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Personal determinants of nurses' burnout in end of life care

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A B S T R A C T

Purpose: Our aim is to identify socio-demographic, professional exposure to dying, training degree and personal factors relevant to burnout dimensions in nurses coping with death issues.
Method: A sample of 360 nurses (response rate 70.6%) from internal medicine, oncology, haematology and palliative care departments of five health institutions answered to a socio-demographic and professional questionnaire, Maslach Burnout Inventory, Death Attitude Profile Scale, Purpose in Life Test and Adult Attachment Scale.
Results: No significant differences were found between medical departments in burnout scores except when comparing those with palliative care department which showed significant lesser levels of emotional exhaustion ($t = 2.71$; $p < .008$) and depersonalization ($t = 3.07$; $p < .003$) and higher levels of personal accomplishment ($t = -2.24$; $p < .027$).
By multiple regression analysis exhaustion and depersonalization are negative, sequentially determined respectively by purpose in life, dependent attachment, fear of death attitude and by purpose in life, dependent attachment, years of professional experience and personal accomplishment by positive purpose on life and secure attachment.
Conclusion: We conclude for the protective value of factors such as meaning and purpose in life, secure attachment and attitude towards death, through the various burnout dimensions that shows the need to develop under and postgraduate training strategies in these specific areas.

Introduction

Nurses are subject to numerous stressful situations on a daily basis. These may happen while contacting with patients and/or while being exposed to work overload in their own work environment. Many times nurses find themselves confronted with unexpected and urgent situations which in turn determine high levels of responsibility and can trigger role conflicts in teams, conditioning organizational environments in which a number of occupational stress factors are involved, (McIntyre, 1994).

Stressful situations and subsequent burnout are related to the way health professionals, who work in these care providing settings, perceive threats to their personal and organizational value system.

Maslach and Jackson (1981) indicate that jobs in health care, in which a close relationship is established with patients in problematic situations, can lead to feelings of frustration, fear or despair and cause a strain on professionals, leaving them emotionally predisposed to the burnout syndrome, with a prevalence of 25% in nurses (Maslach and Schaufeli, 1993).

Maslach and Leiter (2000) define Burnout as a syndrome of exhaustion, depersonalization and inefficiency at the workplace. According to these authors the Burnout syndrome is three dimensional and appears as a personal experience in a context of complex social relationships. It involves personal conceptions and conceptions of others at work and is characterized by a feeling of incompetence and lack of personal accomplishment. Emotional exhaustion can be understood as a situation in which professionals feel they can't carry on giving of themselves emotionally. It is therefore a state of depletion of the energy of one's emotional resources, an experience of being emotionally drained due to daily contact with adverse situations in the workplace. For these authors, depersonalization may be defined as the development of negative attitudes and feelings and cynicism towards the recipients of their work. In turn, personal accomplishment relates to feelings of competence and professional success that involve relationships with people.

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Nurses are regularly confronted with situations that cause emotional fluctuations and enhance stress, of which the main causes identified are contact with the fear, illness and death of a patient and contact with the patient's relatives (Rentoul et al., 1995). Exposure to prolonged death, to the death of patients to whom the nurses feel close to, to the death of young patients and to the death of patients with an incurable disease, as Redinbaugh et al. (2001) points out, is associated with increased stress and emotional exhaustion in health professionals.

According to Abu al Rub (2000), Williams et al. (1998) and French et al. (2000) the most common causes of stress in nurses can be grouped into three categories:

1 environmental/organizational stressors such as: work overload, under staffing, unsatisfactory working conditions, conflicting relationships within the team, lack of recognition and problems with the management.
2 factors inherent to the job: pressure related to time and deadlines, treating the patient and dealing with relatives, dealing with death and suffering.
3 intrapersonal stressors: personal expectations, personal threats and vulnerability, lack of knowledge and skills.

From another perspective, Stora (1990) identifies as stressors the pressure of professional relations, particularly competition and rivalry, but also the lack of support from colleagues in difficult situations; the fear of showing "weakness" while sharing problems and concerns with colleagues. This author states that caring for a terminally ill patient can cause crises of anguish, which can lead to poor patient care.

The nurse's responsibility in caring for patients who are vulnerable as a result of their poor health/disease generates stress and can occur in various contexts. The profession of nursing and the stress inducing factors associated with this activity may differ when it comes to the type of patients more or less characteristic of each unit or sector of a hospital. In addition to the difference in the type of patients to whom nurses provide care, the specific conditions of each sector or unit, organizationally speaking, as well as the existing interpersonal relations, seem to influence the level of stress and the perception of certain circumstances as stress-inducing.

Levels of stress and burnout in professionals working in oncology units have been well studied. Although most nurses working in oncology services consider their job rewarding, this work is also perceived as having high levels of emotional demands. Although one of the stress-inducing situations in these units is contact with death which cannot be avoided (Isikhan et al., 2004), stress among nurses in oncology services seems to be more related to organizational factors than to the emotional requirements arising from caring for this type of patient (Corner, 2002). However, individual aspects such as personality traits seem to determine the type of response to demands of an emotional nature (Costantini et al., 1997).

Barnard et al. (2006) only found mild to moderate levels of burnout in Australian nurses working in cancer units, and the stress-inducing factors most valued by those professionals were the inability to help patients in pain, the death of a close patient and fear of making mistakes (Bond, 1994). In another study with 37 nurses, stress was related to inadequate training, lack of time to deal with the psychological component in providing care to terminally ill patients and the existence of interpersonal conflicts with doctors (Escot et al., 2001). Other stress-inducing factors also identified were fear of suffering from oncological disease, the absence of a doctor at the time of death of some patients and the preparation of the deceased patients.

Professionals who provide palliative care to terminally ill patients often deal with death and suffering but few studies have been conducted on their levels of stress and burnout. Contrary to expectations, Payne (2001) identified low levels of burnout in 89 palliative care nurses from nine hospitals, while Slone and Stephany (1995) suggested that providing palliative care to terminally ill patients with AIDS could cause more stress than providing care to other types of terminally ill patients.

Pereira et al. (2011) in a systematic review show the burnout levels in palliative care, or in health care setting related to this field, do not seem to be higher than in other contexts and also Pereira et al. (2012) in a portuguese sample found that, although the participants were exposed to the risk factors, such as work overload, disorganisation, difficult, relationships within the team and with patients' relatives, they showed a low risk of burnout.

Burnout is a response to occupational stress that arises when functional strategies of coping fail and it acts as a mediating variable between perceived stress and its consequences (Maslach and Leiter, 2000). In addition to identifying sources of anguish, Demerouti et al. (2000) also tried to distinguish between the factors that were most likely to lead to emotional exhaustion in interpersonal conflicts at the workplace. These two components have psychological and physiological effects and result in severe burnout.

Zerach (2013) assessed the relationship of potential personality-related buffers of attachment orientations and sense of coherence in child care workers with significant differences in anxiety attachment style for compassion satisfaction but not compassion fatigue.

Hasheesh et al. (2013) found in Jordan nurses that older registered nurses with more experiences tended to have more positive attitudes toward death and caring for dying patients and Cevik and Kav (2013) found significant relationship among level of education and score of death attitudes profile although the majority of nurses (85%) stated that they had received education on end of life, most of them (82%) were not comfortable talking about death.

Toh et al. (2012) evidence that the nurses who had higher qualifications and positions, who worked full-time and who worked in inpatient settings were more likely to have job dissatisfaction, stress and burnout and attributing to staffing inadequacy.

It would be important a better understanding of the importance of burnout in nurses in different health services, setting particularly those in which health professionals take on a high level of care providing to terminally ill patients. It would also pertinent to evaluate the role of personal determinants as age, experience, professional qualification and specific death issues training as well as attachment style, death attitudes and sense of purpose in live contribute to a better understanding of the importance of burnout in nurses, in order to develop relevant and effective training strategies in undergraduate and postgraduate nurses's training.

Our main objective is to identify personal determinant factors of burnout in nurses who provide care to terminally ill patients.

Methodology

Procedure

We conducted a descriptive and correlational study in a sample of 360 nurses from the internal medicine, oncology, haematology and palliative care departments of five hospitals in the Lisbon area, which were intentionally selected for the study. A total of 510 nurses work in those departments, out of which 360 took part in the study (response rate: 70.6%). Table 1 shows the main socio-demographic and professional characteristics of the study population.