

Analysis of Burnout Syndrome Dimensions among Nurses in Hospitals in the City of Iranshahr in 2015

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Abstract: Job burnout causes physical and mental effects and performance degradation that the goal of this study is to analyze burnout syndrome dimensions among nurses in hospitals in the city of Iranshahr. This is a descriptive study that was conducted with sample size of 197 people on nurses. Data were collected by Maslach burnout inventory questioner and were analyzed by descriptive statistics. Most nurses 61.2% are aged between 20-30 and 81.6 are married, 54.6% have job background between 1-5 years and 3.28% with 6-20 years job background that between all the variables, the personal accomplishment variable has the highest mean and lowest mean was related to depersonalization variable. According to the results of this research and the importance of nursing jobs, in terms of morale and job burnout factors we should create strategies for motivating and proper motivation among nurses.

Key words: Nurses, job burnout, Iranshahr, factor, physical

INTRODUCTION

Peoples job is one of main reasons if stress in their lives and it is considered as factor of formation of social identity, source of supplying life needs and forming social relationships and it can also be considered as important source of stress. Usually, there is more stress in jobs where human contact is involved.

Psychological stress of job are stresses that if they exist too much can endanger person's health by creating physical, mental and behavioral complications. On the other hand existence of these pressures, coupled with the threat of organizational goals can reduce the quality of functioning of a person (Busari, 2002). Occupational burnout is one of the most important and inevitable consequences of job stress (Farsi, 2014).

This problem in addition to adverse physical and psychological effects reduces efficiency and quality of work, especially in professional nursing service. Among health care workers, nurses compared to other groups are subjected to considerable stress. They face with pain and sorrow of patients, their death and patients and their families facing overwhelming grief, on the other hand, some of nursing tasks are v9tal and some are disgusting (blood, urine, vomit...) which could affect their burnout. In an atmosphere of sadness and suffering as well as equipment failure in some sectors, lack or unavailability of drugs, swing hours and working time are factors that increase stress and burnout in nurses.

Abdi Masoule said that the term job burnout for the first time came in late 1960s when he saw signs of fatigue in his staff. He called this phenomenon the physical and mental dementia syndrome that occurs in people working as aiding professions (Abdi *et al.*, 2010).

Several studies indicate the high prevalence of burnout among nurses. Including in a study in the United States, the rate of burnout among nurses is estimated at four times more than other jobs. Korea is among the countries that have been hit extremely high levels of burnout in nurses report. So that, it is even greater than the statistics of the countries of America, Germany, Britain and Canada (Farsi, 2014). Also in China due to a severe shortage of nurses and increasing the workload, physical stress, emotional and moral with relatively low wages and the devaluation of the profession causes nurses experience burnout (Myhren *et al.*, 2013).

Job burnout results from too much and long term work with very low improvement. From causes of this outcome in nursing class we can point out exposure to stress such as mortality of patients, care of multiple patients with complex care needs, low social support, high working pressure, lack of job security, low wages and benefits, decisions based on insufficient information in an emergency and accountability to avoid any confusion, night duty, conflict of roles and values, being underhand, the existence of strict head nurses, shortage and poor distribution of forces. Job burnout is

accompanied with complications such as sleep disorders, systemic inflammation and damage to the immune system, coagulation disorders and inappropriate regulation of the hypothalamic pituitary adrenal axis with the sympathetic nervous system, non-productive work and absence from work (Li *et al.*, 2014).

In this regard, (Brooten *et al.*, 2004) in a study to evaluate the job burnout among nurses also included letters medical group showed, nurses compared to other medical professional have lower mental health and in all dimensions of Job burnout compared to other groups to have obtained a higher score (Brooten *et al.*, 2004). Nurses are doing multiple and sometimes conflicting activities in the organization that it increases their workload and makes them susceptible to negative health outcomes and ultimately may affect their performance and quality of care (Li *et al.*, 2014). With these views we have been trying to examine burnout syndrome dimensions in nursing in Iranshar.

MATERIALS AND METHODS

This is a descriptive cross-sectional study from the population of this study included all nurses (197 nurses) working in hospitals in Iranshahr. The subjects in this study are nurses working in hospitals Iranshahr. The following inclusion criteria nursing a higher degree and higher have at least 6 months experience in hospital, the data collected through a questionnaire that included the burnout inventory, This tool is known as a means of assessing the gold standard for measuring job burnout. This questionnaire has 22 questions. The 9 questions related to emotional exhaustion estimate (including questions 1, 2, 3, 6, 8, 13, 14, 16, 20), 5 questions related to measurement of depersonalization (including questions 5, 10, 11, 15, 22) and 8 questions related to feelings of personal accomplishment (including questions 4, 7, 9, 12, 17, 18, 19, 21) that each domain were measured at two frequency and severity dimensions. A domain of emotional exhaustion, tired of work, calculates excitement activities. Information collected were analyzed by the Software SPSS and descriptive statistics.

RESULTS AND DISCUSSION

Showed that the majority of nurses 61.2% are between 20-30 years old that most of them 81.6% are married women and 45.4% childless, 46.1% of their spouses had bachelor degree, Table 1 job of most of them was employees 52% their rank was nurse 9.57% most of their employment status 6/52% was official. The situation shifts the most frequent 82.9 to shift. More nurses working experience was between 1-5 years (Table 2).

According to Table 3, mean and standard deviation job burnout variable (40/36±9/99), average component of emotional exhaustion (14/63±7/29), personal accomplishment (20/76±5/82) and depersonalization was (4/96±3/66). The highest mean of the components of personal accomplishment and depersonalization component was the lowest ones.

Table 1: The relative frequency distribution and demographic characteristics of nurses

Individual features	Count	Percentage
Gender		
Male	124	81/6
Female	28	18/4
Marital status		
Single	50	32/9
Married	99	65/1
Divorced	1	0/7
Husband or wife dead	2	1/3
Age		
20-30	93	61/2
31-40	53	34/86
41-50	6	3/94
Education of spouse		
Guidance school	9	5/9
High school	36	23/7
Associate degree	27	17/8
Bachelor	70	46/1
Master degree	8	5/3
Doctorate	2	1/3
Number of children		
0	69	45/4
1	36	23/7
2	28	18/4
3	14	9/2
4	5	3/3

Table 2: Absolute and relative frequency of traits associated with nursing jobs

Individual features	Count	Percentage
Job of spouse		
Free	52	34/21
Employee	79	52
Unemployed	21	13/81
Position		
Head nurse	17	11/2
Charge	44	28/9
Nurse	88	57/9
Paramedic	3	2
Employment status		
Official	80	52/6
Contractual	31	20/4
Projective	41	27
Shift status		
Morning	20	13/2
Afternoon	4	2/6
Night	2	1/3
In circulation	126	82/9
Work experience		
1-5	83	54/6
6-10	54	35/52
11-15	10	6/57
16-20	5	3/28

Table 3: Mean and standard deviation of burnout in nurses and its components

Variables	Mean	SD
Job burnout	40/36	9/99
Emotional exhaustion	14/63	7/29
Personal accomplishment	20/76	5/82
Depersonalization dimensions	4/96	3/66

CONCLUSION

This study showed that most of the nursing staff has been mild depersonalization. Depersonalization is negative and callous to persons who are usually the recipients of the service of the person. People suffering from depersonalization and distrustful of others and treat others well and they are treated as an object. When a person in their area of work is not appropriate incentive, your task is not well understood and the laws and policies not explained, new and diverse approaches were seen and not pleasant work environment, your human perspective in the care of patients suffering from depersonalization and it loses. This finding is also consistent with results by Sotodeh and Bakhtiari (2006) and Zeighmai and Haghighi (2011). But was incompatible with results (Khazaei *et al.*, 2006). In a study Khazayi 54/2% of nurses had severe depersonalization. In the present study may suggest mild depersonalization from human relations among employees is perfect within an organization. Also in this study, the majority of nurses had low personal accomplishment. This finding was in line consistent with results (Abdi *et al.*, 2010; Zeighami, 2010). These findings was not in line with (Khajedin *et al.*, 2006) results. In their study, most nurses had a moderate individual success. It seems that most of the nurses may have failed to provide competence at work. They were dissatisfied with their job and have had a negative attitude to their profession. Since, the performance and satisfaction nurses affect the firm's success is due to the increase in job satisfaction is of utmost importance.

SUGGESTIONS

Nurses are particularly susceptible to burnout, because they face with the disease, pain, suffering and death, the patients pay the price of burnout, in addition to the above nurses are affected by the effect of burnout on personal life. Individual occupational stress management measures must be taken to control stress. Managers also apply to some organs such as the favorable development of organizational culture, coaching staff, a decent wage and motivational system design, according to adapt jobs

and meritocracy, participation in decision making and improved organizational communication can involve in the management of occupational stress and burnout experienced staff are experts prevention. Coping strategies to reduce and control job stressors, especially in Iranshahr hospital is suggested:

- The percentage of the budget allocated to the nurses' welfare
- Increases fee for service plan nurses
- Creating sports and recreation clubs
- Human resources, the revision of the various categories of nursing duties, moral and material support from the nursing staff managers, hold regular meetings between managers and employees face to face discussion, problem-solving skills
- Increases in compensation
- Professional nurses participation in decision-making organization
- Various cultural publications in the nursing profession and in service training to staff

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