FRENCH LANGUAGE QUESTIONNAIRES ASSESSING BURNOUT AMONG CAREGIVERS: A LITERATURE REVIEW

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ABSTRACT

The aim is to present a review of tools, validated in French, assessing burnout among caregivers. The search was performed on databases: Medline, Web of Science and Sciencedirect. The questionnaires assessing burnout among caregivers that have a valid French language version were included. Psychometric properties and measured concepts have been described. We have found six questionnaires: the Staff Burnout Scale for Health Professionals, the Burnout Measure and its short version, the Maslach Burnout Inventory, the Oldenburg Burnout Inventory, the Copenhagen Burnout Inventory and the Shirom-Melamed Burnout Measure. They can be used in our Moroccan context but with socio-cultural limitations.

Key words: Burnout; Questionnaires; French Language Version; Caregivers.

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INTRODUCTION

The concept of burnout is relatively recent. It was introduced for the first time by Fraudenberg (1974). It was considered as a state of fatigue or frustration related to the commitment to a cause, a type of life or a relationship that did not bring the expected gratification. Since then, several definitions have been proposed; For Maslach (1982) it was: “a psychological syndrome that can affects individuals who work with others, in response to emotional and interpersonal stressors existing for some time in the workplace” [1]. In 1988 Pines and Aronson defined it as: “a state of physical, emotional and mental exhaustion caused by a long involvement in emotionally demanding situations” [2]. Afterwards, Schaufeli and Enzmann (1998) proposed a synthetic definition: “Burnout is a state of negative mind related to work, appearing among ‘normal’ individuals, which is primarily characterized by exhaustion, distress, a reduced sense of efficacy, decreased motivation and attitudes of dysfunctional behaviors at work. This psychological condition develops gradually and can remain undetected, for a long time, by the person involved. It results from a mismatch between job expectations and the reality of work. It is, moreover, often self-sustaining by inadequate coping strategies associated with this syndrome [3]. The assessment of burnout has become an essential component of mental health at work in hospitals [4,5] and many questionnaires were developed based on these different definitions. However, it is not always easy to identify their psychometric properties, the measured concepts and the existence or not of a validated French language version. The objective is to present a literature review of the tools, validated in French language, assessing burnout among health care professionals.

METHODS

The literature search was conducted, up to July 2017, on Medline with MeSH terms "burnout, professional", "medical staff", "nursing", "questionnaires", "inventories", "scales"; on Web of Science and Sciencedirect with the keyword "burnout, professional"; And from the
reference lists of retrieved articles. It focused on identifying French language validation studies of questionnaires measuring burnout. Were included, questionnaires assessing burnout among health professionals, which have a valid French language version. For each questionnaire, we identified: the author and creation date, number of items, the measured concepts and psychometric properties: validity (factorial, convergent, discriminant, construct, hypothetical-deductive, predictive) reliability (internal consistency, temporal stability), when the information was available.

**RESULTS**

We have found six questionnaires: the Staff Burnout Scale for Health Professionals (SBS-HP) [6], the Burnout Measure (BM) and its short version (BMSV) [2], the Maslach Burnout Inventory (MBI) [7], the Oldenburg Burnout Inventory (OLBI) [8-10], the Copenhagen Burnout Inventory (CBI) [11, 12] and the Shirom Melamed Burnout Measure (SMBM) [13].

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<th>Questionnaire</th>
<th>Authors and creation date</th>
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SBS-HP: Staff Burnout Scale for Health Professionals, BM: Burnout Measure, BMSV: Burnout Measure Short Version, MBI: Maslach Burnout Inventory, OLBI: Oldenburg Burnout Inventory, CBI: Copenhagen Burnout Inventory, SMBM: Shirom Melamed Burnout Measure.

Psychometric data of French versions are satisfactory with a Cronbach's alpha ranging from 0.64 (MBI, Personal accomplishment dimension) to 0.93 (SMBM, Cognitive weariness dimension) [2, 6-13], the OLBI, CBI and SMBM have a good factorial validity, convergent and discriminant validity [6-13]. The MBI have also a good hypothetical-deductive validity and temporal stability [7].
DISCUSSION

This literature review provides a list of the most important measures that should be known by investigators assessing burnout among French speaking caregivers. The MBI is the instrument which is the most used in research on burnout (over 90% of the scientific corpus) [3, 14]. The MBI brought an emerging definition of burnout, which is, despite its psychometric robustness, making it vulnerable to concepts redundancies with other concepts, such as self-esteem, cynicism, or even coping, especially when it comes to depersonalization; it has also methodological limitations due to the Cronbach alphas obtained that are often low. Personal accomplishment has also some reserves for its low correlation with other MBI dimensions [7, 15, 16]. Of all, the Oldenburg Burnout Inventory (Halbesleben and Demerouti (2001)) is the closest measure to the MBI. On a set of 15 items, its double factorial structure includes emotional exhaustion and disengagement dimensions, existing in the MBI, and physical fatigue component [17, 18]. Despite this distinction, Halbesleben and Demerouti (2005) [10] highlighted the strong psychometric and conceptual near of this scale to the MBI. BM (Pines – Aronson (1988), is the most used instrument after the MBI [3], it is a one-dimensional measure of burnout, it consists of 21 items in its full version and 10 items in its short version (Malach and Pines, 2005) [19]. A fundamental critique of BM is the fact that it contains only a portion of the burnout phenomenon; physical fatigue and emotional exhaustion. Thus, burnout would be reduced to a lack of a general sense of well-being [20], BMSV however, has the advantage of being economical and can be used in investigations with several measuring tools [2]. The Copenhagen Burnout Inventory (Kristensen, 2005) [9] is a recent alternative to MBI. It offers a multidimensional scale of 19 items, including personal burnout, work-related burnout and burnout related to the relationship with patients. Despite its international diffusion [21-23] and taking into consideration the main areas that contribute to the genesis of a state of exhaustion, CBI is the subject of reservations about including the three life areas. Indeed, the theory would rather dictate treating these areas separately. Personal burnout defined by the CBI is closer to the concept of depression than that of a work-related burnout [11]. Compared to all the available measures of burnout, the SMBM has the distinction of being the first theory instrument (Shirom and Melamed 2006). It is in direct extension of the theory of resources conservation, which is currently considered as one of the major theories of psychological health [24, 25]. According to this theory, the origin of human motivation is a need for constructive action to which the evolution of the species is intrinsically liable. Burnout corresponds to the actual loss, or the fear of losing one or more particular motivational value of resources [26]. The SMBM is organized around three dimensions: physical fatigue, emotional exhaustion and cognitive weariness. The
concept of physical fatigue takes a facet of burnout, identified clinically and integrated in some assessment tools, such as BM or the Staff Burnout Scale for Health Professionals (SBS-HP; Jones, 1980). The emotional exhaustion dimension corresponds to the strongest notion of MBI [27], which is common to most other measures of burnout, for example the BM. The third dimension, cognitive weariness, represents the difficulties experienced by the individual to focus and to use his intellectual capacity. Despite the observed relationship between burnout and cognitive disorders [28], it should be emphasized that no existing measure incorporates this aspect in the burnout evaluation. Thus, the SMBM revolves around the most important symptoms of professional stress and has the advantage of not incorporating any dimension which can be seen as an adaptive defense strategy, as it is the case for depersonalization dimension of the MBI [7,13]. We have limited ourselves in this review to the questionnaires that have a valid French language version because of their practical implications; they could be used separately or in association in our Moroccan context [29, 30]. However, it would be appropriate to have versions that are translated and validated in Arabic and are adapted to our Moroccan culture [31].

CONCLUSION

Only a few questionnaires justified their validity and reliability. They can be used separately or in association, they can certainly be used in our Moroccan health care context but with socio-cultural limitations.

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