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The association between spiritual well-being and burnout in intensive care unit nurses: A descriptive study

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ABSTRACT

Objectives: To describe the spiritual well-being and burnout of intensive care unit nurses and examine the relationship between these factors.
Research methodology: This was a cross-sectional descriptive study. The participants were 318 intensive care unit recruited from three university hospitals in South Korea. The survey questionnaire included demographic information, work-related characteristics and end-of-life care experience, along with the Spiritual Well-Being Scale and Burnout Questionnaire. The data were analysed using descriptive statistics, *t*-tests, ANOVA with Scheffé test and a multiple regression analysis.
Results: The burnout level among intensive care unit nurses was 3.15 out of 5. A higher level of burnout was significantly associated with younger age, lower education level, single marital status, having no religion, less work experience and previous end-of-life care experience. Higher levels of spiritual well-being were associated with lower levels of burnout, even after controlling for the general characteristics in the regression model.
Conclusion: Intensive care unit nurses experience a high level of burnout in general. Increased spiritual well-being might reduce burnout among intensive care unit nurses. Younger and less experienced nurses should receive more attention as a vulnerable group with lower spirituality and greater burnout in intensive care unit settings.

Implications for clinical practice

- Support for spiritual well-being may reduce burnout among intensive care nurses aged in their twenties and nurses with less than five years of clinical experience, both of whom are considered vulnerable groups to burnout.
- Interventions related to spiritual well-being may reduce burnout of intensive care nurses.
- Education in hospice care might increase the spiritual well-being levels of intensive care nurses in the future.

Introduction

Burnout is defined as perceived feelings of physical and emotional exhaustion due to stress (Felton, 1998). It can arise after consistent exposure to prolonged stress resulting in physical and psychological imbalances (Epp, 2012). Nurses, compared to other professional groups, experience higher burnout levels (Embrico et al., 2007; Guntupalli et al., 2014). Burnout in nurses occurs for reasons such as chronic nursing shortages and understaffing, the lack of a supportive work climate and increased patient severity (Cho and Kim, 2014).

Intensive care unit (ICU) nurses are known to be especially vulnerable to burnout during critical care practice, because of the high level of patient acuity, high workload, exposure to unexpected patient death and perceived conflicts with patients or other staff (Burgess et al., 2010; Teixera et al., 2014). The ICU work climate might also contribute to burnout, given that ICUs are where patients with the highest severity conditions are admitted. ICU nurses are

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expected to provide skilled nursing care under a 24-hour monitoring system and are often exposed to emergency situations (Park and Shin, 2013; Shu-Ming and Anne, 2001). They focus on providing quality care to maximize patient survival. However, when these nurses experience the death of a terminal-stage patient with a limited chance of recovery, they may experience emotional fatigue and greater burnout (Renea and Karin, 2005).

Because burnout is a subjective feeling based on personal characteristics and environmental stress, ICU nurses should be aware of their psychological status and needs to prevent burnout at work. One potential personal protective factor of burnout is spiritual well-being. Spiritual well-being is a peaceful state characterised by fulfillment of spiritual needs, life stability, and balanced relationships with self, others and the environment, without spiritual suffering and conflicts (Yoo et al., 2006). The concept of spiritual well-being is based on the assumptions that spirituality controls the life course and a human being is an integration of spirit, body, and mind, all of which are necessary for internal harmony and peace (Fiori et al., 2004). Individuals with optimal levels of spiritual well-being are likely to find purpose and meaning in life and show ready recovery from life stress (Sung, 2009a).

To obtain spiritual well-being, ICU nurses must seek physical, psychological, and spiritual integration during everyday practice. They should assess their own spiritual well-being, as this might have indirect positive effects on the critically ill patients under their care (Attia et al., 2012; Sung, 2009a). There is evidence of an association between spiritual well–being and burnout in various populations; however, little of this research has examined this association in ICU nurses, who are in great need of burnout prevention. Specifically, in South Korea, spiritual well-being has been examined in many nursing workforce groups, including nursing students (Lee, 2004; Sung, 2009b), hospice unit staff (Yoo et al., 2006) and oncology unit nurses (Kim and Young, 2013), but not ICU nurses. Overseas studies have examined the mediating role of burnout between spirituality and care behaviours (Kaur et al., 2013), but have not considered a direct path from spirituality to burnout in ICU nurses. They have also focused on the religious aspect of spirituality (Chew et al., 2016; Musgrave and Mcfarlane, 2004), even though the construct of spiritual well-being comprises both religious and existential components. Whereas religious well-being deals with religiosity as the source of spiritual balance, existential well-being refers to the basic spiritual needs shared by individuals with an interest in exploring the meaning and purpose of life at an existential level (Lee, 2002).

More recently, there has been growing interest in protective strategies for burnout among healthcare professionals working in the ICU (Moss et al., 2016). This study was based on the notion that spirituality is a potential protective factor for burnout among ICU nurses and therefore might be useful in interventions to reduce burnout. Everyday experiences of spiritual well-being could make end-of-life care settings less stressful and burdensome. To examine this hypothesis, this study aimed to assess the levels of spiritual well-being and burnout among ICU nurses and examined the associations between these variables. Specific research questions include (1) *what are the levels of spiritual well-being and burnout among ICU nurses in South Korea?* (2) *What is the correlation between spiritual well-being and burnout in ICU nurses?* (3) *What are the differences in spiritual well-being and burnout in ICU nurses by general characteristics?* (4) *Does spiritual well-being mediate the relationship between end-of-life care experiences and burnout in ICU nurses?*

Methods

Design & sample

This was a cross-sectional descriptive study. Participants were 318 ICU nurses recruited from three university hospitals in the metropolitan area of Seoul, South Korea. All participants were registered nurses who had worked in an ICU for more than one year. The initial sample size of 340 was estimated with G*Power based on a significance level of 0.05, a power of 0.80, and a medium effect size. Of the surveys distributed to the 340 ICU nurses, 338 questionnaires were returned (return rate 99.4%). Two nurses refused participation because of a busy work schedule and lack of interest in the research, and there were no systemic differences between those who participated and those who did not. Of the 338 questionnaires, 20 surveys were excluded due to the incompleteness of the data; thus, 318 surveys were included in the final analysis.

Measurements

General characteristics included age, gender, marital status, religion, education and perceived life satisfaction. Nursing career characteristics included current work position and department, past work experience, and ICU work experience. Questions on end-of-life care experience included past end-of-life care experience, previous education on end-of-life care, and previous bereavement experience in the family.

Spiritual well-being

Spiritual well-being was measured using the Spiritual Well-Being Scale (SWBS), originally developed by Ellison (1982), and was translated into Korean by Lee (2002). The SWBS comprises 20 items, including 10 items each on religious and existential well-being. The scale is rated on a 5-point Likert scale from 1 (very much) to 5 (not at all**).** In the study using the Korean translation version, the mean item scores ranged from 2.84 to 3.92 out of 5 points (Lee, 2002). A higher score indicated a higher level of spiritual well-being. The Cronbach's alpha reliability of the SWBS in the current study was 0.91, while the Cronbach's alpha reliability for the sub-domains included 0.94 for religious well-being and 0.85 for existential well-being.

Burnout

Burnout was measured using the scale developed by Pines and Kanner (1982), and translated into Korean by Pick (1983). The scale comprises 20 items measuring physical burnout (6 items), emotional burnout (7 items), and psychological burnout (7 items). Emotional burnout refers to higher levels of negative emotions such as anxiety or embarrassment associated with various feelings that occur in a person's mind. Psychological burnout refers to stress-related mental exhaustion associated with brain capacity, such as decreased concentration and negative thoughts. Each item was rated on a 5-point scale from 1 (never) to 5 (always), with total scores ranging from 20 to 100. In the study using the Korean translation version, the mean item scores ranged from 1.83 to 4.01 out of 5 points (Pick, 1983). Higher scores indicated greater burnout. The Cronbach's alpha reliability of the scale in the current study was 0.85.

Data collection procedure

The current study was approved by the institutional review board (IRB) of University of Korea Ethics Committee (IRB approval number MIRB-00E59-001). The data were collected from January to February 2014. After IRB approval, participants were recruited

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