



Research Article

The Impact of Burnout Syndrome on the Quality of Nurses' Work

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Abstract

The main aim of this study was to analyze the prevalence of burnout syndrome in internal medicine and oncology nurses. The research sample consisted of a total of 70 nurses divided into two categories with 35 internal medicine and 35 oncology. Within the results, we can claim that the oncology department did not have a higher prevalence rate of burnout syndrome than the internal medicine department on all dimensions studied. Prevention aims to help the nurses themselves to prevent severe burnout, which may result in leaving the job or serious psychological problems.

Keywords: Burnout syndrome; Maslach Burnout Inventory (MBI) questionnaire

Introduction

The nursing profession is mentally and physically demanding. Due to this, in many cases, the influence of various predisposing factors leads to a state of burnout, which is becoming a very topical and serious problem of our time [1-3]. Thus, we are talking about a set of symptoms that is characterized by the presence of emotional exhaustion, depersonalization in relation to patients and family, and a low degree of personal satisfaction from the work performed [4,5]. In connection with the above-mentioned groups of symptoms, there are manifestations that are reflected not only on the physical side of the nurse but also on her work performance, which is greatly affected by the influence of burnout syndrome. At this stage, burnout represents a serious problem that needs to be addressed immediately in the interest of the health of both the nurse and the patients [6-9].

The aim of the work

To find out and compare the prevalence of emotional exhaustion, level of personal satisfaction, incidence of depersonalization among nurses in selected departments of internal

medicine and oncology.

Methodology

Data collection was carried out in the departments of Internal Medicine and Oncology in J. A. Reiman in Prešov, the East Slovak Oncological Institute in Košice and the Hospital Poprad. We used the Czech version of the standardized Maslach Burnout Inventory (MBI) questionnaire, developed by Zdeňka Židková in 2013 and published on her website. The research project was conducted in the time period from the beginning of 12/2021 to the end of 01/2022. A total of 70 MBI questionnaires were completed with a 100% return rate. For comparison purposes, we divided the sample into two groups with 35 internal medicine and 35 oncology. To test the hypotheses, we set the demographic data of the respondents in the questionnaire, which represented age, gender, highest educational attainment in nursing, length of nursing experience, and department.

Results

Based on the scores of each subscale, we analyzed and compared the prevalence of each scale of the MBI questionnaire dimensions among the study sites.

Grade EE	Resulting score	DIM* n (%)	DCO* n (%)
Low grade	0-16	8 (20%)	12 (40%)
Moderate grade	17-26	6 (20%)	9 (25%)
High grade	27+=Burnout	21 (60%)	14 (34%)

*DIM: Department of Internal Medicine; **DCO: Department of Clinical Oncology

Table 1: Number of occurrences of emotional exhaustion (EE) based on score totals.

In Table 1, we report the specific occurrence counts for a given level of emotional exhaustion from the study sites. Up to 60% of nurses in the internal medicine department were emotionally exhausted. When we personally evaluated the questionnaires and looked for association with age and length of experience, we found that the largest group of them was in the age group of 41-50 yrs. and the length of experience ranged from 21-25 yrs. For comparison, we also looked for an association between burnout, age and length of experience in the oncology department where the category of young nurses aged 20-30 yrs had a higher representation and length of experience 0-5yrs.

Grade EE	Resulting score	DIM* n (%)	DCO* n (%)
Low grade	27-0=Burnout	13 (34%)	10 (29%)
Moderate grade	38-32	11 (34%)	8 (22%)
High grade	39+	11 (31%)	17 (48%)

*DIM: Department of Internal Medicine; **DCO: Department of Clinical Oncology

Table 2: Number of occurrences of personal satisfaction (PA) based on summed scores.

In Table 2, we report specific occurrence counts for a given degree of Personal Satisfaction (PA). Low values correspond with burnout in the personal job satisfaction dimension, in contrast to emotional exhaustion and the degree of depersonalization. We believe that factors that correlate with low degree of personal satisfaction in nurses in the internal medicine department may be, for example, age, length of experience, high workload or long work shifts without the possibility of rest. The search for an association between the above factors and the development of burnout syndrome in the area of personal satisfaction was not the main focus of our research; therefore we cannot statistically confirm the individual correlations.

Grade EE	Resulting score	DIM* n (%)	DCO* n (%)
Low grade	0-6	12 (34%)	12 (34%)
Moderate grade	7-12	9 (26%)	14 (40%)
High grade	13+=Burnout	14 (40%)	9 (25%)

*DIM: Department of Internal Medicine; **DCO: Department of Clinical Oncology

Table 3: Number of occurrences of depersonalization (DP) based on summed scores.

In Table 3, we report the specific numbers of occurrences for a given degree of depersonalization from the wards studied.

Based on the personal analysis during the evaluation of the questionnaire, we found that nurses aged 41-50 years with different lengths of service were mainly affected by high degree of depersonalization in the internal medicine department. In the Department of Clinical Oncology, these were mainly young graduate nurses aged 20-30 years with only 0-5 years of experience. In comparison with the department of internal medicine, we found that nurses aged 41-50 years with different lengths of seniority were particularly affected by a high degree of depersonalization.

Discussion

The first area of analysis based on the MBI questionnaire is the degree of Emotional Exhaustion (EE). From the statistical analysis of our research, we found that the degree of EE was higher in percentage among internal medicine nurses (60%). This finding refuted our assumption that nurses from clinical oncology department are more emotionally exhausted because based on statistical analysis only 34.3% of them were high degree of emotional exhaustion, which is half less as compared to internal medicine. A study by De la Fuente-Solana, et al. that we reviewed and compared with our results also shows that oncology nurses are sensitive to the EE area, but not as much as internal medicine nurses according to our research results [10]. The percentage of oncology nurses with high EE was 37%, which is almost equal to our research values. The meta-analytic estimate by Gómez-Urquiza of the prevalence of EE was 24% with a sample of n=693 palliative care nurses, which we chose for comparison because of the very similar job stressors for the development of burnout syndrome [11]. We can see that the percentages of EE are substantially lower than those found for nurses in the internal medicine department. There may be a number of causes and associations between the difference in age or years of service of the respondents of the departments studied, but these were not the subject of our research analysis. The fact that we did not find a study adequate for comparing our results concerning internal medicine nurses underlines the importance of conducting further research aimed at identifying the prevalence of burnout syndrome of different dimensions and subsequent comparison between specific departments.

The second partial objective was to ascertain the prevalence of nurses' Personal Satisfaction (PA) and compare between the study wards. Low scores on the personal job satisfaction dimension corresponded with burnout status as opposed to emotional exhaustion and degree of depersonalization. Based on the statistical analysis of our results, we report an assertion that we did not anticipate, namely that low personal satisfaction was statistically more prevalent among nurses in the internal medicine department (34%) compared to the oncology department, where the percentage of low PA was 29%. This statement surprised us as we thought that nurses from oncology wards have higher demands on their own job performance, which may cause them to have an earlier occurrence of burnout syndrome in the area of personal satisfaction, but this was refuted by the statistical analysis. We believe that factors that correlate with low levels of personal satisfaction among nurses in an internal medicine ward may be factors such as age, length of experience, high workload, or long shifts with no opportunity to rest. Raphael, et al. found in their research that globally, 1 in 5 cancer ward staff report very low job satisfaction [12]. This may be related to pressure resulting in less time for quality patient care and personal resilience. The search for an association between the above factors and the development

of burnout syndrome in the area of personal satisfaction was not the main focus of our research; therefore we cannot statistically confirm the individual correlations. Honzák reported in his results the present low degree of personal satisfaction in qualified psychiatric nurses 30.5% [13]. On the other hand, high personal job satisfaction was experienced by 46.3% of the nurses where n=95 qualified nurses. To find out the prevalence of low level of personal accomplishment and job satisfaction, several authors such as Russell et al. & C. De la Fuente stated in the conclusion of his study that there is a quantum of oncology nurses who have present low level of personal job satisfaction [14,15]. They further state that the risk and presence of burnout syndrome in nurses working in the field of oncology is frequently occurring. The fact that our analysis confirms the fact that low levels of personal satisfaction are less common in the oncology ward is not consistent when compared to several, but not all, studies dealing with oncology wards.

Our third objective was to ascertain and compare the prevalence of the degree of depersonalization in nurses as they worked in the wards studied. Depersonalization in nurses is a major problem that directly affects their work. If depersonalization is present in a nurse, she is unable to establish and maintain healthy social relationships [16]. According to our percentage results, a high degree of depersonalization occurs in 40% of nurses from the internal medicine department. However, according to the statistical analysis, the incidence of depersonalization was more frequent in the nurses of the oncology department, although the percentage value is only 25.7%. Based on the personal analysis during the evaluation of the questionnaire, we found that young graduate nurses aged 20-30years with only 0-5years of experience were more represented in the department of oncology. In comparison with the internal medicine department, we found that nurses aged 41-50yrs with varying lengths of service were particularly affected by a high degree of depersonalization. Author Ch. Dall'Ora states in her study that the burnout syndrome in the area of depersonalization as well as emotional exhaustion and personal satisfaction causes decreased work performance of the nurse, poor quality of nursing care provided, directly threatens patient safety, the nurse commits medication errors, the number of adverse events increases and many nurses consider leaving the department and even changing the job completely [17].

For interest, we present an analysis from a national study conducted in collaboration with the Shanafelt et al., where the research sample was not nurses, but physicians from the fields of oncology and internal medicine [18,19]. Nevertheless, we can speak of a certain association. This study did not find corroborating evidence that oncologists are at higher risk of burnout syndrome than internal medicine physicians, despite the fact that they encounter death and grief more often than physicians from other specialties do. Oncologists had a lower rate of burnout

syndrome than internists, with a burnout rate of 37.9% vs. 48.8%. Oncologists also reported that if they had a new option to choose their specialty, they would choose the same specialty, up 81.4% compared to internists who had 61.9%.

Conclusion

From the analysis of our research, we found that burnout syndrome is a real problem that actually occurs and directly affects the mental and physical health of nurses, their work and therefore indirectly threatens patients. High demands, understaffing, high workload and long-term stress have serious potential consequences for staff and patients. At the same time, we were surprised by the results that nurses in internal medicine wards have a higher incidence of burnout than nurses in oncology wards in the areas of emotional exhaustion and personal satisfaction. This indicates that although internal medicine is, on the surface, an undemanding department, this does not guarantee that burnout syndrome cannot occur in the nurses of that department. On the contrary, it signals to us high levels of occurrence and therefore an acute need to address this problem. In the first instance, it is the nurses who can prevent and diagnose a problem that has already arisen, but it is the ward managers who have a major role to play. They are the ones who can map, analyse and address the problem of burnout in their nurses. Prevention is aimed at helping nurses themselves to prevent severe burnout, which can lead to leaving their jobs or serious psychological problems.

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