

Predicting nurse burnout from demands and resources in three acute care hospitals under different forms of ownership: A cross-sectional questionnaire survey

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Abstract

Background: Health care organizations have changed dramatically over the last decades, with hospitals undergoing restructurings and privatizations.

Objectives: The aim of this study is to enhance the understanding of the origin and prevalence of burnout in health care by investigating factors in the psychosocial work environment and comparing three Swedish emergency hospitals with different types of ownership.

Design: A cross-sectional design was used.

Participants: We selected a total sample of 1800 registered nurses from three acute care hospitals, one private for-profit, one private non-profit and one publicly administered. A total of 1102 questionnaires were included in the analyses.

Settings: The examined ownership types were a private for-profit, a private non-profit and a traditional publicly administered hospital. All were situated in the Stockholm region, Sweden.

Methods: Data were collected by questionnaires using validated instruments, in accordance with the Job Demands–Resources Model and Maslach’s Burnout Inventory. Descriptive statistics, correlation analyses, multivariate covariance analyses and multiple regression analyses were conducted.

Results: The results showed that the burnout levels were the highest at the private for-profit hospital and lowest at the publicly administered hospital. However, in contrast to expectations the demands were not higher overall at the for-profit organization or lowest at the public administration unit, and overall, resources were not better in the private for-profit or worse at the publicly administered hospital. Multiple regression analyses showed that several of the demands included were related to higher burnout levels. Job resources were linked to lower burnout levels, but not for all variables.

Conclusions: Profit orientation in health care seems to result in higher burnout levels for registered nurses compared to a publicly administered hospital. In general, demands were more predictive of burnout than resources, and there were only marginal differences in the pattern of predictors across hospitals.

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What is already known about the topic?

- Burnout among health care workers is a widespread phenomenon.
- The Job Demands–Resources Model has been shown to be predictive of burnout in health care.

What this paper adds

- This study shows that registered nurses working in a private for-profit hospital have higher levels of burnout compared to nurses in a publicly administered hospital. These results indicate that the price of bringing profit into health care may be more exhausted nurses who care less for the patient.
- The study points out the role of type of ownership for the development of burnout, indicating an interplay between structural factors, psychosocial work environment and consequences for employee health.

1. Introduction

An international trend that has also spread to Sweden is health care's alignment to market principles. In line with this trend – sometimes denoted *New Public Management* (Hood, 1995) – public organizations have adapted to ways of management used in the private sector in order to expose their activity to commercial competition. Besides the publicly administered ownership type, there are both private for-profit and non-profit companies in the health care sector. In general, privatization leads to a change in ownership and aims to enhance an organization's financial growth (Burke and Cooper, 2000; Zahra et al., 2000). From this point of view, private non-profit type of ownership can be seen as a mix of public administration units and private for-profit hospitals.

In the debate over the benefits of different types of ownership, the focus has been either on financial issues or health care quality, typically ignoring the employees' work environment and personal well-being. At the same time, research on changes in organizations points to an increased workload with negative impact on employees' health and well-being—and in the long run on organizations' profits (Shaw et al., 1993). A longitudinal study by Petterson et al. (2005) on health care employees in Sweden 1994–2001 showed that workload has increased and mental health has worsened under that time period. The researchers' conclusion was that the health deterioration was due to structural changes in employees' work. This link is emphasized by a report on a shortage of nurses in the OECD countries and subsequent negative health consequences (OECD, 2005).

Nurses are known to be at high risk for suffering from burnout since their work is a so-called contact occupation with a high workload that includes stressful and emotional interaction with others (Bakker et al., 2000). Despite estab-

lished knowledge of the link between workload and burnout, there is limited research on the impact of different types of ownership. This may appear strange, since a transformation of a public hospital into a private company by definition entails a change in the organization, which is associated with an increased awareness of efficiency and cost, as well as with new work methods and higher demands on staff. However, earlier research has shown that the transition from a public to a private organization might be experienced as a crucial event in employees' lives and might result in decreased work satisfaction, leading to worsened mental and physical health (Cunha and Cooper, 2002; Nelson et al., 1995).

Based on the health care sector's general trend to be more commercial, the purpose of this study is to enhance the understanding of the origin and prevalence of burnout in health care. This is accomplished by investigating factors in the psychosocial work environment and comparing three Swedish emergency hospitals that are under different types of ownership: one private for-profit, one private non-profit and one traditional publicly administered hospital. In Sweden, privatization entails that the ownership becomes private while the financing still, for the most part, comes from public means.

1.1. Burnout

Burnout is a form of stress reaction in terms of mental exhaustion as a consequence of mental overload. The concept was introduced in 1974 by the psychiatrist Freudenberger, who noticed that health care personnel often suffered from chronic physical fatigue, emotional exhaustion and increased distancing from their patients (Freudenberger, 1974). According to a common definition, burnout is a state of physical, emotional and mental exhaustion as a reaction to emotionally demanding working conditions over a long period of time (Schaufeli and Greenglass, 2001). Although burnout was originally regarded as consisting of three components (Maslach and Jackson, 1981), today it is increasingly seen as consisting of two core components, exhaustion and cynicism (Bakker et al., 2004; Maslach et al., 2001). More recent studies have also shown that the symptoms are generally applicable to other occupational groups besides health care employees (see e.g. Demerouti et al., 2001). As opposed to other health-related problems, such as depression, burnout has turned out to be linked to one's work situation since the explanations to the syndrome can be found in work relationships rather than internal predispositions (Bakker et al., 2000).

Burnout has several negative consequences for the individual as well as the organization, and in the long run also for society. Besides the personal suffering burnout inflicts in the form of decreased cognitive ability (Bakker et al., 2004), it is linked to diminished job satisfaction, impaired organizational commitment and an increased turnover intention (Lee and Ashforth, 1996). Nurses, whose work tasks include a great deal of stress and emotionally demanding contact with

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