

Impact of Nurses' Burnout on Patients' Satisfaction with Nursing Care in Al-Najaf City

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Abstract- Work is a significant source of stress in all occupations; a nationwide poll by the American Psychological Association (APA) showed that approximately 75% of Americans experienced substantial stress at work and nearly half noted that their work productivity decreased because of the stress. A cross-sectional descriptive study is conducted in AL-Najaf City from Dec. 2nd., 2014 to March 15th., 2015. To assess the impact of nurses' burnout on patients' satisfaction with nursing care.

A Non-Probability (Convenience Sample) of (107) patients, and (25) nurses were selected from medical and surgical units at AL- Sadder Medical City.

Data are collected using the constructed questionnaire and interview technique with each study subject. While the data analysis is done by using the statistical package of social science (SPSS) Ver. (16), and the Microsoft excel (2007).

The study results indicate that majority of the nurses (80%) are working at a fair practice area, majority of the nurses (84%) are sometimes burning due to their work place, and (70.1%) of the patients are satisfying with the interpersonal support domain. (62.6%) are partially dissatisfied with the nursing care. In addition, (91.6%) are partially satisfied with nursing care as an overall satisfaction.

According to the study findings and discussion, the study concluded that nurses are exposed to some burdens due to the practice environment, and this makes them burned. In addition, the nurses' burnout affects the patients' satisfaction with nursing care.

The study recommends that an intensive comprehensive wide population-based (national level) study can be conducted to assess the impact of nurses' burnout on patients' satisfaction with nursing care. In addition, to assess the factors that improve the practice environment, as well as improve the nurses' job satisfaction and prevent their burnout, to improve the quality of care services and the patients' satisfaction with such services.

Index Terms- nurses burnout, patients satisfaction, assessment, nursing care

I. INTRODUCTION

Work is a significant source of stress in all occupations. According to a 2014 nationwide survey by the American Psychological Association (APA) and the American Institute of Stress (AIS), job pressure was the leading cause of stress, and other surveys have shown that approximately one-third of

working Americans experience chronic work stress, with 37% saying they were excellent or very good at managing job work stress (American Psychological Association, 2015). High costs are associated with work-related stress in terms of absenteeism, decreased productivity, and employee turnover, as are a wide variety of physical conditions, from headaches and insomnia to cardiovascular and immune diseases (American Institute of Stress, 2014). Work-related stress that unaddressed has the potential to develop into burnout over a long period. The costs of burnout are even higher than stress and affect not only the well-being of the individual but also that of the individual's family, friends, and colleagues. Burnout has been more prevalent in the so-called helping professions, and high levels of burnout that documented in the healthcare professions, especially nursing.

Nursing is a stressful profession that deals with human aspects of health and illness (Abushaikha and Saca-Hazboun, 2009). Moreover, it can ultimately lead to job dissatisfaction and burnout. Burnout is a mental condition defined as the body's response to the failure of the coping strategies that individuals typically utilize to manage stress at work (Marin and Campayo, 2010). The accumulation of stress exhausts individuals to the point where their energy resources are insufficient for their attempts to overcome the pressure of a situation in which they work with other people (Galanakis, 2009). The worker loses the interest and positive sentiments that he/she had for individuals assisted and develops a negative self-image (Lauvrud, et. al., 2009).

Nurses are especially vulnerable to the burnout, and this is of particular concern for several reasons (Maslach, 2003). First, nurses represent the largest fraction of healthcare professionals, with more than 2.6 million nurses in the United States, and they are the frontline for direct patient care in hospitals. Second, job dissatisfaction and subsequent burnout have been attached to nursing turnover, which has led to the nursing shortage that began in the late 1990s (Lafer et al, 2012). This shortage remains ongoing, and estimates for the shortage by the year 2020 range from 340,000 to 1 million. Third, and most important, the inadequate nursing staffing levels caused by excessive turnover have been significantly associated with nursing errors and poorer patient outcomes (Ludwick and Silva, 2012). Thus, enhancing job satisfaction and avoiding burnout is crucial to maintaining an adequate population of nurses, and an adequate population of nurses is vital to maintaining high-quality patient care. After a discussion of the primary sources of work-related stress and burnout among nurses, several strategies for preventing burnout at the individual and organizational level are present.

The hospital nurse workforce is experiencing greater workloads resulting from shorter hospital stays, rising average patient acuity, fewer support resources, and a national nurse shortage. Higher nurse workloads are associated with burnout and job dissatisfaction, precursors to voluntary turnover that contribute to the understaffing of nurses in hospitals and poorer patient outcomes (Aiken, et. al., 2002).

Indeed, more than 40% of hospital staff nurses score in the high range for job-related burnout, and more than 1 in 5 hospital staff nurses say they intend to leave their hospital jobs within 1 year (Aiken, et. al., 2001).

The understaffing of nurses and the overwork of health professionals in hospitals were ranking by consumers as major threats to patient's safety. In addition, more patients are bringing their own caregivers to the hospital with them. Research on job-related burnout among human service workers, nurses in particular, suggests that organizational stressors in the work environment are important determinants of burnout and subsequent voluntary turnover. A largely separate research literature on patient satisfaction documents the importance of patients' satisfaction with nursing care in their overall ratings of satisfaction with their hospital care. This article examines the association between nurse burnout and patient satisfaction, and explores whether the factors that account for nurse burnout also account for patient dissatisfaction. The findings are important to understanding how to simultaneously stem the flight of nurses from hospital bedside care and improve patient satisfaction with care (Vahey, et. al., 2004).

II. METHODOLOGY

Design of the Study:

A Cross-Sectional Descriptive study is conducted through the present study in order to achieve the early stated objectives. The period of the study is from Dec. 2nd, 2014 to March 15th, 2015.

ADMINISTRATIVE AGREEMENTS:

The researchers obtain an approval from the Nursing Specialties Department in the College of Nursing / University of Kufa. In addition, an official permission obtained from Al-Najaf Al-Ashraf Health Directorate/Al-Sadder Medical City, in order to interviewing each subject. Finally, subjects' agreement obtained from the nurses and the patients to answer the questionnaire questions.

SETTING OF THE STUDY:

The study conducts in Al-Najaf City/Al-Najaf Al-Ashraf Health Directorate / Al-Sadder Medical city / Medical and Surgical Wards.

SAMPLE OF THE STUDY:

A Non-Probability (Convenience Sample) of (107) patients, and (25) nurses are included in the present study.

STUDY INSTRUMENT:

RESULTS:

An assessment tool adopted and developed by the researcher to assess the impact of nurses' burnout on the patients' satisfaction with nursing care.

The final copy consists of the following parts:

Part 1: Nurses' Sheet: which includes the following sub-parts:

1- Nurses' demographic data form.

Nurses' demographic data includes the nurses' residency, wards, gender, age, and marital status, levels of education, years of experience, and years of experience in a given area.

2- Nurses' work environment form.

The nurses' work environment measured through application of the developed Nursing Work Index (NWI-R) Scale.

3- Nurses' burnout form.

The nurses' burnout measured through application of the developed Maslach Burnout Inventory Scale (MBI).

Part 2: Patients' Sheet: which includes the following sub-parts:

1- Patients' demographic data.

Patients' demographic data includes wards, residency, gender, age, marital status, occupation, levels of education, and number of previous hospitalization.

2- Patients' satisfaction with nursing care.

The patients' satisfaction measured through application of the developed La Monica-Oberst Patient Satisfaction Scale (LOPSS).

DATA COLLECTION:

The data collected through the utilization of the developed questionnaire, and by means of structured interview technique with the subjects (patients and nurses) who individually interviewed, by using the Arabic version of the questionnaire.

STATISTICAL ANALYSIS:

The following statistical data analysis approaches is used in order to analyze the data of the study under application of the statistical package of social sciences (SPSS) Ver. (16), and the Microsoft excel (2007):

1. Descriptive Data Analysis:

- a- Tables (Frequencies, Percentages, and cumulative Percent).
- b- Statistical figures (Bar Charts and Pie Charts).
- c- Cutoff point (66.66%) due to the three points Likert Scales with three levels of assessment for the practice environment, nurses' burnout, and patients' satisfaction.

2. Inferential Data Analysis:

This approach used to accept or reject the statistical hypothesis, which includes Chi-Square test for testing the independency distribution of the observed frequencies, and for measuring the association between the studies variables according to its type.

Table (1): Nurses' Distribution According to their Demographic Data

Demographic Data	Rating And Intervals	Frequency	Percent	Cumulative Percent
Residency	Urban	20	80	80
	Rural	5	20	100
Wards	Medical	14	56	56
	Surgical	11	44	100
Gender	Male	18	72	72
	Female	7	28	100
Age / Years	<= 20.00	1	4	4
	25.00 - 28.00	9	36	40
	29.00 - 32.00	14	56	96
	33.00+	1	4	100

Table (1) continued...

Demographic Data	Rating And Intervals	Frequency	Percent	Cumulative Percent
Marital Status	Single	10	40	40
	Married	15	60	100
Levels of Educations	Secondary Nursing School or Less Than	1	4	4
	Technical Institute of Nursing	19	76	80
	College of Nursing	5	20	100
Years of Experience	<= 1.00	9	36	36
	2.00 - 6.00	14	56	92
	7.00+	2	8	100
Years of Experience in a Given Area	<= 0.00	4	16	16
	1.00 - 2.00	16	64	80
	3.00+	5	20	100

N (25)

This table shows that most of the nurses are from urban residential area (80%), working at medical wards (56%), males (72%), within the age interval about 29-32 years old (56%), married (60%), technical institute graduated (76%), have 2-6 years of experience (56%), and have 1-2 years of experience in a given area (medical or surgical), (64%).

Table (2): Nurses' Distribution According to their Overall Responses to the Practice Environment Domain Items

Main Domain	Nurses' Perspective toward Practice Environment	Frequency	Percent	Cumulative Percent
Practice Environment	Good Practice Environment	2	8	8
	Fair Practice Environment	20	80	88
	Poor Practice Environment	3	12	100
	Total	25	100	

This table shows that majority of the nurses (80%) are working at a fair practice area.

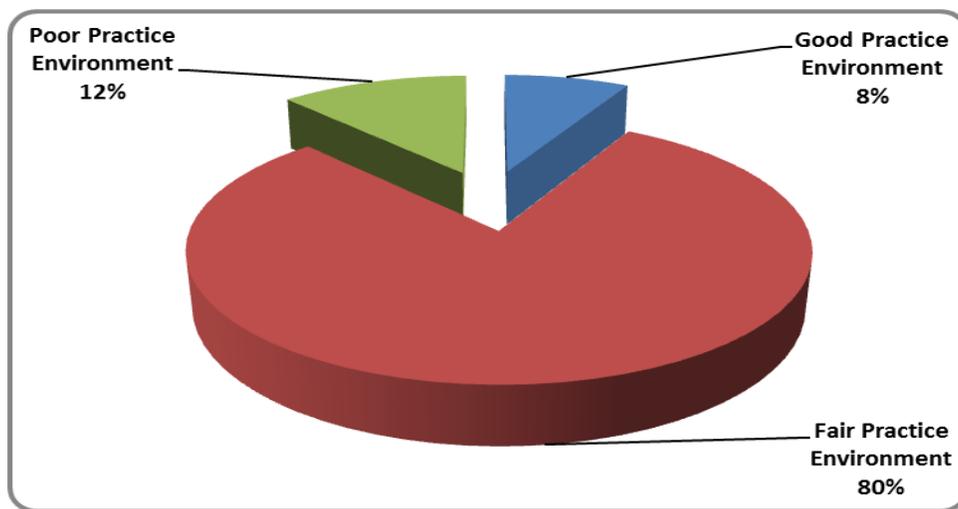


Figure (1) Nurses' responses regarding their practice environment domain items

Table (3): Nurses' Distribution According to their Overall Responses to the Nurses' Burnout Domain Items

Main Domain	Nurses' sense of burnout	Frequency	Percent	Cumulative Percent
Nurses' burnout	Always Burned	2	8	8
	Sometime Burned	21	84	92
	Never be Burned	2	8	100
	Total	25	100	

This table shows that majority of the nurses (84%) are sometime burned.

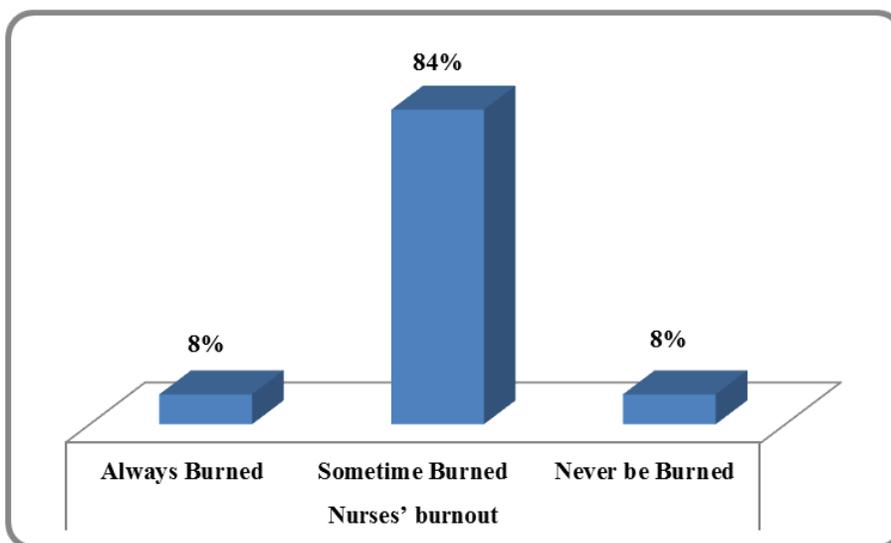


Figure (2) Nurses' Distribution According to their sense of Burnout.

Table (4): Distribution of Patients According to their Demographic Data

Demographic Data	Rating and Intervals	Frequency	Percent	Cumulative Percent
Wards	Medical	63	58.9	58.9
	Surgical	44	41.1	100

Residency	Urban	63	58.9	58.9
	Rural	44	41.1	100
Gender	Male	58	54.2	54.2
	Female	49	45.8	100
Age / Years	<= 18.00	7	6.5	6.5
	19.00 - 31.25	29	27.1	33.6
	31.26 - 44.50	22	20.6	54.2
	44.51 - 57.75	32	29.9	84.1
	57.76+	17	15.9	100
Marital Status	Single	30	28	28
	Married	74	69.2	97.2
	Separated	3	2.8	100
Occupational Status	Governmental Employee	10	9.3	9.3
	Private Worker	39	36.4	45.8
	Retired	18	16.8	62.6
	Jobless	40	37.4	100
Levels of Education	Illiterate	26	24.3	24.3
	Primary School Graduated	42	39.3	63.6
	Secondary School Graduated	33	30.8	94.4
	Institute Or College Graduated	6	5.6	100
Number of Previous Hospitalization	<= 0.00	10	9.3	9.3
	1.00 - 9.00	72	67.3	76.6
	10.00 - 18.00	17	15.9	92.5
	19.00 - 27.00	6	5.6	98.1
	28.00+	2	1.9	100

N (107)

This table shows that most of the patients are admitted to medical wards (58.9%), from urban residential area (58.9%), males (54.2%), within age interval about 44.51-57.75 years old (29.9%), married (69.2%), jobless (37.4%), primary school graduated (39.3%), and admitted to the hospital 1-9 times previously (67.3%).

Table (5): Distribution of Patients According to their Satisfaction with Nursing Care

Main domains of patients' satisfaction	Levels of patients' satisfaction	Frequency	Percent
Interpersonal Support / Patients' Impression	Satisfied	75	70.1
	Partially Satisfied	29	27.1
	Unsatisfied	3	2.8
Patients' Dissatisfaction	Satisfied	3	2.8
	Partially dissatisfied	67	62.6
	dissatisfied	37	34.6
Overall Patients' Satisfaction	Satisfied	7	6.5
	Partially Satisfied	98	91.6
	Unsatisfied	2	1.9

This table shows that patients' satisfaction with nursing care distributed as follow: (70.1%) are satisfied with the interpersonal support domain, (62.6%) are partially dissatisfied with the nursing care, and (91.6%) are partially satisfied with nursing care as an overall satisfaction.

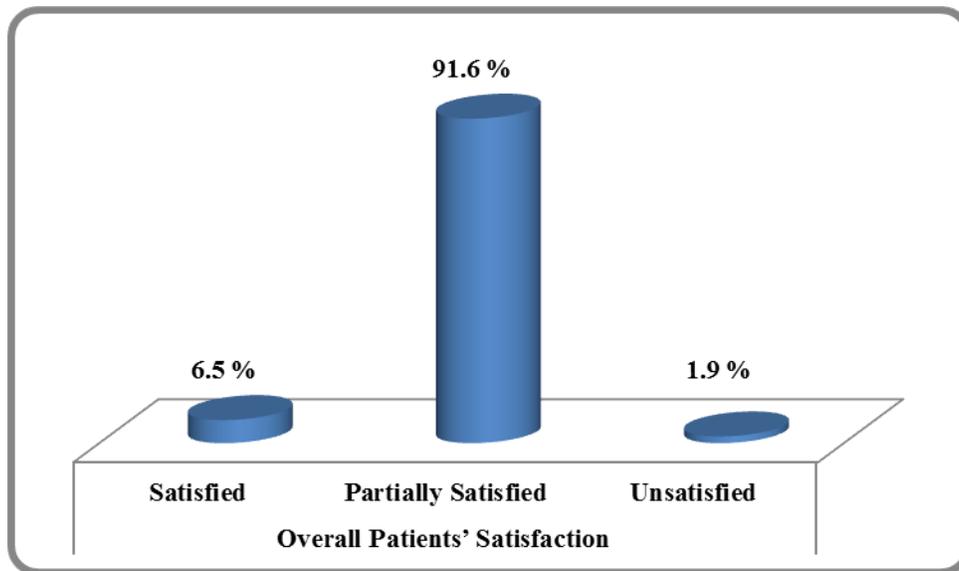


Figure (3) Distribution of Patients According to their Satisfaction with Nursing Care

Table (6): Association between Nurses' Practice Environment and their Burnout Levels

Main domain	Nurses' sense of burnout	Practice Environment			Significance
		Good Practice Environment	Fair Practice Environment	Poor Practice Environment	
Nurses' Burnout	Always Burned	2	2	0	$\chi^2 = 27.171$ d.f. = 4 p - value = 0.00
	Sometime Burned	0	18	1	
	Never Be Burned	0	0	2	
	Total	2	20	3	

This table shows that there is a highly significant association between the nurses practice environment and their burnout at p-value less than 0.001.

Table 3.4.: Association between Nurses' Burnout and the Patients' Satisfaction with Nursing Care

Main domain	Nurses' sense of burnout	Patients' Satisfaction			Significance
		Satisfied	Partially Satisfied	Unsatisfied	
Nurses' Burnout	Never be Burned	3	1	0	$\chi^2 = 22.911$ d.f. = 4 p - value = 0.00
	Sometime Burned	0	18	1	
	Always Burned	0	1	1	
	Total	3	20	2	

This table shows that there is a highly significant association between the nurses' burnout and the patients' satisfaction with the nursing care at p-value less than 0.001.

III. DISCUSSION

The hospital nurse workforce is experiencing greater workloads resulting from shorter hospital stays, rising average patient acuity, fewer support resources, and a national nurse shortage. Higher nurse workloads are associated with burnout

and job dissatisfaction, precursors to voluntary turnover that contribute to the understaffing of nurses in hospitals and poorer patient outcomes.

The study results show that majority of the nurses are working at a fair practice area. In addition, the practice environment sometime burned the majority of the nurses. In addition, there is a highly significant impact of the nurses practice environment on their burnout levels. These results come because those organizational stressors in the work environment are important determinants of burnout. These results are supported by **Aiken**,

et. al., 2002, they find that there is a significant impact of the practice environment on the nurses burnout.

In addition, the study results show that the patients are partially satisfied with nursing care that provided at medical and surgical wards. These results supported by Vahey, et. al., 2004. They studied the impact of the nurses' burnout on the patients' satisfaction; they find that most of the patients are partially satisfied with nursing care.

Furthermore, the study results show that there is a highly significant impact of the nurses' burnout on the patients' satisfaction with the nursing care. These results supported by Vahey, et. al., 2004. They studied the impact of the nurses' burnout on the patients' satisfaction; they find that there is a high significant impact of the nurses' burnout on the patients' satisfaction with nursing care.

IV. CONCLUSION

According to the study findings and discussion, the study concluded that nurses are exposure to some burdens due to the practice environment, and this make them burned. The nurses' burnout affect the patients' satisfaction with nursing care.

V. RECOMMENDATIONS

Based on the study conclusion, the study recommends the following:

An intensive comprehensive wide population-based (national level) studies conducted to assess the impact of nurses' burnout on patients' satisfaction with nursing care. In addition, to assess the factors that improve the practice environment, as well as improve the nurses' job satisfaction and prevent their burnout, to improve the quality of care services and the patients' satisfaction with such services.

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