

1991

# Investigation of burnout in hospital staff nurses employed in a health maintenance organization

Lorraine Mazzorana  
*San Jose State University*

Follow this and additional works at: [https://scholarworks.sjsu.edu/etd\\_theses](https://scholarworks.sjsu.edu/etd_theses)

---

## Recommended Citation

Mazzorana, Lorraine, "Investigation of burnout in hospital staff nurses employed in a health maintenance organization" (1991). *Master's Theses*. 205.  
DOI: <https://doi.org/10.31979/etd.zm5p-5qeg>  
[https://scholarworks.sjsu.edu/etd\\_theses/205](https://scholarworks.sjsu.edu/etd_theses/205)

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact [scholarworks@sjsu.edu](mailto:scholarworks@sjsu.edu).

## INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

**The quality of this reproduction is dependent upon the quality of the copy submitted.** Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

# U·M·I

University Microfilms International  
A Bell & Howell Information Company  
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA  
313-761-4700 800-521-0600



**Order Number 1345812**

**Investigation of burnout in hospital staff nurses employed in a  
health maintenance organization**

**Mazzorana, Lorraine, M.S.**

**San Jose State University, 1991**

**U·M·I**  
300 N. Zeeb Rd.  
Ann Arbor, MI 48106



INVESTIGATION OF BURNOUT IN HOSPITAL STAFF NURSES  
EMPLOYED IN A HEALTH MAINTENANCE ORGANIZATION

A Thesis

Presented to

The Faculty of the Department of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

Lorraine Mazzorana

August 1991

APPROVED FOR THE DEPARTMENT OF NURSING

*Jayne Cohen*

Jayne Cohen, RN, DNSc

*Coleen Saylor*

Coleen Saylor, RN, PhD

*Sharon Hogan*

Sharon Hogan, RN, MS

APPROVED FOR THE UNIVERSITY

*M. Lou Lewandowski*

## ABSTRACT

### INVESTIGATION OF BURNOUT IN HOSPITAL STAFF NURSES EMPLOYED IN A HEALTH MAINTENANCE ORGANIZATION

By Lorraine Mazzorana

This study investigated burnout and its relationship to background characteristics among staff nurses in a northern California hospital. One hundred and twenty nurses were surveyed utilizing the Maslach Burnout Inventory comprising three subscales: emotional exhaustion, depersonalization, and personal accomplishment. In addition, a background characteristics questionnaire was utilized. Findings indicated that the majority of nurses had moderate to high levels of emotional exhaustion and depersonalization, the beginning stages of burnout. Analyses revealed no statistically significant relationships between the background characteristics of the nurses and the burnout subscales with one exception. Satisfaction with salary was negatively related to the incidence of emotional exhaustion ( $r = -.22$ ,  $p = .010$ ) and depersonalization ( $r = -.20$ ,  $p = .017$ ). There was no statistically significant difference in the incidence of burnout related to type of unit. Early recognition of burnout symptoms and appropriate interventions may stop this progressive syndrome before it negatively impacts the nurse, the organization, and patient care.



#### ACKNOWLEDGEMENTS

To Jayne Cohen for her  
invaluable guidance and support  
and to Coleen Saylor and Sharon Hogan  
for their contributions  
to this thesis

## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	vii
Chapter	
1. INTRODUCTION.....	1
The Problem.....	2
Research Questions.....	4
Purpose and Need.....	5
Definition of Terms.....	6
Research Design.....	7
Scope and Limitations.....	8
2. CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE.....	11
Conceptual Framework.....	11
Related Literature.....	14
3. METHODOLOGY.....	20
Description of Sample.....	20
Setting.....	21
Research Design.....	21
Procedures.....	21
Instruments.....	22
Analytical Procedures.....	23
4. ANALYSIS AND INTERPRETATION OF DATA.....	26
Background Characteristics.....	26
Work-Related Characteristics.....	26

Chapter	Page
Religiosity and Salary Satisfaction.....	29
Incidence of Burnout.....	32
Relationships Among Variables.....	32
Summary.....	39
5. CONCLUSIONS AND RECOMMENDATIONS.....	40
Conclusions.....	40
Limitations of Study.....	44
Recommendations.....	45
Summary.....	46
REFERENCES.....	48
APPENDICES.....	53
A. Background Characteristics Questionnaire.....	54
B. Maslach Burnout Inventory Sample.....	56
C. Cover Letter to Staff Nurses.....	58

LIST OF TABLES

Table	Page
1. Categorization of MBI Scores.....	24
2. Demographic Characteristics of the Sample.....	27
3. Work-Related Characteristics of the Sample.....	30
4. Incidence of Burnout.....	33
5. Comparison of Mean Sample Scores with Maslach and Jackson's Normative Data.....	34
6. Comparison of ICU and Non-ICU Groups.....	36
7. Religiosity, Salary Satisfaction and the MBI Subscales.....	38

## Chapter 1

### INTRODUCTION

This is a descriptive, correlational study which examined burnout in registered staff nurses and the relationships among the independent variables (background characteristics) and the dependent variables (levels of burnout as measured by the three subscales of the Maslach Burnout Inventory [MBI]). Burnout has been described by Maslach (1982) as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment which can occur in people whose primary work is helping others. Members of the helping professions are particularly susceptible to burnout because of the stressors they experience in their work (Walsh, 1987). These stressors arise from the necessity of dealing daily with others who are troubled in some way. It is the very nature of the work itself that often leads to the emotional overload and subsequent emotional exhaustion which begins the burnout syndrome. This phenomenon progresses in various ways but often builds from emotional exhaustion to feelings of detachment or depersonalization, and ultimately to feelings of failure or low personal accomplishment (Maslach & Jackson, 1981).

The increasing number of hospital staff nurses who transfer within the hospital or chose to terminate their

employment is a continuing concern for nurse administrators. This professional nurse movement may in part be a result of burnout. Internal transfer behavior has been linked to increased burnout among staff nurses and may indicate the staff nurses' personal strategy of coping with burnout symptoms (Taylor & Covalleski, 1985). Burnout has been identified as a problem for nurses in dealing with AIDS patients by Bolle (1988), in critical care (Topf, 1989), and in four surveyed hospitals by Ceslowitz (1989). Most research in this area has focused on nurses working on units generally considered to be higher stress areas, such as intensive care units (ICU). However, several studies have found that the non-ICU nurses may have the same or even greater perceived levels of stress than ICU nurses (Keane, Ducette, & Adler, 1985). Identification of factors influencing this phenomenon among the staff nurses may lead to greater understanding of the problem and its possible solutions (Bolle, 1988).

#### Problem

According to Seutjens (1982) between 35% and 60% of hospital personnel leave the work force every year. As a result, nurse administrators intensify their recruitment efforts. This approach may be short-sighted since one important underlying factor causing work termination may be professional burnout. Consequently, nurse administrators

might be more successful by focusing their efforts on retention rather than recruitment, especially in view of the current limited availability of professional registered nurses.

The current nationwide nursing shortage is causing serious concern throughout the entire health care industry. Access to health care is limited due to nursing staff reductions. At the same time, the advent of Diagnostically Related Groups (DRGs) is providing the basis for fee structuring and reimbursement. This phenomenon has created shorter hospital stays and higher patient acuity. In addition, changing demographics (i.e., increasing average age of the national population) places enormous strain on the entire health care delivery system including an increase in the need for professional nurses.

Due to continuing advances in medical technology, patients in hospitals today generally require more skilled care than ever before. The demand for professional nurses, however, has surpassed its supply. Staff nursing in hospitals can be quite overwhelming. For example, increased patient acuity, insufficient staffing, and increasing requirements for sophisticated technological care are all contributing factors to high levels of stress among staff nurses. The potential for frustration and emotional exhaustion of constantly working with patients who are in

crisis situations takes its toll on nurses and can eventually lead nurses to "burn-out." According to Wimbush (1983), burned out nurses tend to leave not only a particular unit, but hospital settings altogether, and ultimately the nursing profession.

A study of professional nurses' perceptions of burnout will benefit nurses, nurse administrators, and health care recipients. The research might supply important data to assist in retention efforts. Maintaining the same high ideals and commitment to quality nursing care throughout one's professional career is one challenge confronting the discipline. In order to meet this challenge, however, nurses must understand the emotional and physical consequences of both personal and job related stressors that can negatively impact their lives. Identifying and understanding a problem is the first step in developing constructive solutions. This study is important because it seeks to describe factors that may influence burnout. The development of strategies that reduce burnout will benefit professional nurses and nurse administrators. Enhanced quality of professional nursing care will benefit all members of society.

#### Research Questions

1. What is the incidence of experienced burnout in staff nurses employed in the acute care areas of a northern



California Health Maintenance Organization (HMO) hospital?

2. What are the relationships among background characteristics of the staff nurses and the three dimensions of burnout?

#### Purpose and Need for the Study

The purpose of this study is to contribute to the knowledge base about experienced burnout among hospital staff nurses. Burnout, although a relatively new phenomenon, has been identified as especially problematic for the helping professions (Freudenberger, 1974). Nurses, in particular, are prone to the syndrome due to the nature of their work (Bolle, 1988).

Most studies have concentrated on the study of burnout in units generally considered higher stress areas of the hospital (i.e., ICUs) (Topf, 1989). The exploration of burnout among non-ICU has been conflicting and inconclusive (Keane, Ducette, Adler, 1985). Burke (1987) suggested that the literature on the subject had exceeded its knowledge base and that more solid research was needed.

Finally, the study of burnout among nurses is essential in order to identify its contributing factors and develop creative solutions, before it negatively impacts staff nurses and, ultimately, patient care (Wimbush, 1983). Therefore, further examination of factors affecting burnout among hospital staff nurses is indicated.

### Definition of Terms

The following terms are defined for this study:

1. Burnout as defined by Maslach (1982) is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur particularly among individuals whose work entails helping other human beings who are troubled or having problems.
2. Maslach Burnout Inventory (MBI) is an instrument utilized in research to measure the incidence of burnout. It is composed of three subscales which measure frequency of emotional exhaustion, depersonalization, and personal accomplishment.
3. Incidence of Burnout is high scores (27+ for frequency) on the emotional exhaustion (EE) subscale of the MBI; high scores (10+ on frequency) on the depersonalization (DP) subscale; and low scores (0-33 for frequency) on the personal accomplishment (PA) subscale of the MBI (Maslach & Jackson, 1986).
4. Staff nurse is a registered nurse currently employed as a hospital staff nurse in a particular HMO hospital in northern California.
5. Health Maintenance Organization (HMO) is an organization which features a complete spectrum of medical services including the services of physicians, hospitals, pharmacies, laboratories, clinics, and nursing services to

its prepaid members.

#### Research Design

This was a descriptive, correlational study of burnout among registered nurses. The relationships among the independent variables (i.e., age, sex, religion, marital status, education, cultural/ethnic/racial groups, years in nursing, years at current facility, hours worked per week, type of unit, and satisfaction with salary) and the dependent variables (levels of frequency of emotional exhaustion, depersonalization, and personal accomplishment as measured by the MBI) were examined. The instruments used in the study were a background characteristics questionnaire (Appendix A) and the MBI (Appendix B) which is composed of 22 job related feeling statements rated on a 6-point frequency scale. Measures of central tendency were calculated for the background characteristics. Relationships among the variables were analyzed with the following techniques: Chi-Square, Pearson Product Moment Correlations, and two-tailed t-tests.

The location of the study was a 320 bed hospital in a large city of the San Francisco Bay area. It is part of a complete medical center which offers a wide range of services, including outpatient and home health care. The medical center is part of a larger HMO which has satellite centers nationwide.

Subjects for the study included all registered nurses on staff in selected acute care units at the hospital who volunteered to participate by responding to a two-part survey. The number in the target population was 300 adults. Half (150) of the population surveyed worked in ICU type units and 150 worked in non-ICU type units.

#### Scope and Limitations

The results of this study were based upon data gathered from hospital staff nurses working at an HMO hospital in northern California and can only be generalized to that or a similar population. An HMO hospital is very different from private, community, or public facilities and, therefore, its problems and the staff who work there may be unique and not generalizable to other types of facilities. For example, due to the wide distribution of this particular HMO's facilities and the wide range of services offered at each site, it is possible for nurses to transfer within each facility to outpatient departments or out to other geographical locations without loss of seniority or benefits.

This movement can influence burnout rates directly since it is easier for nurses working at an HMO to cope with problems by transferring (either internally or externally) than it would be for nurses working at any other type of hospital. (The high percentage of hospital nurses

transferring to clinics within the facility has been identified as a concern by nurse administrators at the facility used for the study.) The effect of this transfer behavior impacts study results in one of two ways: lower burnout levels (i.e., since nurses who are unhappy in the hospital setting have the transfer option open to them) or higher burnout levels (i.e., "burned-out" nurses who stay in hospital settings despite the available alternatives for a variety of personal or professional reasons).

The "Hawthorne effect" can influence the results; nurses may answer questions as they think they should rather than how they actually feel. This phenomenon is evidenced by people doing or saying what they feel is expected of them (Knapp, 1978). Some nurses may have felt guilty expressing negative feelings about their work. Their answers to survey questions would then have been influenced by these feelings leading to measurements indicative of lower levels of burnout than actually existed. Fear of repercussions from hospital administrators (even though anonymity was assured) may have caused some nurses to be reluctant to respond at all, leading to a low response rate.

Finally, nurses who are already burned-out may be so detached or emotionally exhausted that they lack the desire or the inclination to participate in a study of this nature. Emotional exhaustion, detachment, and feelings of low

personal accomplishment are all part of the burnout syndrome. Consequently, those with the highest levels of burnout may have chosen not to respond to a survey which asks them to rate these negative emotions. Lower response rates and biased data may be the result.

## Chapter 2

### CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

#### Conceptual Framework

The conceptual framework for this study is based on the psychological dimensions of the burnout phenomenon as identified by Maslach (1982). She describes these dimensions as a progression of emotional states which, when occurring together, are indicative of the burnout syndrome. Burnout is viewed as being an individual's response to the chronic emotional strain of dealing with others who are themselves stressed in some way.

Maslach differentiates burnout from job stress by identifying it as a unique phenomenon that arises from the social interaction between helper and recipient. It is a "state of mind that frequently afflicts individuals who work with other people (especially, but not exclusively in the helping professions) and who pour in much more than they get back from clients, supervisors, and colleagues" (Pines, Aronson, & Kafry, 1981, p.3). The stages in the progression of burnout begin with emotional exhaustion resulting from the emotional overload of the work, which leads to depersonalization (distancing oneself from the recipient of care), and then to feelings of reduced personal accomplishment including guilt and failure. The three negative emotional states are interrelated and indicative of

the degree of burnout. Increased feelings of emotional exhaustion and depersonalization and decreased feelings of personal accomplishment are characteristic of increased burnout (Maslach, 1982). Maslach has developed a tool to measure burnout, the MBI. Its three subscales measure the three dimensions of burnout and it is widely used in research today.

#### Emotional Exhaustion

At the core of burnout is the emotional exhaustion caused by the emotional overload of continually having to deal with people who are undergoing problems of some kind. The individual is overwhelmed by the emotional demands imposed by other people. This begins a progression of emotional withdrawal which is at first a protective mechanism; however, it gradually leads to increasing detachment from other people. The burnout victims begin to lose concern for the recipients of their services. They can become cold and uncaring even to the point of being hostile or insulting. Often these feelings spread into relationships outside of work (Pines et al., 1981).

#### Depersonalization

The second phase of burnout, depersonalization, is an intensification of the emotional withdrawal begun in the exhaustion phase. Feelings are numbed and attitudes change about the recipients of services. The development of a



detached, calloused, and dehumanized response to other people is characteristic of depersonalization. This negative reaction to people can manifest itself in various ways. For example, nurses sometimes refer to their patients by disease process rather than by name and complain about them being too demanding or taking up too much of their time. By referring to the patient as "the stroke patient down the hall," nurses distance themselves emotionally from the recipients of their care.

Depersonalization can develop into very negative feelings toward recipients of care, such as expecting the worst from them, having a poor opinion of them, and even actively disliking them (Maslach, 1982). These feelings can have very serious implications for patient care since these nurses may not provide the appropriate care or perform it grudgingly. In extreme situations this may even lead to deliberate mistreatment of patients by their caregivers as demonstrated by occurrences of physical and emotional abuse in nursing homes (Heine, 1986). Some nurses begin to dread going to work and call in sick often with vague illnesses. Wimbush (1983) has suggested that this type of behavior may be a symptom of burnout and the individual nurse's way of decreasing contact with patients.

#### Reduced Personal Accomplishment

The final stage in the burnout process is the feeling

of reduced personal accomplishment. Caregivers experience feelings of doubt about their ability to handle the job. They sense their own growing coldness and detachment and feel guilty and distressed. This leads to erosion of self-esteem and depression (Maslach, 1982). The way some nurses handle this is to transfer to other units, leave hospital settings, or even leave the profession (Wimbush, 1983). Feelings of helplessness, hopelessness, fatigue, a lack of enthusiasm about one's work, and life in general erode the individual's spirit until nothing is left but a "burned-out shell" (Pines, et al., 1981, p.15).

#### Review of Related Literature

The study of burnout as a separate phenomenon in the research literature is a relatively recent development. Freudenberger (1974) was the first to identify burnout. He explored the physical and behavioral signs of burnout and described the burnout-prone individual as one who is at first dedicated and committed, but who then becomes frustrated by the work. Freudenberger explored the burnout phenomenon by examining his own personal experience with it when working as the director of a free store-front clinic in the East Village of New York. He observed the same thing happening to others and explored the phenomenon using case studies (Freudenberger, 1980). His findings indicated that burnout did not happen suddenly, instead it developed slowly

over weeks, months, and even years. Sudden flare-ups can happen without warning, but the pressure had usually been building for a long time. Characteristic symptoms of tiredness, detachment, and cynicism develop and become chronic (Freudenberger, 1980).

Cherniss (1980) completed a two-year longitudinal study of beginning professionals from four fields (viz., mental health, poverty law, public health nursing, and high school teaching). As a result of these findings, Cherniss described burnout as a process that occurs over time and represents one way of adapting to, or coping with, sources of stress. The Cherniss process model was developed from the analyses of the findings and is one of the few working models of burnout. This model identified certain work setting characteristics to be considered when assessing burnout. Characteristics included orientation to work, workload, unchallenging work, frequency of client contacts, autonomy, leadership and supervision, and social isolation among the staff. These factors comprised doubts about one's competence, problems with clients, bureaucratic interference, lack of stimulation and fulfillment, and lack of collegiality. In addition, five sources of stress were considered antecedents of burnout. The interactions among work setting characteristics and sources of stress lead to attitudinal changes. Several include reduced work goals,

reduced personal responsibility for outcomes, less idealism, emotional detachment, work alienation, and greater self-interest.

Ivancevich and Matteson (1981) developed a framework for assessing burnout which explored the environmental and personal stressors experienced by individuals and the consequences of their inability to cope. This framework offers an organized method for investigating contributing factors of burnout and its effects. In the model, environmental stressors are identified in categories: relationships, career progress, work roles, structure and climate, and extraorganizational factors. These impact the personal stressors and lead to the consequences of dysfunctional stress in five categories: subjective, behavioral, cognitive, physiological, and organizational. This model could be very important in retention efforts by providing a systematic approach to assessment and diagnosis of problems in a clear, concise manner.

Albrecht (1982) explored factors influencing job stress in staff nurses and identified several relationships. A negative relationship was found between satisfaction with salary and burnout (i.e., the more satisfied nurses were with their salaries, the less they felt symptoms of burnout). In addition, some coping strategies were found to be more beneficial than others. For example, nurses who

could discuss concerns with their supervisors and coworkers had lower levels of stress than those who talked with their spouses or roommates. In fact, the more nurses talked with their spouses or roommates, the greater their levels of burnout. Also of interest was that prayer, utilized as a coping mechanism, negatively correlated with stress. One can infer that talking to those most directly involved (i.e., supervisors and fellow coworkers) is more beneficial than seeking comfort from relatives and friends. It might also be inferred that belief in a higher being and relating through prayer is helpful in dealing with everyday stressors.

Lazarus and Folkman (1984) suggested that social support systems may indeed be beneficial in coping with life stressors but that certain social relationships themselves may be a source of stress. He pointed out that marriage, for example, does not confer the same amount of protection from morbidity and mortality for women as it does for men. In addition, the nature of the support and how it is perceived are important factors in determining its benefits.

Fong (1990) examined the relationship of role overload, social support, and burnout among nursing educators. Her findings suggested that the more demanding the job, the higher the incidence of burnout in all three of the dimensions. She also found that the degree of support from

the chairperson and peers correlated negatively with emotional exhaustion and depersonalization but not with reduced personal accomplishment.

Pierce and Molloy (1990) explored psychological and demographic differences among secondary school teachers experiencing burnout. Their findings suggested that higher levels of burnout were associated with poorer health, higher absenteeism, and low levels of career commitment and self-confidence. Similar conclusions were expressed by Lawrence and Lawrence (1988) identifying low morale, absenteeism, low productivity, and fatigue as symptoms of job related stress.

Rogers and Dodson (1988) studied burnout in occupational therapists and found significant positive relationships between (a) age and increased emotional exhaustion and depersonalization, (b) years of work and increased depersonalization and reduced personal accomplishment, (c) years in present position and reduced personal accomplishment, and (d) hours of direct patient contact per week and increased depersonalization. This study utilized the MBI's three subscales to measure burnout and correlated the subscale scores with the identified demographic variables.

Seuntjens (1982) suggested that knowledge of the causes of burnout in nursing and of the individual staff nurse's

response to work-related stress will provide clues to its management. Further research is needed to determine the incidence of burnout in nursing and what contributing factors are most common.

## Chapter 3

### METHODOLOGY

This study was designed to explore the relationships among registered nurses' background characteristics and burnout. The purpose was to identify potentially influential variables in order to intervene with this debilitating process. This chapter will present methodology, including sample and setting, research design, procedures, and instruments.

#### Sample

The sample for this study was comprised of all registered nurses on staff on selected acute care units at a large HMO hospital in the San Francisco Bay area of northern California who volunteered to participate by responding to a two-part survey. The units selected for the study were as follows: Intensive Care (ICU), Coronary Care (CCU), Labor & Delivery (L&D), Intensive Care Nursery (ICN), Post partum (PP), Normal Newborn Nurseries (NNB), and Medical, Surgical, and Gyn (MSG) units. These units were selected in order to provide a sample which was evenly distributed among ICU-type units (ICU, CCU, L&D, ICN) and non-ICU type units (PP, NNB, MSG). Three hundred subjects met the criteria for this study and 125 responded (41.6% response rate). Five subjects were not included in the analyses because their questionnaires were incomplete. Thus, the final sample was



comprised of 120 staff nurses (61 in the ICU-type categories and 59 in the non-ICU categories).

#### Setting

The study was conducted at a large HMO hospital located in the San Francisco area. The facility is a 320 bed hospital which serves a large suburban and metropolitan area. The hospital is part of a large medical center which provides a full spectrum of services including outpatient care, laboratory, radiology, pharmacy, and home health services.

#### Research Design

This descriptive study utilized a correlational design. Staff nurses employed at the selected facility were surveyed using a two-part questionnaire comprised of a background characteristics questionnaire (see Appendix A) and the MBI (see Appendix B).

#### Procedures

The survey packets (including an informed participation statement, the two-part questionnaire, and a stamped, pre-addressed envelope) were distributed at the work setting in a sealed envelope via the nurses' individual mailboxes. The nurses were instructed in the cover letter (see Appendix C) to return completed surveys in the stamped, pre-addressed envelope should they chose to participate. The anonymous surveys were returned by mail to the researcher.

### Instruments

Data were collected using a questionnaire composed of two instruments. The first was a background characteristics questionnaire which included 12 items: gender, age, cultural/ethnic/racial group, religion, marital status, education, how long in nursing, how long at current facility, how many hours worked per week, type of unit worked, and two 5-point Likert scales that asked subjects to rate how religious they were and how satisfied they were with their salaries.

The second part of the questionnaire was the MBI. The instrument's 22 items are statements related to feelings about one's job. It is composed of 3 subscales which measure emotional exhaustion, depersonalization, and personal accomplishment. Maslach & Jackson (1986) demonstrated validity in the following ways. For convergent validity, an individual's MBI scores were correlated with ratings of the individual's behavior by persons who knew them well (i.e., spouse, coworkers). Then burnout rates were correlated to certain job characteristics that were assumed to be indicative of burnout. Lastly, scores were correlated to measures of actual outcomes (i.e., satisfaction with opportunities for personal growth, experienced meaningfulness of work, peer and coworker satisfaction, expressed desire to leave one's job within

a year, and experienced difficulties with personal relationships). All three analyses provided evidence of validity for the MBI. Maslach and Jackson (1986) established three categories of frequency scores for each of the three subscales of the MBI. The established criteria which determined low, moderate, and high categories were the lower, middle, and upper thirds of the responses (see Table 1). Reliability was demonstrated for the instrument's subscales with coefficients ranging from .71 to .90 ( $N = 1,316$ ). Reported test-retest reliability coefficients ranged from .60 to .82 after 2 to 4 weeks ( $N = 53$ ) and .54 to .60 ( $N = 248$ ) after two years (Maslach & Jackson, 1986).

#### Analytical Procedures

Results of the study were analyzed in the following manner. Background characteristics were analyzed by computing frequency distributions. Raw scores were obtained for each of the three subscales of the MBI and then categorized as low, moderate, or high frequencies according to the criteria established by Maslach and Jackson (1986). Analyses of the relationships among categories of the frequencies of the three subscales of burnout and the 12 background variables were performed utilizing Chi-Square and Pearson's Product Moment Correlation.

Table 1

Categorization of MBI Scores


---

	<u>Range of Experienced Burnout</u>		
	Low (lower third)	Moderate (middle third)	High (upper third)
<u>MBI Subscales (Medicine)</u>			
Emotional Exhaustion	≤18	19 - 26	≥27
Depersonalization	≤ 5	6 - 9	≥10
Personal Accomplishment	≥40	39 - 34	≤33

---

Note. Sample consisted of 1104 medical workers (physicians and nurses). Reproduced by special permission of the Publisher, Consulting Psychologists Press, Inc., Palo Alto, CA 94303 from Maslach Burnout Inventory Manual (2nd ed., p. 3) by Christina Maslach and Susan E. Jackson. Copyright 1986 by Consulting Psychologists Press, Inc. All rights reserved. Further reproduction is prohibited without publisher's consent.

Two-tailed  $t$ -tests were also computed to determine significant differences between ICU and non-ICU groups within each of the background variables and the subscales of the MBI.

## Chapter 4

### ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of the data obtained from the survey of hospital staff nurses using the Background Characteristics Questionnaire and the MBI. Background characteristics of the sample are presented first followed by the analysis and interpretation of the research questions.

#### Background Characteristics

##### Demographic Characteristics

There were 3 males (2.5%) and 117 females (97.5%) who participated in this study. The largest age group of the sample (43.2%) was in the 35-44 years age group. The largest cultural/ethnic/racial groups in the study were Caucasian (47.9%) and Asian (41.2%). The largest number of sample participants listed their religion as Roman Catholic (46.7%). The vast majority of the sample (66.7%) were married. Most of the study participants had attended college with 34.5% reporting associate degrees and 41.2% reporting baccalaureate degrees (see Table 2).

##### Work-Related Characteristics

The largest group of the study participants (38.3%) had been practicing nursing for 11-20 years followed by 30.8%, working a total of 5-10 years. Thirty-four (28.3%) of the participants had worked at the study setting for 1-4 years,

Table 2

Demographic Characteristics of the Sample (N = 120)

<u>Characteristics</u>	<u>Number</u>	<u>Percentage</u>
<u>Gender</u>		
Male	3	2.5
Female	117	97.5
<u>Age Groups</u>		
18 - 24 years	3	2.5
25 - 34	32	27.1
35 - 44	51	43.2
45 - 54	22	18.6
55 and over	10	8.5
<u>Cultural/Ethnic/Racial Group</u>		
Caucasians	57	47.9
Asian	49	41.2
Black	2	1.7
Latino	9	7.6
American Indian	1	.8
Other	1	.8
<u>Religion</u>		
Christian	41	34.1
Roman Catholic	56	46.7
Jewish	0	0
Other	5	4.2

Table 2 (continued)

Demographic Characteristics of the Sample (N = 120)

<u>Characteristics</u>	<u>Number</u>	<u>Percentage</u>
<u>Religion (continued)</u>		
None	18	15.0
<u>Marital Status</u>		
Single	13	10.8
Married	80	66.7
Divorced	19	15.8
Widowed	3	2.5
Other	5	4.2
<u>Education</u>		
Diploma Graduate	24	20.1
AA/AS	41	34.5
BSN/BS/BA	49	41.2
MSN/MS/MA	4	3.4
Doctorate	0	0
Other	1	.8

Note. Some of the categories do not add up to 100% due to missing data.



and an equal number (34) had worked in the facility for 11-20 years. Thirty-two nurses (26.7%) had been employed at the study setting for 5-10 years. The majority of the participants in the study (78.3%) worked 32 hours or more per week, with 44.2% working 32 hours per week and 34.1% working 40 hours per week (full time). The number of study participants was evenly distributed between the ICU and non-ICU type units. There were 61 (50.8%) participants in the ICU category and 59 (49.2%) in the non-ICU category (see Table 3).

#### Religiosity Scale

On a scale of 1 (not at all religious) to 5 (very religious), 41 nurses (34.5%) responded with number 3. Thirty-six (30.3%) responded with number 4, two groups of 16 each (13.4% for each) responded with numbers 2 and 5, and 10 (8.4%) responded with number 1. One response was missing. The mean was 3.63 with a standard deviation of 1.12.

#### Satisfaction with Salary Scale

On a scale of 1 (not at all satisfied with salary) to 5 (very satisfied), 57 nurses (47.5%) responded with number 3, 36 (30%) responded with number 4, 14 (11.7%) responded with number 2, 10 (8.3%) responded with number 5, and 3 (2.5%) responded with number 1. The mean was 3.30 with a standard deviation of .88.

Table 3

Work-Related Characteristics of the Sample (N = 120)

<u>Characteristics</u>	<u>Number</u>	<u>Percentage</u>
<u>Total Years in Nursing</u>		
Less than 1 year	2	1.7
1 - 4 years	12	10.0
5 - 10	37	30.8
11 - 20	46	38.3
21 or more	23	19.2
<u>Number of Years at Current Hospital</u>		
Less than 1 year	13	10.9
1 - 4 years	34	28.3
5 - 10	32	26.7
11 - 20	34	28.3
21 or more	7	5.8
<u>Number of Hours Worked per Week</u>		
40 hours or more	41	34.1
32 hours	53	44.2
24 hours or less	26	21.7

Table 3 (continued)

Work-Related Characteristics of the Sample (N = 120)


---

<u>Characteristics</u>	<u>Number</u>	<u>Percentage</u>
<u>Type of Unit Worked</u>		
Intensive Care Type	61	50.8
ICU	(27)	(22.5)
L&D	(18)	(15.0)
ICN	(16)	(13.3)
Non-Intensive Care Type	59	49.2
PP/NNB	(21)	(17.5)
Med/Surg/Gyn	(35)	(29.2)
Other	(3)	(2.5)

---

### Incidence of Burnout

The first research question addressed the incidence of burnout among staff nurses working at a northern California HMO hospital. The low, moderate, and high rates of burnout for the sample were determined by analyzing the Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA) subscale scores. Therefore, the number of subjects within each category was determined. The scores for the three subscales of the MBI indicated that 60% of the staff nurses had moderate to high levels of emotional exhaustion, 43% had moderate to high levels of depersonalization, and 71% of the nurses scored moderate to high levels of personal accomplishment (see Table 4).

Means and standard deviations were calculated and compared to the normative data. The means and standard deviations reported for this study were very closely comparable to those of the normative sample reported by Maslach and Jackson (1986) (see Table 5).

### Relationships Among Variables

The second research question addressed the relationships among the background characteristics of the staff nurses and the three dimensions of burnout. In order to determine what relationships existed among the background characteristics and the three dimensions of burnout, three types of statistics were computed.

Table 4

Incidence of Burnout (N = 120)

<u>Subscales</u>	<u>Categories of Burnout</u>					
	Low		Moderate		High	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Emotional Exhaustion	46	40	33	28	37	32
Depersonalization	63	56	24	21	25	22
Personal Accomplishment	32	29	35	31	45	40

Note. Four subjects' scores were excluded in the EE subscale, and eight were excluded from both the DP and PA subscales due to unusable data.

Table 5

Comparison of Mean Sample Scores with Maslach and Jackson's  
Normative Data

<u>Subscale</u>	<u>Sample</u>			<u>Maslach &amp; Jackson</u>	
	<u>Mean</u>	<u>SD</u>	<u>n</u>	<u>Mean</u>	<u>SD</u>
EE	21.6	10.5	116	22.2	9.5
DP	6.4	5.5	112	7.1	5.2
PA	34.5	7.2	112	36.5	7.3

Note. Normative data included the occupational subgroup (Medicine) N = 1104 including physicians and nurses. From the Maslach Burnout Inventory Manual (p. 9) by Christina Maslach and Susan E. Jackson, 1986, 2nd ed., Palo Alto: Consulting Psychologists Press.

Chi-Square calculations were utilized to test relationships among the background characteristics within each of the three subscales categories in the following way. Gender, cultural/ethnic/racial group, religion, marital status, and work unit groups were each compared within the emotional exhaustion subscale to see if there were differences in the numbers in low, moderate, or high categories. The same analyses were performed for the two other burnout categories, depersonalization and personal accomplishment. The results indicated no statistically significant relationships.

In order to explore the possible relationships among the type of unit worked and the three dimensions of burnout, the units were divided into ICU and non-ICU groups. Two-tailed  $t$ -tests were used to determine whether there were differences between the two groups for each of the three MBI subscales scores. The results indicated that there were no statistically significant differences between the ICU and non-ICU groups on their burnout scores (see Table 6). These results are consistent with those obtained by Keane, Ducette, and Adler (1985). Their study investigated burnout rates in ICU and non-ICU nurses and findings indicated no difference between the two groups in levels of burnout.

Pearson Product Moment Correlations were computed to test relationships between each of the three dimensions of

Table 6

Comparison of ICU and Non-ICU Groups (N = 120)

Subscale	ICU		Non-ICU		<u>t</u>	<u>p</u>
	M	SD	M	SD		
EE	19.90	9.59	23.60	11.41	1.87	.06
DP	6.41	5.40	6.60	5.69	.25	.80
PA	35.00	6.67	33.80	7.80	.86	.39

Note. EE is Emotional Exhaustion, DP is Depersonalization, and PA is Personal Accomplishment.



burnout and the two following background characteristics: religiosity and satisfaction with salary (see Table 7). The only significant relationships were negative relationships between satisfaction with salary and two of the dimensions of burnout, emotional exhaustion ( $r = -.22$ ,  $p = .010$ ), and depersonalization ( $r = -.20$ ,  $p = .017$ ). Results indicated that the more satisfied the subject was with salary, the less emotional exhaustion and depersonalization were present. These results support the findings of Albrecht (1982) in which a significant negative relationship was found between satisfaction with salary and decreased levels of burnout.

No other significant relationships were found among any of the variables. These findings were inconsistent with those of Rogers and Dodson (1988) in which significant positive relationships were found between age and emotional exhaustion, years of work and depersonalization, hours of work per week and depersonalization. They also found negative relationships between years of work, years in present position, and reduced personal accomplishment. In a study done by Grisby and McKnew (1988) that examined work stress and burnout in paramedics, age was one of eighteen variables positively related to increased levels of burnout. This finding is not supported by this study. In addition, other background characteristics such as gender, education,

Table 7

Religiosity, Salary Satisfaction and MBI Subscales

	EE	DP	PA
Religiosity	$r = .075$ $p = .213$ ( $n = 115$ )	$r = -.003$ $p = .486$ ( $n = 111$ )	$r = .086$ $p = .184$ ( $n = 111$ )
Salary			
Satisfaction	$r = -.215$ $p = .010*$ ( $n = 116$ )	$r = -.201$ $p = .017*$ ( $n = 112$ )	$r = .115$ $p = .112$ ( $n = 112$ )

Note. \*Statistical significance =  $p \leq .05$ . EE is Emotional Exhaustion, DP is Depersonalization, and PA is Personal Accomplishment.

and marital status were not statistically significant findings in their study.

A study by Ceslowitz (1990) found a positive relationship between education and emotional exhaustion. The study found that diploma graduates had higher levels of emotional exhaustion than the associate degree nurses. This finding was not consistent with those of this study in which no statistically significant relationship was found between education and emotional exhaustion.

#### Summary

In summary, the results of this study suggest that the majority of the nurses in the sample had moderate to high levels of emotional exhaustion and depersonalization and low levels of reduced personal accomplishment. There was no difference between the ICU and non-ICU groups on incidence of burnout. No relationships were found among any of the background characteristics of the nurses and the three dimensions of burnout with one exception. A significant negative relationship was found between satisfaction with salary and two of the burnout dimensions. The higher the satisfaction with salary, the less emotional exhaustion and depersonalization were present.

## Chapter 5

### CONCLUSIONS AND RECOMMENDATIONS

This chapter presents conclusions and recommendations drawn from the analyses and interpretation of the data presented in the previous chapter. Conclusions related to the research questions are presented first. Subsequently, the limitations of the study are discussed. Finally, recommendations for further research are presented.

This descriptive, correlational study investigated the incidence of burnout in hospital staff nurses employed at an HMO and its relationships to the nurses' background characteristics. Burnout has been described as being "subjectively experienced as a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding" (Pines and Aronson, 1988, p. 9). Nurses are particularly susceptible to this progressive erosion of the spirit because of the nature of their work. Maslach (1982) has identified the stages of the process as emotional exhaustion which, over time, degenerates into the cold, detached attitude of depersonalization related to recipients of care, finally proceeding to feelings of guilt, failure and reduced self esteem or personal accomplishment.

The MBI scores of the nurses surveyed for this study indicated that the majority (60%) had moderate to high

levels of emotional exhaustion, 43% had moderate to high levels of depersonalization, and 71% had moderate to high levels of personal accomplishment. Since the burnout syndrome begins with emotional exhaustion (its key element) which then leads to depersonalization and ends in feelings of low personal accomplishment, it may be suggested that the majority of the sample is at risk for developing burnout and is already in its beginning stages. These findings, therefore, are a cause for concern. Identification of the problem, however, may be helpful to nurse administrators and study participants as well, since identification of the problem is the first step in designing constructive remedies.

According to Pines, Aronson, and Kafry (1981) strategies for dealing with burnout should begin with awareness of the problem, taking responsibility for doing something about it (with some degree of cognitive clarity), and then developing new coping mechanisms or improving old ones. Interventions at the early stages of burnout may prevent the progressive deterioration characteristic of the syndrome. Prevention and treatment strategies should ideally be a joint effort between the organization and the employee. Since work settings contribute significantly to the causative factors associated with burnout, much can be done within the organization to improve the work environment

such as designing programs to develop management styles, communication skills, acknowledgement of employees, and career development opportunities (Patrick, 1984).

Leighton and Roye (1984) focus on the responsibility and ability of each individual to develop his/her own physical and emotional strengths as an effective personal strategy for preventing and overcoming professional burnout. Alexander, Monk, and Jonas (1985) suggested that the availability of coping resources was directly related to lower levels of stress in their study of medical residents and faculty. Therefore, a combination of these approaches could be of benefit in preventing and coping with burnout, especially in its early stages (as experienced by the majority of the staff nurses in this study).

A positive finding of the study was that most of the study participants had moderate to high levels of personal accomplishment. This indicates that they have positive feelings about their own performance as professional nurses and that these feelings have not as yet been affected by the high levels of experienced emotional exhaustion. The incidence of burnout at this facility (an HMO) also raises some questions. As previously discussed, high internal transfer rates are a concern at this facility. According to Taylor and Covaleski (1985) this may indicate a personal strategy for dealing with burnout. Have nurses who have

reached higher levels of burnout chosen to transfer to perceived lower stress areas of the organization? If so, then retention efforts geared to the treatment of experienced burnout among the sample for this study may decrease internal transfers.

Chi-Square analysis revealed no significant relationships among the levels of burnout and each of the variables of gender, ethnicity, religion, marital status, and type of unit worked for each of the burnout categories. The sample was divided between ICU and non-ICU groups and then analyzed statistically using two-tailed  $t$ -tests. No significant differences were found between the two groups on any of the three burnout dimensions. These findings suggest that the occurrence of burnout is widespread throughout all types of hospital units and not limited to ICU type units.

Pearson's correlations revealed no significant relationships between religiosity and each of the burnout categories. The only statistically significant negative relationships were between satisfaction with salary and low levels of emotional exhaustion ( $r = -.22$ ,  $p = .010$ ) and between satisfaction with salary and low levels of depersonalization ( $r = -.20$ ,  $p = .017$ ). These findings concur with those of Albrecht (1982) and seem to suggest that the more satisfied nurses are with their salaries, the lower their burnout potential. It can, therefore, be

concluded that one strategy for preventing burnout (and positively affecting retention) among hospital staff nurses could be for nurse and hospital administrators to ensure adequate financial compensation for the nurses' services (i.e., adequate as perceived by the nurses themselves).

In summary, this study found moderate to high beginning levels of burnout in the majority of nurses in the study sample. No significant relationships were found among the variables except for negative relationships between satisfaction with salary and two dimensions of burnout, emotional exhaustion and depersonalization. As satisfaction with salary increased, feelings of emotional exhaustion and depersonalization decreased. And finally, there were no differences in levels of experienced burnout between ICU and non-ICU staff nurses.

#### Limitations of the Study

A major limitation of this study may have been its timing, which was two months after labor negotiations were satisfactorily completed between the registered nurses and hospital administration leading to an agreement on a new contract. It is unknown whether or not this had any bearing on the results. The response rate for this study was relatively good for an anonymous survey at 41.6%, but its results may not be generalizable to the total population of staff nurses at this facility. The sample was not random



but self-selected; therefore, it is not known whether those who chose not to respond to the survey had higher (or lower) levels of burnout. Therefore, the incidence of burnout at the study setting might be higher or lower than indicated by this study.

The sample was limited to nurses employed at a particular HMO hospital and may not be representative of other HMO type hospitals. The sample setting, as part of an HMO, is a unique work environment for nurses with its own internal and external dynamics. Therefore, the results of this study may not be generalizable to other types of facilities.

#### Recommendations for Future Research

Replication of this study with a randomly selected sampling of nurses in other HMO hospitals would indicate more fully the prevalence and incidence of burnout in HMOs. Comparison studies of the incidence of burnout between nurses employed at an HMO and other types of hospitals might indicate differences which could lead to specific interventions tailored to meet the needs of HMO nurses and nurse administrators in their retention and treatment efforts. Comparison studies of the incidence of burnout between hospital and clinic nurses employed at similar HMOs might indicate differences important to retention efforts and possibly whether or not internal transfer behavior is an

effective coping mechanism.

More research is indicated to explore the relationships between the individual characteristics of the nurses and the dimensions and stages of burnout. The results of this study conflicted with those of some studies and agreed with other studies. Exploration of the types and effectiveness of coping strategies in burnout prevention and treatment with this population might yield important information.

#### Summary

This study has investigated the incidence of burnout in registered nurses employed in an HMO hospital. The findings of moderate to high levels of emotional exhaustion and depersonalization in the majority of the study participants suggested that most of these nurses were in the beginning stages of burnout. Recognition of the symptoms of the burnout syndrome in its earlier stages and appropriate interventions could halt the gradual progression of the process before it negatively impacts hospital nurse retention, patient care, and the quality of the individual nurse's life.

Burnout is a very serious problem for health care professionals in general and for nurses in particular. Future efforts at prevention should start early in a nurse's career, preferably in nursing schools. As suggested by Pfifferling (1984) curricula and faculty of nursing schools

could help prevent burnout by better preparing nurses for the eventual reality shock of working in the real world with all of its inevitable job stressors. Basic professional preparation of nurses should include education in the recognition of signs and symptoms of the burnout syndrome and suggestions for enhancing individual coping mechanisms. Nurse administrators could be more effective in their work if they were knowledgeable about this phenomenon and its effects on patient care and nurse retention. These nursing leaders could then more positively impact organizational strategies for prevention and treatment of burnout.

## REFERENCES

## References

- Albrecht, T. (1982). What job stress means for the staff nurse. Nursing Administration Quarterly, 7(1), 1-19.
- Alexander, D., Monk, J. S., & Jonas, A. P. (1985). Occupational stress, personal strain, and coping among residents and faculty members. Journal of Medical Education, 60, 830-839.
- Bolle, J. L. (1988). Supporting the deliverers of care: Strategies to support nurses and prevent burnout. Nursing Clinics of North America, 23(4), 843-850.
- Burke, R. J. (1987). Burnout in police work. Group and Organization Studies, 12(12), 174-188.
- Ceslowitz, S. B. (1989). Burnout and coping strategies among hospital staff nurses. Journal of Advanced Nursing, 14, 553-557.
- Ceslowitz, S. B. (1990). The relationship of burnout, use of coping strategies and curricular program of registered nurses. Journal of the New York State Nurses Association, 21(1), 4-8.
- Cherniss, C. (1980). Professional burnout in human service organizations. New York: Praeger.
- Fong, C. M. (1990). Role overload, social support, and burnout among nursing educators. Journal of Nursing Education, 29(3), 102-108.

- Freudenberger, H. J. (1974). Staff burn-out. Journal of Social Issues, 30(1), 159-165.
- Freudenberger, H.J. (1980). Burn-out: The high cost of achievement. New York: Doubleday.
- Grisby, D. W., & McKnew, A. M. (1988). Work-stress burnout among paramedics. Psychological Reports, 63, 55-64.
- Heine, C. A. (1986). Burnout among nursing home personnel. Journal of Gerontological Nursing, 12(3), 14-18.
- Ivancevich, J., & Matteson, M. (1981). Stress prevention: Framework for management. Organizational Dynamics, 17, 13-25.
- Keane, A., Ducette, J., & Adler, D. C. (1985). Stress in ICU and non-ICU nurses. Nursing Research, 34(4), 231-236.
- Knapp, R. G. (1978). Basic statistics for nurses. New York: John Wiley & Sons.
- Lawrence, R. M., & Lawrence, S. A. (1988). The nurse and job related stress: Responses, rx, and self-dependency. Nursing Forum, 23(2), 45-51.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
- Leighton, S. L., & Roye, A. K. (1984). Prevention and self-care for professional burnout. Family and Community Health, 6(4), 44-55.

- Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs: Prentice-Hall.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior, 2, 99-133.
- Maslach, C., & Jackson, S. E. (1986). Maslach burnout inventory (Manual, 2nd ed.). Palo Alto: Consulting Psychologists Press.
- Patrick, P. K. S. (1984). Organizational strategies: Promoting retention and job satisfaction. Family and Community Health, 6(4), 57-67.
- Pfifferling, J. H. (1984). Viewpoint: The role of the educational setting in preventing burnout. Family and Community Health, 6(4), 68-75.
- Pierce, M. B., & Molloy, G. N. (1990). Psychological and biographical differences between secondary school teachers experiencing high and low levels of burnout. British Journal of Educational Psychology, 60, 37-51.
- Pines, A. M., & Aronson, E. (1988). Career burnout: Causes and cures. New York: Macmillan.
- Pines, A. M., Aronson, E., & Kafry, D. (1981). Burnout: From tedium to personal growth. New York: Macmillan.
- Rogers, J. C., & Dodson, S. C. (1988). Burnout in occupational therapists. American Journal of Occupational Therapy, 42(12), 787-792.

- Seutjens, A. D. (1982). Burnout in nursing: What it is and how to prevent it. Nursing Administration Quarterly, 7(1), 12-19.
- Taylor, M. S., & Covalleski, M. A. (1985). Predicting nurses' turnover and internal transfer behavior. Nursing Research, 34(4), 237-241.
- Topf, M. (1989). Personality hardiness, occupational stress, and burnout in critical care nurses. Research in Nursing and Health, 12, 179-186.
- Walsh, J. A. (1987). Burnout and values in the social service profession. Social Casework: The Journal of Contemporary Social Work, 279-283.
- Wimbush, F. B. (1983). Nurse burnout: Its effect on patient care. Nursing Management, 14(1), 55-57.



**APPENDIX A**

**Background Characteristics Questionnaire**

BACKGROUND DATA SHEET

1. Your sex (please check)
  - {1} male
  - {2} female
2. Your age (Check appropriate group)
  - {1} 18-24  {2} 25-34  {3} 35-44  {4} 45-54  {5} 55+
3. What is your cultural/ethnic/racial group? (check one group)
  - {1} Asian, Asian American
  - {2} Black
  - {3} Latino, Mexican, Mexican American
  - {4} Native American, American Indian
  - {5} White, Caucasian
  - {6} Other (please specify)
4. What is your religion? (Check appropriately)
  - {1} Christian
  - {2} Roman Catholic
  - {3} Jewish
  - {4} Other Please specify \_\_\_\_\_ )
  - {5} None, no religion
5. How religious do you consider yourself to be? (Circle appropriately)
 

(Not at all)					(Very)
1	2	3	4	5	
6. Marital status (Check appropriately)
  - {1} single
  - {2} married
  - {3} divorced
  - {4} widowed
  - {5} other (please specify \_\_\_\_\_ )
7. Education (check highest degree/diploma now held)
  - {1} Diploma Graduate
  - {2} AA/AS
  - {3} BSN/BS/BA
  - {4} MSN/MS/MA
  - {5} Doctorate
  - {6} Other (please specify \_\_\_\_\_ )
8. How many years have you been practicing nursing (total)?
  - {1} less than one year
  - {2} 1 - 4 years
  - {3} 5 - 10 years
  - {4} 11 - 20 years
  - {5} 21 + years
9. How many years have you worked at current hospital?
  - {1} less than one year
  - {2} 1 - 4 years
  - {3} 5 - 10 years
  - {4} 11 - 20 years
  - {5} 21 + years
10. How many hours (per week) do you usually work?
  - {1} 40 hours or more
  - {2} 32 hours
  - {3} 24 hours or less
11. Type of unit you usually work? (check one only - your primary)
 

<input type="checkbox"/> {1} Intensive Care (ICU, CCU, PCU)	<input type="checkbox"/> {4} Post Partum/NNE Nsy
<input type="checkbox"/> {2} Labor & Delivery	<input type="checkbox"/> {5} Med/Surg/Gyn units
<input type="checkbox"/> {3} Intensive Care Nursery	<input type="checkbox"/> {6} Other _____
12. How satisfied are you with your salary? (circle appropriately)
 

(not at all)					(very)
1	2	3	4	5	

APPENDIX B  
Maslach Burnout Inventory Sample

**SAMPLE ITEMS FOR THE  
MASLACH BURNOUT INVENTORY**

**"Human Services Survey"**

by Christina Maslach and Susan E. Jackson

Directions: The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term "recipients" to refer to the people for whom you provide your service, care, treatment, or instruction. When you answer this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

How Often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

**I. Depersonalization**

5. I feel I treat some recipients as if they were impersonal objects.

**II. Personal Accomplishment**

9. I feel I'm positively influencing other people's lives through my work.

**III. Emotional Exhaustion**

20. I feel like I'm at the end of my rope.

You may change the format of these items to fit your needs, but the wording may not be altered. Please do not present these items to your readers as any kind of "mini-test," but rather as an illustrative sample of items from this instrument. We have provided these items as samples so that we may maintain control over which items appear in published media. This avoids an entire instrument appearing at once or in segments which may be pieced together to form a working instrument. Thank you for your cooperation.

APPENDIX C  
Cover Letter To Staff Nurses



A campus of The California State University

---

School of the Applied Arts and Sciences • Department of Nursing  
One Washington Square • San José, California 95192-0057 • 408/924-3130

February, 1991

Dear Staff Nurse,

I am a registered nurse and a graduate student at San Jose State University. As part of the requirements for my Master's Degree, I am surveying hospital staff nurses. You are invited to participate in this study as a volunteer.

The primary purpose of this study is to measure levels of Burnout in hospital staff nurses and identify contributing factors. Burnout, unfortunately, can be a problem for health care professionals. Further study of this phenomenon (especially of nurses by nurses) will advance our understanding of the problem and, thereby, facilitate the development of specific coping strategies.

I think you will find participating in this study both easy and interesting. Simply fill out the enclosed two-part questionnaire and return in the stamped, addressed envelope. The whole procedure should take approximately 15-20 minutes. All returned questionnaires will be number-coded to protect your anonymity. Please do not put your name on anything. This will assure your anonymity. After data entry, all surveys will be destroyed.

The potential benefits of this study include contributing to the knowledge base of the Burnout phenomenon among hospital staff nurses which is important in developing creative strategies in prevention and treatment. I hope that you will find the time in your busy life to help further the understanding about ourselves as nurses and what is important to us.

If you have any questions or concerns about this study, I would be happy to talk with you. I can be reached at (415) 784-6626. Concerns about the procedures may be presented to Dr. Jayne Cohen (Faculty Advisor) at (408) 924-1325. For questions or concerns about research subject's rights contact Dr. Serena Stanford (Associate Academic Vice President for Graduate Studies & Research) at (408) 924-3158.

I wish to express, in advance, my deep appreciation for your time and interest in responding to this study. Results of the study will be made available to any interested participants through the Professional Performance Committee.

Sincerely,

A handwritten signature in cursive script that reads 'Lorraine Mazzorana'.

Lorraine Mazzorana R.N.,BSN  
MSN Candidate  
San Jose State University