

Level of Burnout Among Nurses Working in Oncology in an Italian Region

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Purpose/Objectives: To estimate the level of burnout among nurses working on oncology wards and to identify the risk factors of burnout and the strategies used to prevent and deal with stress.

Design: Descriptive study.

Setting: Oncology wards in public hospitals in a northeastern Italian region.

Sample: 100 nurses working on oncology wards.

Methods: Head nurses of the oncology wards were personally informed about the aims of the study and were asked to distribute a questionnaire among the staff nurses and collect them after completion. The questionnaire had 58 items divided into three parts: sociodemographic and job characteristics of the population, the Maslach Burnout Inventory modified for Italian healthcare workers, and the respondents' perceptions about coping mechanisms and strategies adopted by the organization to help the nurses cope with stress.

Main Research Variables: Levels of burnout according to the Maslach Burnout Inventory.

Findings: The global response rate was 71% (100 of 140); 35% of the nurses had a high level of emotional exhaustion, 17% had a high level of depersonalization, and 11% had a high level of personal achievement. Significantly high levels of emotional exhaustion were found in nurses older than 40 with a working seniority of more than 15 years, those who had chosen to work on an oncology ward, and those who wanted another work assignment. The mean emotional exhaustion in subjects who identified lack of coordination (disorganization) as an important cause of stress was 24.5 (SD = 10.6), whereas the mean score in the nurses who did not cite disorganization as a cause of stress was 18.3 (SD = 12.0).

Conclusions: An important cause of stress reported by nurses is poor organization; therefore, hospitals should focus attention on specific organizational aspects.

Implications for Nursing: Knowledge of the mechanisms of burnout and strategies to prevent and deal with them are important for nurses' psychophysical health and constitute a fundamental requirement in a policy that aims to improve quality in health services.

Healthcare workers employed in areas such as oncology and AIDS care are exposed to higher work-related stress. The need to deal with dying and death, the feeling of helplessness linked with the limits of medicine in those pathologies, the length of disease, the need to maintain an empathic relationship with patients who are suffering or dying, and the risk that empathy might lead to identification are potentially stressful situations for healthcare professionals (Costantini, Solano, Di Napoli, & Bosco, 1997; Lopez-Castillo, Gurpegui, Ayuso-Mateos, Luna, & Catalan, 1999).

Hospital management uses many different indicators to survey stress levels among healthcare workers, including the absen-

Key Points . . .

- ▶ The concept of stress in the workplace is of great importance in health care.
- ▶ Healthcare workers, particularly those caring for patients suffering from serious illnesses and those who are exposed to high death rates among patients, are considered at risk for burnout—a result of chronic occupational stress.
- ▶ To help healthcare workers manage stress, individual coping strategies and psychological support groups should be introduced as standard tools.

teeism rate (Larocque, 1996) and staff turnover among wards (Dartiguepeyrou, 1999). However, they are proxy indicators of stress, whereas the presence of burnout is more specific.

Burnout is a term frequently used to describe the experience of healthcare workers dealing with stressful situations. The multiple-factor syndrome is based on three aspects: emotional exhaustion, depersonalization, and lack of personal achievement.

Possible causes of burnout are a lack of resources (workload), a lack of technical ability, insufficient training, difficulty in coping with patient problems, and existing barriers in the organization (Chung & Corbett, 1998; Dartiguepeyrou, 1999). Several studies of helping professions have shown that situational factors (e.g., occupational role, organization) and demographic characteristics (e.g., age, marital status, education) may contribute to burnout; however, the findings remain controversial (Dorz, Novara, Sica, & Sanavio, 2003; Kleiber, Enzmann, & Gusy, 1993; Schaufeli & Greenglass, 2001).

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Digital Object Identifier: 10.1188/06.ONF.815-820