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EXAMINATION OF RELATIONSHIP BETWEEN BURNOUT AND STYLES OF COPING WITH STRESS AT NURSES

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Abstract: *This investigation had been done as descriptive for examination of relationship between burnout and coping with stress methods at the nurses who work in Atatürk University Yakutiye Research Hospital in Erzurum. Data of investigation had been collected October 2008 to March 2009. Sample had not been chosen for the research, all of the universe had been taken as sample. The investigation had been completed with 105 nurses who work at the hospital and want to join this research. Question Form, Maslach Burnout Inventory and Coping With the Stress Scale (CWS) which are improved by researcher had been used to collect data. T test, Pearson correlation test, variance analysis, Mann Whitney U test, Kruskal- Wallis test had been used to appraise of data. Nurses' average of point at the MBI is 34.2 ± 11.0 , nurses' average of point at the CWS is 70.1 ± 6.31 . Difference between opinion of nurses about wages and emotional depletions average of points which is subsection of MBI had been found meaningful in statistical ($p=0.01$). Difference between put knowledge of nurses in to practice and average of point of personal success with emotional depletion which are subsection of MBI had been found meaningful in statistical ($p=0.01$). Difference between working position and average of points of abstention which is subsection of CWS had been found meaningful in statistical ($p=0.01$). Difference between working year and average of points of abstention, difference between opinion of nurses about wages and average of points of abstention had been meaningful in statistical ($p=0.05$). Relationship between personal success which is subsection of MBI and abstention which is subsection of CWS had been found meaningful in statistical ($p=0.05$). As a result nurses are more exposed to stress at working environment and this situation had lead to burnout at the nurses. That had been determined.*

Key words: *Burnout, stress, coping with stress, nursing.*

1.Introduction

Contemporary modern societies with developed and complicated organizations have many factors which can lead people to have more stress in their professional and social life. People leading life under these circumstances unavoidably encounter stress, which is the fact of the time. Stress does

not only causes huge problems on workers' physical and mental health, but also it results in many organizational matters such as decrease in organizational effectiveness and efficiency, high labor turnover, absenteeism, fall in the quality and amount of offered service. Exhaustion is the advanced and chronic form of stress [1, 2].

Nurses being familiar with stress states and coping with it would alleviate the factors contributing to burnout. Therefore, it is important for nurses to recognize self-related and work environment related stress. Some personal strategies have a significant and necessary share in coping with stress. In coping with stress personally, the techniques such as physical exercises, breathing exercise, meditation, relaxation, nutrition and diet, getting social support, participating in social, cultural, and sports activities, massage, prayer and worship, and time management can be useful [3, 4, 5].

The concept of coping can be explained as the ways of fighting against the difficulties people encounter during the lifespan. The model for coping with stress introduced by Folkman and Lazarus includes two types of appraisal:

1. *Primary appraisal*: Person focuses on whether s/he faces any danger and the potential results of the present circumstance.
2. *Secondary appraisal*: It is regarded as a serial cognition about person's resources and positions in dealing effectively with that state. In this case, the individual assesses the present resources and circumstances in order to determine what should be done to overcome or prevent harms, and advance the prospects for benefit [6, 7, 8].

The common definition of burnout perceived as the reaction against stress in work place by scientists interprets it as the result of stress, the individual feeling that s/he cannot causing any alteration or difference through his/her activities at his/her tasks and in surrounding circumstances, and surrendering to the present circumstances. The concept of burnout leading to individual and organizational problems such as job loss, exhaustion, depression, problems in human relationships, and rise in mistakes is scientifically analyzed in researches through three aspects which are Emotional Exhaustion, Depersonalization, and feeling of Dissatisfaction with Personal Accomplishment [9].

The effectiveness of coping ways to reduce perceived stress and to manage the effects of stress is critical. The coping ways, which are problem-focused one that tends to change the source of problem causing stress, and emotion-focused one that tends to understand the reason of problem and the emotions felt meanwhile, can be used [10].

2. Material and Method

The present research was descriptively conducted in order to analyze the relationship between burnout and the styles of coping with stress at working nurses. The research was done in Yakutiye Research Hospital in Atatürk University between November 2008 and March 2009. The population of research is comprised of the clinic nurses working during the research period of time, and open to communication and collaboration (N:187). It was aimed to reach the whole research universe. Yet, the research was completed with 105 nurses. The information form prepared by the researchers in line with the literature, Styles of Coping with Stress Scale (SCSS), and Maslach Burnout Inventory (MBI) were employed in gathering the data. The original form of SCSS was developed by Amirkhan (1990). Its validity and reliability study was done by Şahin & Durak (1995) in Turkey. The scale is employed in

providing feedback regarding the methods of coping with stressful situations, and predicting the psychological health [11].

The scale measures the individuals encountering certain circumstances. It has three sub-dimensions that are problem-solving, seeking social support, and avoidance. The scale has 33 questions in total. There are 11 questions for each sub-dimension, and responses consist of three options which are never (0), little (1), and highly (2). Minimum 11 points and maximum 33 points can be obtained from each sub-dimension. MBI was developed by Maslach (1981), and its validity and reliability study was done by Çam (1992). The scale is totally comprised of 22 items being emotional exhaustion (9 items), personal accomplishment (8 items), and depersonalization (5 items) [12].

Average, percentage, Student t-test, and Kruskal-Wallis test The data was evaluated through SPSS 12.0 statistical package program. One sample Kolmogorov-Smirnov test was used in examining whether the numerical variables have a normal distribution. Average, percentage, Student t-test, and Kruskal Wallis test were used to analyze the data. $p < .05$ is accepted as statistically significant.

3.Results

The assessment of descriptive characteristics of nurses in the study indicates that 36.2% of nurses is at the age between 23-27 and %55.2 of nurses is married. 45.8% of married ones have two or more children, and 82.9% of that group has no health problem. Regarding the nurses' professional characteristics, 38.1% of them graduated from a medical vocational high school. It is found that 31.4% of them have worked for 0-4 years, and 33.3% for 15 years or more (Table 1).

Table 1. Distribution of Nurses' Socio-Demographic Characteristics (n=105)

Characteristics	Number	%
Age		
18-22	13	12.4
23-27	38	36.2
28-32	28	26.6
33 and more	26	24.8
Marital Status		
Single	58	55.2
Married	47	44.8
Number of Children (n=59)		
No Child	11	18.6
1 Child	21	35.6
2 Children or more	27	45.8
Chronic Health Problem		
Yes	18	17.1
No	87	82.9
Education		
Medical Vocational High School	40	38.1
Associate Degree	21	20.0
Medical Vocational School	14	13.3

of Higher Education Nursery School of Higher Education	30	28.6
Duration of working		
0-4 Years	33	31.4
5-9 Years	18	17.1
10-14 Years	19	18.2
15 Years or more	35	33.3
State of Choosing the Job		
Willingly	74	70,5
Unwillingly	31	29.5
Position		
Service Nurse	88	83.8
Service Head Nurse	17	16.2

The mean of total scores the nurses got at the burnout scale is 34.2 ± 11.0 ; the means of total scores they got at the sub-dimensions are 16.7 ± 7.1 for emotional exhaustion, 5.6 ± 3.4 for depersonalization, and 11.8 ± 4.2 for personal accomplishment. The mean of total scores the nurses have at SCSS is 70.1 ± 6.31 , and those at the sub-dimensions of SCSS are discovered as 27.5 ± 4.1 for problem-solving, 23.2 ± 3.8 for seeking social support, 19.1 ± 3.9 for avoidance (Table 2).

Table 2. Distribution of Means of Total Scores the Nurses Have at the Scales of Burnout, and Styles of Coping with Stress, and Their Sub-Dimensions

Burnout Scale and Its Sub-Dimensions	Minimum and Maximum Values of the Scale	Min.-Max. Values	X\pmSS
Burnout Scale in Total	0–88	13–60	34.2\pm11.0
Emotional Exhaustion	0–36	2–34	16.7 \pm 7.1
Depersonalization	0–20	0–16	5.6 \pm 3.4
Personal Accomplishment	0–32	3–25	11.8 \pm 4.2
Styles of Coping with Stress Scale in Total	33–99	57–86	70.1\pm6.31
Problem-Solving	11–33	14–33	27.5 \pm 4.1
Seeking Social Support	11–33	11–33	23.2 \pm 3.8
Avoidance	11–33	13–33	19.1 \pm 3.9

The association between the scores of nurses in the sub-dimensions of burnout scale, and in the styles of coping with stress scale is shown on Table 3. There is a negative significant

correlation between problem solving and personal accomplishment ($p < 0.01$). A negative significant correlation was discovered between personal accomplishment and seeking social support ($p < 0.01$). A positive significant correlation was found between personal accomplishment and avoidance.

Table 3. Association between The Burnout Level and Styles of Coping with Stress of Nurses

Sub-Dimensions of Maslach Burnout Inventory	Sub-Dimensions in Styles of Coping with Stress Scale			
	Problem Solving	ial Support Seeking	Avoidanc e	TOTAL
	r	r	r	r
Emotional Exhaustion	.062	.126	.091	.183
Depersonalization	.057	-.020	-.067	-.023
Personal Accomplishment	-.280**	-.254**	.210*	-.188
TOTAL	-.042	-.026	.130	.049

** The correlation is significant at level of 0.01.

* The correlation is significant at level of 0.05.

4. Discussion

The results of present study aiming to reveal nurses' state of experiencing burnout and their ways of coping with that state were discussed within the framework of related literature. The descriptive characteristics of nurses indicate that 36.2% of nurses are at the age between 23 and 27 and %55.2 of nurses is married. 45.8% of married ones have two or more children. According to the study results, no statistically significant difference is found between the working years of nurses and the sub-dimensions of Maslach Burnout Inventory. In the study conducted by Sinat, DT was found high at those below 41 years old, low at those of 41 years old and above. Any statistically significant difference was detected between the age groups in terms of the assessment of D score. KB scores were high amongst the nurses between 20-30 years of age, low in those above 41 years of age [13]. The relationship between the educational level and burnout is not obvious. The people with a higher educational level desire to achieve more things, and their expectations are greater. They may be extremely idealist and have greater aims. The conflict between the reality and their ideals may result in disappointment and burnout.

Sayıl and his friends stated in their research that 51.1% of subjects chose the profession willingly, 30.3% chose by their relatives' suggestion, and 17.6% chose it randomly and unintentionally. The group of 48.5% choosing the job by their relatives' suggestion or unintentionally are in emotional exhaustion [14]. The findings of that study support the present study. Those wanting to change their profession experience emotional exhaustion and depersonalization more. It is deemed that it may spring from them disliking their job, their unintentional choice of job, and the compulsion to keep doing their job. Performing job willingly may affect the achievement positively, increase the quality of patient care, and also

prevent burnout by increasing the job satisfaction.

In terms of the relationship between the burnout and styles of coping with stress of nurses, a statistically significant correlation was detected between personal accomplishment and problem-solving at the level of $p=0.01$; personal accomplishment and seeking social support at the level of $p=0.01$; and personal accomplishment and avoidance at the level of $p=0.05$, which are the sub-dimension of MBI and that of SCSS respectively.

In this study, it was discovered that the nurses working between 10-14 years and service nurses, who graduated from a medical vocational high school, employ negative strategies of coping; the nurses finding their salary inadequate and having no opportunity to practice his/her knowledge experience emotional exhaustion. Regarding these results, those suggestions can be specified: Things to Do at the Administrative Level: Reducing long hours of working, resolving the low salary problem, increasing vacation and social activity opportunities, overcoming the lack of staff, clear and exact definition of duties, setting regularly in-group meetings, providing continuing education opportunities, expanding the sources for award, performing hard tasks in rotation, doing constantly total quality works.

Things to Do Personally: Learning the difficulties and risks of job before taking up the job, recognizing the indicators of burnout would enable people to identify early the state they are in, and to try to find solutions.

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