

PREVALENCE AND LEVELS OF BURNOUT AMONG NURSES IN HOSPITAL RAJA PEREMPUAN ZAINAB II KOTA BHARU, KELANTAN

Zaidah Binti Mustaffa¹ & Chan Siok Gim^{2*}

¹Kolej Kejururawatan Kubang Kerian, Kelantan

²Open University Malaysia, Kelantan

*Corresponding Author Email: siokgimchan@yahoo.com

ABSTRACT

The main objective of this study is to evaluate the nurses' level of burnout and identify the factors that influence it. Burnout, one such stress-related outcome, has been conceptualised as a multidimensional construct consisting of emotional exhaustion, depersonalisation and reduced personal accomplishment. Items adapted and translated from Maslach Burnout Inventory were used to collect data from 60 respondents. Among the respondents, 5.0% showed a high level of Emotional Exhaustion while 95.0% were at the moderate and mild level. Respondents with a high level of Depersonalization constitute 3.3% while 96.7% were at a moderate and mild level. Analysis show that 48.2% are at the high and moderate level for Personal Accomplishment while 51.7% is still at the lower level. Mean score for Personal Accomplishment 33.53 as oppose to Emotional Exhaustion 15.90 and Depersonalization 3.60 indicate a low level of burnout characteristic among the staff nurses. Correlation analysis suggest a significant but moderate relationship between Emotional Exhaustion and Depersonalization $r = 0.62, p < 0.05$. A conducive working environment was suggested as a way of improving quality of health care and to hinder burnout.

Keywords: Retirement, Readiness, Financial Capacity, Social Support, Preoccupation

INTRODUCTION

Nurses working at hospitals either in the wards, clinics, health or medical centres; have to confront with stressful situations on daily basis. They always have to face emergencies such as giving immediate treatment and service to patients. At the same time they have to deal with a heavy work load, lack of staff, tight daily schedules, technical problems at their work place, pressure from the top and idiosyncrasies of patients under their care. All these add to the pressure faced by nurses. What is more worrisome is that when the pressure mounts, nurses are vulnerable to experiencing burnout. An eventful work environment is an important cause of burnout (Garret & McDaniel, 2001). Burnout was also linked to job dissatisfaction. Work pressure is both a major determinant and cause of job dissatisfaction in an organisation (Bratt *et al.*, 2000; Ingersoll *et al.*, 2002). Additional factors of work pressure include too many patients, working

shifts, noisy surroundings, limited space, lack of facilities and pressure from the administrators.

Discussion with psychiatrists at Hospital Raja Perempuan Zainab II shows that procrastination of work, not implementing tasks as they should, disobeying instructions and failure to carry out daily patient care well, are common among nurses. Such observations could be the consequences of burnout. Supervisors at Hospital Raja Perempuan Zainab II reported that there are nurses who frequently take sick leaves, lack responsibilities in duties and opposition or inefficiency in carrying out tasks as directed by their superiors.

This study is suitable to improve excellence in mental health care and provide quality service during our current situation in line with the government's vision. The study specifically examines the prevalence of burnout among nurses at Hospital Raja Perempuan

Zainab II and its contributing factors. Burnout levels among nurses need to be ascertained so that new strategies can be planned during nurses training as preparation.

OBJECTIVES

The objective of this study is to determine the prevalence and levels of burnout among nurses at Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan.

1. To determine the prevalence of *burnout* as a whole and determine the levels according to each of its three dimensions.
2. To determine contributing factors to the prevalence of burnout among respondents diagnosed with *burnout*.

METHODOLOGY

Sample

A total of 40 nurses working at Hospital Raja Perempuan Zainab II were involved as respondents in this study. They comprised U29 nurses who have worked for more than two years and were chosen using systemic random sampling. All U29 nurses working in all units were listed alphabetically. Sampling was done by first choosing a number based on the table of random numbers. For example if number 2 is chosen as the first number and four is chosen as the sequencing, respondents chosen are nurses numbered 2, 6, 10, 14, 18, 22 and so on until a total of 40 nurses were chosen. Respondents chosen will be listed out again according to the units where they work to facilitate the application of the questionnaire for the study.

These U29 nurses chosen had to undergo screening to ensure that they are physically and mentally sound. Those who were diagnosed with hypertension, diabetes mellitus and heart problem, physically handicapped as a result of an accident and are less able to do work, or stressed and not performing; will be removed as respondents. Similarly with those who have a history of mental illness will not be used as respondents.

Instrument

Survey method is used to gather data and the questionnaire constructed comprised two sections.

Section A consists of items asking for Demographic Data while Section B covers the *Maslach Burnout Inventory* (MBI) that comprised 22 items in three dimensions that is *Emotional Exhaustion* items 1-9, *Depersonalization* items 10-14 and *Personal Accomplishment* items 15-22. *Emotional Exhaustion* refers to long term emotional disturbance resulting from work load and self conflict at work place. This component represents the basic dimension of stress contributing to *burnout*. On the other hand *Depersonalization* refers to the state where an individual becomes *unfeeling* and gives *impersonal response* to their clients. This component represents the interpersonal dimension. In *Personal Accomplishment* an individual is said to be driven to exhibit their best level of efficiency and achievement in her career. This component represents the dimension on self evaluation.

All the items in the questionnaire are in Bahasa Malaysia, close-ended and their responses given in the form of a Likert scale. When pilot tested for reliability, it yields a *Cronbach Alpha* value of 0.761. This shows that the responses to the items were highly consistent.

Data Analysis

Level of Burnout among Nurses

Each of the three dimensions of *Burnout* that is *Emotional Exhaustion*, *Depersonalization* and *Personal Accomplishment* is categorised into High, Moderate and Low levels.

Level of Emotional Exhaustion

Figure 1: Level of Emotional Exhaustion

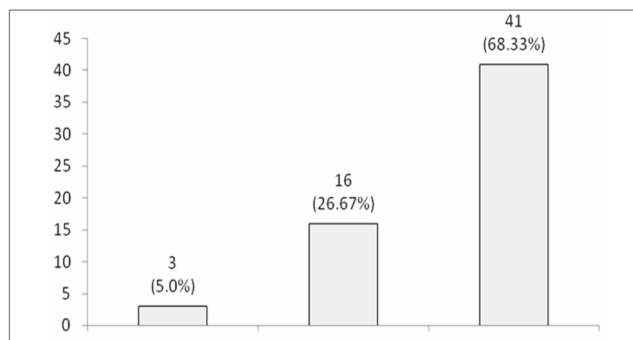


Figure 1 shows the distribution of respondents according to their level of Emotional Exhaustion. A total of 41 (68.33%) nurses achieved a low level of *emotional exhaustion*, 16 (26.67%) nurses at the moderate level while only three nurses (5.00%) record a high level and are at a high risk of *Burnout*.

Level of Depersonalization

Figure 2: Level of Depersonalization

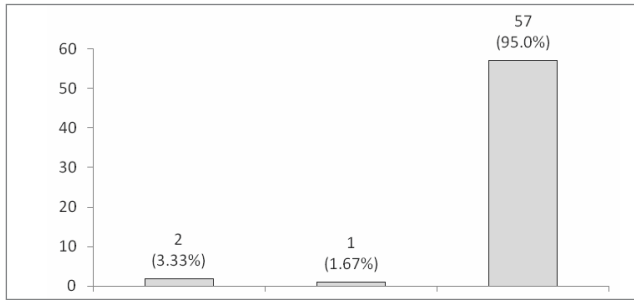


Figure 2 shows the distribution of respondents according to their level of Depersonalization. Scores of Depersonalization reveal that 57 nurses (95.0%) are at the Low level, a nurse (1.7%) was at the Moderate level while two nurses (3.33%) were at the High level.

Level of Personal Accomplishment

Figure 3: Level of Personal Accomplishment

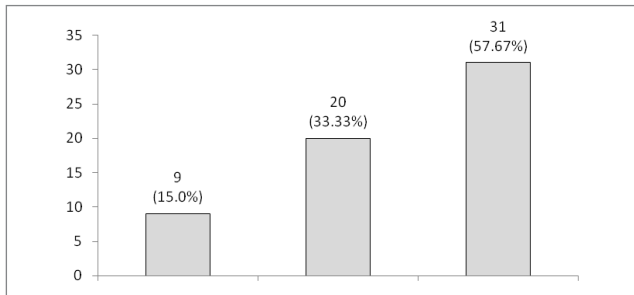


Figure 3 shows the distribution of respondents according to their level of Personal Accomplishment. Scores on Personal Accomplishment show that as many as 31 nurses (51.67%) are at the High level, 20 nurses (33.33%) nurses were at the Moderate level and only nine (15.0%) were at low levels of personal accomplishment.

Mean, Mode and Standard Deviation for Each Dimension of Stress

Table 1: Mean, Mode and Standard Deviation for Each Dimension of Stress

	Emotional Exhaustion	Depersonalization	Personal Accomplishment
N	60	60	60
Mean	15.90	3.60	33.53
Median	14.00	2	32
Mode	11	0	29
Std deviation	9.28	5.36	9.45
Skewness	1.15	2.98	-.067

As shown by **Table 1**, mean scores for Emotional Exhaustion is 15.90, Depersonalization is 3.60 and Personal Accomplishment is 33.53. Mode and Median for all the three dimensions Emotional Exhaustion, Depersonalization and Personal Accomplishment are at the moderate level. Standard deviations for Emotional Exhaustion ($\sigma = 9.28$), Depersonalization ($\sigma = 5.36$) and Personal Accomplishment ($\sigma = -.066$).

CORRELATIONS

Correlation between Age and Emotional Exhaustion

Weak correlation with low correlation coefficient $r = 0.22$ did not show significant relationship between age and Emotional Exhaustion.

Correlation between Depersonalization and Emotional Exhaustion

Moderate correlation with higher correlation coefficient $r = 0.62$ shows more substantive relationship between the two dimensions. Depersonalization is closely associated with emotional exhaustion.

Correlation between working experience and Depersonalization

There was no significant correlation between working experience and Depersonalization with correlation coefficient of $r = 0.14$.

Correlation between Depersonalization and Personal Accomplishment

As expected the negative correlation exist between Depersonalization and Personal Accomplishment but again the association is weak with correlation coefficient $r = -0.19$.

DISCUSSION OF RESULTS

Maslach characterised *burnout* as a continuous variable that can be categorised as Low Level, Moderate Level and then High Level. According to him *Burnout* should not be viewed simply as present or absent. High level of *burnout* can be observed from the high scores for items measuring *Emotional Exhaustion* and *Depersonalization*, and low scores for *Personal Accomplishment*. Moderate level of *burnout* is shown by moderate scores for items in the three dimensions in *Maslach Burnout Inventory*. Low level of *burnout* is indicated by low scores for items measuring *Emotional Exhaustion* and *Depersonalization*, but high scores for items measuring *Personal Accomplishment*.

Findings from this study show the *burnout* do exist among the nurses working at HRPZII but the level of *burnout* experiences by these health workers are still at the Low level. These findings are supported by studies done by Cropanzano, Rupp and Byrne (2003) who found negative but significant relationships between *Emotional Exhaustion* and commitment towards the organisation. This is consistent with theory of

Relationship between burnout and aspects of commitment toward the organisation among the work force. Highly committed nurses are least likely to experience burnout. Stressors that affect the motivation to work include social support, salary and job advancement. Social support from peers and supervisors together with job status are determinants of motivation to continue working in an organisation and high commitment towards tasks and organisation.

Using *Maslach Burnout Inventory*, mean scores for *Emotional Exhaustion* is 2.63, *Depersonalization* is 2.92 and *Personal Accomplishment* is 2.37. This shows that the respondents are at the Moderate level. This also implies that emotionally, the nurses are still able to control their emotions when confronting difficulties and conflicts at their work place. At the same time they are still humane and did not react personally to their patients. In addition they wish to improve themselves and achieve their potential in their careers. This is true regardless of their age, gender, educational level, work experience and race.

Based on their work experience, those who had worked longer experienced more *Emotional Exhaustion* compared to their younger counterparts. However mean scores are still at the moderate level of 2.18. However with regard to *Depersonalization* those with longer work experience had a higher mean score of 3.00 compared to the low level at 2.3. This is explained by the increasing work load among the more senior staff that are characterised by bigger, heavier and more challenging responsibilities and more demands from their superiors. On the whole however the mean score of 2.18 is still at the Moderate level.

When different aspects of *burnout* were examined, *Emotional Exhaustion* follows the years of service while no difference was found between *Depersonalization* and *Personal Accomplishment*. *Emotional Exhaustion* was also high among those who have more than 10 years of service. Individual involved with public relations for long periods will get bored at one point of time and experience lethargy to continue working. According to Ernst, Fransco, Messmer and Gonzales (2004), experienced nurses were more confident, worry less about their salary and necessities compared to those new in the service. However demand for skilled workers increase among the more experienced nurses. This usually leads to dissatisfaction and stress in an organisation. There are findings that show new and inexperienced nurses are

more prone to burnout because new nurses need to adapt to the work place (Bratt, Broome & Lostoco, 2000).

Based on the respondents' responses to the 22 items in the *Maslach Burnout Inventory*, highest mean score was attained for the dimension *Depersonalization* ($\bar{M} = 3.60$) compared to *Emotional Exhaustion* ($\bar{M} = 15.90$) and *Personal Accomplishment* ($\bar{M} = 33.53$). However Maslach et al. proposed that *Personal Accomplishment* is a personal thing and is less important than the two other dimensions. This is because *Personal Accomplishment* was not negatively related to *Emotional Exhaustion* and *Depersonalization* as expected. Besides, *Personal Accomplishment* is the weakest predictor of *burnout*. *Personal Accomplishment* is more associated with Competency levels and Achievement, compared to psychological aspects.

Study also found that respondents need to overcome their inertia to start work, followed by the strain of working with the public the whole day long and getting fatigue at the end of the day. As a result this study shows that burnout exists among the nurses but the level of burnout experience by them is still at the Low level. However, certain approaches and strategies need to be taken by the administrators to keep this phenomenon under control and avoid complications arising from it.

CONCLUSION

Findings from this study may have valuable implications to certain sectors related to health care. Although burnout levels among nurses are low, such phenomena if allowed to continue will definitely reduce the work performance of nurses and hinders the implementation of activities and programs that will benefit the patients. Those in authority should seek ways to overcome sources of burnout among nurses and act to prevent the problem from spreading and festering in an organisation. If the problem is not curbed, it would surely give a negative impact on the organisation where the commitment of the work force is low and their work performance lacking.

As a result, this study proposed that intervention programs should be introduced to combat possible conflicts that rose due to the various demands imposed at their work place. Nurses should be exposed to alternative approaches of handling cases, practice strategies and techniques of problem solving in groups.

In addition, programs should be introduced to encourage nurses to understand their roles and responsibilities in administrative work besides those clinical tasks so that they have the opportunity to frequently involve themselves with patients, superiors and others at their work place. Target groups should be identified for special skills such as administrative,

outside patient activities and policy makers within the unit and the hospital. Nurses should be considered as critical workers equivalent to medical officers as efforts to stimulate and motivate them. Finally, further studies should determine effective administrative strategies to produce nurses who are both knowledgeable and dedicated.

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