

Role of Stress and Burnout among Nurses in the Private Hospitals

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Abstract

The purpose of this study was to explore the levels of role related stress and burnout among the nurses working in the private hospitals. Furthermore, the study also examined the relationship between role related stressors and burnout. The Maslach Burnout Inventory (MBA-HSS) and the Occupational Stress Inventory (revised edition) were used to measure burnout and role related stress. The mean scores are indicating a moderate level of stress and burnout among the nurses working in the private hospitals. Role related stressors were significantly related to all burnout dimensions. The results of regression analysis reveal that role overload and role insufficient were significant predictors of emotional exhaustion. Role overload, role insufficient and role ambiguity were found to be significant predictors of depersonalization. The significant predictors of personal accomplishment were role insufficient, role ambiguity and role boundary.

Keywords: Role Stress, Burnout, Nurses.

1.0 Introduction

For the last two decades, healthcare industry in India expanded drastically. This expansion is taken place mostly in the private sector. Many big and small hospitals are established in almost every big and small city which opened the employment opportunities for the professionals in large numbers but at the same time could not meet the demand of number of hospitals required to provide better services to the people at large. Big number of patients is seen in every hospital from morning till late evenings with variety of ailments. These patients belong to different economic strata and demographic background. This poses a challenge for nursing staff to deal with patients and meet their expectation at the same time. Every day nursing staff confronts stark suffering, grief, and death as few other people do. Many tasks are routine and unrewarding. Many are, by normal standards, distasteful, even disgusting, others are often degrading, and some are simply frightening. Considering the fact that the job of nursing workers is quite challenging and stressful, they are more prone to be burned out.

Nursing is generally perceived as a stressful and demanding profession. It is both physically and psychologically challenging as they deal with people who are suffering from major or minor health problems and life threatening situations (Bakker et.al, 2000). Due to the continuous exposure to stressors at work, nurses are vulnerable to burnout as they deal patients with loneliness, pain, agony, incapacity, disease, and death. They provide presence, comfort, support and help to patient around the clock. Number of studies reported that burnout in nurses is linked with the time spent with patients, high work load, poor support, interpersonal conflict, death and dying and inadequate preparation. Nursing is an inherently stressful occupation and is at high risk of burnout (Schaefer & Moos, 1993; Peeters & LeBlanc, 2001; Adali & Priami, 2002; Cordes & Dougherty, 1993; Greenglass et al., 2001; Kirkaldy & Martin, 2000).

Burnout is conceptualized as a psychological syndrome which occurs in response to interpersonal stressors in the work environment (Maslach et al., 2001). It is an individual level phenomenon and can be viewed as a negative emotional experience which is a chronic, ongoing affective response. Burnout is a combination of physical fatigue, emotional exhaustion and cognitive weariness. It is this consideration of the depletion of the individual's energetic resources that makes burnout unique (Shirom, 1989). Pines and Aronson (1988) state that "burnout is formally defined and subjectively experienced as a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding." They identify the symptoms as including physical depletion, feelings of helplessness, disillusionment, negative self-concepts and negative attitudes towards work and life itself.

Initially the concept and understanding of burnout was restricted to individuals who worked in people-orientated human service roles but it has been extended to other occupations with expansion of research in different other professions. (Maslach et al., 2001). Later researches have suggested that individuals working in any kind of occupation may be at risk from burnout (Maslach, 2003). Demerouti et al. (2001) conducted a research on employees from 21 different jobs in three occupational fields provide empirical evidence that burnout is not restricted to only human services professionals.

Researches have reported that role stress is a part of nursing job (Chang & Hancock, 2003; Lambert & Lambert, 2001). Garret & McDaniel (2001) reported that changes in the health care structure and the nature of patient acuity, new technologies and a focus on cost effective quality of care approach to nursing may have contributed to higher levels of

role stress for nurses. Previous research findings are suggesting that role stress in nursing is caused by having little control in one's job, high job demands and lack of support from peers (Webster & Hackett, 1999). Rebecca et al. (2007) found that nurses reported moderate levels of burnout. Role overload and role boundary contributed to higher levels of emotional exhaustion. Role boundary contributed to higher levels of depersonalization and role boundary and role ambiguity contributed to lower levels of personal accomplishment. Gandi et.al. (2011) found moderate level burnout among Nigerian nurses due to work-home and home-work interference. Jinky (2008) found organizational role stress causing burnout among nurses in Philippines. In a study Saini et/al.(2011) found that 92% nurses experienced average level stress and 8% nurses high level stress due to workload, decreases job autonomy, inadequate supervisor support, less opportunities for learning, and inappropriate feedback.

Nurses who are stressed have higher absenteeism rates, lower work satisfaction and are more likely to leave the organization (Callaghan & Field, 1991). Baba et al (1999) reported that as role pressure mounts, nurses experience stress and tend to burn out. Wen et.al.(2009) found negative effects of role stress on job satisfaction and commitment of nurses. Increase in role overload, role conflict, role ambiguity leads to an enhancement in disengagement, exhaustion (Prasanjit, 2012). Holloway and Wallinga (1990) found that role ambiguity and role conflict were significantly correlated with burnout and role ambiguity was a stronger predictor of burnout. Elani and Theodoros (2010) found that role ambiguity, lack of power, and role conflict are linked to stress among nurses. Number of studies suggest that patient outcomes and nurse burnout are both strongly associated with low staffing levels and poor practice environments (Aiken et al., 2008; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Laschinger & Leiter, 2006).

1.1 Purpose

The present study intends to explore the relationships between various role related stressors and dimensions of burnout among nurses specially working in the private hospitals.

2.0 Methodology

2.1 Sample:

A convenience sample of nurses working in the private hospitals in northern region of India was used in this study. 175 nurses were contacted, 135 (77.1%) returned their completed questionnaires. All subjects in the study were female.

2.2 Tools:

Burnout: The Maslach Burnout Inventory-Human Service Survey (MBI-HSS; Maslach & Jackson, 1996) was used in order to measure the burnout among teachers in the present study. The MBI-HSS is the most widely accepted and frequently used burnout instrument in current research (Maslach & Schaufeli, 1993; Schaufeli, Enzmann, & Girault, 1993). The MBI-HSS consists of 22 statements describing the feelings an individual might have as a result of being over-stressed or burnout. Respondents were asked to indicate the frequency at which they experienced these feelings by selecting from six response choices that ranged from 0 (Never) to 6 (Everyday). The MBI-HSS measures burnout on three sub-scales:

1. Emotional exhaustion (EE)-A feeling of being unable to give of oneself at a psychological level due to a depletion of emotional resources.
2. Depersonalization (DP): -The development of impersonal, cynical feelings toward recipients of one's services.
3. Personal accomplishment (PA): -A diminished feeling of competence and achievement in working with others.

Role Stress: Role stress was assessed by occupational role questionnaire (ORQ) of OSI-R (Osipow, 1998). ORQ includes role overload, role insufficiency, role ambiguity, role boundary, responsibility and physical environment. Only 4 role related sub scales were used in the present study. Each scale has 10 items. The high scores on these sub scales are indicative of higher stress level.

3. Results and Discussions

Table 1. Descriptive Statistics

As shown in table 1, the mean score on ORQ for the sample indicates that nurses report moderately low levels of role stress (M=26.02, 22.94, 19.77 and 20.85). Role overload was found with highest score as compared to other role related stressors. The mean score on MBI for the sample indicates moderate levels of burnout components. Maslach and Jackson (1996) provided criteria for categorization of MBI-HSS scores into low, average, and high degrees of experienced burnout. For emotional exhaustion, scores ≤ 13 represent a low degree of burnout; scores 14-23 represent an average degree of burnout, and scores ≥ 24 represent a high degree of burnout. Scores of ≤ 2 , 3-8, and ≥ 9 in depersonalization represent, respectively, low, average, and high degrees of burnout. Scores of ≥ 43 , 36-42, and ≤ 35 in personal accomplishment represent low, average, and high degrees of burnout respectively. Schmitz et al. (2000) found that the mean scores for emotional exhaustion and personal accomplishment were moderate among nurses. Iacovides et al (1997) reported moderate levels of emotional exhaustion, depersonalization, and personal accomplishment among nurses. Butterworth et al. (1999) also reported moderate levels of emotional exhaustion, depersonalization, and high levels of personal accomplishment.

Table 2. Correlation Matrix (Independent and dependent variable) in all three groups

Results in table 2 indicate the correlation between ORQ and MBI subscales. Role overload was found to be positively and significantly related with emotional exhaustion and depersonalization ($r=.51$, and $.34$) but did not find significantly related to reduced personal accomplishment. Role insufficiency found was positively and significantly related with emotional exhaustion and depersonalization ($r=.38$ and $.36$) but negatively and significantly related with personal accomplishment ($r= -.31$). Role ambiguity, emotional exhaustion and depersonalization were found to be positively and significantly related ($r= .26$, and $.25$) but negatively with personal accomplishment ($r= -.35$). Role boundary was found positively and significantly related to emotional exhaustion, depersonalization and personal accomplishment ($r= .21$, $.24$, and $.23$). Age was found negatively and significantly related to emotional exhaustion and depersonalization ($r= -.138$ and $-.301$).

Table 3. Predictors of Burnout

Table 3 indicates the results of regression analysis. Emotional exhaustion was predicted by role overload and role insufficient. This set of predictors accounted for 53.8% of the variance (adjusted R^2) in emotional exhaustion. Depersonalization was predicted by role overload, role insufficient and role ambiguity which accounted for 42.3% of the variance. Personal accomplishment was predicted by role insufficient, role ambiguity and role boundary which accounted for 25.7% of the variance.

4. Conclusion

During the last 2 decades it has been noticed that stress is increasing in nursing profession due to physical, psychological and social aspects of the work environment. High level of stress and burnout will adversely affect the staff as well as patient care.

In the light of present findings it is concluded that nurses in the sample are experiencing moderate level of role stress and due to that they have moderate level of burnout. All role related stress were significantly related to burnout dimensions. Role overload and role insufficient were found to be significant predictors of emotional exhaustion among the sample nurses in the private hospitals. Finding are supported by previous studies (Rebecca et.al., 2007; Holloway and Wallinga, 1990, Iacovides et. al., 1997; Baba et. al., 1999; Jinky, 2008; Saini et.al., 2011; Prasanjit, 2012). Role overload, role insufficient and role ambiguity were found to be significant predictors of depersonalization. The significant predictors of personal accomplishment were role insufficient, role ambiguity and role boundary. Nursing profession is a very noble profession where patients are dependent on nurses for proper care and quick recovery at the time of illness. If nurses are under stress or burned out, the patients may not only suffer but have serious problem/s if not attended personally and professionally by the nurses.

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Table 1. Descriptive Statistics

Variables	Mean	S.D.
Role overload (RO)	26.02	6.82
Role Insufficient (RI)	22.94	6.58
Role Ambiguity (RA)	19.77	5.57
Role Boundary (RB)	20.85	5.46
Emotional exhaustion (EE)	23.01	11.17
Depersonalization (DP)	7.75	5.89
Reduce Personal Accomplishment (rPA)	34.62	7.83
Age	22.34	6.32
Tenure	11.43	3.85

Table 2. Correlation Between ORQ and MBI (N=135)

	RO	RI	RA	RB	EE	DP	rPA	Age	Tenure
RO	1.00								
RI	.31**	1.00							
RA	.24**	.56**	1.00						
RB	.27**	.31**	.29**	1.00					
EE	.51**	.38**	.26**	.21**	1.00				
DP	.34**	.36**	.25**	.24**	.55**	1.00			
rPA	-.07	-.31**	-.35**	.23**	-.29**	-.27**	1.00		
Age	.011	.071	-.013	.012	-.138*	-.301**	.033	1.00	
Tenure	.09	.083	-.072	.101	-.085	-.218**	.077	.533**	1.00

(**significant at .01 and * at .05 level)

Table 3. Predictors of Burnout (Regression Analysis)

Influence Factors	Emotional exhaustion			Depersonalization			Personal Accomplishment		
	B	B	T	B	β	t	B	β	t
Role Overload	0.275	0.274	9.834**	0.165	0.172	5.753**			
Role Insufficient	0.106	0.095	3.501**	0.292	0.274	9.630	0.206	0.133	4.385**
Role Ambiguity	0.028	0.021		0.210	0.234	4.385	0.285	0.185	3.362**
Role Boundary							0.101	0.077	2.419**

(**significant at .01 and * at .05 level)