

EVALUATING BURNOUT IN AN INSTITUTIONAL SETTING

*MR. JOSEPH BUSUTTIL, M.Sc., DIP. O.T.
HEAD OF OCCUPATION THERAPY DEPARTMENT
MOUNT CARMEL HOSPITAL, ATTARD, MALTA.*

ABSTRACT

In a research project, 183 medical and paramedical staff, each with at least 5 years of service in a large psychiatric hospital in Malta, were interviewed to find out any burnout effects. It was found that the longer the years of service, the more staff felt they were taking their work problems home. Nevertheless, irrespective of length of employment, 78% considered their objectives at work fulfilled. Only 22% gave importance to improved salaries, while 77% opted for more staff meet-

ings and in-service training.

INTRODUCTION

The care and cultivation of human resources are being given increasing importance in a world that has become more acutely aware of the need for personal growth and self actualisation of staff. A development that has attracted interest and research in the health care field is that of burnout, which can be defined as the stage when staff in the caring professions seem no longer able to concentrate upon the problems of

the client, to provide the necessary support, and to think clearly in their responses.¹

Pines and Aronson² describe burnout as a state of physical, emotional, and mental exhaustion by long term involvement in emotionally demanding situations. Those who are at highest risk for this development are the very people who entered their professions full of high ideals, expecting their work to give their lives a sense of meaning, only to discover after a period in the job that they have begun to stop caring, and

are feeling increasingly depleted. There is a significant overlap between burn-out and stress.

Research studies have found evidence of burnout in the medical profession, ranging from the turnover of staff in in-patient psychiatric units (Leibenluft et al³), to the identification of causes of stress in physicians caring for the chronically and terminally ill (Martin and Julian⁴). In nursing, Nash⁵ studied palliative care and reached the conclusion that nursing terminally ill patients is stressful and can lead to burnout. Bolle⁶ surveyed nurses working with AIDS patients, and pointed out that the caregivers are at great risk from this development. In occupational therapy, Craik⁷ has aimed to alert OTs to these problems and enhance their sense of purpose in combatting them. Surveying OTs in the United States, Graci Slominski⁸ found a significant relationship between chronicity as defined by patient stay, and the length of OT treatment, job satisfaction components of work, opportunity for promotion, and supervision.

BACKGROUND AND PROJECT AIMS

Mount Carmel is Malta's sole psychiatric hospital, with around 700 patients and more than 240 medical and paramedical staff (see Table 1). Built in 1861⁹, when the treatment regime demanded the setting up of large institutions isolated from the community, it has been steadily renovated and developed over the last 20 years, with additions like acute and rehabilitation wards, half way houses, and hostels. This period has also seen the wind of change

affecting medical treatment, and the introduction of professions like social work, psychology and occupational therapy, in addition to more qualified nursing staff.

The research objectives were: to find out whether staff were affected by any burnout aspects; to identify these aspects; to explore how burnout was being countered and prevented and to recommend curative and preventive measures which could be further implemented by staff and the authorities.

METHODOLOGY

A questionnaire was devised, covering areas of staff education, qualifications, and intrinsic and extrinsic factors of the work. In drafting the questionnaire, there was close liaison with the Statistical Division of the Health Education Unit in order to prepare a format which would be statistically analysed on completion.

In statistical testing, whenever two proportions were compared, this was done using the z test (standard normal deviate) for two proportions; whenever simple 2 x 2 tables were considered, the odds ratio and subsequent 95% confidence interval were calculated; for 2 x k tables, the x² test was used. 95% was always taken as the level of statistical significance required.

Since burnout can best be seen and assessed after staff have been working for a few years it was decided to interview those with a minimum of 5 years service (80% of total staff list). OT technical staff were also included, since support staff in the profession are not

immune to burnout effects.¹⁰

To avoid interviewer bias, the respondents were questioned by the author, who filled in the questionnaire simultaneously. This work was carried out over a three month period in the first half of 1989. All the available staff (183) agreed to be interviewed, the missing 12 being absent from the hospital for lengthy periods owing to various reasons.

RESULTS

Education: out of the sample, only 5 had degree qualifications. The majority (68%) had received in-service training, while 25% had no formal training in mental health. Many were critical of their initial training and subsequent in-service education. "The three year course features only 12 weeks of practical training in mental health, and during this time you are utilised as an extra pair of hands; this does not really prepare you for a career in the psychiatric field", said one state registered nurse. "In-service and continuing education programmes appear every few years, like a bolt from the blue, in fits and starts", added another paramedical with 25 years service. A senior staff member pointed out that lack of trained personnel meant that the few qualified ones were carrying out administrative and clerical work, with little or no time for clinical and rehabilitative tasks.

TABLE 2
Service: it was found that over 55% of the sample had been working at the same hospital for more than 20 years (Table 2):

TABLE 1: MEDICAL AND PARAMEDICAL STAFF LIST
(as per 1/3/1989)

GRADE	STAFF NO.	OVER 5 YEARS	UNDER 5 YEARS
Medical	16	3	13
Nursing	205	181	24
Social Work	5	2	3
OT	4	2	2
OT Tech.	14	7	7
TOTAL:	244	195	49

Distribution by Years of Service

Years	No. of Staff	%
0 - 5	-	-
6 - 10	34	18.6
11 - 15	29	15.8
16 - 20	17	9.3
21 - 25	33	18.0
26 plus	70	38.3
TOTAL:	183	

Nurses with more than 25 years service had joined the hospital straight from the Employment Office, as examinations for admission started in the early 1960s. Many of them had come directly after finishing their education. "It was just like getting into any other job, especially with the little employment prospects of those days", said one of them. The fact that the hospital provided job security was an attractive proposition, commented a number of staff.

Work: when asked to describe their work, 90 (49%) of the sample listed it under active care; 55 (30%) as rehabilitation; 22 (12%) as supervision; and 16 (8%) as maintenance. Regarding preferred aspects of work, 49% said they liked clinical duties best, while administrative tasks were disliked by 33%.

In reply to a question regarding the percentage of time they estimated spending in direct contact with patients, 85% (147) said they reckon they were with clients for more than 60% of the time. 46% of these respondents were in the over 26 years service group.

Asked whether they felt that their work in general allowed them freedom of expression, creativity, control and involvement, 87% replied in the affirmative. 78% also expressed the feeling that they were reaching their objectives in hospital.

Attitudes: staff were requested to outline their attitude towards mental illness when they started work, and their present attitude towards mental health. 118 (65%) initially thought that treatment made no difference. However 154 (85%) now opined that psychiatric disorders could be controlled although not cured. This change in initial attitude was more marked in staff with more than 20 years ($P < 0.05$).

Many attributed these feelings to fundamental changes that took place over the last two decades. "A new orientation and mentality has evolved," said one respondent; "there is a humanitarian and dignified approach to patients.

They are now treated, and many of them discharged. Formerly they used to come in, never knowing when they will go out". Another staff with many years' service commented: "40 years ago treatment consisted of straight ECT, insulin treatment, sodium amytal injections, and the physical handling of patients like putting them in straight jackets and special netting beds. The wards were painted in dark brown colours to cover the dirt. All this has now changed, with the result that the patient has improved treatment and more freedom, leading to overall progress". Other important factors mentioned by staff included an improved infrastructure, introduction of mental health legislation, a less hierarchical and more democratic leadership, removal of obsolete regulations affecting patients and staff, reduction of custodial care, improved treatment and the introduction of the multidisciplinary treatment team.

Work-Home Interphase: the majority of the sample (66%) said they were unsuccessful in putting their job and work related problems behind them once they left hospital. 25% had no such difficulty. It was found that the longer the years of service, the more they were taking their problems home with them ($P < 0.001$).

Most respondents had comments like "work automatically becomes part of you"; "even when I'm off or on sick leave, I think of the patients"; "when I'm off I say, when will I be back at work?"; "I'm angry at myself for doing this, but the thoughts keep floating in my mind, even at night". A long service staff member reflected: "It is not really healthy as I am nearing my pensionable age, and I do not know what to do. Patients now look to me as their relative, that is why I have not retired yet, because I feel fulfilled".

Those with no difficulty in forgetting work listed support systems like the family, hobbies, sports, and other work in their spare time entirely unconnected with mental health. One staff member said he felt no stress, as the situation in the psychiatric field involved no acute, life or death aura, like one found in the

general hospital.

Motivation: finally staff were asked to give priority to measures they deemed as necessary to prevent staff apathy and promote motivation. 93 (91%) said staff meetings were of the utmost importance; 48 (26%) preferred in-service training. Better salaries were seen as the solution by 22 (12%); while other ameliorations, like improved facilities, were preferred by 17 (9%).

"Staff meetings are essential for motivation, expression of feelings, evaluation and personal contact", said one respondent. Many pointed to the teamwork, cooperation, delegation and communication that such meetings generate. There was consensus that the meetings have got to be meaningful and lead to some results, otherwise they would be a waste of time.

The need for in-service training was mentioned by a number of staff. "To be a good clinician one needs to be knowledgeable, updated and dedicated. It is hard to be so, to see what the patient needs, and see to his needs, in a system which does not really provide for such training", said one respondent.

Most staff were of the opinion that an improved salary structure would only be a temporary solution, and in the long run would make no difference. Improvements put forward by some staff included a restructuring of the working hours, with a reduction in the lengthy daily commitment. "Efficiency ebbs away as they day progresses, when you have to stay here for so many hours", said one staff.

DISCUSSION

The fact that Mount Carmel is Malta's sole psychiatric hospital means that the majority of staff have no option of working in another mental health setting (medical staff and a small number of nurses spend some days a week working in community mental outpatients clinics, while a few staff are posted to the psychiatric unit attached to the general hospital). This Hobson's Choice presents a degree of urgency of

looking into various ways and means of preventing and combatting burnout, especially in areas at risk which according to this research point to motivation and stress relating to the home-work interphase.

Similar to the findings of Pines and Maslach ¹¹, it was established that in trying to defend themselves against their disruptive emotions and try to perform efficiently in stressful situations, staff who were more successful in countering and preventing burnout maintained a strong sense of caring and concern for their clients, but also used various techniques of detachment, such as intellectualisation or physical or psychological withdrawal.

Most staff complained of the lack of training in mental health, both prior to and after employment. A number said that lack of proper qualifications leads to silence, deviation tactics, and stress. Van Harrison ¹², in his Person-Environment (PE) Theory, states that staff stress will arise if there is a mismatch between staff skills and abilities, and the demands and requirements of the job. Emphasising the definite interaction between work and staff health, the World Health Organisation ¹³ also point out the importance of properly matching the demands of the job with the individual capabilities, needs and limitations.

The majority of staff said that in general, they felt involved in their work, fulfilled, and were reaching their objectives. The International Labour Organisation ¹⁴ states that it is important to offer people jobs in which they can feel personally involved, while Seyle ¹⁵ opines that a life without the feeling of fulfillment and involvement is very tedious. However this finding may be related to the fact that there is only one psychiatric hospital in Malta, and staff have got to adapt and make the best of it. Also the lack of intense and specialised training in mental health locally may limit the expectations and objectives of staff.

Nearly all staff welcomed the changed staff profile and conditions in the hos-

pital. However a number of long serving staff complained that more patient discipline is required. "Mount Carmel is like a hotel or holiday camp now, with too sheltered conditions for patients, who seem to enjoy ecclesiastical immunity", said one staff member. "Years ago, when conditions were not favourable, few patients were discharged, but those who left rarely returned; now patients are like homing pigeons, in, out and back to the loft", commented another.

The stress experienced by the inability of many to compartmentalise between their jobs and their personal lives, was repeatedly pointed out. A chronic schizophrenic patient population - and 55% of Mount Carmel residents fall into this category - has been found to hasten stress and burnout symptoms. This can have a bearing on work performance, more so when one takes into consideration research ¹⁶ which has shown that at any particular time, up to 20% of an organisational work force will have a problem which is likely to affect such performance.

Staff meetings and in-service training were considered essential by more than three quarters of the interview sample, in order to prevent apathy and encourage motivation at work. At present, there is no regular structure for either. "This is a very demoralising situation", said a senior staff member. "I cannot see how I can keep up my morale, unless there are periodic, new positive elements, as there is a potential backwater character of struggling against mental illness in a largely deficient environment".

CONCLUSIONS AND RECOMMENDATIONS

While it may be fair to say that burnout was not confirmed in this research, a quantification exercise of certain burnout indicators has been carried out. Several proposals are recommended as preventive and counter measures. These include

1 Education: the mental health services are in urgent need of local special-

ised training, especially in the field of nursing, which is the only profession in the multidisciplinary team which, up to the time when the research was being carried out, still does not provide local specialisation (the few Registered Mental Nurses have qualified abroad). Whereas general nursing has been upgraded to a BSc degree, the present component covering psychiatry in the state registered and state enrolled nursing courses is too insignificant to prepare one for the demands of working as a mental health professional. In-service and continuing education programmes should also be provided on a structured, regular basis. It should be pointed out that recently local specialised training of psychiatric nurses started being prepared as part of the reorganisation and upgrading of nurse training.

2 Staff Meetings: these should be organised both at ward as well as on a hospital basis regularly. The meeting would serve as a platform where staff air and share views, and feel they can participate fully in decision making through personal contact.

3 Staff Retreats: research has shown that one way of fighting burnout is by setting up a system of staff retreats or workshops outside the institution. Such meetings would enable staff to get away from their workplace, and provide the opportunity to discuss their feelings, the patients and the hospital.

4 Reduction of Hours: the shorter the working hours, the less stressful the job. Many proposed a restructuring of the whole work system at Mount Carmel Hospital, especially concerning the long shift hours. A shorter working week (some staff still work 46 hours) with no significant financial setbacks, would assist in stress reduction.

5 Rotation of Staff: a rotation system should be devised, so that staff can alternate between working in the chronic wards where there is more liability to burnout, and the less stressful areas, like the acute admission wards, half way houses, hostels, and the social

centre. Sharing the load of the more difficult patients, and exposure to different types of patients, by staff rotation and work sharing help reduce the burn-out process.

6 Taking Care of Oneself: staff should be encouraged, and given the opportunity, to indulge in more outlets which can prevent the negative effects of burn-out. Cox¹⁷ suggests strategies like balancing one's lifestyle through nutrition; exercise; relaxation; and setting goals for oneself. Maslach¹⁸ proposes the following points:

- training in interpersonal coping skills
- recognition and analysis of personal feelings
- availability of support system
- the use of humour with patients and staff
- varying the amount and type of patient contact
- making a sharp distinction between job and personal life
- strategies to maintain physical health

Many staff commented on the positive advantages of membership of, and participation in, the Mount Carmel Sports and Social Club.

7 Early Retirement: staff with a lengthy period of employment should be allowed to retire early, with full pension rights, as long service in the psychiatric field has been found to be a most demanding and frustrating task. Pre-retirement courses should be organised well in advance, so that staff would be able to cope with this critical period (staff unions could take the initiative in this direction).

ACKNOWLEDGEMENTS

Special thanks go to Dr. Julian Mamo and Mr. Simon Scerri, of the Health Education Unit, Department of Health, for the statistical analysis of the research.

REFERENCES:

1. Fontana D., *Managing Stress*, London: British Psychological Association/Routledge, 1989, p.42
2. Pines A., Aronson E., *Career Burnout: Causes and Cures*, New York: Free Press/MacMillan, 1988
3. Leibenluft E., Summergrad P., Tasman A., *The Academic Dilemma of the In-Patient Unit Director*, *Am. J. Psychiatry*, 1989; 146 (1): 73 - 76
4. Martin C.A., Julian R.A., *Causes of Stress and Burnout in Physicians Caring for the Chronically and Terminally Ill*. *Hosp. J., Summer-Farr* 1987; 3(2-3)
5. Nash A., *A Terminal Case? Burn out in Palliative Care*. *Prof. Nurse*, 1989; 4 (9): 443-444
6. Bolle J.L., *Supporting the Deliverers of Care: Strategies to Support Nurses*. *Nurs. Clin. N. Am.*, 1988; 23(4): 843-850
7. Craik C., *Stress in OT: How to Cope*. *British Journal of Occupational Therapy*, Vol. 51, No. 2: February 1988; 40-43
8. Graci Slominski K., *The Relationship of Type of Patient Treatment and Job Satisfaction of the Occupational Therapist*. Thesis, OT Department, State University of New York at Buffalo, United States, 1987
9. Cassar P., *Medical History of Malta*, London: Wellcome. Historical Medical Library, 1964; 364-374
10. Smith A., Yaxley J., Goddard M., *Letters to the Editor*. *British Journal of Occupational Therapy*, 1988; 51(4):134-135
11. Pines A., Maslach C., *Characteristics of Staff Burnout in Mental Health Settings*. *Hospital and Community Psychiatry*, 1978; 29(4)
12. Van Harrison R., *Person-Environment Fit and Job Stress*, in Cooper G.L., Payne R., (eds), *Stress at Work*, Chichester: Wiley, 1978
13. World Health Organisation, *Identification and Control of World Related Diseases, Report of a WHO Expert Committee, Technical Series 714*, Geneva: WHO, 1985
14. International Labour Organisation, *Introduction to Work Study*, third revised edition, Geneva: International Labour Organisation, 1986
15. Seyle H., *The Stress of Life*, New York: McGraw Hill, 1978, pp. 436-438
16. Hall J., Fletcher B., *Coping with Personal Problems at Work*. *Personnel Management*, February 1984
17. Cox C., *Practical Aspects of Stress Management*. *British Journal of Occupational Therapy*, 1988; 51(2) Feb. 1988, pp. 44-47
18. Maslach C., *The Burnout Syndrome and Patient Care*, in Garfield C., (ed)., *Stress and Survival*, St. Louis: Mosby, 1979

The copyright of this article belongs to the Editorial Board of the Malta Medical Journal. The Malta Medical Journal's rights in respect of this work are as defined by the Copyright Act (Chapter 415) of the Laws of Malta or as modified by any successive legislation.

Users may access this full-text article and can make use of the information contained in accordance with the Copyright Act provided that the author must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the prior permission of the copyright holder.

This article has been reproduced with the authorization of the editor of the Malta Medical Journal (Ref. No 000001)