

The Empirical Study of Burnout Among Nurses of Public Hospitals in the Northern Part of Malaysia

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ABSTRACT

The shortage of hospital nurses may be linked to unrealistic nurse workloads. Forty percent of hospital nurses have burnout levels that exceed the norms for health care workers. The population for this study consisted of all registered nurses (RNs) in public hospital within the northern states of Malaysia. The sample of 2400 nurses from the medical and maternity ward from a targeted population of 3000 staff nurses employed 1 year or more in four hospitals were gathered. The findings of the study shows that nurses who underwent high work overload will undergo high depersonalization, there are relationship between work overload and emotional exhaustion, depersonalization and self accomplishment, there is relationship between role overload and burnout, there are relationship between role overload and emotional exhaustion, depersonalization and self accomplishment and lastly role overload have relationship with emotion exhaustion, depersonalization and self accomplishment.

Keywords: *work overload, depersonalization, burnout, role overload, emotion exhaustion*

INTRODUCTION

Nurses nationwide consistently reported that hospital nurse staffing levels are inadequate to provide safe and effective care. Physicians agree, citing inadequate nurse staffing as a major impediment to the provision of high quality hospital care. The shortage of hospital nurses may be linked to unrealistic nurse workloads. Forty percent of hospital nurses have burnout levels that exceed the norms for health care workers. Job dissatisfaction among hospital nurses is 4 times greater than the average for all US workers, and 1 in 5 hospital nurses report that they intend to leave their current jobs within a year. Nurses are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their profession. Burnout is a serious problem. It directly affects the workers and its presents with various symptoms, both somatic and psychological. It is related to the deterioration of relationships between the nurse and the patients, the coworkers, the family and the social environment. Additionally, burnout has been closely related to both the absenteeism of nurses from work and abandoning nursing. Finally, the nursing burnout results in poor patient care.

Among the reasons contributing to the development of burnout are the following: 1) work overload, 2) the contact with patients with critical health or deceases, 3) the contact with patients having increased emotional demands, 4) the time nurses spent for the patients' care, 5) lack of role overload from supervisor and colleagues, 6) lack of Job satisfaction, 7) ambiguity and role conflict, and 8) fear of death. The very important factors for development of burnout are also the personality characteristics of the individual, his motivations for having chosen a humanistic profession, his expectation from himself and

those around him, his values, his self esteem, his ability to express his feeling and emotions, his reaction towards anything that happened around him, in others word his principle and his own personalities. All these factors influence the way of handling an emotional strain. It is said that some people are more stress resistant, and are therefore less vulnerable to the development of burnout. (Pines & Kanner, (1982).

Problem Statement

Medical and Maternity nurses have heavy workloads and extensive responsibilities, but only limited authority. They must care for unstable patients, carry out procedures accurately and react to extremely urgent matters (Erlen & Sereika 1997), although their decision latitude is often insufficient to cope effectively with these demands (Sawatzky 1996). Such working conditions form the breeding ground for job stress. According to the demand control model (Karasek 1997), job that combine high demands with low control evoke psychological and physical distress ('high strain jobs). Such working conditions eventually deplete nurses' emotional resources and may initiate the burnout syndrome.

Nurses may constitute the most dissatisfied professions in the United States today. A 1999 survey done by the Nursing Executive Center reported similarly troubling finding. 28 percent of registered nurses said they were either "somewhat" or "very dissatisfied" with their job, 51 percent were "somewhat satisfied" and only 21 percent were "very satisfied". Reporting on recent changes in the industry, a whopping 51 percent of all registered nurses stated that they were less satisfied with their jobs than they had been just two years earlier. Nurses' dissatisfaction with their job is surprisingly universal. Personal factor such as age, years of experience or education have relatively little impact on job satisfaction. Staff nurses have a lower satisfaction than any other types of nurses. When analyzed by place of work, hospital nurses have the second lowest satisfaction, just ahead of nursing home.

Purpose of the Study

The purpose of this study was to examine the relationship between work-overload, role conflict and role overload and burnout in a sample of registered nurses in the public hospitals in four northern states of Malaysia. The study attempted to narrow or close a gap in the literature by examining the effect of work overload, role conflict and role overload on burnout directly.

Objective of the Research

The objective of the study are:

1. To find out the levels of work overload, role conflict and role overload and burnout among nurses in public hospitals in the northern states of Malaysia
2. To identify the relationship between work overload with emotional exhaustion, depersonalization and personal accomplishment among nurses in the public hospital in the northern states of Malaysia.
3. To identify the relationship between roles conflict with emotional exhaustion, depersonalization and personal accomplishment among nurses in the public hospital in the northern states of Malaysia.
4. To identify the relationship between role overload with emotional exhaustion, depersonalization and personal accomplishment among nurses in the public hospital in the northern states of Malaysia.
5. To identify the relationship between work overload, role conflict and role overload and burnout among nurses in the public hospital in the northern states of Malaysia.

Research Hypotheses

1. There's a significant relationship among work overload and burnout among public hospital nurses in northern Malaysia
2. There's a significant relationship among role conflict and burnout among public hospital nurses in northern Malaysia
3. There's a significant relationship among role overload and burnout among public hospital nurses in northern Malaysia.

LITERATURE REVIEW

Burnout has been defined as a specific kind of occupational stress among human service professionals, as a result of the demanding and emotionally charged relationships between caregivers and their recipients (Maslach & Jackson 1986). Feelings of emotional exhaustion are generally considered a core symptom of the burnout syndrome (Shirom 1989). In addition, two other central characteristics of burnout have been documented: the development of negative, cynical attitudes towards the recipients of one's service or care (depersonalization), and the tendency to believe that one is no longer effective in working with patients (reduced personal accomplishment (Maslach & Jackson 1986). Burnout is also known as condition of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment that occurs among individuals who work with people in some capacity. The term "burnout" is first used to describe a syndrome of exhaustion observed among mental health professionals (Freudenberger, 1974). Burnout has been shown empirically to be related to certain characteristics of the job environment. For example, the stressful condition prevalent in the health care setting, including exposure to death and dying, interpersonal conflict, and noise pollution have been found to increase burnout among nurses. (Schmitz et al.2000). Personality factor including psychological hardiness, locus of control and empathy have been shown to moderate such environmental influences in nurses.

At the organizational level, burnout is first and foremost characterized by reduced effectiveness, poor work performance and minimal productivity. However, not only does the quantity of the performance deteriorate, so does its quality. More mistakes are made and the work is done less accurately, for example patients receive the wrong medication and files are not kept properly. Withdrawal behaviors like lateness, turnover, increased sick leave and absenteeism indicate the professional's poor commitment. Possibly, these behaviors result from feelings of inequity and resentment. As a result of exhaustion, poor decision-making and indifference, more accidents may occur. Finally, it is claimed that particular skills are impaired like the ability to organize and the ability to manage one's time adequately. These various negative changes in organizational behavior are all the more remarkable since initially the professional performed well and had been quite successful in his or her job. The stressor that seems prominent in the nursing profession is imbalance between investments and outcomes in relationship with patients. The notion behind these stressors is based on social exchange theory (Walster et al 1987). The assumption is that there exist a characteristic human tendency to expect some reward such as gratitude in return from others to whom we provide caring, empathy and attention. But within the health profession such expectations are often not fulfilled (Maslach & Jackson 1982). Patients may be worried, anxious and interaction with such individuals may not be rewarding. Among nurses there are high rates of emotional exhaustion and job dissatisfaction which is strongly associated with inadequate staffing and low nurse to patients ratio.

RESEARCH METHODOLOGY

The population for this study consisted of all registered nurses (RNs) in public hospital within the northern states of Malaysia. The sample of 2400 nurses from the medical and maternity ward from a targeted population of 3000 staff nurses employed 1 year or more in four hospitals were gathered. These hospitals have a bed capacity of at least 200 and more. List of nurses were obtained from the Ministry of Health and safety. Four researchers representing each state and permission from the Directors of Health and safety of each states were rendered before researched were implemented on the nurses of in hospitals that were available in every state. Permission were granted and the latest approval were received in February of 2007, hence research have to be prolonged due to this reason. The earliest approval was given by the Department of Health and safety from the state of Perak. Nevertheless researchers were overwhelmed by the cooperation given by management, staff, and nurses of every hospital of the four states that were chosen. Self-contained envelopes were distributed to the matron and then given to the every staff nurses in their departments. Included in the envelope was a cover letter explaining the nature of the study, method for ensuring confidentiality and assurance that participation were voluntarily. Nurses were requested to complete the forms and return them either by mail or handed to the respective matrons and sisters that were cooperative enough to help in gathering the questionnaires before being collected by researchers.

Instruments

Professional burnout was measured using the Maslach Burnout Inventory (MBI) Maslach et. al., 1996). The MBI uses multiple items to measure burnout on three dimensions: emotional exhaustion, depersonalization, personal achievement. The six items of the emotional exhaustion subscale describe feelings of being emotionally overextended and exhausted by one's works. The depersonalization subscales contains four items assessing an unfeeling and impersonal response towards the recipients of one's care (i.e., patients). The three items of Personal achievement in one's work with people. Participants rated the frequency of experiencing feelings related to each subscale using a 5-point scale with the verbal anchors: Strongly disagree, Disagree, Some what agree, agree, and strongly agree centered under the numerals 1 through 5. The scores thus can range from 1 - 30 on the emotional exhaustion subscales, 0 - 20 on the depersonalization subscales, and 0 - 15 on the personal accomplishment subscale. Because burnout is conceptualized as three separate dimension, three scores were used for each factor (emotional exhaustion, depersonalization, and personal accomplishment). Higher mean scores on the emotional exhaustion and depersonalization subscales correspond to higher levels of burnout, whereas lower means scores on the personal accomplishment subscales correspond to higher levels of burnout (Maslach and Jackson, 1986). Level of emotional exhaustion were categorized within ranges of 0 - 7 (low), 8 - 15 (moderate), and 16 or over (high), whereas levels of depersonalization ranged from 0 - 3 (low), 4 - 6 (moderate), and 7 or over (high).

Reliability Statistics on burnout		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.878	.880	11

Research Design

This study is quantitative studies that use statistic data as a research medium. The main design is to define relationship between independent variable with dependent variable. The output of the study fully depends with the statistic data and useful output from the previous researchers as an evidence to support the output of the study.

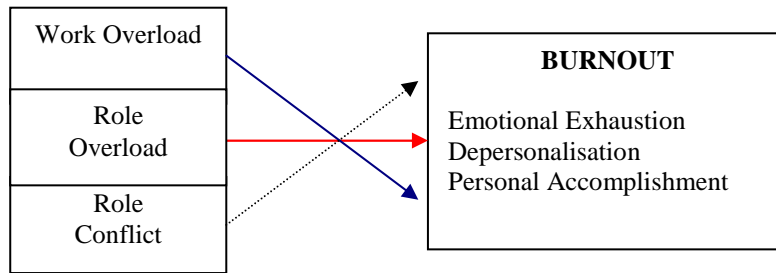


Figure 1: Analysis Model using SPSS

Population

This study involved the nurses from the public hospital of the northern part of Malaysia that is in Kedah.. Total population is 3000 nurses from medical and maternity units from the four states. A responds rates of 2400 respondents were received.

Sampling and Procedure

This study is confined to the selection of nurses from the public hospitals in the northern part of Malaysia, it focused on nurses of the medical and maternity units. It examined the relationship between burnout and job overload, role conflict and role overload. Based on this criterion, nurses were identified from all the public hospital in northern part of Malaysia that provide maternity and medical units. By using a structured questionnaire developed and done by prominent researchers as mentioned in the literature reviews, data were gathered and questionnaires were distributed to all the matrons and sisters in the respective hospitals after making prior appointments. The nurses in medical and maternity units are individuals who participated in this survey. Out of the total number of questionnaire distributed, usable questionnaires were received, yielding a response rate of 93% percent. were return.

Questionnaire

The structured questionnaire adopted in this study consisted of four sections. The first section of the questionnaires, consisted 7 items about the demographic information of the respondents. The second section of the questionnaire aimed to obtain information on burnout. This section of questionnaire was designed to capture the relationship of burnout and other variable. The respondents were asked to rate the following variable which were emphasized by using 5-point Likert Scale (1-Strongly Disagree, 2-Disagree, 3-Somewhat Agree, 4- Agree, 5-Strongly Agree). Section four of the questionnaire focused on capturing the information on the respondent feelings about their jobs in the hospitals. This section also used 5-point Likert Scale.

Data Analysis

This study used “Statistical Package for Social Science’ (SPSS) for data analysis. The types of analysis are as following:

RESEARCH FINDINGS AND DISCUSSION

Demographic Variables of the Nurses and Hospitals

This sections presents the frequency distributions of demographic variables of the nurses and hospitals.

Table 1: Respondent Characteristics (n=784)

<u>Gender (%)</u>	<u>Age (%)</u>	<u>Length of Service (%)</u>
Male = 8.2%	22-25 years old = 9.3%	1-5 years = 28.0%
Female = 91.8%	26-30 years old = 43.9%	6-10 years = 29.2%
	30-40 years old = 24.1%	11-15 years = 15.3%
	40 and above = 22.7%	16-20 years = 11.9%
		21 and above = 15.7%
<u>Marital Status (%)</u>	<u>Level of Education</u>	<u>Number of Patients</u>
Single = 27.8	Certificate =35.3	21-25 patients = 31.4
Married = 69.1	Diploma =64.7	26-30 patients = 24.5
Widow =3.2	Degree = 0.3	31-35 patients = 13.8
		26-40 patients = 20.2
		More than 40 patients = 10

Table 4.7: CORRELATIONS

		DEPERSON	E.EXHAUS	S.ACCOMP	W.OVERLO
DEPERSON	Pearson	1	.079(**)	.302(**)	.230(**)
	Correlation				
	Sig. (2-tailed)	.	.009	.000	.000
	N	2400	2400	2400	2400
E.EXHAUS	Pearson	.079(**)	1	.366(**)	.243(**)
	Correlation				
	Sig. (2-tailed)	.009	.	.000	.000
	N	2400	2400	2400	2400
S.ACCOMP	Pearson	.302(**)	.366(**)	1	.558(**)
	Correlation				
	Sig. (2-tailed)	.000	.000	.	.000
	N	2400	2400	2400	2400
W.OVERLOAD	Pearson	.230(**)	.243(**)	.558(**)	1
	Correlation				
	Sig. (2-tailed)	.000	.000	.000	.
	N	2400	2400	2400	2400

** Correlation is significant at the 0.01 level (2-tailed).

Burnout due to lack of Work overload

Model Summary(b)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.385(a)	.148	.147	3.45095

a Predictors: (Constant), Role overload, workover load, Role conflict

b Dependent Variable: burnout

The three independent variables together explain 15 percent of the variance (R Square) in burnout, which is significant, as indicated by the F value of 139.189 in the following. The descriptive values of

the relationship between role overload and depersonalization is interpreted as very low. The significant value of 0.000 signifies that there are significant relationship between work overload and depersonalization. The value .000 is smaller than the significant level of .01. It means that nurses who underwent high work overload will undergo high depersonalization. ($r(2400) = .111, p < .01$)

	Sum of Squares	df	Mean Square	F	Sig.
Regression	4972.822	3	1657.607	139.189	.000(a)
Residual	28534.138	2396	11.909		
Total	33506.960	2399			

a Predictors: (Constant), Role overload, work overload and Role Conflict

b Dependent Variable: burnout

Table 4.9 confirms the hypothesis that: work overload have relationship with emotion exhaustion, depersonalization and self accomplishment. The role overload assumes that burnout is inversely related to perceived competence and effectiveness in interpersonal relation with recipients (Harrison, 1983). The result, as depicted in table 4.9 shows that there are relationship between work overload and emotional exhaustion, depersonalization and self accomplishment. The descriptive values of the relationship between work overload and depersonalization is interpreted as very low. The significant value of 0.000 signifies that there are significant relationship between work overload and depersonalization. The value .000 is smaller than the significant level of .05. It means that nurses who underwent high work overload will undergo high depersonalization. ($r(2400) = .111, p < .05$). As for the relationship between role overload and emotion exhaustion, the result depicted in table 4.9 shows that there is relationship between role overload and burnout. The descriptive values of the relationship between role overload and emotional exhaustion is interpreted as low. The significant value of 0.000 signifies that there are significant relationship between role overload and depersonalization. The value .000 is smaller than the significant level of .05. It means that nurses who underwent high role overload will undergo high depersonalization. ($r(2400) = .271, p < .05$)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	29.396	.433		67.823	.000
	workoverload	.271	.025	.246	11.021	.000
	Role Conflict	.154	.023	.175	6.735	.000
	Role overload	.028	.024	.027	1.148	.251

a Dependent Variable: burnout

Table 4.7 confirms the hypothesis that: Work overload have a relationship with emotion exhaustion, depersonalization and self accomplishment.

TABLE 4.8: Correlations of role conflicts and Burnout

		DEPERSON	E.EXHAUS	S.ACCOMP	R.CONFLI
DEPERSON	Pearson Correlation	1	.079(**)	.302(**)	.077(**)
	Sig. (2-tailed)	.	.009	.000	.010
	N	2400	2400	2400	2400

E.EXHAUS	Pearson Correlation	.079(**)	1	.366(**)	.256(**)
	Sig. (2-tailed)	.009	.	.000	.000
	N	2400	2400	2400	2400
S.ACCOMP	Pearson Correlation	.302(**)	.366(**)	1	.468(**)
	Sig. (2-tailed)	.000	.000	.	.000
	N	2400	2400	2400	2400
R.CONFLI	Pearson Correlation	.077(**)	.256(**)	.468(**)	1
	Sig. (2-tailed)	.010	.000	.000	.
	N	2400	2400	2400	2400

** Correlation is significant at the 0.01 level (2-tailed).

Burnout due to lack of Role overload

Table 4.9 confirms the hypothesis that: role overload have relationship with emotion exhaustion, depersonalization and self accomplishment. The role overload approach assumes that burnout is inversely related to perceived competence and effectiveness in interpersonal relation with recipients (Harrison, 1983). The result, as depicted in table 4.9 shows that there are relationship between role overload and emotional exhaustion, depersonalization and self accomplishment. The descriptive values of the relationship between role overload and depersonalization is interpreted as very low. The significant value of 0.000 signifies that there are significant relationship between role overload and depersonalization. The value .000 is smaller than the significant level of .01. It means that nurses who underwent high role overload will undergo high depersonalization. ($r(2400) = .111, p < .01$). As for the relationship between role overload and emotion exhaustion, the result depicted in table 4.9 shows that there is relationship between role overload and burnout. The descriptive values of the relationship between role overload and emotional exhaustion is interpreted as low. The significant value of 0.000 signifies that there are significant relationship between role overload and depersonalization. The value .000 is smaller than the significant level of .01. It means that nurses who underwent high role overload will undergo high depersonalization. ($r(2400) = .271, p < .01$)

Table 4.9: Correlations of role overload and Burnout

		DEPERSON	E.EXHAUS	S.ACCOMP	SOSIAL
DEPERSON	Pearson Correlation	1	.079(**)	.302(**)	.111(**)
	Sig. (2-tailed)	.	.009	.000	.000
	N	2400	2400	2400	2400
E.EXHAUS	Pearson Correlation	.079(**)	1	.366(**)	.271(**)
	Sig. (2-tailed)	.009	.	.000	.000
	N	2400	2400	2400	2400
S.ACCOMP	Pearson Correlation	.302(**)	.366(**)	1	.532(**)
	Sig. (2-tailed)	.000	.000	.	.000
	N	2400	2400	2400	2400
ROLE OVERLOAD	Pearson Correlation	.111(**)	.271(**)	.532(**)	1
	Sig. (2-tailed)	.000	.000	.000	.
	N	2400	2400	2400	2400

** Correlation is significant at the 0.01 level (2-tailed).

Burnout due Role Overload

Table 4.9 confirms the hypothesis that: role overload have relationship with emotion exhaustion, depersonalization and self accomplishment. The role overload approach assumes that burnout is inversely related to perceived competence and effectiveness in interpersonal relation with recipients (Harrison,

1983). The result, as depicted in table 4.9 shows that there are relationship between role overload and emotional exhaustion, depersonalization and self ac the relationship between role overload and emotion exhaustion, the result depicted in table 4.9 shows that there is relationship between role overload and burnout. The descriptive values of the relationship between role overload and emotional exhaustion is interpreted as weak. The significant value of 0.000 signifies that there are significant relationship between role overload and depersonalization. The value .000 is smaller than the significant level of .05. It means that nurses who underwent high role overload will undergo high depersonalization. ($r(2400) = 271, p < .01$). While descriptive values of the relationship between role overload and depersonalization is interpreted as very weak. The significant value of 0.000 signifies that there are significant relationship between role overload and depersonalization. The value .000 is smaller than the significant level of .05. It means that nurses who underwent high role overload will undergo high depersonalization. ($r(2400) = .111, p < .01$). As for the relationship between role overload and self accomplishment it is interpreted as moderate. While the significant value of 0.000 signifies that there are significant relationship between role overload and self accomplishment. It means that nurses who underwent overload will undergo low self accomplishment ($r(2400) = .532, p < 0.01$).

CONCLUSION

The role conflict that were identified is related and focuses on motivation, reward and adequate staffing. Work overload stressors that were identified focus strongly on time management and excessive paperwork that appear to be related as well. Management and nursing staff have some control over these stressors. Dissatisfaction with salaries often includes dissatisfaction with other issues as well. After internal and external parity of remuneration structures are established, motivation and staffing issues should be addressed. The root causes of dissatisfaction should be determined collaboratively. The approach of Maslach et al (2001) that focus on the six areas of work life where person-job mismatches occur can be of value. Educational intervention in the form of stress – and time management training can be beneficial, as well as ensuring adequate competency levels for performing administrative and other tasks.

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