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Burnout and the provision of psychosocial care amongst Australian cancer nurses

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ABSTRACT

Purpose: To assess the prevalence of burnout amongst Australian cancer nurses as well as investigate the systemic and individual factors associated with burnout, including training and supervision for nurses in psychosocial care. Burnout amongst cancer nurses can have serious consequences for the individual nurse, the hospital and patients. Psychosocial care has been demonstrated in many studies to reduce distress in cancer patients; however, previous studies have suggested that providing psychosocial care can be stressful if nurses feel they lack appropriate training. Psychosocial skill training and supervision may be a way of improving job satisfaction and reducing burnout amongst nurses.
Method: Two hundred and thirty cancer nurses were recruited between November 2010 and April 2011 and completed an online questionnaire.
Results: Burnout levels within this population were found to be below nursing norms. Adequacy of training and supervision, frequency of supervision and percentage of role spent managing psychosocial care were found to be associated with burnout. Workload, Control, Reward and Community were independent predictors of burnout, and nurses with a greater mismatch in these areas identified as having High levels of burnout.
Conclusions: Strategies to reduce burnout include providing cancer nurses with a varied and sustainable workload, awarding financial and social recognition of efforts and encouraging nurses to develop a sense of control over their work. Providing regular training and supervision in psychosocial care that is perceived to be adequate may also assist in reducing burnout.

1. Introduction

Burnout is a prolonged psychological response to chronic emotional and interpersonal stressors at work (Embriaco et al., 2007). Reports of the rates of burnout amongst cancer nurses have varied. Although some studies have found cancer nurses are at no greater risk of burnout than other professions (Jenkins and Ostchega, 1986; Molassiotis and Haberman, 1996) other research has identified higher levels of burnout within the profession (Ksiazek et al., 2011). Within the Australian cancer nursing workforce moderate to high levels of burnout have been previously reported, Barrett and Yates (2000) assessed levels of burnout amongst oncology and haematology nurses in Queensland, Australia. They found that nearly 37% of nurses were experiencing high levels of emotional exhaustion, with a further 33% experiencing moderate levels of emotional exhaustion. This finding is similar to other international findings, with Quattrin et al. (2006)

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reporting 35% of nurses in a northwest Italian region experiencing high levels of emotional exhaustion, and Grunfeld et al. (2000) reporting 37% of allied health professionals, including nurses, reporting high levels of emotional exhaustion. Barnard et al. (2006) examined the relationship between stressors, work supports, and burnout amongst cancer nurses in a major metropolitan oncology hospital in Australia. The intensity and frequency of emotional exhaustion was found to be in the moderate range, as was the intensity of depersonalisation, and frequency of personal accomplishment. This is of concern, as studies show that burnout can lead to absenteeism, presenteeism which is the loss of productivity encountered when employees attend work but are ill, staff turnover, deterioration in the service provided to patients and health problems in the nursing staff (Cherniss, 1992; Maslach et al., 1996; Weber and Jackel-Reinhard, 2000).

Within the literature the most predominant theoretical framework of burnout is that of Maslach and colleagues. Originally this framework recognised the three core components of the burnout experience as emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach and Jackson, 1981). Overtime the three aspects of burnout were expanded and a new scale, the Maslach Burnout Inventory – General Scale was published (Schaufeli et al., 1996). The original MBI became known as the Maslach Burnout Survey – Human Services Survey (MBI-HSS). The revised aspects of the MBI-GS that correspond to the three scales of the original MBI-HSS are Exhaustion, Cynicism and Professional Efficacy. Burnout is believed to develop when there is a mismatch or incongruence between workers and their workplace in six areas: Workload, Control, Reward, Community, Fairness and Values (Maslach and Leiter, 1997). Workload considers the demands of the job and the individual's ability to meet these demands. Control recognises role conflict and autonomy in the workplace, where Reward acknowledges financial and social recognition of work. Community is the social support individual's receive from co-workers, managers and family members and Fairness is the perceived or actual inequality within the workplace. The final area, Values, considers the match between the goals and values of the worker and their workplace (Maslach et al., 2001).

Cancer care nurses face individual and systemic difficulties inherent in all cancer care professions, as well as concerns specific to nursing. Age, hours of employment, level of experience, workloads and conflict within the workplace have all been shown to be associated with burnout (Friese, 2005; Patrick and Lavery, 2007; Steward et al., 1982). Difficulty dealing with the psychosocial aspect of cancer care has been specifically identified as a source of stress and concern amongst cancer nurses (Cohen, 1995; Delvaux et al., 1988). Psychosocial care involves the provision of psychological, emotional and social support, which has been demonstrated in many studies to reduce distress and improve outcomes for patients with cancer. However, difficulty dealing with the psychosocial aspect of cancer care has been specifically identified as a source of stress and concern amongst cancer nurses (Cohen, 1995; Delvaux et al., 1988). There is a well established body of evidence demonstrating that psychosocial care can increase wellbeing, improve adjustment and coping and reduce the psychological distress experienced by people with cancer (Hutchison et al., 2006). Cancer nurses are actively involved with cancer patients throughout the illness trajectory and are in a good position to provide psychosocial care. These difficulties are linked to a lack of psychosocial knowledge and skills amongst nurses (Delvaux et al., 1988). Nurses have reported difficulties in knowing what to say to patients, when to initiate discussions with patients and a lack of knowledge regarding the impact of cancer on families (Turner et al., 2007). Botti et al. (2006) suggested that professional support in this area may be a way of improving job satisfaction amongst nurses. Psychosocial skills training provides practical skills and knowledge to nurse about how to reduce distress and improve functioning. Psychosocial skills training has been demonstrated to be successful at reducing levels of burnout amongst other professionals. For example, after participating in a psychosocial training program, mental health nurses working in a forensic setting reported lower levels of burnout (Ewers et al., 2002), and similarly, one month after the completion of a training program incorporating psychosocial skills, social workers in a medical centre reported their levels of depersonalisation had significantly decreased and their levels of personal accomplishment had significantly increased (Cohen and Gagin, 2005). Clinical supervision has also been shown to reduce levels of burnout (Edwards et al., 2006), as long as the clinical supervision is considered to be effective by recipients. To date, no prior studies have examined these factors and how they contribute to burnout amongst cancer nurses.

The current study aimed to assess the prevalence of burnout amongst Australian cancer nurses, and to explore the roles of training and supervision, as well as additional demographic and work related factors, as systemic factors that may reduce burnout within this population. Findings from this study can be used to identify nurses at risk for burnout, and target these areas in interventions to reduce burnout.

1.1. Aims

The overarching goal of this study was to provide a better understanding of the factors influencing burnout amongst Australian cancer nurses in order to improve training and work environments to encourage nurse retention and ultimately improve patient care. The specific aims were to; first, assess the prevalence of burnout amongst Australian cancer nurses; second, to expand upon the Maslach model of Burnout to examine the role of individual (e.g. age, level of qualification, Workload, Control) and systemic factors (e.g. training, supervision) in the development of burnout amongst cancer nurses; and finally, to examine the predictive utility of individual and systemic factors at discriminating between nurses who were experiencing high levels of burnout and nurses who were not experiencing high levels of burnout.

1.2. Design

The study employed a cross-sectional, correlation design.

1.3. Sample/Participants

Participants were eligible for the study if they were English speaking and had worked in a full-time or part-time position providing care to cancer patients within the past five years. Nurses were recruited from a variety of organisations within Australia including: the Haematology Society of Australia and New Zealand-Nurses Group (HSANZ-NG), the Royal College of Nursing Australia (RCNA), the National Breast and Ovarian Cancer Centre (NBOCC), and the Cancer Nurses Society of Australia (CNSA). These national organisations were selected as their members are either solely, or include, cancer nurses. Recruitment emails, advertisements on organisations' websites and promotional brochures at national conferences were disseminated.

1.4. Data collection

Recruitment materials directed potential participants to a secure webpage that managed the questionnaire. A participant information statement provided further information about the study before a consent form was presented. Consenting