



RELATIONSHIP OF BURNOUT WITH NURSING STRESS AND PERCEIVED SOCIAL SUPPORT



NURIZYANUL JANNAH BINTI SHAHRUM

SULTAN IDRIS EDUCATION UNIVERSITY

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ABSTRACT

The purpose of this study was to investigate the relationship between psychosocial determinant such as demographic factors, nursing stress, and perceived social support with burnout status among nurses in Pahang. This is a quantitative study using a convenience sampling of nurses (N=404) from government hospitals and clinics in Pahang, Malaysia. Participated nurses administered demographic information questionnaire and three other different instruments which are Maslach Burnout Inventory (MBI), Nursing Stress Scale (NSS), and Multidimensional Scale of Perceived Social Support (MSPSS). Result of the study showed that burnout is significantly related to age ($r = -0.25$, $n = 404$, $p < .01$, two-tailed), year of experience ($r = -0.25$, $n = 404$, $p < .01$, two-tailed), nursing stress ($r = 0.63$, $n = 404$, $p < .01$, two-tailed) and perceived social support ($r = -0.39$, $n = 404$, $p < .01$, two-tailed). Regression analysis also found that nursing stress and perceived social support as significant predictors of burnout. This study is important as newly added Malaysian local-based information on the topic of burnout, nursing stress, and perceived social support. The result of the study can also be used to create awareness related to burnout and stress among nurses and the importance of social support. The implication can be effective from the perceptive of mental health care services for nurses in a medical setting.





HUBUNGKAIT BURNOUT DENGAN STRESS KEJURURAWATAN DAN SOKONGAN SOSIAL

ABSTRAK

Kajian ini dijalankan untuk menguji kaitan antara penguji psikososial seperti faktor demografi, stress kejururawatan, dan sokongan sosial, dengan status burnout dalam kalangan jururawat di Pahang. Kajian kuantitatif ini dijalankan secara persampelan mudah terhadap jururawat ($N=404$) dari hospital dan klinik sektor kerajaan di Pahang, Malaysia. Jururawat-jururawat yang berkenaan telah menjawab tiga soal selidik yang berlainan iaitu Inventori Burnout Maslach (MBI), Skala Stress Kejururawatan (NSS) dan Skala Multidimensional untuk Sokongan Social (MSPSS). Keputusannya, burnout didapati mempunyai hubungan signifikan dengan faktor demografik umur ($r = -0.25$, $n = 404$, $p < .01$, two-tailed), pengalaman kerja ($r = -0.25$, $n = 404$, $p < .01$, two-tailed), stress kejururawatan ($r = 0.63$, $n = 404$, $p < .01$, two-tailed) dan sokongan sosial ($r = 0.39$, $n = 404$, $p < .01$, two-tailed). Analisis regresi mendapati bahawa stress kejururawatan dan sokongan sosial meramalkan burnout secara signifikan. Kajian ini penting sebagai rujukan tambahan dalam topik burnout, stress kejururawatan dan sokongan sosial di Malaysia. Hasil kajian ini boleh digunakan untuk memberi kesedaran mengenai burnout dan stress dalam kalangan jururawat, dan kepentingan sokongan sosial. Hasil kajian ini juga penting kepada penjagaan kesihatan mental jururawat, dari sudut perubatan.



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LIST OF ABBREVATIONS

MBI	Maslach Burnout Inventory
MREC	Medical Research & Ethics Committee
MSPSS	Multidimensional Scale of Perceived Social Support
NMRR	National Medical Research Register
NSS	Nursing Stress Scale

LIST OF APPENDICES

- A Informed Consent Form and Questionnaires
- B Medical Research & Ethics Committee (MREC) Ethical Approval
- C Permission to Conduct Research
- D Published Article

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter will discuss on the study background of nurses' nature of work and burnout, depression, anxiety and stress, questions arise from the curiosity on the topics proposed, why the study is done, the benefit of the study, definition of variables, theoretical approach of the study, the conceptual framework and the hypothesis on the future result.

1.2 Background of Study

Nursing is a one of a challenging career which involved taking care of patient, and at the same time, confronting different personalities or even complaint from patients'

families. Especially in this year where the whole world is in war with Covid-19 pandemic, nurses are among the front liner in preventing the cases from spreading. They need to sacrifice their time, energy, and risking their health while some of them are away from their family, to fulfil their duty as nurses. Among their source of strength is the support they received from their family through messages and prayers (Berita Harian, 2020). Nurses are important as they were describe as the right hand of a doctor by former Vice Prime Minister, Datuk Seri Dr Wan Azizah Wan Ismail in the celebration of National Nurses Day 2019 (Kosmo, 2019).

World Health Organization (2018) released the key facts which stated; nurses and midwives constitute more than 50% of the global health workforce. There is global shortage of health workers, especially among nurses and midwives with the largest needs-based shortages are in South East Asia and Africa (WHO, 2018). For all countries to reach Sustainable Development Goal 3 on health and well-being, WHO estimates that the world will need an additional 9 million nurses and midwives by the year 2030. Among four objectives of WHO (2016) global strategic directions for strengthening nursing and midwifery 2016-2020, one of them included the commitment to ensure an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings.

The professional in human services organizations are responsible to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes (Borritz, 2006). Through Borritz finding, clients are categorized as normal and mal-functioning and the type of work into three service-categories: 1) "People processing" (e.g. visitation office, taxation office), 2) "People sustaining" (e.g. social security service), and 3) "People changing" (e.g. school,

hospital, prison) which in the section of client-work, working with mal-functioning clients in “people changing” service has the highest workload. Thus, hospital setting is chosen to study the emergence of burnout among workers.

Burnout are a never ending topics studied numerously across the globe as it is the result of imbalance in resources and outcomes in workplace, for example (Schaufeli & Enzmann, 1998). Job burnout was first published as an important concept in 1970s by two American researchers; Herbert Freudenberger and Cristina Maslach independently. The concept of burnout has stimulated research on job stress, particularly in areas of helping professions (Schaufeli, 2009). In a review by Schaufeli and Enzmann in 1998, they conclude: “Burnout is not a new phenomenon – it has its root in the past. However, because of a unique constellation of several factors it was ‘discovered’ in early 1970’s as a particular type of prolonged occupational stress that seemed to occur most prominently among human services professionals” (Schaufeli & Enzmann, 1998).

Stress was first clearly defined by Hans Hugo Bruno Selye in 1926 while being a medical student, which earned him the title “father of stress”. Among other definitions of stress as reviewed by Selye (1976) in his “Stress in Health and Disease”, stress in behavioral sciences is regarded as “perception of threat, with resulting anxiety discomfort, emotional tension, and difficulty in adjustment”. In this study, the focused of the stress are mainly on the work-related aspect of nursing stress and the relation might exist with burnout.



Social support was gain from various relationships in one's life including family, friends, significant others, and co-workers. In one study, burnout was found to be influenced by the support from co-workers and supervisors (Li et al., 2015). High perception of social support decreased depersonalization and increases a sense of personal accomplishment in burnout (Nie et al., 2015). In addition, emotional exhaustion in burnout shows a negative relationship to social support and job satisfaction (Hamaideh, 2011).

Beside stress and social support, age were also found to be related to burnout subscales individually which increased age were found to be related to reduced personal accomplishment as emotion-focused coping strategies were used more in older nurses (Mefoh, Ude, & Chukwuorji, 2019). Increase in age was also found to be related to higher depersonalization among nurses (Iecovich & Avivi, 2015). Interestingly, it was found that nurses older than 35 years old were less likely to developed emotional exhaustion and depersonalization (Alvares et al., 2020).

By identifying those people experiencing burnout and in need of help, future treatment can be improved and help can be given at early stages. The nursing profession is growing, healthcare settings such as hospitals, should focus on developing and enhancing a healthy working environment in which nurses, especially, feels secured and supported through their co-workers and management, which therefore increasing the overall quality of patient care (Nurhayati, 2015).





Thus, the objective of this study is to examine burnout and its relationship with nursing stress and perceived social support among nurses who work in government hospitals and clinics in Pahang, Malaysia, as well as the contribution of other associating demographic factors such as age and year of experience.

1.3 Problem Statement

Malaysia are still struggling with shortage of nurse as reported by Utusan Melayu (2017), making the target of ratio one nurse per 200 patients as recommended by World Health Organization (WHO) are still not achieved. In comparison to selected country, Malaysia falls on the eighth place in the number of nursing and midwifery personnel per 10,000 populations (WHO, 2015). According to Mrs. Wan Fatimah Wan Daud, Senior Executive of Surgical Nursing at National University of Malaysia (Utusan, 2018), this issue need to be solved as it affected the quality of nurses' services toward patients as they need to focus on many patients at the same time.

A survey done by Berita Harian (2019), a Malaysian newspaper, found that working as teacher and nurse were thought to be facing more stress developing tendency than other professions in term of workload and working environment. As both professions mostly require interaction with various personalities, the unpredictability of behavior was thought to be one of the works stressor. Furthermore, some of the teacher and nurse need to stay apart from their family, following posting requirement, which might contributed to the decreased of support received perception, as responded in the survey.





Hospitals acts as a small community with the patient, the family, the doctors and the medical assistant are all supporting each other to survive another day. To efficiently meet the need of patients, nurses who are there with the patients most of the time, should first has to be the pillar. To be a strong pillar, their conditions are also important. Due to this reason, the interest in measuring physical and psychological well-being of health care workers has increased considerably in recent years in attempt to optimized nurses' quality of care towards patients.

In healthcare setting especially hospital, nurses played an important role in providing quality care towards patient. One of the biggest component in nursing care is the relationship with the patient. Hospitalization may affect patients as they are exposed to environmental factors such as unfamiliar surroundings, lack of privacy and independence and uncertainty on their health which increase their needs in support especially from within the hospital. However, the large number of patients to attend, the unstable condition of patients and shortage of nurses lead to workload and time imbalance for nurses induced stress and minimized their time of interacting with patients and supporting them emotionally (Zamanzadeh, 2014).

AIA Vitality (2018) through their survey on healthiest workplace in Malaysia found that employees lost estimated 73.1 working days for each worker's absences at work in relation to medical issue and unproductive work presence, which was higher than 67.2 days in 2017, causing the loss of RM2.27 million a year for each organization. Health and Safety Executive (2017) also stated that 595 000 workers in Great Britain suffered work-related stress, and 15.4 million working days were lost due to this issue.



Previous studies on burnout in nursing sector provide insight on the cause of burnout over the years. It was found that nurses' burnout were higher in the presence of occupational stressor and emotion regulation strategies (Sun et al., 2018). The ability of an organization to provide flexibility in times of change within team members of nurses decreased the level of burnout scores (Huynh et al., 2018). Also, higher usage of emotion-focused coping strategies were found related to lower burnout scores, as well as low role conflict, role ambiguity and role overload (Shinan-Altman, Werner & Cohen, 2016). In the same study, burnout was also reported to be affected by self-blame regarding the care of patients when symptoms emerged. Nurses experiencing burnout show decrease in the score of effective professional commitment including level of emotional attachment to their profession as nurse (Chang et al., 2017).

In other profession outside nursing, healthcare professional in infant intensive care showed higher emotional exhaustion than other intensive care professional. Higher emotional exhaustion was found in male nurses, older nurses and nurses who did not exercise regularly (Alvares et al., 2020). As addition, high level of abusive supervision, role ambiguity and economic hardship increased level of job burnout among company staff (Wu et al., 2019).

Among the various factor of burnout, it was also found that continuous work stress if not treated properly, may cause burnout (Uziel et al., 2019). Thus, stress was included among the possible factors of burnout in this study. In this study, stress were highlighted to be caused by the factors within nursing profession including subscale such as workload, relationship with co-workers, and nurses' uncertainty concerning treatment on patients. Additionally, social supports received by nurses are also included as possible determinant of burnout in this study. This is due to the relationship of



workload, work related stress and support in a Demand Control Support (DSC) model by Robert Karasek in 1979 which highlighted the importance of balance among all the elements (Mulder, 2017).

Furthermore, job stress was found to be related to job performance in the study among aviation employees in Jordan. Similarly to aviation profession, nurses also required to work on shift work scheduled which involved night shift work, a time when bodies were supposed to be rested. Lower sleep quality decreased job performance among aviation employees (Alrabbe & Alwagfi, 2020). It was also found that age and family type were among the indicator of stress in working women (Ojha et al., 2020). In accordance of culture appropriation and modern point of view, women are supposed to be looking after their family in later age which causes stress in female workers.



By identifying those people experiencing burnout and in need for help, future treatment can be improved and help can be given at early stages. The nursing profession is growing, healthcare settings such as hospitals, should focus on developing and enhancing a healthy working environment in which nurses, especially, feels secured and supported through their co-workers and management. Reducing burnout and negative mental health issues on the nature of nursing works might attract more application on nursing field and motivating nursing students on their chosen career, which therefore increasing the overall quality of patient care.



1.4 Objectives of Study

This study is proposed to examine burnout, nursing stress and perceived social support among nurses who work in government hospitals and clinics in Malaysia, as well as the contribution of other associating demographic factors such as age, work schedule, department, and year of experience. This study is done to:

- a) To identify the relationship between demographic information of age and year of experience with burnout among nurses.
- b) To identify the relationship between nursing stress and burnout among nurses.
- c) To identify the relationship between social support and burnout among nurses.
- d) To identify the relationship between social support and nursing stress among nurses.
- e) To identify the predictors of burnout between nursing stress and perceived social support among nurses.

1.5 Significance of Study

To society as a whole, this study is important as another reference and information resources on the topic of burnout, nursing stress and perceived social support. The study on these topics might increase public awareness on existence of this issue which may contribute to discussion on effort to overcome. Through public awareness, patient may have more insight and understanding on nurses' situation over their quality of service. The vice versa understanding relationships will possibly benefits on both parties.

Moreover, the information gained from this study can be used by the hospitals involved, especially by the administrator and management team, to develop a suitable alternative, new or advanced program in order to minimize the level of burnout if existed, and increased well-being of their nurses. This may help in enhancing nurses' job satisfaction and quality of care towards patients. Moreover, on the nurses themselves, self-awareness might help them identify their current state such as burnout, nursing stress, and perceived social support needed, thus helping them explore the underlying condition and reach for help at early stage. Early interventions avoid further and much bigger complication in both their personal and working life as individual.

Additionally on the body of knowledge, this study will be an addition to the existence of current studies on the topic of nurses, nursing stress, perceived social support and burnout. The study will be a reference for future research purpose that will be done by future students.

Economically, increasing awareness on their state of burnout and stress may help nurses acknowledge their condition and reach for help if needed. A healthy and with optimum capability of nurses will improve their quality of care towards patient and attract more patients to receive treatment on their hospitals. This will bring positive income to the hospitals themselves.

1.6 Definition of Variables

In this study, the definitions of variables are:



1.6.1 Conceptual definition of burnout

Burnout is conceptually defined as a state of complete exhaustion physically, mentally and emotionally that resulted to attitude changes and will contributed to negative behavior and job performance (Maslach, 1996). Burnout are also referred as a 'grass-root' phenomenon showing significant impact in workplace that happen as a long term result of imbalance between investment and outcomes (Schaufeli & Enzmann, 1998).

1.6.2 Operational definition of burnout

Burnout is the score resulting from the data collection of Maslach Burnout Inventory.

In Maslach's Burnout Inventory (MBI), burnout are defined as three subscale; Emotional Exhaustion, Depersonalization and Personal Accomplishment.

High degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment subscale which is rated inversely. An average degree of burnout is reflected in average scores on the three subscales, and a low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and a high score on the Personal Accomplishment subscales (Maslach et al, 1996).



1.6.3 Conceptual definition of nursing stress

The definition of stress in nursing stress are the same with general stress, however, in nursing stress, the stress experienced are induced by work and occupational related factors such as workload and conflict with co-workers.

1.6.4 Operational definition of nursing stress

Nursing stress in this study is examine using Nursing Stress Scale (NSS) which consist of 34 items with seven subscales; (1) Workload, (2) Death and dying, (3) Inadequate preparation, (4) Lack of staff support, (5) Uncertainty concerning treatment, (6) Conflict with physicians, and (7) Conflict with other nurses.

1.6.5 Conceptual definition of social support

Albrecht and Adelman (1987) defined social support as “verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one’s life experience”.

1.6.6 Operational definition of social support

Social support in this study focused on the type of social support received by nurses from three subscales (Family, Friend, and Significant Other) of Multidimensional Scale of Perceived Social Support (MSPSS).

1.7 Theoretical Approach

1.7.1 The Human Relation Approach

Professor George Elton Mayo was among the researchers to improve productivity of workers at Hawthorne electric plant in Chicago, which give birth to the name Hawthorne Experiment in 1928. Elton Mayo emphasized the importance of workers being treated as human being, instead of a machine at workplace. Workers' job satisfaction and social relation within workplace was found affected productivity of organization, which putting the base for Human Relation Approach (The British Library, 2016).

In this study, Human Relation Approach referred to the importance of awareness and acknowledgement of work related stressor such as burnout and stress among nurses, in order to improve their productivity and wellbeing, especially towards patients care.



1.7.2 Job Demands-Resources Model of Burnout

The job demands-resources model of burnout (JD-R) model was proposed by Demerouti et al (2001). The original and most influential definition of burnout has been given by Maslach (1982) which restricts the syndrome of burnout to human services type of work where the job required communicating with people, rather than with machine or information.

Taking another perspective on burnout, Demerouti et al (2001) developed the job demands-resources model of burnout to demonstrate that burnout may also exist in any type of occupation as similar stressor that form burnout in human services may lead to comparable stress reaction in non-human services occupations. The JD-R model of burnout proposed that too much job demands will lead to exhaustion and too little job resources will lead to disengagement.

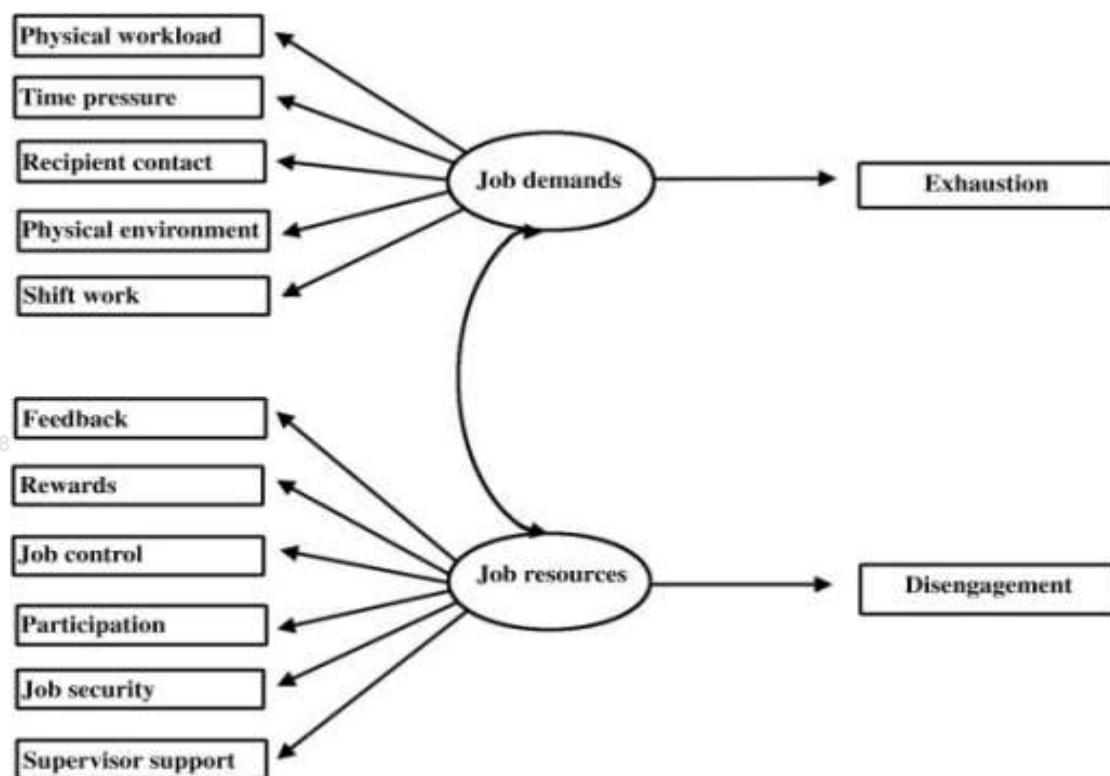
Job demands (physical workload, time pressure, recipient contact, physical environment, and shift work) refer to those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (e.g., exhaustion) (Demerouti et al, 2001). On the other hand, job resources (feedback, rewards, job control, participation, job security, and supervisor support) refer to those physical, psychological, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals, (b) reduce job demand at the associated physiological and psychological costs, (c) stimulate personal growth and development. In jobs with both high job demands and at the same time, limited job resources, the employee will develop both exhaustion and disengagement, which represents the burnout syndrome.



In this study, job demands and job resources in the job demands-resources model, referred to the factors of shiftwork, nursing stress, and perceived social support, which might contributed to burnout as a result. Figure 1.1 represents Job Demands and Resources Model.

Figure 1.1

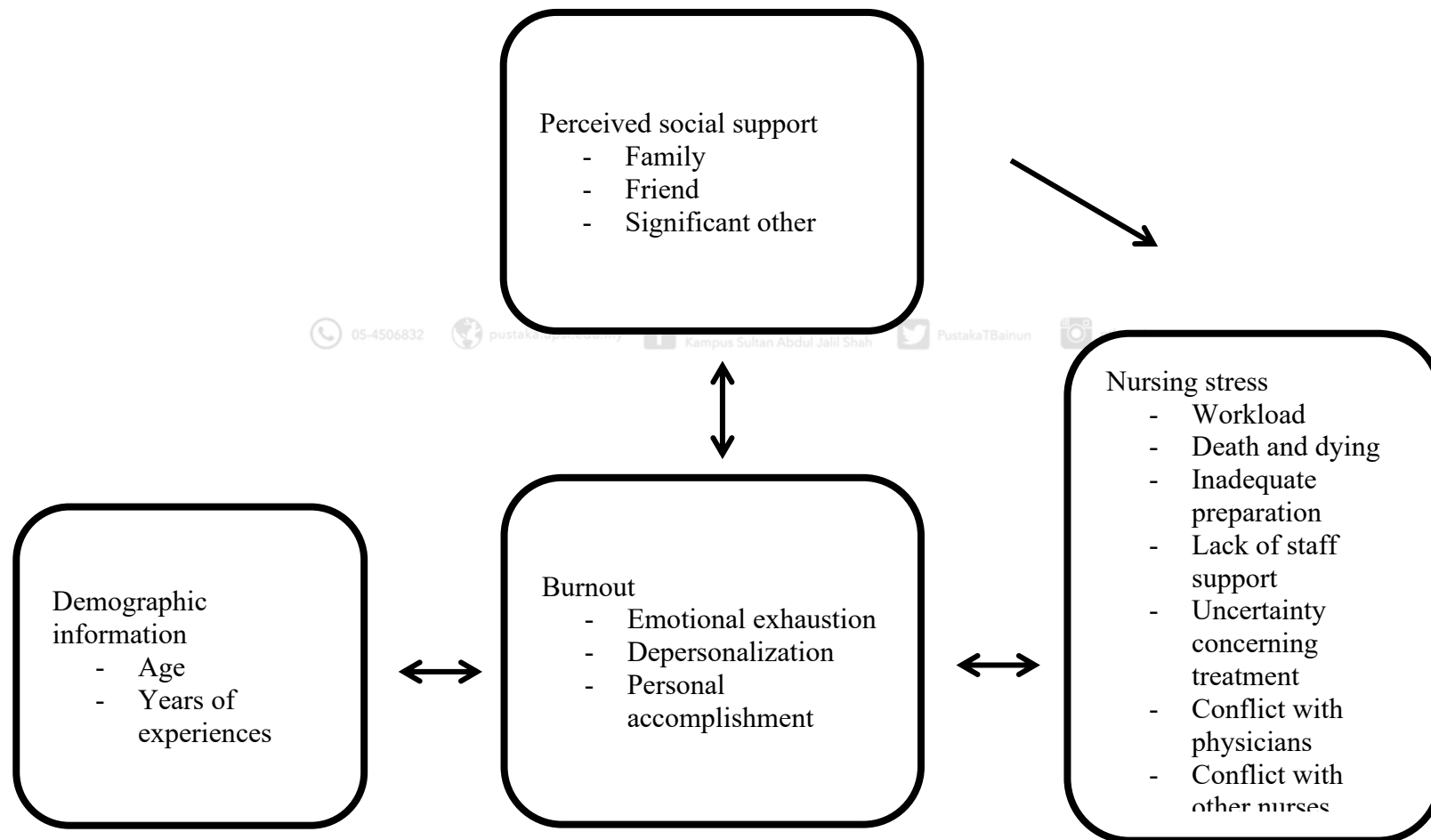
Job Demands and Resources Model



1.8 Conceptual Framework

The independent variable in this study is nursing stress while burnout and perceived social support will be the dependent variables. As addition, burnout and perceived social support will be among the variables tested if any of them are the factors of nursing stress. Figure 2 below shows the conceptual framework between these variables.

Figure 1.2

Conceptual framework

1.9 Hypothesis

H01: There is no significant relationship between age and burnout.

H11: There is a significant relationship age and burnout.

H02: There is no significant relationship between years of experiences and burnout.

H12: There is a significant relationship years of experiences and burnout.

H03: There is no significant relationship between nursing stress and burnout.

H13: There is a significant relationship between nursing stress and burnout.

H04: There is no significant relationship between social support and burnout.

H14: There is a significant relationship between social support and burnout.

H05: There is no significant relationship between social support and nursing stress.

H15: There is a significant relationship between social support and nursing stress.

H06: There is no significant predictor of burnout between nursing stress and perceived social support.

H16: There is a significant predictor of burnout between nursing stress and perceived social support.

1.10 Conclusion

Chapter one has provided the overview on the background of why nurses are chosen to be the subject of study. Job stress, burnout, depression, and anxiety have their root in research long before in history. Many researchers attempt to find out more on this



topics. There is a need to refer to those research and keep updating the result along with new millennia and incoming future for the findings to be up-to-date. The significance of study has been outlined along with the research questions, hypotheses, aim, and objectives of the study.

