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<b>Article:</b>	<b>Impact of Frustration Intolerance on Burnout Among Mental Health Professionals</b>
<b>Author(s):</b>	Raazia Israr MS Scholar, Department of Psychology, International Islamic University, Islamabad
	Dr. Mamoona Ismail Loona Assistant Professor, Department of Psychology, International Islamic University, Islamabad
	Dr. Mazhar Iqbal Bhatti Assistant Professor/ Chairman, Department of Psychology, International Islamic University, Islamabad
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<b>Author(s) Note:</b>	Raazia Israr is a MS Scholar at Department of Psychology, International Islamic University, Islamabad Email: <a href="mailto:raazia.haseeb@gmail.com">raazia.haseeb@gmail.com</a>
	Dr. Mamoona Ismail is serving Assistant Professor at Department of Psychology, International Islamic University, Islamabad Email: <a href="mailto:mamoona.ismail@iiu.edu.pk">mamoona.ismail@iiu.edu.pk</a>
	DR. Mazhar Iqbal Bhatti is serving as Assistant Professor/ Chairman at Department of Psychology, International Islamic University, Islamabad Email: <a href="mailto:mazhar.iqbal@iiu.edu.pk">mazhar.iqbal@iiu.edu.pk</a>

### Abstract

The present research examined the impact of frustration intolerance on Burnout among Mental Health Professionals. A total of 200 mental health professionals (n=100 males and n=100 females) from different hospitals, clinics and NGOs of Rawalpindi, Islamabad and Lahore, participated in this study. Mental health professionals that participated in present study were psychologists (n=50), psychiatrists (n=50), counsellors (n=50), and occupational therapists (n=50). Maslach burnout inventory was used to measure burnout scores. Frustration discomfort scale was used to measure frustration intolerance. Simple linear regression was used to check the impact of frustration intolerance on burnout. Results indicated that frustration intolerance has a positive impact on burnout. Present research further studied gender differences in burnout and frustration intolerance. Females' scores were higher on burnout and frustration intolerance measures as compared to males.

**Keywords:** frustration intolerance, burnout, mental health professionals.

## Introduction

The present study is focused on studying the effect of frustration intolerance on burnout among mental health professionals. According to Filippello, Harrington, Buzzai, Sorrenti, and Costa (2014) frustration intolerance have positive relationships with unhealthy emotions and distress. Ellis (2011) used term Low frustration tolerance (LFT) to explain lack of ability to tolerate stressors and unpleasant feelings. It is called short-term hedonism. It requires that frustration should not happen and should be vanished quickly and when not resolved quickly individuals experience emotional disturbances. Frustration is increased and causes greater stress when individual directs behaviors to avoid frustrating events. High frustration tolerance is the opposite to low frustration tolerance. It is an evaluative component of irrational beliefs and irrational beliefs are main cause of emotional and behavioral problems. Individuals tends to avoid pain and needs instant gratification that causes problems later on.

Harrington (2005) used term frustration intolerance for the term low frustration tolerance. Frustration intolerance refers to the belief about reality, that it should be according to our wishes, ego-disturbance is linked with self-worth, that certain conditions must be fulfilled. These beliefs, to some extent interact with each other and also relates to maladaptive behaviors and dysfunctional emotions independently (Jibeen, 2013). Depression, state anxiety and trait anxiety has significant relationship with frustration intolerance (Filippello et al, 2014). LFT is a predictor of depression and anxiety in college students and is related to anger (Chang & D'Zurilla, 1996).

Burnout is explained as a syndrome of depersonalization, emotional exhaustion, and reduced personal accomplishment that take place especially in the professionals who are working directly with clients, students, and patients. (Maslach, 1981). Emotional exhaustion is thought to be as the fundamental stress component of burnout that is similar to traditional job stress variable (Maslach, 1981), on the other hand personal accomplishment is parallel to efficacy beliefs (Bandura, 1999) and depersonalization can be explained as the most unorthodox or fresh component of burnout.

Researches that carried out to study frustration intolerance and burnout showed a positive association between these two variables. Bermejo-Toro & Prieto-Ursúa (2006) examined relationship between irrational beliefs of teachers and different measures of distress in teachers and results suggested high burnout level and positive correlation between distress variables and irrational beliefs, importantly low frustration tolerance had significant influence on depression, stress and physical symptoms. Similarly, Tan (2004) conducted a study that was an attempt to explore the relationship between stress levels and intensity of irrational beliefs. It was also carried out to understand associations between stress sources and types of irrational belief. A cross-sectional survey was conducted on occupational therapists in Singapore. The results indicated that there is no relationship between stress levels and intensity of irrational beliefs in occupational therapists. But it was also found out that specific types of irrational belief are having relationships with specific sources of stress.

Researches was also carried out to measure gender differences in frustration intolerance. Ko, Yen, Yen, Chen, and Wang (2008) researched the relationship between frustration intolerance an Internet addiction, main aim was to study the gender difference. Their sample consisted of 2114 students. Males total score on frustration intolerance was also lower as compared to females.

Khan (2013) researched on effect of burnout to several socio-demographic variables and characteristics of job on a sample from different industries of Lahore and concluded females scored higher on emotional exhaustion scale and males scored more on depersonalization and also on reduced personal accomplishment. There was strong association of work experience and education on burnout among women and income and age were related to burnout in men.

Many researches were done on burnout and it is mostly studied with emotional intelligence, job satisfaction, compassion satisfaction, compassion fatigue etc. Some researchers are also done on emotional regulation, empathy and resilience is also studied with burnout. Most studies are done in different sectors as banking and business related organizations. Studies are also done in health related professions but most of the studies are carried out on doctors or physicians and mostly on nurses. Few of these reaches also done on mental health professionals. Few studies were found to study relationship between frustration intolerance and burnout. In Pakistan, most of the work is studying burnout in relation to demographic variables, job stress, and compassion fatigue, and job satisfaction and mostly the population was from teaching profession, students, doctors, nurses and banking sector. Present research is carried out as it is an effort to add to research literature because very few studies have examined frustration intolerance in relation to burn out. There is lack of research on mental health professionals which examines impact of frustration intolerance on burnout among mental health professionals. Moreover, According the APA code of ethics (2016), a psychologist must practice within the boundaries of their competence (2.01) and they must continually engage in the development and maintenance of their competence, (2.03) they must be aware of any personal problems that may negatively competence and take appropriate action to deal with them (2.06). So it is evident that burnout has negative influence on competence and cause problems for professionals so it is an ethically important to address this problem.

### **Objectives**

The objectives of present study is as follows:

1. To study the impact of frustration intolerance on burnout among mental health professionals.
2. To investigate gender differences in frustration intolerance and burnout among mental health professionals

### **Hypotheses**

The hypotheses of the present study are as follows:

1. Frustration intolerance positively predicts burnout among mental health professionals.
2. Female mental health professionals score more on frustration intolerance and burnout than male mental health professionals.

### **Method**

#### **Research Design**

This study was based on cross-sectional survey method.

#### **Participants**

The sample comprised of N=200 , Age Range=22years -62 years (M= 36.8, S.D= 9.5) mental health professionals such as psychiatrists (n=50, M=37.8, S.D=9.2), psychologists (n=50, M=39.28 ,S.D=10.01), counsellors (n=50, M=38.64 ,S.D=10.05) and occupational therapists (n=50, M=37.74, S.D=9.86) from different hospitals, clinics and non-governmental organizations (NGOs) of Islamabad, Rawalpindi and Lahore. Sample was employed through the purposive sampling technique based on cross sectional survey research design.

**Inclusion criteria.** Mental health professionals constituted the sample of the study. It included both male and female- psychiatrists, psychologists, counselors and occupational therapists. Mental health professionals working in hospitals, clinics and NGOs were included in the sample.

**Exclusion criteria.** Trainee or internee mental health professionals were included in the sample.

## Instruments

**Demographic sheet.** The demographic sheet was comprised of gender, age, total job experience, time period in current organization, marital status, age, professional information- (psychologist, psychiatrist, counsellor, and occupational therapist) and designation.

**Frustration discomfort scale (Harrington, 2005).** The Frustration Discomfort Scale (Harrington 2005) is a 28-item measure that assesses one's perceived capacity for withstanding frustration across four domains (i.e., entitlement, discomfort intolerance, achievement). The Frustration Discomfort Scale has shown adequate psychometric properties, including internal consistency and discriminant validity. The cronbach alpha reliability for sub-scale discomfort in tolerance was .91, for entitlement .88, for emotional intolerance .90, for achievement frustration .82 and for full scale .92 (Harrington 2005). The scale is 5 point likert scale ranging from 1 (absent) to 5 (very strongly) with 7 items in each sub-scale. The discomfort intolerance sub-scale is comprised of 7 items which are 1, 5, 9,13,17,21 and 25. The entitlement sub-scale consists of 7 items which are 2,6,10,14,18,22 and 26. The sub-scale emotional intolerance comprise of 3,7,11,15,19,23 and 27, the sub-scale achievement frustration comprised of item number 4, 8, 12, 16, 20,24 and 28 .

**The Maslach burnout inventory (Maslach & Jackson, 1981).** The Maslach Burnout Inventory is developed by Maslach and Jackson in 1981. In empirical research is called to be as 'gold standard' for checking burnout (Bradham, 2008). it is a self-administered test designed to measure the level of burnout among respondents. It encompasses three subscales that is emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA). the subscales assesses the feeling of being emotionally overstretched and fatigued by one's work, a detached response towards recipients of one's services and care etc., and the feeling of competence and effective achievement in one's work with people respectively. Alpha coefficients ranging from .71 to .94 of these subscales has been observed (Maslach & Jackson, 1981). Its adaptation for medical personnel's Maslach Burnout Inventory - Human Services Survey for Medical Personnel - MBI-HSS (MP) will be used it is a 22 item seven point Likert scale whose responses ranges from 0 to 6. It has three sub-scales- emotional exhaustion, depersonalization and personal accomplishment having alpha reliability of .89, .80 and .76 respectively.

## Ethical Considerations

Ethical approval was attained from Ethical Review Board, Department of Psychology, IIUI, Ethics Committee, along with head of the institutes. In addition informed consent was taken from the participants and was ensured regarding privacy and confidentiality to the matters.

## Procedure

With the permission of concerned authorities' mental health professionals were approached by the researcher. The research instruments was be administered to 200 participants (n=100 males, n=100 females) from different hospitals, clinics and NGOs of Islamabad, Rawalpindi and Lahore through purposive sampling technique. After the brief introduction about the study, informed consent was obtained from the respondents. Then the data was collected and each and every confusion regarding it made clear. Moreover, participants were requested to be honest when they provide the answer and at the end they will be thanked for their cooperation. In order to determine the results, SPSS was used for descriptive analysis, regression analysis and moderation analysis.

## Results

Data was analyzed by using Statistical Package for Social Sciences (SPSS) version 22. To examine the statistical association between variables, Pearson correlation coefficient test was used. To investigate the impact simple linear regression was used.

**Table 1**  
*Frequencies and percentages of demographic variables of Study (N = 200)*

Variables	Category	N	%
Gender	Male	100	50.00
	Female	100	50.00
Mental Health Professionals	Psychologists	50	25.00
	Counsellors	50	25.00
	Occupational therapists	50	25.00
	Psychiatrists	50	25.00
Marital Status	Married	90	45.00
	Unmarried	110	55.00

Table 1 shows that frequencies and percentages of demographic variables such as gender, profession, and marital status. Mean age of the participants was 36.8(9.5).

**Table 2**  
*Psychometric properties of the study scales i.e. emotional regulation, resilience, empathy, frustration discomfort and burnout (N=200).*

Scales	N	M	SD	$\alpha$	Range		Skewness	Kurtosis
					potential	Actual		
<b>Frustration discomfort scale</b>	28	76.92	15.55	.88	28-140	64-110	1.11	.46
Discomfort intolerance	07	16.85	5.41	.87	7-35	12-27	.96	.64
Achievement frustration	07	21.51	2.95	.79	7-35	16-29	-.06	.78
Emotional intolerance	07	19.49	5.07	.85	7-35	15-31	1.24	.18
Entitlement	07	19.07	4.64	.84	7-35	14-29	.79	.22
<b>Maslach burnout inventory</b>	22	73	11.74	.93	0-132	12-83	.89	.04
Exhaustion	09	31.75	9.7	.91	0-54	10-46	.90	.28
Depersonalization	05	9.3	4.8	.92	0-30	2-22	.83	-.38
Personal accomplishment	08	42	4.03	.85	0-48	33-48	-.66	-.20

Table 2 shows all alpha reliabilities ( $\alpha$ ), Mean (M), standard deviation (SD), and Range of subscales.

**Table 3***Correlation of study variables i.e. frustration discomfort and burnout (N=200).*

Variables	1	2	3	4	5	6	7	8	9
1 Discomfort intolerance	-	.85**	.92**	.30**	.96**	.62**	.62**	-.62**	.68**
2 Entitlement		-	.80**	.22**	.90**	.67**	.58**	-.56**	.65**
3 Emotional intolerance			-	.30**	.94**	.67**	.59**	-.58**	.64**
4 Achievement intolerance				-	.46**	.27**	.25**	-.30**	.25**
5 Frustration discomfort					-	.72**	.63**	-.63**	.70**
6 Exhaustion						-	.92**	-.84**	.98**
7 Depersonalization							-	-.91**	.92**
8 Personal accomplishment								-	-.79**
9 Burnout									-

Table 3 shows correlation between the study variables. There is a strong positive correlation between MBI and FDS,  $r=.70$ .

**Table 4***Simple Linear Regression showing Frustration Discomfort as Predictor of Burnout (N=200)*

	Model	Burnout	
		B	95%CI
		LL	UL
Constant		-29.06	-38.4 -19.63
Frustration Discomfort		.70	.73 .97
R <sup>2</sup>		.49	
F		194.87	

Note. B=coefficient of regression, CI= confidence interval, LL= lower limit, UL=upper limit

Table 4 indicates simple linear regression with frustration discomfort (predictor variable) and burnout (outcome variable). Results shows that frustration discomfort positively predicted burnout scores  $b=.70$ ,  $p<.05$ .  $R^2$  is found to be .49 which indicates that frustration discomfort announced 49% of the variance in burnout so hypothesis is proved to be true.

**Table 5***Simple Linear Regression showing Frustration intolerance as Predictor of Exhaustion (N=200).*

	B	SEB	$\beta$	T	P
Constant	-15.88	2.62		6.09	.00
Frustration intolerance	.48	.03	.72	14.64	.00

Note.  $R=.72$ ,  $R^2=.52$

Table 5 shows that Frustration intolerance has a significant impact on exhaustion scores  $b=.70$ ,  $p<.05$ . The relationship between variables is strong as  $R=0.72$ ,  $R^2=.52$ . These results support the hypothesis and reveals that Frustration intolerance positively predicts exhaustion among mental health professionals.

**Table 6**

*Simple Linear Regression showing Frustration intolerance as Predictor of Depersonalization (N=200).*

	<i>B</i>	<i>SEB</i>	$\beta$	<i>T</i>	<i>P</i>
Constant	-.57	1.34		-4.3	.00
Frustration intolerance	.19	.17	.63	11.51	.00

*Note.*  $R=.63$ ,  $R^2=.40$

Table 6 shows that Frustration intolerance has a significant impact on depersonalization scores  $b=.63$ ,  $p<.05$ . The relationship between variables is strong as  $R=0.63$ ,  $R^2=.40$ . These results support the hypothesis and reveals that Frustration intolerance positively predicts depersonalization among mental health professionals.

**Table 7**

*Simple Linear Regression showing Frustration intolerance as Predictor of Personal accomplishment (N=200).*

	<i>B</i>	<i>SEB</i>	$\beta$	<i>t</i>	<i>P</i>
Constant	55.37	1.21		49.41	.00
Frustration intolerance	-.16	.01	-.63	11.48	.00

*Note.*  $R=.63$ ,  $R^2=.40$

Table 7 indicates simple linear regression with frustration discomfort (predictor variable) and personal accomplishment (outcome variable). Results shows that frustration discomfort negatively predicted personal accomplishment scores  $b=.63$ ,  $p<.05$ .  $R^2$  is found to be .40 which indicates that frustration discomfort announced 40% of the variance in personal accomplishment.

**Table 8**

*Mean, Standard Deviations and t-values of male and female Mental Health Professionals on \ frustration discomfort and burnout (N=200).*

Variable	Male (n=100)	Female (n=100)	t(198)	P	95% CI		Cohen's d
	M(SD)	M(SD)			LL	UL	
Discomfort Intolerance	14.99(4.08)	18.72(5.93)	5.17	.00	-5.15	-2.30	.73
Entitlement	17.59(3.61)	20.55(5.07)	.47	.00	-4.1	-1.7	.67
Emotional intolerance	17.94(3.84)	21.04(5.67)	4.52	.00	-4.45	-1.7	.64
Achievement frustration	21.20(2.72)	21.82(3.14)	1.49	.13	-1.44	.20	.21
Frustration Discomfort	71.72(11.23)	82.13(17.47)	5.0	.00	-14.5	-6.3	.71
Emotional Exhaustion	18.96(4.89)	22.30(5.0)	3.87	.00	-.84	-2.74	.67
Depersonalization	10.63(2.4)	8.13(3.8)	3.7	.00	3.8	1.1	.78
Personal Accomplishment	43.81(3.22)	41.72(4.48)	3.78	.00	1.00	3.17	.53
Burnout	70.90(9.01)	76.90(13.32)	3.97	.00	-9.17	-2.82	.52

*Note.*  $M$ =Mean,  $SD$ = Standard deviation,  $CI$  = Confidence Interval;  $LL$  = Lower Limit;  $UL$  =Upper Limit



Table 8 shows that there is a significant effect of gender,  $t(198)=-3.97$ ,  $p<.05$ , with women receiving higher scores than men on Maslach burnout Inventory. Results also indicates that Females significantly scored higher on frustration discomfort scale than males,  $t(198)=-5.01$ ,  $p<.05$ .

### **Discussion**

Present study was aimed to assess the impact of frustration intolerance on burnout among mental health professionals. Results of present research confirms the findings of prior researches. Present research showed that frustration intolerance positively predicts burnout scores. Mental health professionals who scored higher on frustration discomfort scale also scored high on burnout scale, thus showed a positive impact of frustration intolerance on burnout. The results of this study confirms the findings of previous research in this regard that examined relationship between irrational beliefs of teachers and different measures of distress in teachers and results suggested high burnout level and positive correlation between distress variables and irrational beliefs, importantly low frustration tolerance had significant influence on depression, stress and physical symptoms (Bermejo-Toro & Prieto-Ursúa, 2006). Hence it can be concluded that mental health professionals who are less tolerant to frustration are more likely to develop burnout symptoms than those who can easily deal with frustrations.

This study was also aimed to find out gender differences in burnout and frustration intolerance scores. While comparing both genders on frustration intolerance, study revealed that females scored higher on frustration discomfort scale. Past researches in this area provided similar results thus rectifying the findings, for example, Ko et al. (2008) researched the relationship between frustration intolerance and Internet addiction, main aim was to study the gender difference. Their sample consisted of 2114 students. Scores of males on frustration intolerance was lower as compared to females.

Findings of are study is that Females scored high on burnout then men. Researches that are carried out in Pakistan supported the findings and showed that females are more likely to suffer from burnout symptoms than males (Khan et al., 2016). Another study on burnout and its associated factors in medical students of Lahore further confirms the findings and multiple regression analysis revealed that burnout was associated with age, gender, lack of help and support, and females are less likely to suffer from burnout symptoms than men (Muzafar et al., 2015). So, it can be easily concluded that females suffer from burnout symptoms as compared to men.

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