



Nurses and burnout syndrome

Zarema Obradovic^{1,2*}, Amina Obradovic³, Ifeta Ćesir-Škoro⁴

¹Institute for Public Health of Canton Sarajevo, Mustafe Pintola 1/III, Sarajevo, Bosnia and Herzegovina. ²Faculty for Health Studies University of Sarajevo, Bolnička 25, Sarajevo, Bosnia and Herzegovina. ³PhD student of Faculty of Health Care and Social Work, Univerzitne namestie 1, Trnava, Slovakia. ⁴Regional Medical Center "Dr Safet Mujić", Maršala Tita 294, Mostar, Bosnia and Herzegovina

ABSTRACT

Introduction: The work of nurses is human. They help people in protection against diseases. Nurses are the largest group of health workers and all problems that appear in the health system are first recognized among them. Burnout syndrome appears among nurses very frequently. We present the leading factors for burnout among nurses in RMC „Dr Safet Mujic“ in Mostar, Bosnia and Herzegovina.

Methods: It is a cross sectional descriptive study. We used an anonymous questionnaire with 20 questions. Our sample was random with 30% of all nurses which were working in this Medical Center in January-February 2012.

Results: In our study 77.9% nurses work in the hospital. 52% have over 16 years of work experience. 34.6% of examinees are satisfied with interpersonal relationships, 31.7 % are satisfied with relationships with the superior. Motivation for work have 51% of examinees, a big number comes unwilling on work. For 83.7% overtime work is the reason for dissatisfaction 71.2% examinees think that they can't make progress on work. A high percentage of examinees doesn't think about problems related to work outside working hours, a good sleep have 38.5% and 56.7% wakes up tired. Many of examinees are not satisfied with workplace, and 58.7% would like to change it.

Conclusion: Nurses employed in RMC „Dr Safet Mujic“ Mostar are exposed to many factors during work which can cause the burnout syndrome. It is necessary to expand the study on a larger group of nurses and to implement the measures for reducing risks of burnout syndrome.

Keywords: burnout syndrome, nurses, factors

INTRODUCTION

The work of nurses is very human because they help people in saving their health and protection against diseases. The role of nurses in the social community

is important because they have an influence on creating positive habits related to health. Their role in the health system is also great because they make up the largest percentage of health workers and are a part of each team (1).

In order to fulfill their obligations correctly, nurses should be emotionally mature and stable persons which can understand human suffering and deal with them. They need to know how to adequately function in emergencies and respond fairly to solve

Corresponding author*: Zarema Obradović,
Institute for Public Health of Canton Sarajevo, Mu-
stafe Pintola 1/III, Sarajevo, Bosnia and Herzegovina;
e-mail: zobradovic9@gmail.com, 033 667 691

Submitted 5 November 2012/Accepted 15 January 2013



UNIVERSITY OF SARAJEVO
FACULTY OF HEALTH STUDIES

many ethical dilemmas. Performing all of these jobs and tasks leads to physical as well as intellectual exhaustion that deepens from day to day. In the last years the term "burnout syndrome" is used for these conditions and represents a set of physical and mental exhaustion symptoms which mostly occur as a delayed response to chronic emotional and interpersonal stressful events in the workplace.

Burnout syndrome (BOS) is a psychological state resulting from prolonged exposure to job stressors. Nurses are considered to be particularly susceptible to burnout. Measuring burnout among nurses is important because their well-being has implications for stability in the healthcare workforce and the quality of care provided (2). The first talks on the phenomenon of burnout began in highly industrialized countries, and now this is an unavoidable issue worldwide (3,4). A precondition for good quality work and tasks of all employees, including nurses, is a positive work atmosphere that does not constrain, but encourages to work and deepens collegial relationships.

With our research we wanted to find out in what kind of work environment do nurses in Regional Medical Center "Dr Safet Mujic" Mostar work and what is their satisfaction with the work, then identify presence of burnout symptoms: sleeping quality, work satisfaction, stress in free time due to work and intention to change the working place.

METHODS

Our study was the first study of burnout syndrome in Regional Medical Center „Dr Safet Mujic“ Mostar and we decided to take as a sample 30% of employed nurses (from the total number of 312 our sample were 104 nurses).

In the random sample we included 30% of nurses from every department.

For the research we used own questionnaire with 20 questions. It was done anonymously. Our research is a cross sectional descriptive study, conducted in January and February 2012.

We researched age structure and work experience of nurses in Regional Medical Center "Dr Safet Mujic" Mostar, Bosnia and Herzegovina and the attitude of nurses towards overload at work, interpersonal relationships and their motivation to work.

RESULTS

According to working place in our sample are 77.9% nurses from the hospital and 22.1% which work in primary health care.

The nurses belong to different age groups. The mean age is $41,4 \pm 16$ years. In the structure the most common is the age group from 31-40 years old (36.5%), and the rarest is the age group 20-30 years, with only 15.4%. (Figure 1)

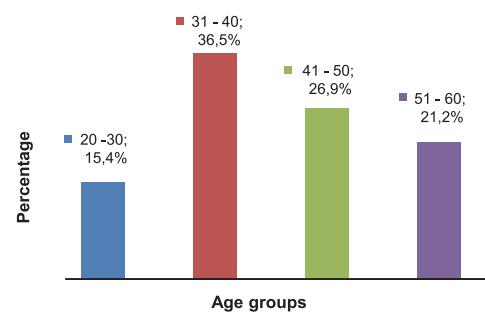


FIGURE 1. Sample structure by age groups

The most nurses have a long work experience, longer than 16 years (52%). In the structure 26% of all nurses are with work experience from 16 - 20 and longer than 20 years. The lowest percentage, 11.5% are the nurses with work experience 6-10 years (Figure 2).

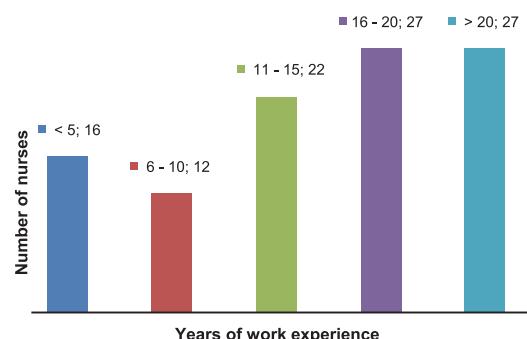


FIGURE 2. Work experience

In Table 1 we will present answers on the questions about the attitude of nurses.

TABLE 1. Questions about the attitude of nurses

VARIABLES	CATEGORIES	N	%
Do you think the number of nurses according to job preferences is adequate?	Yes	17	16.3%
	No	87	83.7%
Are you satisfied with interpersonal relationships at department?	Yes	36	34.6%
	No	27	26.0%
	Not completely	41	39.4%
Are you satisfied with the relation of the superior towards staff?	Yes	33	31.7%
	No	28	26.9%
	Not completely	43	41.3%
Can you make progress at your working place?	Yes	30	28.8%
	No	74	71.2%
Do you have an ideal at work?	Yes	47	45.2%
	No	57	54.8%
Do you feel motivated to do the tasks at work?	Yes	51	49.0%
	No	53	51.0%

The big percentage of nurses, 83.7% think the number of nurses according to job preferences in not adequate, and 71.2% think they cannot make progress at working place.

In Table 2 are the main burnout symptoms present in this group.

Only 38.5% of our examinees sleep well, 56.7% get up tired, 50% feel bad because of their work.

DISCUSSION

Burnout syndrome has become a great problem in all countries of the world, in almost all professions. Among health care workers nurses are considered to be particularly susceptible to burnout. Although nurses on all departments are exposed to the risks, nurses on some departments are especially exposed. Among the most vulnerable groups of nurses are those working in hospitals. Our results are similar with results authors from Croatia, Hungary and China (1-4).

In our study the most nurses (77.9%) work in hospitals and we can consider the results adequate for nurses working in hospitals. Despite that, not all departments inside the hospital have the same exposure to factors which lead to burnout and thus intensive care, oncology and neonatology units are considered the most critical (5-8).

TABLE 2. Questions about the burnout symptoms

VARIABLES	CATEGORIES	N	%
How do you sleep?	Well	40	38.5%
	Bad	16	15.4%
	Not well	48	46.2%
Do you get up tired?	Yes	59	56.7%
	No	45	43.3%
Do you like to go to work?	Yes	68	65.4%
	No	36	34.6%
Do you look forward to the end of the working day?	Yes	76	73.1%
	No	28	26.9%
Do you socialize with your working colleagues?	Yes	83	79.8%
	No	21	20.2%
Do you "carry" your working problems home?	Yes	15	14.4%
	No	89	85.6%
Do you think about the patients at home?	Often	23	22.1%
	Rare	81	77.9%
Do you feel bad because of your work?	Yes	52	50.0%
	No	52	50.0%
Would you like to change your working place?	Yes	43	41.3%
	No	61	58.7%
Do you look different on your job now compared to the time you started to work?	Yes	78	75.0%
	No	26	25.0%

Younger nurses reported higher levels of burnout in our study and the study in China (9).

Although there is an objective need for nurses on many departments, there are not enough employments for them. For that reason, some nurses wait for years before they get their first job. As a result there is a discrepancy between age and work experience (10-12).

In the meantime, the risk of forgetting things, introduced new techniques and technologies create fear of failure at work. A study conducted in China shows that a more frequent burnout in younger and less educated nurses is statistically significant (13).

One of the major risks which leads to burnout is overwork. Even 83.7% of our examinees consider that the number of nurses working on their departments is not sufficient for the amount of work. Similar data are found in Croatia in a study by authors

Kopačević and Protkić (1). A study made in China shows that a big influence on burnout at work have also long working hours, which means that more than 10 working hours per day leads to overload (9). The most of our examinees work in shifts which last for 12 hours, thus this type of risk is present.

Other factors that might lead to burnout are related to the working environment. In our study only 34.6% of nurses are satisfied with interpersonal relations at their department.

The possibility to make progress is one of the important motivation factors which contribute to the decreasing of burnout. On the question if they think they can make progress at work, almost 2/3 (71.2 %) of nurses answered negative and consider that they will not have a chance for progress during their work . This certainly causes a dose of discontent. These devastating facts lead to the condition that 51% nurses don't feel motivated to do their job. Studies of different authors pointed out the necessity of creating positive working atmosphere as a basic precaution for good quality work of nurses (13-15).

Working stress and burnout at work effect the life quality which can be seen from our results and which authors from Pakistan (16).

Only 38,5% of our examinees sleep well and even 56.7% get up tired. It is interesting that half of our examinees feel bad because of their work.

One interesting fact in our study is that, according to their answers, even 85.6% of examinees manage to separate work from private life and they don't think at home about the problems at work.

Even 75% of the nurses look differently on their job now and 41.3% would like to change their workplace. Similar results are presented in the papers by authors from India and Australia (17,18).

CONCLUSION

Nurses employed in Regional Medical Center "Dr Safet Mujić" in Mostar assess their working environment as very conductive for the appearance of stress and burnout.

As our study is the first of this kind, conducted on a small sample, it is necessary to conduct additional, more detailed studies for reliable conclusions and planning of prevention measures and decrease of burnout syndrome at work

All results, including the ones from cited authors and ours, indicate the need to improve working conditions of nurses.

Among the most important measures which are proven to lead to improvement are: decreasing of overtime, decreasing of unpaid overtime hours and creating of better working environment.

Implementation of these measures would significantly contribute to the improvement of life quality of nurses.

CONFLICT OF INTEREST

Authors declare no conflict of interest associated with the study.

REFERENCES:

1. Kopačević L, Protkić R. Motivacija, kreativnost i sestrinstvo, Hrvatski časopis za javno zdravstvo, 2008;4(14):20-26
2. Huidek-Knežević J, Kalebio Maglica B, Krapić N. Burn out medicinskih se-stara u bolnicama, Croatian Med J.2011;52:538-49
3. Kovacs M, Kovacs E, Hegedus K Emocionalni rad i sagorijevanje: presečno istraživanje među medicinskim sestrama i liječnicima u Mađarskoj, Croatian Med J. 2010;17:53
4. Wu S, Zhu W, Wang Z, Wang M, LanY. Relationship between burnout and occupational stress among nurses in China. J Adv Nurs. 2007;59(3):233-9
5. Piers RD, Azoulay E, Rico B, Dekeyser Ganz F, Decruyenaere J, Max A. Perceptions of appropriateness of care among European and Israeli intensive care unit nurses and physicians. JAMA 2011;28:306(24):2694-703
6. Van Srvellen G, Leake B. Burn-out hospital nurses: a comparison of acquired immunodeficiency syndrome, oncology, general medical and intensive care unit nurse samples. J Prof Nurs 1993;9(3):169-77
7. Le Gall JR, Azoulay E, Embriaco N, Poncet MC, Pochard F: Burn out syndrome among critical care workers. Bull Acad Natl Med 2011;195(2):389-97
8. Braithwaite M. Nurse burnout and stress in the NICU. Adv Neonatal Care 2008; 8(6):343-7
9. Wu SY, Li HY, Tian J, Zhu W, Li J, Wang XR. Health related quality of life and its main related factors among nurses in China. Ind Health 2011;49(2):158-65
10. Laschinger HK, Grau AL, Finegan J, Wilk P. New graduate nurses' experiences of bullying and burnout in hospital settings. J Adv Nurs 2010;66(12):2732-42
11. Lu H, While AE, Barriball KL. Job satisfaction among nurses: a literature review. Int J Nurs Stud 2005;42(2):211-27
12. Zeytinoglu IU, Denton M, Davies S, Baumann A, Blythe J, Boos L. Retaining nurses in their employing hospitals and in the profession: effect of job preference, unpaid overtime, importance of earnings and stress. Health Policy 2006;79(1):57-7
13. Laschinger HK, Wong CA, GrecoP. The impact of staff nurse empowerment on person-job fit and work engagement/burnout. Nurs Adm Q 2006;30(4):358-67
14. Bartram T, Joiner TA, Stanton P. Factors affecting the job stress and job satisfaction of Australian nurses: implications for recruitment and retention. Contemp Nurse, 2004;17(3):293-304
15. Erenstein CF, McCaffrey R. How healthcare work environments influence nurse retention. Holist Nurs Pract 2007;21(6):303-7
16. Iram B, Novera N, Aashifa YA. Work related stress among nurses of public hospital of AJ&H- cross sectional descriptive study. HealthMed

- 2012;6(5):1651-1660
17. Nirmamohar B. Stress among nurses at tertiary hospitals in Delhi. *Australasian Medical Journal* 2010;3(11):731-8
18. Pinikahana J, Happel B. Stress, burnout and job satisfaction in rural psychiatric nurses: A Victorian study. *Australian Journal of Rural Health* 2004;12(3):120-125