

# Burnout and psychiatric staff's feelings towards patients

Rolf Holmqvist <sup>a,\*</sup>, Madeleine Jeanneau <sup>b</sup>

<sup>a</sup> Department of Behavioral Sciences, Linköping University, 581 83 Linköping, Sweden

<sup>b</sup> Department of Psychology, Umeå University, Umeå, Sweden

Received 26 February 2004; received in revised form 12 July 2004; accepted 14 August 2004

## Abstract

The concept of burnout describes a number of destructive aspects in work relationships. In this study, the relations between psychiatric staff members' feelings towards their patients and burnout were analyzed. Staff feelings were measured with a feeling checklist, and burnout with BM (Burnout Measure) and MBI (Maslach's Burnout Inventory). The staff at 28 treatment units rated their feelings towards the patients as a group. The results indicated that high burnout was associated with negative feelings and low levels of burnout with positive feelings towards patients. The correlation patterns for the different measures of burnout were somewhat different. BM had the strongest correlations with unhelpful and rejecting feelings towards patients, whereas Personal accomplishment, one dimension of MBI, was most strongly correlated with accepting and close feelings. The results were interpreted as opening for the question whether negative staff feelings towards patients most profitably can be seen as an aspect of burnout or whether these two phenomena should be distinguished clinically and theoretically.

© 2006 Elsevier Ireland Ltd. All rights reserved.

*Keywords:* Psychiatric staff; BM; MBI; Staff–patient relationship; Negative feelings

## 1. Introduction

The most widely used instruments to measure burnout are the Burnout measure (BM; Pines and Aronson, 1988) and the Maslach Burnout Inventory (MBI; Maslach and Jackson, 1981b; Maslach et al., 1997). These questionnaires are helpful both for clinical and research purposes. The conceptual, concurrent and discriminant validity of MBI (Cocco et al., 2003; Mohren et al., 2003; Hastings et al., 2004) and BM (Shirom and Ezrachi, 2003) have been analyzed in several studies in different work settings and in different cultural contexts (Pines et al., 2002). Further under-

standing of these measures' relations to other of clinical measures is still warranted, however. It would increase their usefulness in different contexts (Maslach, 2001, 2003). A thorough account of this subject is provided by Schaufeli et al. (1993).

Several studies have shown that the MBI scales correlate with other phenomena that can be interpreted as indications of burnout (Maslach and Jackson, 1981a,b). The BM has been found to correlate with work related features such as lack of social support and lack of feedback (Cherniss, 1980), and with personality features such as adult attachment style (Pines, 2004). Most of the hypothesizing about burnout etiology is centered on organization and work-environment conditions (Freudenberger, 1981; LeCroy and Rank, 1986; Shirom, 1989; Arches, 1991; Cox et al., 1993; Winnubst, 1993). There are only a few studies that link burnout in health care

\* Corresponding author. Tel.: +46 13 282560; fax: +46 13 282145.  
E-mail address: [rolfh@ibv.liu.se](mailto:rolfh@ibv.liu.se) (R. Holmqvist).

personnel with patient–staff interaction, in spite of the fact that one of the starting points for Maslach in developing the MBI was the observed emotional interactions between staff and client/patient (Pines and Maslach, 1982). These interactions are often charged with emotions of different kinds, both negative such as anger, fear, despair, and frustration and positive such as affection and sympathy. Such feelings may emanate from the continuous work with people having severe psychological and social problems. A review of the literature shows some efforts to understand burnout by interpersonal approaches, e.g. Pines and Aronson's (1988) observation of the asymmetric relationship between caregiver and caretaker. Other studies (Farber and Heifetz, 1982; Pines and Maslach, 1982; Hare and Pratt, 1988) suggest connections between burnout and severity of patients' problems. Miller et al. (1988) found that lack of communicative responsiveness in the therapeutic relationship could be used for predicting both Depersonalization and reduced Personal accomplishment. Happell et al. (2003) used MBI on forensic wards and found conspicuously low levels of burnout among the nurses. They related their results to the high level of staff support that they found. We have, however, not found any studies where burnout is directly related to the staff's feelings toward their patients. Some research has been reported concerning burnout in connection with countertransference reactions in work with traumatized patients (Jenkins and Baird, 2002; Collins and Long, 2003; Salston and Figley, 2003), but not associated with staff reactions in ordinary psychiatric work. This issue is of great importance as staff emotions and countertransference feelings often may be associated with well-being and energy at work.

The general purpose of this article was to study the relationship between burnout and staff feelings towards patients. As burnout is a generally destructive state for the individual, it is reasonable to believe that it also affects the burned out person's feelings towards his or her fellow-men. The BM and MBI scales together measure four different dimensions of burnout. BM measures a state called Tedium, implying a general low level of work energy, and MBI measures three dimensions called Emotional exhaustion (EE), Depersonalization (DP), and (lack of) Personal accomplishment (PA). These four dimensions all contain some aspect of negative emotions. The emotions are, however, formulated in general terms. The intention of the study presented in this paper was to analyze to what extent these general burnout states translate into, or influence, specific feelings towards patients.

Our hypothesis was that negative staff feelings towards patients covary with a high degree of burnout,

and that the absence of burnout and a sense of satisfying work accomplishment are affiliated with positive feelings for the patients. Primarily, we suggest that burnout influences feelings towards patients. We do, however, also consider the possibility that feelings towards patients may successively lead to burnout feelings. As the study has a correlational design, we cannot distinguish between those two possibilities, but in the analyses we consider them both.

A second issue was if there was any difference between the four burnout dimensions with respect to their potential relations with staff feelings. Our hypothesis was that Tedium, being the most general burnout-dimension (Pines and Aronson, 1988), would be the one that most strongly covaried with staff feelings towards patients.

Our third aim was to describe the relations between burnout and specific emotional reactions in the staff. The question here was: What, in terms of feelings towards patients, characterizes psychiatric staff with high and low burnout?

## 2. Methods

### 2.1. Subjects

Staff ( $n=510$ ) at 28 treatment units consisting of 16 psychiatric wards, 8 forensic wards and 4 psychiatric treatment homes participated. There were 301 women and 209 men in the study. Feelings were reported towards 909 patients, 526 women and 383 men. Their average age was 46 years, ranging from 26 to 70 years of age. The study was part of a project aiming at studying work conditions in psychiatric inpatient wards. The units were selected for convenience reasons (geographic

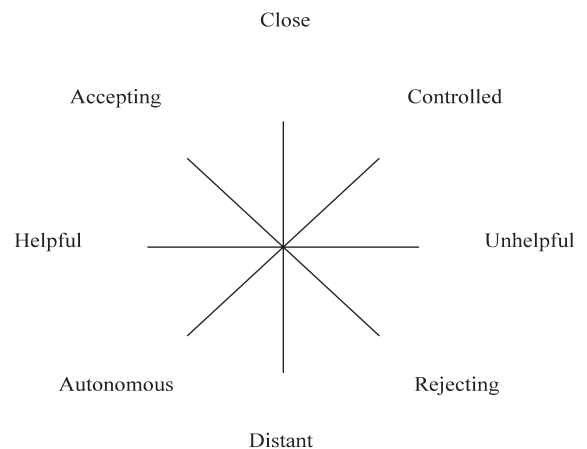


Fig. 1. Circumplex of feelings.

Download English Version:

<https://daneshyari.com/en/article/332887>

Download Persian Version:

<https://daneshyari.com/article/332887>

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