

Stress and Burnout in Nurses Working at a Regional Hospital in Gauteng.(part2)

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- **Objective:** To determine the level of stress and burnout in nurses (part2) in a regional hospital in Gauteng to find out how three different subscales of burnout correlate with the different types of stressors at work. The goal of the current research is to pinpoint specific stressors in order to improve the work environment.
- **Methodology:** A cross-sectional study was conducted in one of the hospitals in Gauteng. Participants (nurses) received MBI (Maslach Burnout Inventory), SWSI (Sources of Work Stress Inventory), and a socio-demographic questionnaire. Data was analysed with the help of STATA 1C11.

STRESS AND BURNOUT IN NURSES

- **Measurement**

- The Maslach Burnout Inventory ²⁵ is a well tested instrument developed on a wide range of human services professionals. 3 subscales are used:
 - Emotional exhaustion
 - Depersonalisation
 - Personal accomplishment.
- The SWSI (sources of Work Stress Inventory) ²⁵ is a South African scale developed to measure sources of work stress. Nine sources of work stress are assessed:

General Work Stress

- Role Ambiguity
- Relationships
- Tools & Equipment
- Job Security
- Career Advancement
- Lack of autonomy
- Work/Home Interface
- Work Load

Table 1 DESCRIPTIVE ANALYSIS OF NURSES PARTICIPATING IN THE STUDY.

Variable	Frequency (N=125)	Percentage (%=100)
Gender		
Males	21	16.80
Females	104	83.20
Age Mean (\pmsd)	125	42.46 (\pm 11.33)
Age group		
21-30	25	20
31-40	32	25.6
41-50	30	24
>50	38	30.4
Family		
Single	39	31.2
Married/Living with partner	69	55.2
Divorced/separated/widowed	17	13.6
Children		
0	20	16
1	40	32
>2	65	52
Work experience Mean (\pmsd)	90	15.13 (\pm 12.37)
Salary Mean (\pmsd)	117	R12546.09 (\pm 4004.15) min R5000; max R25000
Position		
nurse	116	92.80
Medical technologist	5	4
Radiographer	4	3.20
Overtime		
no	60	48.78
yes	63	51.22
Desirability of overtime		
no	84	67.74
yes	40	32.26
Remuneration sufficient		
no	104	85.95
yes	17	14.05

MBI QUESTIONNAIRE RESULTS FOR NURSES

Emotional Exhaustion Mean (±sd)	Number 125	SD 24.24 (±13.29)
Average Emotional Exhaustion Mean (±sd)	Number of observations 125	Mean (± sd) 3.42 (±5.84)
Emotional Exhaustion category	Number	Percentage
Low	34	27.20
Moderate	26	20.80
High	65	52.00
Depersonalisation Mean (± sd)	Number 125	Mean (±sd) 14.02 (±1.30)
Average DP Mean (±sd)	Number 125	Mean (±sd) 1.82 (±1.30)
Depersonalisation category	Number 125	Percentage
Low	57	40.0
Moderate	37	29.60
High	38	30.40
Personal Accomplishment Mean (±sd)	Number 125	Mean (±sd) 31.74 (±9.08)
Average Personal Accomplishment Mean (± sd)	Number 125	Mean 3.97 (±1.09)
Personal Accomplishment category	Number	Percentage
Low	35	28.00
Moderate	29	23.20
High	61	48.80

STRESS AND BURNOUT IN NURSES

- On SWSI questionnaire we found out that on GWS (general work stress subscale)- 25.6% of participants scored high, 38% of nurses were worried about tools and equipment at work, and work-home interface issues were important to 34% of participants.
- Further analysis of bivariate associations in nurses revealed that GWS subcategory showed associations with gender, relationships, tools and equipment, career advancement, job security, lack of autonomy, and workload subscales on SWSI questionnaire.
- EE shows associations with career advancement, and job security subscales on SWSI questionnaire.
- Personal accomplishment shows association with gender.
- Role ambiguity shows associations with relationships scale, tools and equipment, career advancement, job security, lack of autonomy, and workload.

STRESS AND BURNOUT IN NURSES

- After analysis of MBI questionnaire we found that 52% of nurses scored high on emotional exhaustion subcategory, 30% of nurses participated in our study scored high on depersonalization (callousness) subcategory, and 49% had high levels of personal achievement scores. On SWSI questionnaire respectively- on general work stress subscale 25,6% of participants scored high, 38% of participants were worried about tools and equipment at work, it is a big stressor for them, 11% were worried about job security issues, and 34% of participants scored high on work home interface subscale.

STRESS AND BURNOUT IN NURSES

- In qualitative analysis nurses responded with a lot of suggestions how to improve situation in hospital. Major concerns were: understaffing, high workload, perceived poor prospects for promotion and training, problems with equipment in hospital. A lot of suggestions were on organizational matters and matters in management (more transparency, open approach, better communication on both sides, no favoritism, feedback on different issues on both sides, and overall better management).

STRESS AND BURNOUT

- Limitations of current study: cross sectional design allowed looking at problems of stress and burnout only at specific time. Representation from 10 hospital departments were varied, sometimes did not reach 50%. Response rate from doctors was 60%. Low response rate from nurses (29.2% from all nurses, medical technologists and radiographers participated in study) precludes extrapolation of findings on the sample of nurses from the whole hospital
- -reliance on questionnaires and cross-sectional design of the study.
- -majority of nurses participated in a study were black South Africans. J.L.P. Naude and S. Rothmann in their work on validation of MBI human services survey for emergency medical technicians in Gauteng (8) showed that burnout construct was not equivalent for black and white groups.
- -better representation of nurses across all professions is needed.

STRESS AND BURNOUT IN NURSES

- It is important to address issues of stressors at work in order to improve psychological morbidity, retention of qualified staff at work and eventually service delivery. Relative lack of resources at work, like unsupportive environment and poor quality of relationship between colleagues can be overcome by better organization, effective leadership and effective communication between colleagues and staff and management. Salary adjustment also will help to retain some qualified staff members in service for longer. Most of nurses would like to work with the team, they like.
- Conclusion: stress and burnout continue to plague medical profession. More studies are needed to develop strategies to distress work environment