



# Pediatric Nurses' Grief Experience, Burnout and Job Satisfaction<sup>1</sup>



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Pediatric nurses;  
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Correlations among grief, burnout, and job satisfaction among highly satisfied pediatric nurses were examined using the Revised Grief Experience Inventory (RGEI), Maslach Burnout Inventory (MBI), and Index of Work Satisfaction (IWS). Results showed that grief had significant correlations; positive with burnout, negative with job satisfaction. RN's reported significantly higher emotional exhaustion if their primary patients died and higher guilt if patients died younger. Conclusions suggest a dynamic statistical interaction among nurses' grief, burnout, and job satisfaction representing a pathway to intention to leave their unit, organization, or nursing. Recommendations include implementation and evaluation of grief intervention and education programs.

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## Background

### Grief and Nurses

COWLES AND RODGERS (1991) defined grief as “dynamic, pervasive, highly individualized process with a strong normative component” (p. 121). Pediatric nurses have a unique caring role because of the vulnerable nature of their patients and the special bonds that can form when caring for patients and their families (Scott, 1994). This relationship can expose nurses to intense and recurrent experiences with unresolved loss and grief when one of their patients suffers from a terminal illness or dies (Couden, 2002; Rashotte, Fothergill-Bourbonnais, & Chamberlain, 1997). Rushton (2004) and Landro (2012) indicated that health professionals may suffer and

experience a variety of emotional and physical symptoms including headaches, fatigue, and depression as they watch the suffering of their patients and families. Others argued that the exposure to patients' suffering and death can render the nurse prone to stress and burnout (Gerow et al., 2009; Kennedy, 2005; Peters, 2012).

Maslach, Schaufeli, and Leiter (2001) defined burnout as a syndrome that affects individuals who are in the helping or caring professions, such as nurses, psychologists, and therapists. Burnout has three components: emotional exhaustion (EE), depersonalization (DP), and low personal accomplishment (PA) (Maslach et al., 2001). Staff burnout can trigger turnover challenges for managers and institutions alike. Combined with high emotional exhaustion and depersonalization, low personal accomplishment provide ripe conditions for lower quality nursing care, less consciousness about patient safety and eventually higher rates of turnover (Anderson, 2008). Burnout and job satisfaction have been linked to nurse productivity and retention in the workplace (Anderson, 2008; Erenstein & McCaffrey, 2007; Mrayyan, 2005) as well as the quality of patient care (Billeter-Koponen & Freden, 2005; Toppinen-Tanner, Ojajarvi, Vaananen, Kalimo, & Jappinen, 2005).

The Institute of Medicine (IOM) and American College of Critical Care Medicine (ACCCM) advocated for grief support

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programs for staff caring for terminally-ill or dying children (Durall, 2011). Such programs are new and are currently being developed (Altounji, Morgan, Grover, Daldumyan, & Secola, 2013). Pediatric oncology nurses reported a benefit from a grief-support program that was delivered in the form of self-care retreat (Altounji et al., 2013). The program provided “rejuvenation, feelings of appreciation, and a revived passion for the job” (p. 22). In a literature review, (Hildebrandt, 2012) identified several strategies that could be used to resolve grief, and as an added benefit, increase retention of oncology nurses. Some of these strategies included: creating supportive environments, debriefing, providing grief education, and alternating patient assignments (p. 602).

Numerous studies have explored nurses’ grief experiences but focused *only* on the description of their feelings (Feldstein & Buschman-Gemma, 1995; Papadatou, Bellali, & Petraki, 2002; Rashotte et al., 1997). On the other hand, ways to deal with grief were explored by others (Ashby, Kosky, Laver, & Sims, 1991; McNeely, 1996; Medland, Howard-Ruben, & Whitaker, 2004; Zander, Hutton, & King, 2013) to help find coping strategies for nurse caregivers to use. Despite the abundance of nursing literature on burnout and job satisfaction, these variables have been addressed either individually or in combination with variables related to some aspects of the clinical environment. No studies to date have explored pediatric nurses’ grief experience and its relationship to burnout and job satisfaction. The only published study (Anderson, 2008) that investigated grief experience, burnout and turnover patterns was conducted among certified nursing assistants (CNA’s) working at nursing homes. Anderson (2008) concluded that complications from grief could contribute to staff burnout, but the results showed that even though grief had no significant direct impact on turnover patterns, it may have a complex and indirect effect on turnover. Braccia (2005) offered an expert’s account and advice on how to avoid burnout as a result of the grief experience. This opinion, however, was based on personal experience rather than evidence. Therefore, the purpose of this study was to explore the relationships between pediatric nurses’ self-reported grief experiences resulting from patient deaths with burnout and job satisfaction.

The study had the following 2 hypotheses:

1. Grief scores are positively correlated with burnout scores.
2. Grief scores are negatively correlated with job satisfaction scores.

## Conceptual Framework

The conceptual framework for this study was based on the proposed model for healthcare professionals’ grieving process (Papadatou, 2000). The framework highlights the three main study variables: grief, burnout, and job satisfaction. Grief is the central concept of this framework and is explained by antecedents or events that occurred prior to the grief

experience as well as consequences or events that take place as a result of the grief process. The behaviors a person exhibits as a response to the grief experience determine whether an individual engages in effective or ineffective coping in an attempt to resolve the emotional and physical consequences of grief including burnout and job satisfaction as outcomes.

## Methods

### Sample and Sampling

A convenience sample of 120 pediatric nurses was recruited from a large midwestern academic medical center’s four pediatric patient care units and pediatric float pool RN’s. Participants were recruited based on the following criteria:

1. Minimum pediatric experience of 12 months.
2. Worked at 0.5 FTE or more at the time of data collection in pediatric setting in the 12 months before data collection started.

### Instrumentation and Measurement

The study used four instruments to collect data. The demographic information form (DIF) collected information about the participants and their work environment, while the Revised Grief Experience Inventory (RGEI), the Maslach Burnout Inventory (MBI) and the Index of Work Satisfaction Scale for nurses (IWS) collected data about their respective constructs. Below is a detailed description of the instruments.

#### Demographic Information Form (DIF)

The DIF included relevant demographic information about the participants in addition to their nursing experience. Data were also collected about the nurses’ specific experiences with dying children in terms of how many deaths they experienced in the past 12 months, and whether or not they were the primary nurse for these patients. The DIF also inquired about major events in the life of the nurse, such as death, divorce, and diagnosis of a serious illness in the direct family.

*The Revised Grief Experience Inventory (RGEI).* The RGEI is a 22-question, multidimensional measure of grief (Lev, Munro, & McCorkle, 1993) which includes four subscales: existential tension (ET) referring to meaning of life and existence, depression (Dep), guilt (Glt), and physical distress (PD). The scoring is a self-report Likert-scale style with five possible responses ranging from strongly disagree (1) to strongly agree (5). The RGEI subscales have reliability alphas of 0.87, 0.80, 0.72, and 0.83 respectively and an overall internal consistency alpha coefficient of 0.93 (Lev et al., 1993).

#### The Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is a 22-job-related item questionnaire designed to measure the concept of

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