Contributing Factors to Burnout Development in the Community Mental Health Workers

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Background: Burnout is a syndrome resulting from chronic work-related stress, characterized by symptoms including “feelings of exhaustion, increased mental distance from one’s job, and reduced professional efficacy.” Human service providers are susceptible to burnout. Thus, this study aimed to investigate community mental health workers’ job stress, experiences with client violence, and burnouts and to analyze factors that affect burnout.

Methods: This study used retrospective data from a survey of mental health workers at a mental health-related institution in a city. The data included sociodemographic characteristics, job stress, client violence, and quality of life.

Results: From a total of 170 mental health workers, 67.6% were female. Subjects who were in lower age groups, had <1 year of work experience, were married, and were irregular workers were vulnerable to various job stressors. Factors associated with burnout were job demand, lack of reward, job insecurity, physical environment, other violence, and level of education.

Conclusion: We should create an environment wherein community mental health workers can be safe and satisfied with their work, which could lower workers’ job stress and prevent burnouts due to work. This, in turn, enhances the quality of care provided to people with mental health problems.

Keywords Burnout, psychological; Occupational stress; Community psychiatry

INTRODUCTION

Burnout (BO) appears in the International Classification of Diseases 11th revision section on problems related to employment or unemployment. According to this handbook, BO is described as: 1) Feelings of energy depletion or exhaustion. 2) Increased mental distance, or feelings of negativism or cynicism related to one’s job. 3) Reduced professional efficacy. However, it is important to rule out adjustment disorder, anxiety and mood disorders. Additionally, this syndrome is limited to work environments and should not be applied to other areas of a person’s life [1]. In other words, although BO is not yet defined as a disorder, special care is necessary. Personality traits that are prone to BO include compulsivity, training in perfectionistic working environment, ten-

dency to evade or deny rather than accept a difficulty, inability to accept one’s weakness and tendency to overcome difficulties by being diligent and working hard [2].

‘Burnout Syndrome’ originated in the 1980s when a psychologist in New York named Freudenberger [3] used the term ‘burn out’ in his paper ‘Burnout of Staffs’ to explain the fatigue of professionals treating substance abusers. He coined the term to describe the symptoms observed in addiction therapists including himself. Treating patients with chronic addiction to gambling, drugs and alcohol drinking is a very cumbersome task and it is difficult to obtain tangible results in a short period of time. Therapists who used to work hard with conviction gradually becomes enervated as they see the patients unchanged despite their hard work. They pressure themselves even more, but to no avail, and at

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some point discover the exhausted self on the brink of collapse. At the same time, they develop a broad range of nonspecific physical symptoms, depressed emotional state and difficulty controlling the emotions. In his book 'Burnout: The High Cost of High Achievement,' Freud-enberger [4] defined BO as "the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results".

As its origin shows, BO is a phenomenon that occurs frequently among the group of human service providers. It has already been widely known through previous studies that human service workers undergo emotional exhaustion, depersonalization and reduced personal accomplishment [5], failure to cope with stressful situations, experience and fatigue from the frequent emotional, personal contacts while helping others, resulting in escape from work, clients and colleagues [6] and lowered participation and lack of motivation while at work or with the clients in the process of providing service [7].

Mental health workers, in particular, who have to deal with clients with mental health problems, experience not only job stress but also safety threats by clients and secondary trauma, which can accelerate the BO. Mental health worker refers to any 'working personnel' in the various occupations in mental health centers including psychiatric hospitals, mental health care facilities and psychiatric rehabilitation facilities. The 「Mental Health and Welfare Act」 stipulates the qualifications and requirements of a mental health specialist and the term 'worker' is used multiple times, but not precisely defined. Mental health worker evaluates mental health problems through interactions with the client and provides therapy through early intervention and case management service. This is not only for the health and rehabilitation of individuals, but also social stabilization and economic cost reduction at the national level [8]. Creating an internal environment for the workers heightens their job satisfaction and loyalty, which in turn leads to quality services for the clients [8]. However, the reality of mental health workers is different. The workers have a hard time with low wages, heavy work load, occupational conflicts among the various occupations, secondary trauma from client suicide/violence and safety risks [9] which lead to frequent BOs and high turnover/retirement rate.

The present study thus aims to investigate the mental health workers' job stress, experience with client violence and BOs and analyze the factors affecting BO. Al-

though the social role of mental health workers has expanded, previous studies on safe working environment or quality of life (QOL) tended to be biased and in fact most of the previous studies were centered on medical institutions including doctors and nurses in the psychiatry department or limited to mental health nurses among the mental health specialists [10-13]. In this study, we aimed to broaden the range of subjects by including a variety of occupational groups and evaluate the factors affecting the mental health of the workers in a diversified manner.

MATERIALS AND METHODS

1. Subjects

This study used data from a survey of mental health workers at mental health-related institution in a city who had understood the purpose of the survey and voluntarily agreed to participate. The survey conducted from April to August 2019 and the results were published into a survey report.

This study retrospectively used the data for public service evaluation, and the data did not include personal information that can directly identify the subject. This study was approved by the Institutional Review Board (IRB No. CR-20-027) of Daegu Catholic University.

2. Methods

1) Sociodemographic characteristics

The general characteristics of the participants is composed of 14 items: age, sex, marital status, religion, education, employment, work experience, occupation, workplace and institution, job description, work environment safety and satisfaction.

2) Job stress

Of the occupational stress scales for Koreans developed by the Occupational Safety and Health Research Institute [14], we used the Short form of Korean Occupational Stress Scale to measure the level of job stress. The questionnaire has a total of 24 items. Eleven negatively-worded items about the job environment were scored using a 4-point Likert scale, with 1 corresponding to 'Not at all' and 4 to 'Strongly agree.' Thirteen positively-worded items were scored using a 4-point Likert scale,

with 1 corresponding to ‘Strongly agree’ and 4 to ‘Not at all.’ We then calculated the total sum of the scores, greater total score indicating higher level of job stress. The reliability of the Korean version was Cronbach’s $\alpha=0.76$ [14] and in this study, Cronbach’s $\alpha=0.55$.

3) Client violence

The degree of violence received from client was measured using a violence assessment tool, a modified version of the Guidelines for preventing workplace violence for health care & social service workers developed by the Occupational Safety and Health Administration [15] and revised by Choi [16]. The questions consist of a total of 16 items: 4 items on physical violence, 4 on verbal violence, 4 on sexual violence and 4 on other violence. Each item was scored using a 5-point Likert scale, with 1 corresponding to ‘Never’ and 5 to ‘Very often’ and higher score indicating greater exposure to client violence. The Cronbach’s $\alpha=0.83$ in the study by Choi [16] and Cronbach’s $\alpha=0.89$ in the present study.

4) Korean version of the Professional Quality of Life Scale for mental health specialists

For the professional QOL scale for mental health specialists in Korea, we used the Korean version of Professional Quality of Life Scale 5 (ProQOL 5) developed by Stamm [17], the validity and reliability of which was verified by Joo et al. [18]. The scale composed of 3 subcategories: compassion satisfaction (CS), BO, and secondary traumatic stress (STS). Each subcategory contained 10 items for a total of 30 items. Each item was scored using a 5-point Likert scale, with 1 corresponding to ‘Strongly agree’ and 5 to ‘Very often.’ Of the 10 items in BO, 5 were reversed items. For CS, higher score indicated higher CS, while for BO and STS, higher score meant higher levels of BO and STS. The reliability of the study by Joo et al. [18] was Cronbach’s $\alpha=0.89$, with Cronbach’s $\alpha=0.74$ for BO and Cronbach’s $\alpha=0.80$ for STS. In this study, the Cronbach’s $\alpha=0.90$ for CS, 0.20 for BO, 0.80 for STS and 0.71 for the entire 30 items. In this study, we used BO subcategory to analyze.

3. Data analysis

We used the PASW Statistics for Windows, Version 18.0 (SPSS Inc., Chicago, IL, USA) to analyze the data collected using a significance level of 0.05 for a two-sided test. We analyzed the sociodemographic characteristics,

job stress, client violence and BO using descriptive statistics. We performed a t-test to analyze the differences in job stress, client violence and BO based on subject sociodemographic characteristics. We calculated the Pearson’s correlation coefficients and performed multiple regression analysis to evaluate the correlation between job stress and client violence between BO.

RESULTS

1. Sociodemographic characteristics

A total of 170 mental health workers in the local community were analyzed. The sociodemographic characteristics of the subjects are displayed in Table 1.

Of the subjects, 55 were males (32.4%) and 115 were females (67.7%) and the age distribution was 73 in the 20-29 years (42.9%), 71 in the 30-39 years (41.8%), 14 in the 40-49 years (8.2%) and 12 in the 50 years or older (7.1%). By occupation, 20 were mental health nurses (11.8%), 33 mental health psychologists (19.4%), 73 mental health social workers (42.9%), 8 nurses (4.7%), 4 clinical psychologists (2.4%), 3 social workers (17.1%) and 3 others (1.8%), with the mental health social workers taking up the greatest portion. By institution type, 91 workers were working in basic mental health welfare centers (53.5%), 22 in metropolitan mental health welfare centers (12.9%), and 57 in mental rehabilitation facilities (33.5%). By job description, 81 workers were in severe mental illness management (47.6%), 41 in mental health promotion (24.1%), 8 in services for children and youths (4.7%), 32 in suicide prevention (18.8%), and 6 in addiction management (3.5%). Of these, 87 were not married (51.2%), 81 were married (47.6%), 1 was divorced (0.6%) and 1 was widowed (0.6%), while 6 had graduated from college (72.9%), 124 from university (72.9%), 37 with master’s degree (21.8%) and 3 with doctoral degree (18%). By employment type, 83 were regular staffs (48.8%), and 87 were irregular workers (51.2%).

2. Job stress, Client violence and Burnout

We analyzed the differences in job stress (Table 2), client violence and BO (Table 3) based on the sociodemographic characteristics. We analyzed job stress (Physical environment, Job demand, Insufficient Job control, Interpersonal conflict, Job insecurity, Organizational

Table 1. Sociodemographic characteristics of the subjects

Variable	Value (n=170)
Sex	
Male	55 (32.4)
Female	115 (67.6)
Age (y)	
20-29	73 (42.9)
30-39	71 (41.8)
40-49	14 (8.2)
≥50	12 (7.1)
Occupation	
Mental health nurse	20 (11.8)
Mental health psychologist	33 (19.4)
Mental health social worker	73 (42.9)
Nurse	8 (4.7)
Psychologist	4 (2.4)
Social worker	29 (17.1)
Others	3 (1.8)
Institution	
Basic mental health welfare centers	91 (53.5)
Metropolitan mental health welfare centers	22 (12.9)
Mental rehabilitation facility	57 (33.5)
Job description	
Severe mental illness management	81 (47.6)
Mental health promotion	41 (24.1)
Service for children and youths	8 (4.7)
Service for suicide prevention	32 (18.8)
Addiction management	6 (3.5)
Marital status	
Single	87 (51.2)
Married	81 (47.6)
Divorced	1 (0.6)
Widowed	1 (0.6)
Religion	
No	72 (42.4)
Yes	98 (57.6)
Education	
College graduate	6 (3.5)
University graduate	124 (72.9)
Master' s degree	37 (21.8)
Doctoral degree	3 (1.8)
Employment	
Regular staff	83 (48.8)
Irregular worker	87 (51.2)
Work experience	
<1 y	10 (5.9)
1-5 y	88 (51.8)
5-10 y	40 (23.5)
≥10 y	32 (18.8)

Values are presented as number (%).

system, Lack of reward, Occupational climate) and client violence (Physical violence, Verbal violence, Sexual violence, Others) by the sub-factors.

There were no differences between the mean values of each sub-factor of job stress (Physical environment [$p=0.230$], Job demand [$p=0.290$], Insufficient Job control [$p=0.110$], Interpersonal conflict [$p=0.220$], Job insecurity [$p=0.900$], Organizational system [$p=0.300$], Lack of reward [$p=0.390$], Occupational climate [$p=0.950$]) and BO by gender. For client violence, however, males reported significantly more cases of physical violence than females ($p=0.009$). For the interpersonal conflict of job stress, the mean value differed by age group. Post-hoc analysis revealed a difference in interpersonal conflicts at work between the 20s and 40s age groups ($p=0.001$) and 30s and 40s age groups ($p=0.029$), as the 20s and 30s group reported greater job stress due to interpersonal conflict relative to the 40s age group.

The married group reported significantly greater job stress due to occupational climate than the non-married group ($p=0.032$). There was no significant difference in job stress, client violence and BO with or without religion. Workers with higher level of education (master's or doctoral degree than university-graduate) reported more BOs ($p=0.047$).

Irregular workers were shown to be under greater job stress than regular staffs due to physical environment (<0.001), job insecurity (<0.001) and occupational climate ($p=0.042$). The mean value of interpersonal conflict and physical violence differed by work experience. The post-hoc analysis showed that interpersonal conflict was highest in the <1 year of experience than in all other groups; 1-5 years of experience ($p=0.002$), 5-10 years of experience ($p=0.001$), and 10 years of experience or over 10 years of experience (<0.001). Physical violence was reported to be lower in the <1 year of working experience group, which suggests that client violence is first experienced between 1-5 years of work and there is no significant increase afterwards.

3. Correlation between burnout and subfactors of job stress and client violence

We analyzed the correlation between the subfactors of job stress and client violence and BO (Table 4). BO was correlated with various subfactors of job stress: physical environment (<0.001), job demand (<0.001), insufficient job control (<0.001), job insecurity (<0.001), lack of re-

Table 2. Differences in job stress based on the sociodemographic characteristics

Variable	Job stress																													
	Physical environment				Job demand				Insufficient job control				Interpersonal conflict				Job insecurity				Organizational system				Lack of reward				Occupational climate	
	Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value		Mean (SD)	t or F	p- value			
Sex																														
Male	4.84 (0.90)	-1.21	0.230		8.02 (1.40)	1.04	0.290		8.87 (1.21)	1.57	0.11		9.53 (1.39)	1.22	0.220		5.31 (1.58)	0.12	0.90		10.91 (1.88)	1.02	0.300		8.15 (1.42)	0.84	0.39		7.95 (2.45)	
Female	5.03 (1.05)				7.77 (1.50)				8.53 (1.37)				9.23 (1.54)				5.28 (1.47)				10.57 (2.05)				7.93 (1.61)				7.97 (2.13)	
Age (y)																														
20-29	4.89 (1.19)	7.20	0.060		7.70 (1.62)	1.63	0.650		8.48 (1.44)	1.05	0.78		9.58 (1.70)	12.73	<0.0010**		5.22 (1.56)	4.34	0.22		10.88 (2.14)	7.12	0.060		7.92 (1.71)	0.27	0.96		6.797 0.070	
30-39	5.13 (0.88)				8.04 (1.40)				8.77 (1.30)				9.30 (1.42)				5.42 (1.55)				10.75 (1.99)				8.07 (1.55)				8.30 (2.31)	
40-49	5.07 (0.62)				7.93 (1.26)				8.79 (1.18)				8.50 (0.76)				5.50 (1.22)				10.07 (1.20)				8.14 (0.66)				8.36 (1.64)	
≥50	4.42 (0.67)				7.50 (1.08)				8.67 (0.88)				8.92 (0.66)				4.67 (0.98)				9.83 (1.69)				7.92 (1.31)				8.67 (1.30)	
Marital status																														
Single	4.90 (1.08)	-1.23	0.210		7.75 (1.64)	-0.94	0.340		8.46 (1.39)	-1.79	0.07		9.52 (1.77)	1.72	0.08		5.18 (1.55)	-1.01	0.31		10.92 (2.20)	1.61	0.100		7.98 (1.76)	-0.14	0.88		-2.15 0.030*	
Married	5.09 (0.90)				7.96 (1.28)				8.83 (1.25)				9.12 (1.13)				5.42 (1.46)				10.42 (1.76)				8.01 (1.30)				8.32 (2.02)	
Religion																														
No	5.06 (0.79)	0.99	0.320		7.85 (1.27)	0.00	0.990		8.57 (1.19)	-0.60	0.54		9.35 (1.42)	0.17	0.86		5.38 (1.39)	0.64	0.52		10.82 (1.79)	0.76	0.440		7.97 (1.35)	-0.20	0.84		0.13 0.890	
Yes	4.91 (1.14)				7.85 (1.61)				8.69 (1.42)				9.31 (1.56)				5.22 (1.58)				10.58 (2.14)				8.02 (1.68)				7.94 (2.31)	
Education																														
College degree	4.94 (1.03)	-0.75	0.450		7.85 (1.55)	0.10	0.910		8.58 (1.33)	-0.99	0.31		9.38 (1.57)	0.83	0.40		5.34 (1.52)	0.78	0.43		10.63 (2.02)	-0.60	0.540		7.98 (1.62)	-0.23	0.81		0.35 0.720	
Postgraduate school	5.08 (0.92)				7.83 (1.24)				8.82 (1.31)				9.15 (1.25)				5.13 (1.43)				10.85 (1.95)				8.05 (1.28)				7.85 (2.21)	
Employee																														
Regular	4.70 (0.98)	-3.55	<0.001**		7.66 (1.63)	-1.59	0.110		8.83 (1.50)	1.83	0.06		9.12 (1.65)	-1.73	0.08		4.60 (1.39)	-6.46	<0.001**		10.78 (2.23)	0.64	0.520		8.08 (1.66)	0.69	0.49		-2.04 0.040*	
Irregular	5.23 (0.96)				8.02 (1.29)				8.46 (1.11)				9.52 (1.31)				5.94 (1.30)				10.59 (1.76)				7.92 (1.44)				8.30 (1.97)	

Table 2. Continued

SD, standard deviation.
* $p<0.05$, ** $p<0.01$.

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Table 3. Differences in client violence and BO based on the sociodemographic characteristics

Variable	Client violence												BO		
	Physical violence			Verbal violence			Sexual violence			Other violence					
	Mean (SD)	t or F	p-value	Mean (SD)	t or F	p-value	Mean (SD)	t or F	p-value	Mean (SD)	t or F	p-value	Mean (SD)	t or F	p-value
Sex		2.67	<0.001**		0.23	0.810		0.33	0.730		1.36	0.170		0.39	0.690
Male	7.09 (3.03)			8.40 (3.55)			6.09 (2.34)			6.44 (2.93)			29.31 (3.19)		
Female	5.87 (2.16)			8.26 (3.65)			5.97 (2.02)			5.84 (1.94)			29.10 (3.09)		
Age (y)		4.34	0.220		6.94	0.070		0.29	0.960		0.48	0.920		2.55	0.460
20–29	5.90 (2.72)			8.01 (3.80)			5.99 (2.19)			5.93 (2.52)			28.81 (3.26)		
30–39	6.54 (2.40)			8.86 (3.62)			6.04 (2.15)			6.13 (2.19)			29.46 (3.07)		
40–49	6.86 (2.44)			8.71 (2.67)			6.21 (2.08)			6.00 (2.28)			29.93 (2.43)		
≥50	6.17 (2.12)			6.33 (2.60)			5.75 (1.81)			6.17 (1.99)			28.75 (3.25)		
Marital status		-1.23	0.210		0.55	0.570		0.46	0.640		0.35	0.720		-1.11	0.260
Single	6.05 (2.74)			8.49 (4.05)			6.10 (2.21)			6.10 (2.53)			28.93 (3.48)		
Married	6.53 (2.30)			8.19 (3.09)			5.95 (2.05)			5.98 (2.11)			29.47 (2.69)		
Religion		0.91	0.360		0.94	0.340		1.10	0.270		-0.77	0.440		-0.26	0.790
No	6.47 (2.60)			8.61 (3.45)			6.22 (2.21)			5.88 (2.22)			29.10 (2.68)		
Yes	6.11 (2.49)			8.08 (3.73)			5.86 (2.06)			6.15 (2.39)			29.22 (3.41)		
Education		-1.53	0.120		-0.53	0.590		-1.06	0.280		-0.63	0.520		-1.99	0.040*
College degree	6.10 (2.34)			8.22 (3.45)			5.92 (2.01)			5.95 (1.96)			28.91 (3.14)		
Postgraduate school	6.80 (3.05)			8.57 (4.12)			6.33 (2.46)			6.30 (3.25)			30.03 (2.91)		
Employee		0.67	0.500		-2.09	0.380		-0.07	0.940		0.07	0.940		-1.84	0.060
Regular	6.40 (2.12)			7.72 (2.98)			6.00 (1.96)			6.05 (2.05)			28.72 (3.34)		
Irregular	6.14 (2.88)			8.86 (4.06)			6.02 (2.28)			6.02 (2.56)			29.60 (2.83)		
Working experience		8.07	0.040*		1.46	0.690		1.58	0.660		1.09	0.770		3.01	0.380
≤1 y	4.20 (1.93)			7.40 (5.08)			4.90 (2.18)			5.10 (2.28)			27.70 (2.75)		
1–5 y	6.26 (2.62)			8.51 (3.74)			6.14 (2.10)			5.99 (2.38)			29.11 (3.21)		
5–10 y	6.45 (2.53)			8.32 (3.02)			6.03 (2.24)			6.23 (2.22)			29.43 (3.43)		
≥10 y	6.69 (2.26)			8.00 (3.52)			6.00 (2.01)			6.22 (2.31)			29.47 (2.46)		

BO, burnout; SD, standard deviation.

*p<0.05, **p<0.01.

Table 4. Correlation between BO and subfactors of job stress and client violence

Variable	Job stress								Client violence				
	Physical environment	Job demand	Insufficient job control	Interpersonal conflict	Job insecurity	Organizational system	Lack of reward	Occupational climate	BO	Physical violence	Verbal violence	Sexual violence	Other violence
Job stress													
Physical environment	1												
Job demand	0.392**	1											
Insufficient job control	0.045	0.183*	1										
Interpersonal conflict	0.042	0.100	0.515**	1									
Job insecurity	0.494**	0.420**	-0.075	-0.052	1								
Organizational system	-0.140	-0.015	0.535**	0.590**	-0.343**	1							
Lack of reward	-0.106	0.054	0.514**	0.521**	-0.226**	0.618**	1						
Occupational climate	0.307**	0.197**	-0.148	-0.345**	0.422**	-0.364**	-0.260**	1					
BO	0.396**	0.466**	0.267**	0.131	0.399**	0.066	0.217**	0.200**	1				
Client violence													
Physical violence	0.209**	0.289**	-0.016	-0.133	0.276**	-0.198**	-0.168*	0.119	0.300**	1			
Verbal violence	0.356**	0.233**	-0.021	-0.114	0.433**	-0.219**	-0.248**	0.168*	0.288**	0.621**	1		
Sexual violence	0.172*	0.244**	-0.072	-0.164*	0.276**	-0.189*	-0.117	0.106	0.259**	0.673**	0.595**	1	
Other violence	0.221**	0.223**	-0.030	-0.100	0.334**	-0.158*	-0.133	0.153*	0.332**	0.611**	0.567**	0.609**	1

BO, burnout.

*p<0.05, **p<0.01.

Table 5. Factors associated with BO in community mental health workers

Variable	B	SE	β	t	p-value
Job stress					
Job demand	0.52	0.14	0.24	30.59	<0.001**
Lack of reward	0.59	0.12	0.29	40.69	<0.001**
Job insecurity	0.45	0.15	0.22	20.89	0.004**
Physical environment	0.51	0.22	0.16	20.31	0.022*
Client violence					
Other violence	0.26	0.08	0.19	30.04	0.003**
Sociodemographic characteristics					
Education	10.02	0.44	0.14	20.30	0.022*

BO, burnout; B, unstandardized beta coefficients; SE, standard error; β , standardized beta coefficients.

Dependant variable: BO.

* $p < 0.05$, ** $p < 0.01$.

stances'), organizational system ('I am uncomfortable at company dinners', 'I get inconsistent work orders with no standards', 'The organizational culture is authoritative and hierarchical', 'There is discrimination based on male-female gender differences'). Married subjects reported greater job stress due to occupational climate than those not married.

Multiple regression analysis showed that the final determinants of BO were job demand ('I am always pressed for time due to overwhelming work load', 'The amount of work has significantly increased', 'I don't get enough rest during work'), lack of reward ('Given all my efforts and accomplishments, I am not getting the respect and trust I deserve at work', 'I feel tired from work because my situation won't get better in the future'), job insecurity, physical environment, other violence (client stalking, formal complaint and lawsuit, calling or stalking to the extent that it interferes with work, property damage-theft and extortion of money-by client) and level of education. This fits the definition of BO: a highly educated person (level of education) who had started out with high ideals is placed in a dangerous (physical environment) and unstable (job insecurity) environment that falls short of one's expectations and struggles to work beyond his or her capacity (job demand), only to be faced with not adequate reward (lack of reward) but personal threats (other violence) and becomes burnt out.

In fact, the above factors have been addressed in previous studies on BOs. The term "presenteeism" is a compound word created by adding the suffix "-ism" that signifies action and result to the adjective "present," meaning 'showed up' or 'attended' [19]. Presenteeism

refers to working despite poor health [20] and the resulting loss of productivity [21]. It has been confirmed that high levels of job demand or work load affects BO and presenteeism [22]. It has also been reported that occupational stresses including job demand (personal work, excessive workload, etc.) and inadequate reward is linked to presenteeism [23,24].

On the other hand, evaluation of the relative influences of different variables that can increase occupational BO in police officers revealed that organizational system has the greatest influence on BO, followed by interpersonal conflict and job demand [25]. In our study, organizational system and interpersonal conflict were not selected as the final determinant of BO, which suggests that there are various factors of BO depending on the organization and thus intervention must take place according to the organizational culture and characteristics.

Meanwhile, job insecurity affected BO in mental health workers. According to a study of sports instructors for the disabled conducted in 2018, welfare at work, a subcriteria of job insecurity, significant affected all subfactor of BO syndrome including exhaustion, cynicism and decreased job efficacy [26].

Client violence was positively correlated with job stress and low QOL, which is consistent with previous studies of medical staffs who had experienced violence. According to a study on the psychiatric ward nurses' experience with violence and BO, nurses in psychiatric wards experience more physical threats and violence from patients than nurses in general wards and such experience with violence increased BO. On the other hand,

less experience with violence or higher self-expression ability led to decreased levels of BO [11]. In another study on the emergency room staffs' experience with violence and difference in levels of stress and depression, 86.7% of ER staffs were exposed to violence in the workplace and the group that had experienced physical violence within 1 year scored higher in the levels of stress and depression [27]. In the present study, however, other violence than physical/verbal/sexual violence was found to be the final determinant of BO, which may be explained by the fact that other violence is linked to more direct harms like stalking, property damage and complaint/lawsuit.

Regarding occupational BO by education level, results are varied. A study of geriatric care providers showed that elderly care was provided mostly by younger female workers with shorter history of work experience. Although the average education level was relatively high, the problem of low wage and high workload was severe. Moreover, it has been shown that lower age and higher education level corresponded with higher workload and BO [28]. On the other hand, there are also contradictory findings that education level has no correlation to BO [29] or that lower education level is correlated with lower level of BO [30]. This can be explained by the differences in duration for dividing the education level. In this study, most of the mental health workers were highly educated and level of BO was highest in subjects who had graduated from graduate school to obtain a master's or doctoral degree. Since BO occurs when a given job does not meet the expectations of individual and society, it is likely that the working conditions and accomplishments that fail to meet the expectations of the individuals have affected their BO status. Furthermore, the personality traits of individuals attending graduate school may also have played a part.

Then, we can also infer the factors that deter the occurrence of BO in community mental health workers, which are provision of safe and sound working environment that meet individual expectations, appropriate distribution of workload based on individual capacity, sufficient physical/psychological reward and protection from harm during work.

This study has the following limitations. First, since the study targets mental health workers in a City, the results may not be generalized to the entire population of mental health workers. However, according to a research on the current state of full-time workers at community

rehabilitation centers, 20% were mental health nurses, mental health clinicians 3%, mental health social workers 40%, nurses 9%, clinical psychologists 1% and social workers 22%, which is similar to the results of the present study, except for the clinical psychologist category: mental health nurses 11.8%, mental health clinicians 19.4%, mental health social workers 42.9%, nurses 4.7%, clinical psychologists 2.4% and social workers 17.1% [31].

Second, we assessed the correlation between client violence, job stress and BO, but did not take into account other factors like depression that can affect all three of these.

Third, we did not survey the protective factors of BO. In fact, there has been reports that factors like individual optimism [32], emotional intelligence [33] and resilience [34] are negatively correlated with psychological BO.

Despite these limitations, the present study is needed at a time when the safe work environment of mental health workers is being threatened. The study is valuable in that it not only targets the staffs at medical institutions, who have been the main focus of previous studies, but also the community mental health workers who are the first to contact the patients with mental health problems and perform overall investigation of the status quo and evaluate the levels of client violence, job stress and BO in the workplace.

CONCLUSION

We have to create an environment for the community mental health workers to be safe and satisfied with their work, which can lower the job stress of the workers and prevent BOs due to work. This in turn leads to enhanced quality of care provided to people with mental health problems and hopefully reduces the social prejudice and stigma against the mentally ill. This will require various efforts, such as creating a working environment and regulating the workload so that individuals can properly realize their potentials, deviating from the tendency to take for granted the violence experienced by mental health workers and staying alert and strengthening supervision so that the violence experienced by mental health specialists does not become a trauma.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

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