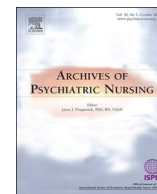




Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Burnout Evaluation and Potential Predictors in a Greek Cohort of Mental Health Nurses

Adamos-Konstantinos Konstantinou^a, Konstantinos Bonotis^a, Maria Sokratous^b, Vasileios Siokas^b, Eftthimios Dardiotis^{b,*}

^a University of Thessaly, Medicine, Department of Psychiatry, Larissa, Greece

^b University of Thessaly, Medicine, Neurology, Department of Neurology & Sensory Organs, Larissa, Greece

ARTICLE INFO

Keywords:

Burnout
Job satisfaction
Organizational commitment
Role conflict
Role ambiguity

ABSTRACT

Background: Job burnout is one of the most serious occupational health hazards, especially, among mental health nurses. It has been attributed among others to staff shortages, health service changes, poor morale and insufficient employee participation in decision-making.

Aim: The aim of this study was to measure burnout among mental health nurses, investigate relations between burnout and organizational factors and examine potential predictors of nurses' burnout. Specifically, this study aimed to investigate whether role conflict, role ambiguity, organizational commitment and subsequent job satisfaction could predict each of the three dimensions of burnout.

Design/methodology/approach: During current cross sectional, the survey was administered to 232 mental health nurses, employed in four private psychiatric clinics in the region of Larissa, Thessaly, Greece in May 2015. Our findings were based on the responses to 78 usable questionnaires. Different statistical analyses, such as correlation analyses, regression analyses and analyses of variance were performed in order to explore possible relations.

Findings: High emotional exhaustion (EE) accounted for 53.8% of the sample, while high depersonalization (DP) and high personal accomplishment (PA) accounted for 24.4% and 25.6%, respectively. The best predictors of burnout were found to be role conflict, satisfaction with workload, satisfaction with training, role ambiguity, satisfaction with pay and presence of serious family issues.

Practical implications: These findings have implications for organizational and individual interventions, indicating that mental health nurses' burnout could be reduced, or even prevented by team building strategies, training, application of operation management, clear instructions and psychological support.

Introduction

Human resources comprise the core of the healthcare industry. The effectiveness of a healthcare organization should rely on performance, quality and the right distribution of human resources (Kabene, Orchard, Howard, Soriano, & Leduc, 2006). Nursing staff compose the core of human resources and have to cope with a stressful occupation (Adriaenssens, De Gucht, & Maes, 2015; Duquette, Kérowc, Sandhu, & Beaudet, 1994). Stress affects individuals in terms of health and job dissatisfaction. Subsequently, health care organizations are affected by stress in terms of absenteeism and turnover, which affects the quality of patient care (Boyle & Miller, 2008; Price & Mueller, 1981).

Multifactorial job burnout is one of the most serious occupational health hazards, as it is interwoven with stress (Greenglass & Burke, 2002; Vifladt, Simonsen, Lydersen, & Farup, 2016). Burnout is a long-

term reaction to occupational stress, appearing mostly in psychosocial occupations (Gabassi, Cervai, Rozbowski, Semeraro, & Gregori, 2002). The significance of burnout, at an individual and workplace level, lies in its links to important outcomes. Most of the outcomes have been related to job performance. Some attention has also been paid to health outcomes, given that burnout is considered to be a stress phenomenon. The most significant consequences of job burnout are withdrawal, absenteeism, intention to give up their job, and real turnovers (Greenglass & Burke, 2002). However, for those who remain in their job, burnout leads to lower productivity and effectiveness at work.

Burnout has been linked to several psychosocial antecedents of depressive disorders (Bonde, 2008), cardiovascular disorders (Eller et al., 2009), musculoskeletal disorders (Aghilinejad, Sadeghi, Abdullah, Sarebanha, & Bahrami-Ahmadi, 2014), impairment of the immunological system (Mohren et al., 2003) and alcohol consumption

* Corresponding author at: Department of Neurology & Sensory Organs, Biopolis, Mezourlo Hill, Larissa 41100, Greece.
E-mail addresses: vsiokas@med.uth.gr (V. Siokas), edar@med.uth.gr (E. Dardiotis).

<https://doi.org/10.1016/j.apnu.2018.01.002>

Received 28 November 2016; Received in revised form 22 December 2017; Accepted 1 January 2018
0883-9417/ © 2018 Elsevier Inc. All rights reserved.

(Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). Previous studies showed that perceived stress might be related to hospital admissions (Macleod et al., 2002; Rosengren et al., 2004). Workload, time pressure, ever-changing expectations, new job requirements, role conflict, role ambiguity, lack of social support and lack of feedback can cause job burnout syndrome (Costantini, Solano, Di Napoli, & Bosco, 1997). Organizational factors, such as hierarchies, operating rules, resources, space distribution and organizational commitment, mainly in larger organizations, can have a persistent influence, especially when values such as fairness and equity are compromised (Maslach, Schaufeli, & Leiter, 2001).

On the other hand, people do not simply respond to the work setting; rather, they bring unique qualities to their relationships. These personal factors include demographic variables, enduring personality characteristics and work-related attitudes (Maslach et al., 2001).

The demand for quality healthcare services increases concurrently with changing career expectations among candidate nurses and growing dissatisfaction among existing hospital staff (Employees. In our hands: how hospital leaders can build a thriving workforce, 2002). Since the prevalence of emotional exhaustion among mental health nurses has reached a percentage of 59.2% in some settings, it seems that there is an urgent need for intervention (Imai, Nakao, Tsuchiya, Kuroda, & Katoh, 2004).

Nurses are 24-h health service providers, on the front line of contact with patients, and are essential to hospital operations management. Nurses' occupational health is a major hospital management issue with stress becoming a critical field to deal with. Nurses' workplace is stressful, because of the interpersonal service they provide and the weight of their responsibility, associated with human life.

Psychiatric nurses face unique job challenges compared to nurses working in non-psychiatric wards. The increasing number of mental health clients in relation to the decreasing number of beds and qualified staff, means that mental health nurses are spending less time per patient, potentially providing a reduced level of care. Stress can affect mental health nurses, leading to alcohol and drug dependence, as well as to lack of efficiency of nursing care provided, among others (Tully, 2004).

Job-related stressors can be clustered into two factors: first, the lack of administration control, pertaining to perceptions that treatment decisions are made by administrators with little input or communication with the nursing staff, as well as having restrictions imposed in restrictions in decision making, and second, stress, resulting from day-to-day duties (Corrigan et al., 1994).

On the contrary, some studies have found that mental health nurses are less stressed than nurses in other specialties (Mansfield, Yu, McCool, Vicary, & Packard, 1989; Plant, Plant, & Foster, 1992).

Studies, regarding burnout among mental health nurses, demonstrate that burnout is a significant problem for mental health nurses, for those who suffer from mental health disorders and have been taken care of, but also for the organization that nurses work for (Barling, 2001; Corrigan et al., 1994; Morse et al., 2012). Personal stress for psychiatric nurses appears to have a greater effect on them than the rest (Cronin-Stubbs & Brophy, 1985). Burnout among psychiatric nurses has been attributed to staff shortages, health service changes, poor morale, not participating in decision-making and not being notified of possible changes, before they occur (Chang & Chan, 2015; Fagin et al., 1996).

Mental health nurses also play a crucial role in the private health sector, in Greece. The need to study the factors that affect burnout among mental health nurses arises, due to the need for improved quality of mental healthcare services provided, in a setting of increased stress implications that come from both the specificity of this profession and the organizational pressure.

Recent studies in Greek cohort also support that burnout plays an important role in anxiety and depression of that works in mental health professionals (Papathanasiou et al., 2017). Moreover, the quality of life nurses in Greece could be considered as a cofounder that influence

patient's outcomes (Sarafis et al., 2016). This research aims to determine the burnout levels of nurses employed in the private mental health sector, in the region of Larissa, Greece and the possible correlation of the dimensions of burnout with personal characteristics and organizational factors, so as to evaluate the respective contribution of each of these factors to the burnout levels. Organizational factors were regarded as consisting of Job Satisfaction (JS), Organizational Commitment (OC) and as for job stressors Role Conflict (RC) and Role Ambiguity (RA).

The contribution of this paper lies in the determination of predictors of burnout and the use of that knowledge by health managers, in order to intervene or even better prevent this phenomenon.

Concepts used in this study

Burnout

Definition and dimensions of burnout

Burnout can be defined as a psychological condition, resulting in mental or physical energy depletion caused by chronic unrelieved job-related stress and ineffective coping strategies (Edward & Hercelinskyj, 2007; Robinson, Clements, & Land, 2003). The mainstream of burnout psychology does consider burnout to be work-related, which also makes it more differentiable from other related constructs, such as depression (Schaufeli & Taris, 2005). Burnout is a major problem, mainly associated with social professions (Hellesøy, Grønhaug, & Kvitastein, 2000).

Stress theories

Burnout is a chronic stress reaction. One of the most influential general theories remains the Person Environment – Fit Theory (PE-Fit theory) (Edwards, 1996; French, Caplan, & Van, 1982), according to which, an imbalance between demands and opportunities in the working environment and also between skills and expectations of the employee is the most important antecedent of the process of stress, deteriorating health.

Job Strain (or the Demand-Control) model (Karasek, 1979; Karasek & Theorell, 1992) and the Effort-Reward – Imbalance (ERI) model (Siegrist, 1996) constitute influential theories on specific working conditions, such as the core factors that have been applied in burnout research. According to the Job Strain model, a combination of high job demands and low job control increases the risk of a high-strain situation at work. Likewise, according to ERI, a combination of high effort and low rewards constitutes a threat to individual well-being.

Three dimensions of burnout

The development of a multidimensional theory of burnout is attributed to the underlying consensus that the burnout experience involves three core dimensions. (Maslach et al., 2001.)

Emotional exhaustion. Exhaustion is the central quality and the most obvious manifestation of burnout. When people describe themselves or others as experiencing burnout, they are most often referring to the experience of exhaustion. Within the human services, the emotional demands of the work can exhaust a service provider's capacity to be involved with, and responsive to the needs of service recipients. However, the fact that exhaustion is a necessary criterion for burnout does not mean that it is sufficient. (Maslach et al., 2001.)

Depersonalization (cynicism). Depersonalization is characterized by the attempt to distance oneself from service recipients, usually by ignoring those qualities that make people unique and bring them together. Distancing is an immediate reaction to exhaustion. A strong relationship between exhaustion and cynicism (depersonalization) has been observed in burnout research. (Leiter & Maslach, 2009; Maslach et al., 2001.)

Download English Version:

<https://daneshyari.com/en/article/6786756>

Download Persian Version:

<https://daneshyari.com/article/6786756>

[Daneshyari.com](https://daneshyari.com)