of occupational burnout?
- How do administrative employees codify the effects of occupational burnout regarding their efficiency at work?
- How do administrative employees cope with the problem of occupational burnout?
- What are the general and especially the educational needs that administrative employees mention as major in preventing and dealing with occupational burnout?

Population and sample

The population of the present study was the administrative staff of various categories and levels of health units. The participants were initially contacted by telephone and were briefed on the purpose and schedule of the research. Participants were also informed about the approximate duration of the interview and after they gave their consent and met the criteria for their participation in the research, a meeting was scheduled at the participants' working space. The sample consisted of 10 administrative participants from Ippokrateio General Hospital of Thessaloniki. The main criteria for selecting the sample was the participants to experience the problem of occupational burnout and to strongly and visibly have the relevant symptoms, without suffering from any other physical or mental illness or facing any other stressful situation besides their work at the present time, because this could lead to inaccurate results. As exclusion criteria were defined the presence of a physical or mental illness such as depression, generalized anxiety disorder, etc. as well as aggravating off-the-job factors that could create intense stress and fatigue such as divorce, death, childbirth etc. The study was proposed and approved by the Scientific Council as well as by the General Board of Ippokrateio General Hospital of Thessaloniki. The semi-structured interview was chosen as the most appropriate method because it is characterized by a set of predefined questions and at the same time has a great deal of flexibility regarding the order and the content of the questions (Katerelos, 2008). The interviews were conducted in the personal working space of each interviewee. Pseudonyms were used in order to preserve the anonymity of participants and they were given the assurance that the content of the interviews would be confidential. This is essential not only for ethical reasons but also to ensure the integrity of the research process.

Credibility and validity

Particular emphasis was also given on ensuring the credibility and validity of the research and in particular regarding reliability the following actions took place:

-The participants were selected after careful observation so as to meet the criteria of this study. The employees finally participated met all the criteria and furthermore they had previously participated in similar interviews, therefore they were familiar with the interview process, they were willing to give enough information and had the courage to talk about sensitive issues and to be honest.

-The whole process, from study design to interview planning, was examined by a colleague who was familiar with the methodology of qualitative research, but had no connection with the subject of this study, in order to identify possible biases and discriminations on behalf of the researcher.

- The results were reviewed by the participants themselves. Specifically, after each question the main points of each participant's answers were summarized separately and then their opinion was asked about the correctness and the full understanding by the researcher.

Regarding the equally important issue of validity, the present research has:

- Validity of production methods, i.e. research questions are in line with the logic of qualitative research which, in this particular occasion, is interested in studying the experience of employees with occupational burnout and their overall way of thinking. All this can only be studied through a qualitative research and not with the standard questionnaire questions.

- Validity of data interpretation because the analysis process was also reviewed by another researcher with experience in qualitative research as well as in the subject of the present research, in order to identify any omissions.

Analysis and discussion

The findings of the research are presented based on the following thematic axes: 1) The experience of occupational burnout, 2) The perception of the employees on the causes of the problem 3) effects on their efficiency at work, 4) management strategies 5) employees' needs and the role of educational programs.

The experience of occupational burnout

The first question was how employees perceive the concept of occupational burnout. Regarding the definition of occupational burnout it is perceived as physical and mental fatigue that is related to their work. Most of the administrative employees perceive occupational burnout as a type of physical and mental fatigue that is related to difficult working conditions. The concepts of "*fatigue*" and "*working conditions*" were dominant in most of the participants' responses. The answers contained these concepts were grouped into two categories. The first category was named "physical and mental fatigue" and the second one "working conditions". Regarding the first category, most of the respondents stated that occupational burnout is physical and mental fatigue. Typically, the concept of occupational burnout was attributed as follows:

G.M. *“something like psychological and physical fatigue, but more psychological I guess. A feeling of not wanting to go to work, not wanting to see anyone”*

Z.M. *“Occupational burnout is psychological and physical fatigue of the employee in his effort to adapt to everyday difficulties that arise in his working place”*

It is also noteworthy that this interpretation of occupational burnout results from the direct experience of the participants and not from some kind of theoretical information on the subject, as it happens with the following category. The second category was related to the working conditions of the respondents. Several of them stated that occupational burnout is related to difficult working conditions.

E.N. *“Occupational burnout is described as a syndrome. It is a general condition in which the worker, the employee, feels exhausted because of his job or the working conditions. There are, of course, some stages before it becomes burnout. But that's it”*.

At this point the interpretation given by the participants is more theoretical. Meaning, we can distinguish two types, one empirical-experiential and one more theoretical.

The next question was whether the issue of occupational burnout concerned them, that is, whether they had experienced it in the past. It should be noted that all respondents have experienced occupational burnout in the past and most of them continue to experience it.

M.Z. *“During the last year I have experienced occupational burnout, during the last year”*.

MK. *“And now, during this period, working in this new department, during the last 5-6 months, but also in the past, in the previous departments I worked in”*.

The next question was how they came to this conclusion, meaning, what made them think they experience occupational burnout. The main reason for this belief is that they have various symptoms, both physical and mental. In particular, they reported psychosomatic symptoms such as fatigue, physical exhaustion, joint pain, psychological transitions, stress, anxiety, reduced performance and refusal to work. Most employees responded that they felt physically and mentally exhausted.

Z.M. *“Physically I feel tired, I am not in a good mood, I become irritated, nervous, I often overreact and I realize it afterwards. I generally don't feel well both physically and mainly psychologically”*.

L.L. *“I'm basically not in the mood to work, I'm exhausted, my work is stressful”*.

L.S. *“I can't give 100% to my job because of the intense fatigue”*.

M.K. *“I feel tired. I am very tired, that is, when I finish work, I feel mentally tired, my mind is tired and my body is tired as well”*.

The next question was whether the employees were satisfied with their work. Most of the respondents said that their working environment deprives them of job satisfaction. From participants' answers as well as from the content analysis, the

concept of “*dissatisfaction*” emerged, which included dissatisfaction with working environment and dissatisfaction with “*salary*”.

D.K. “I am satisfied because I do what I like the most. As far as working conditions are concerned, no, I'm not happy. It could be better”.

As for the question of whether they would change their job if they had the opportunity, the concept of “I would” or “I like it” appeared in most of the respondents’ answers. The answers that contained these concepts were grouped into two categories. The first category was called “I would change my job” and the second “I like my job”. Regarding the first category, the respondents stated that they are not satisfied with their work and if they had the opportunity, they would change it.

S.M. “Definitely, because the conditions are really bad”.

S.G. “Yes, experiencing the present situation, I would do it, yes”.

As for the second category, respondents would not change their job, because they loved their profession:

F.G. “I don't think so. I like what I'm doing, I don't think so”.

K.G. “No, I like my profession, it gives me great satisfaction. But I would like conditions to be better in my field”.

Perceptions regarding the causes of occupational burnout

Most of the respondents believe that occupational burnout is caused by various factors, such as working conditions, lack of staff, increased workload, and the difficulty to communicate with senior executives. The analysis of the answers resulted in the category “working conditions”. The following excerpts from the interviews of the administrative staff verify this perception:

G.G. “I would say the excessive demands of the superiors and the nature of the work itself”.

M.K. “First of all, I think the increased workload is the most important thing. Often, the environment, the working conditions, the superiors and so on. Mainly, I think there is heavy workload”.

Referring to working conditions that cause dissatisfaction, it turned out that important factors of dissatisfaction are the pressure and the way of management by superiors, lack of staff, work stress, increased workload, work tensions, possible discrimination by superiors.

Z.M. “The lack of communication that often exists between colleagues, the lack of organization that would make it easier for us to carry out our duties. All this makes our working life difficult”.

In addition, as to what is bothering them most, the administrative staff stated that the main reasons are fatigue due to severe lack of staff and increased workload.

M.H. “I'm tired of the workload and of the fact that I have to complete work in a certain deadline, meaning that workload increases without extending the deadline”.

M.X. "Everything makes me tired, the environment makes me tired, the routine and the schedule makes me tired. Mainly the fact that there is no improvement, the conditions remain the same and there is no progress in the workplace".

Despite the fact that it is not clearly stated in their responses, they highlight the need for organizational and educational interventions that could significantly contribute to improving communication, organization as well as administration and working conditions in general.

The consequences of occupational burnout on the efficiency of administrative employees

Occupational burnout is presented as a difficult situation and its consequences in the workplace can be detrimental for the institution, as it can affect the consistency and efficiency of employees. The majority of respondents stated that their efficiency has been significantly affected. From the analysis of their answers, the category of "work efficiency" emerged. The views of some participants are noteworthy:

K.L. "I'm not productive, so I can't work, because whether it's a headache or lack of sleep or something else that reduces my energy... so I can't work because I feel tired. I have a lack of concentration and all this affects my efficiency at work".

Occupational burnout has affected not only the performance of respondents but their relationship with their colleagues as well. Poor communication is a major issue of conflict, while some participants report frustration and staff disputes.

M.G. "Yes, I believe that. We are all very stressed and we argue for insignificant reasons and tensions are generated at work".

N.E. "Yes, it has an impact. I have become more nervous, more abrupt, while I was not, and I no longer have the courage to react when I notice injustice. By injustice I mean injustice regarding work schedule, dealing with incidents, towards a colleague. Now I am insensitive which is very common in my workplace".

Regarding their relationship with other people, most of the participants reported communication problems due to working conditions.

L.L. "It has affected the relationship with my superiors because I can't cope with everything that they make me do. Therefore we don't communicate well".

Consequently, educational and organizational interventions could prove to be effective in increasing the efficiency of employees, provided that they aim to improve the working conditions that reduce their efficiency, meaning communication and distribution of workload, i.e. when they are adapted to the specific characteristics of the framework to which they will be applied.

Management strategies

As for management strategies, most participants stated that they adopt some mainly through personal effort in order to deal with the difficulties that arise in their work. They noted:

M.Z. "Look, because I'm an optimist, I try to think positive. I try to cooperate as best as I can. Of course, there will be conflicts. Conflicts are not always negative, they can also be constructive. Being in conflict with someone doesn't mean that it is always something negative, it can lead to something good".

As for the treatment of physical symptoms, the employees mentioned the use of relaxation strategies such as music, walking, taking medication, rest, fitness. They noted:

G.M. "I try to rest, relax and forget my problems for a while so I can relax mentally and physically."

M.Z. "I deal with the physical symptoms by taking medication because of the musculoskeletal problems I got from work. Now I'm trying to get as much rest as possible and my back pain is relieved this way. That is what I do".

In addition, the administrative staff is quite satisfied with the way the physical symptoms are treated.

Moreover, to address the psychological symptoms, respondents mainly relied on support from friends and relatives and generally through stable relationships in order to deal with problems arising from their workplace.

N.E. "My way and my strategy is to confide what troubles me to trustworthy colleagues. By "trustworthy" I mean that you have to trust them because you never know if what you say to them will be mentioned to someone else. And beyond that, I try to go for a walk. I also started exercising for a while. That's what I do..."

G.M. "I try to talk to friends so that they can tell me their opinion and not keeping it inside me. I try to deal with it".

Also, the majority of the respondents when asked about the strategies they use to deal with the problems and difficulties that arise in other aspects of their lives, namely private-family and social life, due to occupational burnout, pointed out that they are trying to separate professional and personal life.

L.S. "I try to be with people in my family who make me relax. When I leave work I try to "shut everything out".

F.S. "I try... I have realized that I brought home the problems and stress from work. And I understood that this is wrong. When I leave work, I try to leave this part of the job behind me, not to pass on the pressure and all the psychological stress to my family".

Employees' needs and the role of educational programs

Most participants responded that if they could, they would change working conditions so that they would feel more satisfied in their workplace. It is also important to have good organization, clear instructions from superiors, adequate training and specialization of employees in their work. They also mentioned that training seminars and educational programs are of major importance and would

help significantly in dealing with the problem of occupational burnout. From their answers, the category “educational needs” came up and is indicated in what they say as follows:

M.X. “I still think...it could start from the workplace, that is, I would like to work in a more pleasant space, more spacious, I would like to have the option of training and education of the staff and more frequent personal contact, beyond professional”.

M.P. “It is important to get trained in a variety of ways, through seminars, through psychological support from a psychologist, to teach us ways to manage both our emotions and our physical fatigue. How to manage this whole thing. I would be open to such help from an expert on this issue”.

MK. “I would like clearer instructions from my superiors, or I would say objectivity regarding what to do, how to do it and so on. I don't know how I could change the working conditions and what motivation I would like so as to function more effectively”.

D.K. “I would like a clear role for everyone, that is, everyone to have specific responsibilities. There should be administrative support, from the administration, from the staff as well as from the superiors. Group sessions could be held. Educational seminars on stress management and conflicts could be conducted. They could also implement music therapy in the emergency room to improve working environment. E-health would help a lot, protocols would also help a lot. I believe that protocols or even guidelines would help and our work would be clearer and more simplistic. I also believe that specialized staff would simplify our work. Meaning to use people who are well trained and know their job. If they are trained, things would be a lot simpler and the work would be of better quality. Because there are times when I work like hell, and I'm not talking just for me but for everyone... I run around covering for other people weaknesses. But if others were trained, I wouldn't have to do all that”.

Most participants said that what would motivate them most in order to be more efficient would be administrative support, better environment, better salary, rewards and recognition of their efforts, better staffing of the departments, improved working conditions, more effective teamwork, improvement of the organization and clarification of goals.

N.M. “I think in recent years health field is facing many problems. I wouldn't want a higher salary but I would like to hear a good word or someone to recognize our work, because we run around all day trying to do our best ”.

L.S. “Additional staff. I still insist that there should be additional staff. I think that health and education field needs staffing. Staff and equipment are required, and I think that there would be no disputes between colleagues, I would not have to say things that I am ashamed of right now. For example, there is lack of a medicine and I am required to ask the patient to get it on his own. That has happened and other problems will follow. And what I have told you... I don't know if people have understood what is happening in the public health sector, I don't know if they are fully aware”.

M.G. "Maybe to hear a good word from someone. Someone to say "yes, thank you, you helped me today" or "well done, you did well today", "we are exhausted but we did it, the day ended well". Something like that. Just a good word".

H.A "I could work in an office on my own, unaffected, so that my work to be more effective. I could share the workload with another colleague because I have a huge amount of work to do".

M.Z. "I would like my workplace to be more organized...and the working conditions in general...additional staff. All that...A better distribution of work so that my work would really satisfy me at the end of the day".

From the above mentioned, the need for training is evident both in an individual and team level. More specifically, the need for proper training and education of the employees was expressed in order to avoid the excessive effort that leads to occupational burnout and, at the same time to improve work quality. Equally important is the conduction of seminars by psychologists regarding the management of conflicts and negative emotions. At the same time, educational interventions at administrative level, are required so as to improve communication and working conditions, in the direction of integrating administrative staff into the changing context of health services. Therefore, both the adequate and continuous training of the employees regarding their field and training on handling difficulties and negative emotions, as well as educational interventions at the level of organization and administration, are highlighted through the employees' responses as a crucial factor in dealing with occupational burnout.

References

- Bakker, A.B., Killmer, C.H., Siegriest, J., &Schaufeli, W.B. (2000). Effortreward imbalance and burnout among nurses. *Journal of Advanced Nursing*, 31, 884-891.
- Bernardi M., Catania G &Marceca F. (2005). The word of nursing burnout: A literature review. *Professioni Infermieristiche*, 58(2), 75-79.
- Campell D.A., Sonnad S.S., Eckhauser E.G., Campell K.K., Greenfield L.J. (2001). Burnout among American surgeons. *Surgery*, 130(4), 696-705.
- Creswell J.W. (1994). *Research design: qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Fond-Harmant, L. & Gavrilă-Ardelean, M. (2016). The contribution of the human development theory for the education and mental health of the child. *Journal Plus Education*, "Aurel Vlaicu" University of Arad Publishing House.
- Gabbe S., Melville J., Mandel L. & Walker E. (2002). Burnout in chairs of obstetrics and gynecology: Diagnosis, treatment and prevention. *American Journal of Obstetrics and gynecology*, 186(4), 601-612.
- Gavrilă-Ardelean, M. (2009). The best management of health services to cardiovascular diseases in Arad country, *Agora Psycho-Pragmatica*, 3(1), 47-52.

Gavrila-Ardelean, M. & Moldovan, O. (2014). The occupational stress to the young workers comes from institutionalized environment. *Procedia-Social and Behavioral Sciences*, 159, 589-592.

Gavrila-Ardelean, M., Fond-Harmant, L. & Kelemen, G. (2016). The improvement of the counselors' competences for the professional integration of people, *AAR Journal of Social Sciences and Humanities*, 3(4), 29-40.

Gavrila-Ardelean, M. (2017). Competencies and experiences in the Training Program of "TuToring" Project at "Aurel Vlaicu" University of Arad, Romania, in *Emploi, Formation et Tutoraten santé mentale: des innovations nécessaires en Europe*, coordinators: Laurence Font-Harmant et Jocelyn Deloyer, collection: Logiques Sociales Editor L' Harmattan, Paris.

Grunfeld D.E., Whelan T., Zitzelberger L, Willan A., Montesanto B. & Evans W. (2000). Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *CMAJ*, 163(2), 166-169.

Guntupalli K.K. & Fromm R.E. (1996). Burnout in the internist-intevist. *Intensive Care Medicine*, 22, 625-630.

Hansen, N., Sverke, M., & Naswall, K., (2009). Predicting nurse burnout from demands and resources in three acute care hospitals under different forms of ownership: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 46, 96-107.

Karapoulios, D. (2005). The incitement of personnel in the public hospital, *Epitheorisi Ygeias*, 16(95), 17-20.

Katerelos, I. (2008). Interview and questionnaire in *Introduction to Social Psychology*, vol. A, Pedio Publications.

Kelemen, G., Fond-Harmant, L., Gavrila, M.A., Nache, C., Plus, M. & Stassen, J-M. (2016). Education for mental health. *Journal Plus Education*, 14(1), 48-58.

Laschinger, H.K. Finegan J., Shamian, J., Casier, S. (2000), Organizational Trust and empowerment in Restructured Healthcare Settings: Effects on Staff Nurse. *Commitment Journal of Nursing Administration*, 30, 413-426.

Leiter, M.P., & Harvie, P. (1998). Conditions for staff acceptance of organizational change: burnout as a mediating construct, *Anxiety, Stress & Coping*, 11, 1-25.

Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall.

Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). *Job Burnout*, Annual Review of Psychology, 52, 397-422.

Maslach, C., & Leiter, M.P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93, 498-512.

Ntatsis, A., Tragouda, E., Chania, M., Rogdakis, A., Gerolymos, M., Spiliotis, I., (2007). The view of health professionals on their work and work environment. *Nosileftiki*, 46(2), 268-281.

Poncet, M.C., Toullic, P., Papazian, L., Kentish-Bernes, N., Tmsit, J., Pochard, F., et al. (2007). Burnout syndrome in critical care nursing staff. *American Journal of Respiratory and critical care medicine*, 175, 698-704.

Ramirez A.J., Graham J., Richards M.A., Cull A., Gregory W.M., Leaning M.S., Snashall D.C. & Timothy A.R. (1995). *British Journal of Cancer*, 71, 1263-1269.

Ray, G.T., Colling F., Lieu, T., & et al. (2000). The cost of Health Conditions in a Health Maintenance Organization. *Medical Care research and preview*, 57, 92-109.

Zavlanos, M. (2006). *Quality in the provided services and products*. Pireas: Stamoulis Publication.