Original Article

Personality Factors Associated with Burnout in the Nursing Profession during the COVID-19 Pandemic

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Abstract

Background: Occupational burnout in a pandemic situation occurs faster for some people than others. This study aimed to evaluate the relationship between personality traits and occupational burnout in nursing professionals during the COVID-19 pandemic.

Materials and Methods: An observational, cross-sectional study was conducted from February to April 2021. This was carried out on 299 nursing professionals who were taking care of COVID-19 cases. Occupational burnout was measured by the Maslach Burnout Inventory, and personality variables were evaluated using the NEO fivefactor inventory.

Results: Finally, 299 nurses with a mean age of 35.49 ± 8.80 years participated in the study, of which 74.9% were women and 77.3% were married. The mean scores of emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) subscales were 20.44 ± 11.52, 8.75 ± 4.10, and 27.66 ± 5.92, respectively. High and medium DP and EE levels were reported in 75.2% and 54.9% of the nurses and high PA level was found in 87.6%. There were significant differences in job satisfaction and work experience for all burnout subscales scores. DP and EE subscales had a positive relationship with neuroticism and a negative correlation with extraversion, openness, agreeableness, and conscientiousness. The PA subscale showed a statistically significant positive relationship with extraversion, openness, agreeableness, and conscientiousness.

Conclusions: The prevalence of burnout among nurses during the COVID-19 pandemic was moderate to high. The five personality characteristics were significantly associated with burnout in nurses and have a key role in developing burnout syndrome.

Keywords: Burnout, COVID-19 pandemic, nurses, personality

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Introduction

The first case of coronavirus disease 2019 (COVID-19) was reported on February 19, 2020, in Iran.[1] According to the report of the Ministry of Health, Treatment and Medical Education of Iran, the number of infected is more than 7.5 million and the number of deaths is more than 1,450,000.[2] In addition to the deaths it has caused globally, this disease has led to high levels of stress and anxiety around the world.[3] Healthcare providers (HCPs) such as physicians and nurses are among the groups most affected by the COVID-19 pandemic.[1] HCPs play a key role in the management of the COVID-19 pandemic and are exposed to the virus and infection as they are on the front lines of treatment.[1,3]

Burnout is considered a global concern that mostly affects HCPs.[4] Burnout was described as the syndrome of psychological, emotional, and physical stress in response

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to chronic occupational stress.[5] Burnout, first described by Maslach *et al*. (1996), was defined as a three-dimensional syndrome: emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA).[4-6]

Emotional exhaustion refers to the draining of physical energy or depletion of emotional resources due to interactions with colleagues and healthcare users. Depersonalization is the development of negative and pessimistic attitudes and reactions toward colleagues and service recipients. Reduced personal accomplishment is the tendency to make negative self-concept evaluations of one's work, evaluations resulting from unrewarding situations often associated with feelings of inadequacy.[5-8]

About 10%–78% of nursing professionals have some degree of burnout; the occurrence and severity of which are related to many factors, such as sociodemographic, occupational, and psychological factors.[5,9] Hospital nursing personnel are more susceptible to burnout compared to other occupations due to the nature, intensity, and variety of stressors related to their job duties, especially during the COVID-19 pandemic.[9] Work overload, shift duration, the imbalance between work and personal life, and complaints and requests from patients are other effective causes of burnout among nurses.[10]

Previous studies show a significant correlation between some psychological variables and burnout syndrome. Psychological variables such as the big five personality traits have been studied. A relationship has been found between nurses' personality characteristics and occupational burnout.[5,9-11] Therefore, occupation burnout can be predicted by personality characteristics. A meta-analysis showed that four of the big five personality traits are associated with burnout.[12]

The five-factor inventory or the so-called ''big-five'' has been widely used in many previous studies to examine the correlation between burnout and personality. This inventory shows five groups of personality characteristics that depend on each other: neuroticism, extraversion, openness, agreeableness, and conscientiousness.[8,9] This questionnaire is valid for different age groups and cultures.[9]

The negative impact of COVID-19 and its negative consequences on mental health, such as increased symptoms of depression and anxiety, stress disorders, insomnia, anger, and fear, have been identified.[13] High-pressure work environment, increased work demand, and more efforts of nurses during the COVID-19 pandemic may lead to increased occupational burnout.[1] Occupational burnout in a pandemic situation occurs faster for some people than others. Personality differences are related to the occurrence of job burnout during the pandemic.[13]

The present study aimed to evaluate the relationship between personality traits and occupational burnout in the nursing profession during the COVID-19 pandemic.

Materials and Methods

Study design and setting

An observational, cross-sectional study was conducted. This was carried out on nurses working in the Alzahra Hospital affiliated with Isfahan University of Medical Sciences in Iran, in 2021. Nurses who were taking care of COVID-19 cases answered the questionnaire from February to April 2021. Ethical approval was issued by the Ethical Committee of Isfahan University of Medical Sciences (IR.MUI.MED.REC.1398.177).

Study participants

Study participants included all nurses who had at least two years of work experience as a nurse in hospitals and had cared for COVID-19 patients in the current ward for more than twelve months. Nurses with a history of psychiatric illness who use any psychiatric drugs, unwillingness to participate, and did not fill in the questionnaire completely were excluded from the study.

A sample size of 295 nurses was calculated based on a 26% prevalence of personality disorders in nurses,[14] $\alpha = 0.05$, and an error level of 0.05.

Study instruments

The data collection instruments consisted of sociodemographic and occupational data, the Maslach Burnout Inventory (MBI), and the NEO Five-Factor Inventory (NEO-FFI). Data collection began about twelve months after the onset of the pandemic.

The following data were obtained: age, sex, education level, work experience, marital status, number of children, healthcare service departments, type of work shifts, employment type, and second occupation. Participants self-reported their economic status and job satisfaction.

Occupational burnout was measured using the MBI. The MBI developed by Maslach and Jackson[3] is an internationally relabeled, validated, and self-report questionnaire and has 22 items with a seven-point Likert scale from zero (never) to six (every day) that measures three dimensions of EE, DP, and PA. According to this, nine items determined EE, five items DP, and eight items PA.[5,8] This questionnaire has been widely conducted in many studies and its Persian translation has already been validated.[15]

The total score of EE ranges from 0 to 54 points. Scores below 19 were considered as low, the range of 19–26 was considered moderate, and scores above 26 were considered high levels of burnout. Total score for DP ranging from 0 to 30. Scores below 6 were indicated low, the range of 6 to 9 was indicated moderate, and scores above 9 indicated high levels of burnout. The overall score of PA is 0 to 48. Scores lower than 34 were considered as high, the range of 34–39 was considered moderate, and scores higher than 39 were considered low levels of burnout. High scores for EE and DP and low scores for PA were considered signs of burnout.[5,7,8]

The reliability (Cronbach's alpha values) of the EE, DP, and PA was 0.88, 0.68, and 0.84, respectively.[8,16] The Persian version of MBI had the same validity as the original version.[15,16]

The short version of the NEOFFI was performed to measure personality traits.[10] It was a self-report measure developed by Costa and McCrae.[5] NEOFFI has 60 items (12 items for each personality dimension) with a five-point Likert scale from strongly disagree to strongly agree.[8] The reliability (Cronbach's alpha values) scores for neuroticism, extroversion, agreeableness, conscientiousness, and openness to experience were 0.92, 0.89, 0.86, 0.90, and 0.87.[5]

Data gathering

After obtaining the ethical approval, the purpose of the study and the inclusion and exclusion criteria were informed to the head nurses and supervisors of the departments. Questionnaires were distributed among nurses through email or social media such as WhatsApp or Telegram. A questionnaire was sent to nurses on February 1, 2021. Those who met the inclusion criteria and were willing to participate in the study then filled out the survey. Data collection was completed on April 30, 2021.

Data analysis

The data analyses were done using SPSS version 25.0. Independent sample *t*-test and analysis of variance were used to compare between groups. To establish the factors that had the strongest effect on job burnout, multiple linear regression analysis with forward selection was performed. All independent parameters were analyzed. Pearson's correlation coefficient was performed to evaluate the association between personality traits and burnout subscales. A significance level of <0.05 was considered.

Results

Finally, 350 questionnaires were sent to the nursing profession, of which 85.4% (299 nurses) returned the completed questionnaires [Figure 1]. The mean age was 35.49 ± 8.80 years (range: 21–66 years), and most were women (*n* = 224, 74.9%). In total, 77.3% of the nurses were married, 60.9% had no children, 77.6% had bachelor's degrees, and 64.2% worked on rotating shifts. Descriptive characteristics data of the nurses are reported in Table 1.

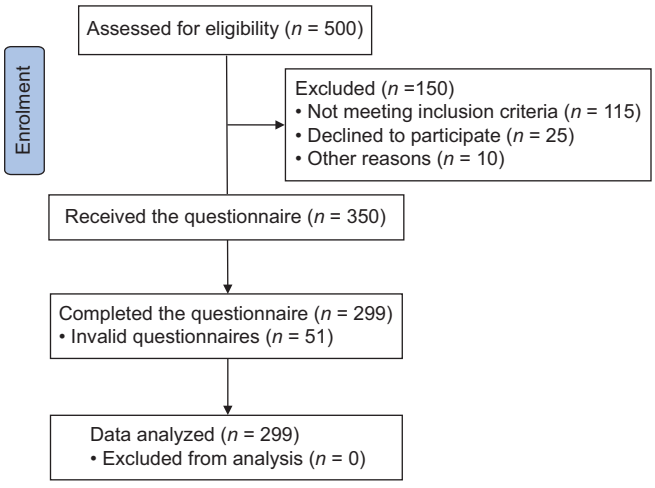

Figure 1: CONSORT flow diagram

The mean scores of DP, EE, and PA were 20.44 ± 11.52, 8.75 ± 4.10, and 27.66 ± 5.92. High and medium DP and EE levels were reported in 75.2% and 54.9% of the nurses and a high PA level was found in 87.6% [Table 2].

The mean differences in burnout subscales scores by characteristics and occupational variables are shown in Table 3. There were no significant differences regarding sex, age, marital status, number of children, and having a second

Table 1: Descriptive characteristics of the nurse (*n*=299)

Characteristics	*n* (%)
Gender	
Men	75 (25.1%)
Women	224 (74.9%)
Age; year	35.49±8.80
Work experience; month	140.16±110.60
Marital status	
Married	231 (77.3%)
Unmarried	64 (21.4%)
Divorced	4 (1.3)
Number of children	
No children	182 (60.9)
One child	50 (16.7)
Two children	56 (18.7)
More than two children	11 (3.7)
Education level	
Associate degree	37 (12.4)
Bachelor's degree	232 (77.6%)
Master's degree	30 (10.0%)
Healthcare service department	
Emergency department	106 (35.5%)
Medical departments	152 (50.8%)
Intensive care departments	41 (13.7%)
Economic status*	
Low income	42 (14.0)
Middle income	229 (76.6)
High income	28 (9.4)
Type of work shifts	
Rotating	192 (64.2)
Morning shift	58 (19.4)
Afternoon and night shift	49 (16.4)
Second occupation	
Yes	39 (13.0)
No	260 (87.0)
Job satisfaction	
Yes	150 (50.2)
No	149 (49.8)
Employment type	
Full-time	126 (42.1%)
Fixed-term	141 (47.2%)
Contractual	32 (10.7%)

*Middle income: Average monthly salar=270–420 USD[14]

Table 2: Results of burnout scoring of nursing

Burnout dimensions	Mean (SD)	Category, *n* (%)		
		Low	Moderate	High
Emotional exhaustion	20.44 (11.52)	135 (45.1)	69 (23.1)	95 (31.8)
Depersonalization	8.75 (4.10)	74 (24.8)	85 (28.4)	140 (46.8)
Personal accomplishment	27.66 (5.92)	6 (2.0)	31 (10.4)	262 (87.6)

SD=Standard deviation

occupation for all burnout dimensions. There were significant differences in the job satisfaction for all burnout subscales scores. There were significant differences in EE mean scores according to work experience (P = 0.046), employment type (P = 0.041), and economic status (P = 0.046). Also, there were significant differences in DP mean scores according to work experience (P = 0.044), healthcare service department (P = 0.002), and type of work shifts (P = 0.007). A significant difference in PA mean scores was found according to education level (P = 0.018) and in nurses with an associate degree was higher than others.

Pearson correlation coefficient found that PA had a significant and positive relationship with extraversion (r = 0.462), openness (r = 0.275), agreeableness (r = 0.285), and conscientiousness (r = 0.402) (P < 0.01). The EE subscale showed a statistically significant negative relationship with extraversion (r = −0.329), openness (r = −0.131), agreeableness (r = −0.167), and conscientiousness (r = −0.233), and positive correlation with neuroticism (r = 0.440). However, statistically significant relationships were shown between DP and neuroticism (r = 0.258), openness (r = −0.199), agreeableness (r = −0.198), and conscientiousness (r = −0.146) [Table 4].

Multiple linear regression was performed for all burnout dimensions among nurses based on personality dimensions, age, sex, and other descriptive characteristics. The variables that found a significant association with DP, EE, and PA are shown in Table 5.

Discussion

In evaluating the burnout levels of nurses during the COVID-19 pandemic, the results of the present study showed that 75.2% had medium and high levels of DP, 54.9% had high and medium levels of EE, and 87.6% had high levels of PA. These results are consistent with previous research conducted in Iran, the United States, China, and Australia.[3,17-19] Jalili *et al*.[3] reported that the prevalence of medium and high levels of DP, EE and PA were 85.7%, 91.3%, and 84.0%. Finally, more than 55% of the nurses had high burnout level during the COVID-19 pandemic. In another study, 43.5%–62.0% of the nurses had moderate to high burnout in DP, EE, and PA.[18]

However, other studies in Italy and Belgium found lower levels of burnout similar to the prepandemic.[20] Differences in prevalence rates may be due to different characteristics of each country's health care system, where nurses have different qualifications, salaries, or work shifts.[5] Also, as the COVID-19 pandemic continues, increased job burnout levels have been reported.[20] A longitudinal study at a hospital in Toronto measured burnout at 3-month intervals from November 2020 to May 2021. Job burnout was high and increasing. The prevalence of severe EE in nurses in autumn 2020, winter 2020, and spring 2021 was 54%, 62%, and 63%.[21]

The current study does not have a control group, but the comparison of the present findings with previous studies conducted on job burnout in Iran the prior to COVID-19 pandemic indicates a much higher level of burnout. In a systematic review that evaluated the prevalence of occupational burnout among Iranian nurses, the overall prevalence of burnout was 36%.[22] In another study performed on 385 nurses in the west of Iran, 40% of nurses had a high score of burnout.[23] Yektatala*b et al*.[16] reported that nurses working in southern Iran had high scores of DP, EE, and PA at 12.4%, 25.2%, and 52.0%, while in the present study, these levels were much higher: 46.8%, 31.8%, and 87.6%, respectively. Finally, based on previous studies, before the COVID-19 pandemic, the prevalence of severe burnout in nurses ranged from 20 to 40%.[17,19] Observing unpleasant events and the higher mortality of patients in the COVID-19 pandemic can remind nurses of their mortality. This can increase their risk of burnout.

In the present study, the mean differences in scores of job burnout subscales were investigated based on job characteristics and occupational variables. There were no significant differences regarding sex, age, marital status, number of children, and having a second occupation for all burnout dimensions. Also, there were significant differences in EE and DP mean scores according to work experience. Guixi*a et al*.[18] and Molavynejad *et al*.[10] found similar results. These results are contrary to other studies conducted before the pandemic. They demonstrated that sociodemographic factors (gender, age, marital status, etc.) were important predisposing factors for high job burnout.[3,6,8,18,20]

Nurses endured a higher stress burden than other professionals during the COVID-19 pandemic.[24] In the face of such a severe epidemic, regardless of age, sex, and marital status, most nurses have similar psychology and show higher degrees of burnout. A previous study showed that adding a patient to a nurse's workload is associated with a 23% increase in the likelihood of burnout.[25] Perhaps only years of more clinical experience had made them learn to adapt more effectively and, thus, reduced burnout.

Table 3: Mean differences in burnout subscales scores by characteristics and occupational variables

Variables	*n*	Emotional exhaustion		Depersonalization		Personal accomplishment	
		M (SD)	*t*/*f*, *P*	M (SD)	*t*/*f*, *P*	M (SD)	*t*/*f*, *P*
Gender							
Male	75	18.20±11.87	1.896	8.94±4.18	0.461	28.00±6.64	0.565
Female	224	21.17±11.33	0.059	8.69±4.08	0.645	27.54±5.67	0.572
Age, year							
<36	173	20.37±12.16	1.281	9.01±4.55	1.732	27.14±6.54	0.183
36–50	110	20.39±10.83	0.279	8.17±3.65	0.179	27.35±6.69	0.833
>50	16	19.12±12.86		7.99±3.26		28.20±8.87	
Marital status							
Married	231	20.62±11.38	0.391	8.86±4.07	0.279	27.75±6.14	0.320
Unmarried	64	20.14±12.04	0.760	8.38±4.26	0.840	27.47±5.06	0.811
Divorced	4	19.44±10.51		7.67±4.72		26.66±5.92	
Number of children							
No children	182	20.16±11.57	0.134	8.84±4.32	0.150	27.53±7.19	1.387
1 child	50	21.24±11.68	0.940	8.69±3.67	0.930	27.57±6.64	0.247
2 children	56	20.71±11.07		8.65±3.93		28.65±6.06	
>2 children	11	19.80±13.71		8.33±3.32		26.33±5.04	
Work experience, year							
2–5	104	18.21±12.92	2.707	9.00±4.98	2.735	27.01±7.08	2.427
6–10	51	21.15±12.47	0.046	9.73±4.04	0.044	26.33±6.25	0.066
11–15	35	23.88±11.15		8.29±3.97		25.47±6.64	
>15	109	20.02±10.17		7.85±3.34		28.51±6.44	
Education level							
Associate degree	34	16.39±12.76	1.906	7.70±4.06	1.159	28.52±6.04	4.096
Bachelor's degree	235	20.55±11.68	0.151	8.81±4.17	0.315	27.50±6.49	0.018
Master's degree	30	21.00±10.54		8.24±4.47		24.07±8.25	
Healthcare service department							
Emergency department	106	20.79±11.49	0.147	9.77±4.38	6.250	28.10±4.81	0.481
Medical departments	152	20.40±11.74	0.863	8.39±3.93	0.002	27.43±6.78	0.619
Intensive care departments	41	19.62±10.98		7.36±3.30		27.28±5.22	
Economic status							
Low income	42	23.64±12.58	3.230	9.69±4.76	1.074	27.25±6.73	0.312
Middle income	229	20.71±11.37	0.041	8.67±4.02	0.343	27.82±5.85	0.732
High income	28	16.04±8.80		8.38±4.09		27.00±5.96	
Type of work shifts							
Rotating	192	21.30±11.56	1.725	9.31±4.05	4.689	27.74±5.59	0.094
Morning shift	60	19.85±11.12	0.180	7.75±4.13	0.007	27.35±7.27	0.911
Afternoon and night shift	47	17.81±11.77		7.80±3.89		27.64±5.58	
Second occupation			1.066		0.041		
Yes	39	18.70±12.73	0.287	8.78±3.76	0.967	28.46±5.88	0.944
No	260	20.85±11.24		8.75±4.16		27.48±5.91	0.346
Job satisfaction							
Yes	150	14.66±9.38	9.823	8.03±3.57	3.067	28.82±5.74	3.658
No	149	26.60±10.61	<0.001	9.54±4.50	0.002	26.23±5.89	<0.001
Employment type							
Full-time	126	19.17±11.76	3.113	8.74±3.57	0.252	27.32±6.09	0.388
Fixed-term	141	22.72±11.06	0.046	8.74±4.42	0.777	27.96±6.10	0.678
Contractual	32	20.07±10.82		9.33±4.77		27.96±4.82	

M (SD)=Mean (standard deviation). Note: *t*=independent sample *t*-test; *f*=one-way analysis of variance; *P*=significance level

Gender is a controversial issue; based on the present study, gender did not affect burnout. Similarly, some previous studies did not find a relationship between nurses' gender and burnout.[4,10,18,26] Also, in a meta-analysis, it was shown that women have higher levels of emotional exhaustion, but men have higher levels of depersonalization and personal failure.[27]

Based on the results of the present study, there were significant differences in job satisfaction and work experience for all burnout subscales scores. Also, there were significant differences in PA mean scores according to education level. The present study showed that nurses with less than 6 years of work experience had less EE than others with longer work

Table 4: Pearson's correlational scores between personality dimensions with burnout

NEO-FFI	Burnout		
	Depersonalization	Personal accomplishment	Emotional exhaustion
Neuroticism	0.258**	−0.073	0.440**
Extraversion	−0.013	0.462**	−0.329**
Openness	−0.199**	0.275**	−0.131*
Agreeableness	−0.198**	0.285**	−0.167**
Conscientiousness	−0.146*	0.402**	−0.233**

**Correlation is significant at the 0.01 level (two-tailed). *Correlation is significant at the 0.05 level (two-tailed)

Table 5: Multiple linear regression models for burnout subscale scores

	B	Std. Error	β	*t*	*P*
Emotional exhaustion					
(Constant)	−6.318	5.227		−1.209	0.228
Depersonalization	1.363	0.121	0.487	11.255	0.000
Job satisfaction	4.588	0.818	0.236	5.607	0.000
Extraversion	−0.535	0.089	−0.306	−6.036	0.000
Neuroticism	0.363	0.072	0.219	5.053	0.000
Work experience	0.013	0.004	0.120	2.967	0.003
Second occupation	3.374	1.279	0.107	2.638	0.009
Agreeableness	0.238	0.092	0.130	2.575	0.011
Depersonalization					
(Constant)	4.271	1.748		2.444	0.015
Emotional exhaustion	0.198	0.017	0.554	11.440	0.000
Personal accomplishment	0.153	0.031	0.246	4.866	0.000
Agreeableness	−0.156	0.041	−0.239	−3.808	0.000
Extraversion	0.145	0.042	0.231	3.442	0.001
Work experience	−0.005	0.002	−0.141	−3.159	0.002
Healthcare service department	−0.820	0.278	−0.130	−2.947	0.003
Conscientiousness	−0.088	0.038	−0.161	−2.314	0.021
Openness	0.096	0.043	0.116	2.216	0.028
Personal accomplishment					
(Constant)	2.538	2.754		0.922	0.358
Extraversion	0.303	0.069	0.301	4.405	0.000
Depersonalization	0.412	0.082	0.257	5.053	0.000
Work experience	0.011	0.003	0.175	3.528	0.000
Conscientiousness	0.196	0.060	0.223	3.277	0.001
Job satisfaction	−1.442	0.569	−0.129	−2.536	0.012

Only significant predictors are shown

experience. It was consistent with a previous study.[28] The main reason can be that nurses with more work experience can better balance and deal with emergency situations.

In the present study, there was a significant relationship between neuroticism and EE and DP. It was similar to the previous studies.[9,10,29,30] This relationship can be related to the emotional nature of nursing work, the type of patient, the nature of illness, and death.[5,10] Armo*n et al*.[29] showed that some personality traits can make people prone to experience more severe stress, thereby subsequently provoking burnout. Neuroticism was described as a tendency to interpret events negatively. As a result, the neurotic consumes resources, possibly leading to resource depletion or burnout, because the higher its level, the greater the tendency to view the world pessimistically and interpret many stimuli as threatening. Thus, neurotic persons are more likely to invest resources in their internal emotional states than in work-related demands.[5,9,29]

In line with previous studies, a statistically significant positive correlation between PA and extraversion, openness, agreeableness, and conscientiousness, and negative correlations were found between EE and DP with openness, agreeableness, and conscientiousness.[5,8,11,30] In complex life conditions, such as the COVID-19 pandemic, increased empathy and communication with fellow humans, along with kindness and consideration for patients, can cause feelings of reward in nurses, which may lead to a decrease in EE.[5]

Previous studies have revealed the role of these five personality factors in creating burnout syndrome in nurses.[4,5,8] Pérez-Fuentes *et al*.[4] found that occupational burnout had a

negative correlation with most personality factors (extroversion, agreeableness, conscientiousness, openness) and a positive correlation with neuroticism in professional nurses. Other studies have shown a similar relationship between job burnout dimensions and five personality factors.[5,8,10,11]

Individuals with high openness scores are willing to experience new ambiguous situations and succeed. These individuals are eager to learn and see new challenges like the pandemic as an opportunity to perform new tasks. Therefore, this process makes them more personally successful, better planned, and less emotionally exhausted. As a result, nurses who have a high openness score are more flexible persons and tend to participate in more activities that increase occupational satisfaction and reduce job burnout.[5,10,11] Agreeableness people, similar to individuals with openness, have high flexibility levels and are responsible people who plan their time and do their work properly.[10]

Conscientiousness is one of the basic and desirable characteristics in people's job performance. Conscientious people are hardworking, very persistent, and thirsty for success. As a result, they have high personal success. They actively use coping mechanisms and have low levels of EE and DP. Nurses with high conscientiousness scores have strong organizational skills. Therefore, nurses with high conscientiousness scores tried to fulfill their duties as best as possible, and this increased their job success and reduced their burnout.[8,10,11,13]

Extraversion is associated with higher emotional, psychological, and social well-being. Extroverts are naturally more sociable, enthusiastic, optimistic, and self-confident, so they can reassess problems. They experience fewer mental health problems due to social distancing and quarantine during the COVID-19 pandemic. They are better able to adapt to life-changing events, such as the COVID-19 pandemic, by using adaptive strategies such as reappraisal, problem-solving, or acceptance.[8,13] It can be predicted that a closer and more empathetic treatment is carried out by nurses with personalities that show more kindness, responsibility, and extroversion.[5]

There is increasing evidence about the relationship between psychosocial variables and job burnout. Therefore, nursing professionals and nursing managers can control related factors and how they relate to burnout syndrome. Considering the high prevalence of burnout in nurses, to prevent burnout, it is important to pay attention to the personality characteristics of nurses when choosing nurses because it seems that personality factors such as agreeableness, conscientiousness, extroversion, and openness protect against this syndrome.

Conclusion

The prevalence of burnout among nurses during the COVID-19 pandemic was moderate to high. In this study, possible risk factors for developing job burnout during the Covid-19 pandemic were investigated. Factors such as job satisfaction and work experience play a role in job burnout. Also, the five personality characteristics were significantly associated with burnout in nurses. As a result, these findings can help select nurses who can better tolerate stressful conditions such as the pandemic.

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Conflicts of interest

There are no conflicts of interest.

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