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Comparison The Burnout Levels of Nursing Staff and Analyzing the Relationship Between Individual/Work Characteristic

Social Science

KEYWORDS : burnout, nurse, individual characteristics/ work characteristics

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ABSTRACT

Burnout, one such stress-related outcome,has been conceptualized as a multidimensional construct consisting of emotional exhaustion, depersonalization and reduced personal accomplishment. In order to prevent burnout among nurses, key causes of burnout must be identified and targeted for direct intervention. Therefore the purpose of the study was to compare the burnout levels of nursing staff employed in hospitals affiliated to the Isfahan University of Medical Sciences to normative data in order to assess whether they differed significantly; and to analyze the relationship between individual/work characteristics and burnout. Methods:Randomized survey methodology was used for this study. The sample size consisted of 873 nursing staff employed in hospitals affiliated to the Isfahan University of Medical Sciences.Two instruments were used to gather data in this study: Maslach Burnout Inventory-Human Service Survey (MBI-HSS) and demographic questionnaire. Results: The scores for nurses were not significantly different on depersonalization from normative groups; however the sample members exhibited higheremotional exhaustion and personal accomplishment compared to normative group.Emotional exhaustionwas positively associated with depersonalization but personal accomplishment was negatively associated with depersonalization. Age was negatively associated with depersonalization. Years working were negatively associated with emotional exhaustion and depersonalization. The number ofhours worked as a nurse was negatively associated withpersonal accomplishment. Working overtime was positively associated with emotional exhaustion and depersonalization. Job success, job satisfaction, career interests, hobby, and exercise were negatively associatedwith emotional exhaustion; additionally, job success, job satisfaction, career interests, hobby,and exercise were negatively associatedwith depersonalization.

Burnout, one such stress-related outcome, has been conceptualized as a multidimensional construct consisting Burnout is a psychological syndrome of three identified stages (emotional exhaustion, depersonalization, and reduced personal accomplishment) that can occur among individuals who work with other people in some capacity (Schaufeli, Maslach & Marek, 1993). In emotional exhaustion, as the first stage of burnout, the individual has feelings of being emotionally overextended and depleted of emotional resources. Depersonalization as the second stage is characterized by negative or excessively detached response to other people, usually the recipients of one's care; and the reduced personal accomplishment refers to an individual having a decrease in feelings of competence and successful achievement in work)Maslach et al, 1996(.

The concept of burnout has been studied within many professions and occupations.The nursing profession has been one of the most widely studied in the burnout field (Maslach et al. 2001). A review of burnout found that 17% of published studies used nurses as their sample group (Schaufeli & Enzmann, 1998). Burnout is frequently studied in populations of nurses for several reasons. These reasons include the fact that nursing is a large health care professional body, it has been linked to a high incidence of burnout, the very nature of nursing is based on empathy, compassion and humanization of medicine, and nurses as professionals are involved with people on an extremely personal level in an environment that is not always conducive to positive consequences (Buunk et al, 2001a).

It is noted that much of the studies conducted in different groups of nurses attempt to show variation in levels of burnout (for example, high emotional exhaustion: Stordeur et al., 2001; low emotional exhaustion: Kilfedder et al., 2001; low depersonalization: Kilfedder et al., 2001; or low personal accomplishment: Hayter, 1999), or determine what causes it and who more at risk for experiencing it. In this field most of the theories of burnout attempt to explain its development through an interplay of job-related (environmental) and personality factors (e.g., Golembiewski & Munzenrider, 1988; Leiter &Maslach, 1988; O'Brien & Page, 1994) because it is a complex subject. Previous research has shown the significant relationship between burnout and demographic characteristics (eg. age: Huebner 1994; gender: Van Horn et al., 1997; marital status: Russell, et al., 1997). In addition, most of the research that has conducted of burnout have found association between work characteristics and burnout (eg. hours worked: Ewers et al., 2002; stressful conditions: Schmitz et al., 2000; Topf & Dillon, 1988; and job satisfaction: Kalliath, & Morris, 2002; Sadovich, 2005; long hours: Cordes & Dougherty, 1993).

Although it is important to know the level of burnout or signs and symptoms of it, but the question remains as to how we can control or decrease burnout in nursing staff. Kennedy and Barloon (1997) examined ways to manage burnout for nurses and concluded that an intervention for the prevention of burnout in this population requires attention to the feelings of the nurses. Strategies suggested by the authors included ethics rounds involving nurses, implementing a colleague or buddy system, peer support groups, encouraging expression of feelings through fine arts, overnight retreats for nurses to grieve, celebrate and share, and rotating staff in caring unit. These suggestions fall in line with the suggestions of Maslach, Schaufeli and Leiter (2001) to combine work site and individual interventions in efforts to prevent burnout. Actually Maslach et al. (2001) discussed various intervention strategies that have been proposed in past research. Some of these interventions were reactive, trying to treat burnout after it had occurred, and others were proactive, focusing on how to prevent burnout. These interventions include removing the worker from the job, or individual strategies for the worker to either strengthen internal resources or changes for work behaviors. The authors suggest that the most effective mode of intervention is to combine changes in managerial practice with the individual educational strategies, such as relaxation, time management, assertiveness training and teambuilding.

In sum, concerning the importance of the nurses' role and their activities in societies, it is obliged not only to research this issue from various perspectives but also to identify the factors that associate with it and could control or decrease it. Consequently, this research conducted to compare levels of burnout in nurses against normative data and to identify of individual or work characteristics that may be associated with it in nurse staff in Isfahan city.

Method

Sample
The sample size consisted of 873 nursing staff employed in hospitals affiliated to the Isfahan University of Medical Sciences. The nursing staff had to have been employed for at least a year and be working at least 16 hours per week in one of the hospital's sections.

Procedure
Participation in the study involved completion of a questionnaire package. The researchers distributed paper questionnaire packages to all nurses employed in hospitals affiliated to the Isfahan University of Medical Sciences. In this cross-sectional study, there were 873 usable questionnaires available, indicating a response rate of 32.9%. Data was analyzed by SPSS software using descriptive statistics such as mean, standard deviation, and Pearson Correlation.

Tools
Two instruments were used to gather data in this study: Maslach Burnout Inventory-Human Service Survey (MBI-HSS) and demographic questionnaire.

The MBI-HSS: it is a 22 item, 7 point Likert-type scale instrument used to measure burnout. It assesses the 3 components of burnout: emotional exhaustion, depersonalization, and personal accomplishment. The MBI-HSS has 9 items in the emotional exhaustion subscale, 5 items in the depersonalization subscale, and 8 items in the personal accomplishment subscale (Maslach et al., 1996). The reliability and validity of the MBI-HSS is well established (Zalaquett & Wood, 1997, p. 198). The reliability coefficients for the MBI-HSS subscales are as follows: 0.90 for emotional exhaustion, 0.79 for depersonalization and 0.71 for personal accomplishment (Maslach et al., 1996, p. 12). The test retest reliability coefficient for this instrument is as follows: .82 for emotional exhaustion, .60 for depersonalization and .80 for personal accomplishment (Maslach et al., 1996, p. 12). In this study, Cronbach's alpha for the MBI-HSS subscales are as follows: 0 .71 for emotional exhaustion, 0.87 for depersonalization and .78 for personal accomplishment.

The demographic questioner: it is designed by researchers based on conceptual definitions of burnout and relevant areas borrowed from previous theories and researches. It include two parts; first part were recorded on gender, age, marital status, employment status, years working as a nurse, hours worked per week, and working overtime characteristics; second part consist of seven questions that gathering the data of participants 'job success, job satisfaction, career interests, hobby, and exercise. Any question receivers 1 to 5 score; actually the response format is a 5-point scale (1 = very less, 5 =very much).

Result
Table-1 displays the means, and standard deviations for respondent's age, years working as a nurse and hours worked per week. The sample is representative of the nursing profession in terms of age and number of hours worked per week because ENO (2011) has reported that the average age of registered nurses in Iran is 35.1 years and they work an average of 44 hours per week and Standard Deviations f.

Table 2 displays the frequency distribution for gender, marital status, employment status, and overtime characteristics. According to table2, 78.35% of nurses are female, 82.58% got married, just 49.26% are full time, and 71.34% have overtime performed at work.

Burnout in the sample of nurses was compared with the available normative data to investigate if any significant differences existed. Table 3 presents the mean and standard deviation for emotional exhaustion, depersonalization, and personal accomplishment. Additionally, the table contains the normative data for the comparative sample obtained from the manual of the Maslach Burnout Inventory (Maslach et al., 1996).

The scores for nurses were not significantly different on depersonalization from normative groups (current sample: $t(873) = 1.31$, $p>0.05$); however the scores for nurses were significantly different on emotional exhaustion (study sample: $t(873) = 9.955$, $p>0.01$) and personal accomplishment (study sample: $t(873) = 13.79$, $p<0.01$) from normative group. Examination of the means indicated that the nurses experienced higher emotional exhaustion and lower personal accomplishment than the normative sample group.

Pearson correlation was used to investigate the association between emotional exhaustion, depersonalization, and personal accomplishment with individual and work characteristics (see table 4).

Emotional exhaustion was positively associated with depersonalization ($r = 0.25$, $p<0.01$) indicating that as nurses' emotional exhaustion increased, their levels of depersonalization component increased; Personal accomplishment was negatively associated with depersonalization ($r = -0.21$, $p<0.01$) indicating that as nurses' personal accomplishment increased, their levels of depersonalization component decreased. Age was negatively associated with depersonalization ($r = -0.09$, $p<0.05$) indicating that as nurses' age increased their level of depersonalization components decreased. Years working as a nurse was negatively associated with emotional exhaustion($r=-0.11$, $p<0.05$) and depersonalization ($r = -0.13$, $p<0.01$) indicating that as nurses' years working increased their levels of these two burnout components decreased. The number of hours worked as a nurse was negatively associated with personal accomplishment ($r = -0.30$, $p<0.01$). Therefore as the number of work hours increased, nurses' personal accomplishment decreased.

Working overtime was positively associated with emotional exhaustion ($r = 0.40$, $p<0.01$) and depersonalization ($r = 0.1$, $p<0.01$) indicating that as working overtime of nurses increased their levels of these two burnout components increased. Job success($r=-0.25$, $p<0.01$), job satisfaction($r=-0.43$,$p<0.01$), career interests($r=-0.45$,$p<0.01$), hobby ($r=-0.24$, $p<0.05$),and exercise ($r=-0.24$, $p<0.05$) were negatively associated with emotional exhaustion; additionally, job success($r = -0.13$, $p<0.01$), job satisfaction($r=-0.14$,$p<0.01$), career interests($r=-0.2$,$p<0.01$), hobby ($r=-0.16$, $p<0.01$),and exercise ($r=-0.25$, $p<0.05$) were negatively associated with depersonalization; indicating that all of them decreased the levels of emotional exhaustion and depersonalization in nurses.

Discussion
The purpose of the study was to compare the burnout levels of nursing staff employed in hospitals affiliated to the Isfahan University of Medical Sciences to normative data in order to assess whether they differed significantly; and to analyze the relationship between individual / work characteristics and burnout. Burnout in staff is important because it is associated with lower morale, reduced job performance, increase tardiness, job turnover, loss of productivity, high rates of absenteeism, and poor physical, mental and emotional health for nurses, deterioration in quality of care, decreased patients satisfaction, increase health care cost, alcohol abuse, and drug abuse (Ewers, Bradshaw, McGovern, & Ewers, 2002; Maslach, Jackson, & Leiter, 1996).

The current sample of nurses had significantly higher level of emotional exhaustion to normative figure (Maslach et al., 1996). However respondents had similarity depersonalization and lower personal accomplishment than the normative samples.

Perhaps, the higher emotional exhaustion and lower rate of personal accomplishment relates to the high average number of hours worked and over time performed by the nurses. Another possible reason for the differences is that the normative figures are based on mainly American data and therefore there is the possibility of a cultural effect.

In present study, emotional exhaustion was positively associated with depersonalization. Aleandri et al (2006) have shown that a significant relationship exists between emotional exhaustion and depersonalization in nurses. In addition, research finding shows that both age and experience were significantly negatively associated with depersonalization while only years working was significantly associated with emotional exhaustion indicating that older nurses are also likely to be more experienced. Despite the non-significant result between age and emotional exhaustion, the result was bordering significance. This result indicated that older more experienced nurses experienced lower burnout on these two components; a finding that is consistent with previous research reporting that younger age is associated with higher levels of burnout (Schaufeli & Enzmann ,1998). The significant association between increasing age and experience and lower levels of emotional exhaustion and depersonalization has been consistently reported (Schaufeli & Enzmann, 1998) however the association between increasing age and emotional exhaustion was weaker than previously reported in some studies (eg. Huebner,1994). The most likely explanation for higher levels of emotional exhaustion and depersonalization in younger workers is that professional education cannot always equip new graduates with the necessary skills to adequately deal with every problem situation in the workplace. Consequently, new graduates are continually experiencing stress as they struggle to find the necessary resources to deal with every new workplace challenge. The gulf between skills provided by training and those required in reality is particularly evident with interpersonal skills (Pines & Aronson, 1988) which are so important in order to effectively communicate with colleagues and clients. Less experienced nurses are likely to experience emotional exhaustion due to the emotional demands of new and unexpected work situations. Older nurses are likely to have previously experienced most work scenarios thereby understanding and managing problematic or ambiguous work situations with greater confidence and certainty (cited by Patrick & Lavery, 2007). According this discussion, talking to nurses with more age and experience and working under their supervision could be suitable methods for preventing this innovation in less experienced nurses.

The number of hours worked as a nurse was negatively associated with personal accomplishment indicating that working longer hours was associated with lower levels of this burnout component. The average number of hours worked for nurses in this study was 40.2 hours (SD =4.9) indicating a higher average than a typical full-time week and may partially explain why the hours worked per week was a strong contributor to personal accomplishment. There is some indication that the association between the number of hours worked and adverse consequences is non-linear with only excessive work hours resulting in problems for workers (Sparks et al., 1997).

Overall, working overtime was associated with higher levels of emotional exhaustion and depersonalization however the largest contributor to this effect were those workers who were pressured or expected to do the overtime. Although for some nurses working overtime may be a positive experience because of extra income; but when a worker has worked overtime, s/he has imitated time for home/family commitments. The current result highlights that there may be a cost for this extra work commitment if workers feel pressured to engage in overtime work that is unexplained and unexpected. This is not surprising given that much of this type of work may be unexpected and therefore very disruptive to home/family life. Attempting to juggle life and family commitments with regular work patterns is likely to be difficult enough, let alone when pressured or unexpected overtime is required to be worked, thus adding to the existing worker demands.

Job success, job satisfaction, career interests, hobby, and exercise were negatively associated with emotional exhaustion and depersonalization indicating that all of them decreased the levels of emotional exhaustion and depersonalization in nurses.

Lack of job success, job satisfaction, career interests has been frequently identified as the reasons why nurses leave their jobs (Lum et al., 1998; Tzeng, 2002); for example Aiken et al (2001) report job dissatisfaction was positively associated with burnout. In addition it seem that enjoying of time, exercising, spending time with a loved one, meditation, confiding in a professional counselor are suitable methods for decreasing the levels of emotional exhaustion and depersonalization in nursing staff. As a matter of fact exercise and meditation are two ways to relieve stress and gain more energy. Mental exhaustion can take its toll on the physical body, so tension needs to be released.

Conclusion

It is not uncommon for nurses to experience "burnout." They spend a short time with many patients and the patients are always in a state of not being well. It becomes difficult to experience relationships with people in these conditions. Fortunately, burnout among nurses is to be prevented; In order to prevent burnout among nurses, key causes of burnout must be identified and targeted for direct intervention. It seems that if nurses can be identified as being predisposed to burnout due to their caring attitudes and behaviors, individual and workplace interventions might be developed and implemented to assist in identifying predisposing factors to burnout and, in turn, reduce or prevent burnout in the future. According to this research result, burnout in staff can be effectively prevented if both the nurses and their employer have a responsibility toward maintaining a low level of burnout at work, because burnout has been shown empirically to be related to certain characteristics of the individual and job environment. Talking to others nurses with more experience, enjoying of time, exercising, spending time with a loved one, meditation, confiding in a professional counselor influence on burnout search suitable methods for improving this innovation.

Although the concept of burnout, especially in the human services professions, is well researched and includes well-tested, valid methods of measurement, but additional research is needed to verify the results of this study as well as to determine additional causative factors of burnout. The field of research is open for many studies in this area and is needed to identify causal relationships between caring and burnout and to develop individual and workplace interventions to prevent, or at least reduce, burnout.

A limitation of the current study was the low response rate which potentially limits the generalisability of the findings. Furthermore, it is possible that this study was subject to what Schaufeli and Enzman (1998) call the 'healthy worker effect' (p.74) because more healthy workers are investigated because those who are extremely affected may not be working. This situation is likely to result in an underestimation of the incidence of burnout (Schaufeli & Enzmann 1998).

Table 1
Mean and Standard Deviations for Age, Years Working as a Nurse and Hours Worked Per Week

Variable	(n)	Mean	SD
Age (Years)	873	35.45	8.7
Years Working as a Nurse	873	18.9	5.1

Hours Worked Per Week	871	40.2	4.9

Table 2

Frequency Distribution for Gender, Marital Status, Employment Status, and Overtime Characteristics

Variable		Percentage (%)
Gender	Female	78.35
	Male	21.65
Marital Status	Married	82.58
	Single	17.42
Employment Status	Full time	49.26
	Permanent part time	12.42
	Casual	38.32
Overtime Performed at Work	Yes	71.34
	No	28.66
Overtime Voluntary or Pressured Expected	Voluntary	21.89
	Pressured/ Expected	78.11

Table 3

Means and Standard Deviations for MBI Subscales: Study Sample Compared to Normative Data

Variable	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Normative Data (N=11,067)			
M	20.99	8.73	34.58
SD	10.75	5.89	7.11
Study Sample (N=873)			
M	24.18	8.09	32.27
SD	9.19	3.70	6.88
t value	9.755 **	1.31	13.79**

Note. * p<0.05, ** p<0.01

Table 4

Summary of Correlations between Individual and Work Characteristics and Burnout (Emotional Exhaustion, Depersonalization, and Personal Accomplishment)

Variable	Emotional Exhaustion			Personal Accomplishment			Depersonalization		
	(n)	r	Sig.	(n)	r	Sig.	(n)	r	Sig.
Emotional Exhaustion				873	-0.06	0.5	873	0.25**	0.01
Personal Accomplishment							871	-0.21**	0.037
Age	873	0.06	0.55	873	-0.02	0.85	873	-0.09*	0.05
Years Working as a Nurse	873	-0.11*	0.05	873	0.02	0.82	873	-0.13**	0.02
Hours Worked Per Week	873	-0.05	0.63	873	-0.3**	0.01	873	-0.07	0.5
Overtime Performed	869	0.4**	0.01	869	0.02	0.84	869	0.1**	0.01
Job Success	871	-0.25**	0.02	871	0.05	0.6	871	-0.13**	0.01
Job Satisfaction	865	-0.43**	0.01	865	0.09	0.33	865	-0.14**	0.01
Career Interests	861	-0.45**	0.01	861	-0.004	0.97	861	-0.2**	0.05
Hobby	873	-0.24*	0.02	873	-0.07	0.05	873	-0.16**	0.01
Exercise	872	-0.24*	0.02	872	0.147	0.15	872	-0.25*	0.013

Note. * p<0.05, ** p<0.01

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