

# **BURNOUT AND HEALTH RELATED QUALITY OF LIFE AMONG MENTAL HEALTH NURSES IN SOUTH-WEST NIGERIA**

**BY**

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# Outline

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# Introduction

## What is Burnout?



- Psychologist Herbert Freudenberger (1974) first described burnout among dedicated volunteers working in a clinic for drug addicts.
- Burnout meant that a staff member became gradually exhausted from the excessive demands on energy, strength, or resources about a year after they began work and showed various physical, behavioural, and mental symptoms (Maslach, 1976).



# Burnout is present across all professions

- Later it was discovered that burnout can evolve in a wide range of occupations (Leiter & Schaufeli 1996, Demerouti *et al.*, 2001) and can be conceptualized generally as a crisis in one's relationship with work instead of with clients (Schaufeli *et al.*, 1996).



# Ten Occupations with High Burnout Rates in US (White, 2010)

- Physician. ...
- Nurse. ...
- Social Worker. ...
- Teacher. ...
- School Principal. ...
- Attorney. ...
- Police Officer. ...
- Public Accounting.
- Fast food
- Retail



# .....Burnout among Nurses

- The prevalence is high both in developed countries (Epp, 2012; Gasparino, 2014) and developing countries (Lasebikan & Oyetunde, 2012) and is associated with physical and mental health problems, poor patient outcome and absenteeism from work.
- Specifically in Nigeria there is a dearth of robust information on factors associated with rising prevalence of burnout among nurses and a recent study identified a significant nursing error associated with burnout (Lasebikan & Oyetunde, 2012)



# Why was the present research carried out?

- To add to body of knowledge and in view of increasing awareness of the rights of patients and also to shed more light on how to minimize litigation in nursing profession, the present study was carried in two psychiatric hospitals in Nigeria, the Neuropsychiatric hospital, Aro Abeokuta and Neuropsychiatric Hospital, Yaba Lagos State.



# Research objectives

## General Objective

To determine the prevalence of burnout and quality of life among nurses working in psychiatric wards of two selected psychiatric Hospitals in Southwest Nigeria.

## Specific objectives :

- To determine the prevalence of burnout among nurses working in psychiatric wards in two selected hospitals
- To identify the predictors of burnout among nurses working in psychiatric wards
- To determine the quality of life of the respondents and its association with burnout syndrome



# Research methods

**Study Design:** A cross sectional descriptive study was utilized.

**Study setting:** The study was conducted at Neuropsychiatric Hospital Aro Abeokuta, Ogun State and the Yaba Psychiatric Hospital, Yaba, Lagos.

**Target population:** The target population for this study were nurses working in Neuropsychiatric Hospitals in Southwest Nigeria

**Study population:** The population for this study were sample of nurses working in Neuropsychiatric Hospital, Aro Abeokuta and Yaba Psychiatric Hospital.

# Research methods ...

Minimum sample size was obtained from the sample size formula for a descriptive cross sectional study

$$n = \frac{z^2 p (1-p)}{d^2} \quad \text{for a descriptive study (Kish, 1965)}$$

In all, 259 subjects were sampled after adjusting for 10% non-response.

The number of participants in each study site was obtained by proportional sampling.

Simple random sampling technique was used to select the two hospitals that will be used for the study.

Systematic sampling technique was used to select the number of nurses that will participate in the study

# Sampling techniques

- Simple random sampling technique was used to select the two hospitals that will be used for the study.
- Systematic sampling technique was used to select the number of nurses that will participate in the study. First participant was randomly selected and subsequent ones were systematically selected in each study site.



# Instrument for Data Collection

- Three instruments were designed to achieve the objective of this study and it includes: Socio-demographic/ Job related questionnaire, Maslach Burnout Inventory (MBI) & the Short Form health Survey-12
- Both MBI and SF-12 have cross-cultural reliability and validity and had been previously used in Nigeria (Lasebikan& Oyetunde, 2012).
- **Ethical Considerations:** Ethical approval was obtained from the Ethical Committee of Neuropsychiatric Hospital Aro and Neuropsychiatric Hospital Yaba & permission was obtained from the respective heads of the two hospitals and written informed obtained from all participants

# Method of Analysis

- Descriptive statistics, Chi square test, independent t test. ANOVA with post-hoc pairwise comparisons, Spearman correlation and binary logistic regression analyses were used as appropriate.
- All analyses were set at  $p < 0.05$ , 95% CI and were done using SPSS 24.0 (IBM).

# RESULTS

## Socio-demographic characteristics of the respondents

<b>Variables</b>	<b>N</b>	<b>%</b>
<b>Age group</b>		
21-30 years	56	21.6
31-40 years	122	47.1
>40 years	81	31.3
<b>Gender</b>		
Male	80	30.9
Female	179	69.1
<b>Marital status</b>		
Not currently married	69	26.6
Currently married	190	73.4
<b>Religion</b>		
Christian	214	82.6
Islam	43	16.6
Others	2	0.8
<b>Basic qualifications</b>		
Diploma Nurses	138	53.3
Degree + basic diploma	121	46.7

# RESULTS...

## Job-related Characteristics of the Nurses

<b>Job Related Characteristics</b>	<b>N</b>	<b>%</b>
<b>Years spent on job</b>		
< 4 years	91	35.1
≥ 4 years	168	64.9
<b>Rank</b>		
NO 1	34	13.1
NO II	45	17.4
SNO	55	21.0
PNO	67	25.9
ACNO	33	12.8
CNO/ ADNS/ DNS	25	9.8
<b>Run shifts</b>		
Yes	187	72.2
No	72	27.8

# RESULTS

## Other Job-related Characteristics of the Nurses

<b>Job Related Characteristics</b>	<b>N</b>	<b>%</b>
<b>Shift days</b>		
No Shift	72	27.8
1-7 days	43	16.6
8-14 days	32	12.4
15-21 days	92	35.5
>21 days	20	7.7
<b>Find shifting duty stressful</b>		
Yes	64	24.7
No	123	47.5
No shift	72	27.8
<b>Salary Commensurate with Job</b>		
Yes	31	12.0
No	228	88.0
<b>Perception of support from the hospital management</b>		
Not at all	29	11.2
Inadequate	195	75.3
Adequate	35	13.5



# RESULTS...

## Other Job-related Characteristics of the Nurses

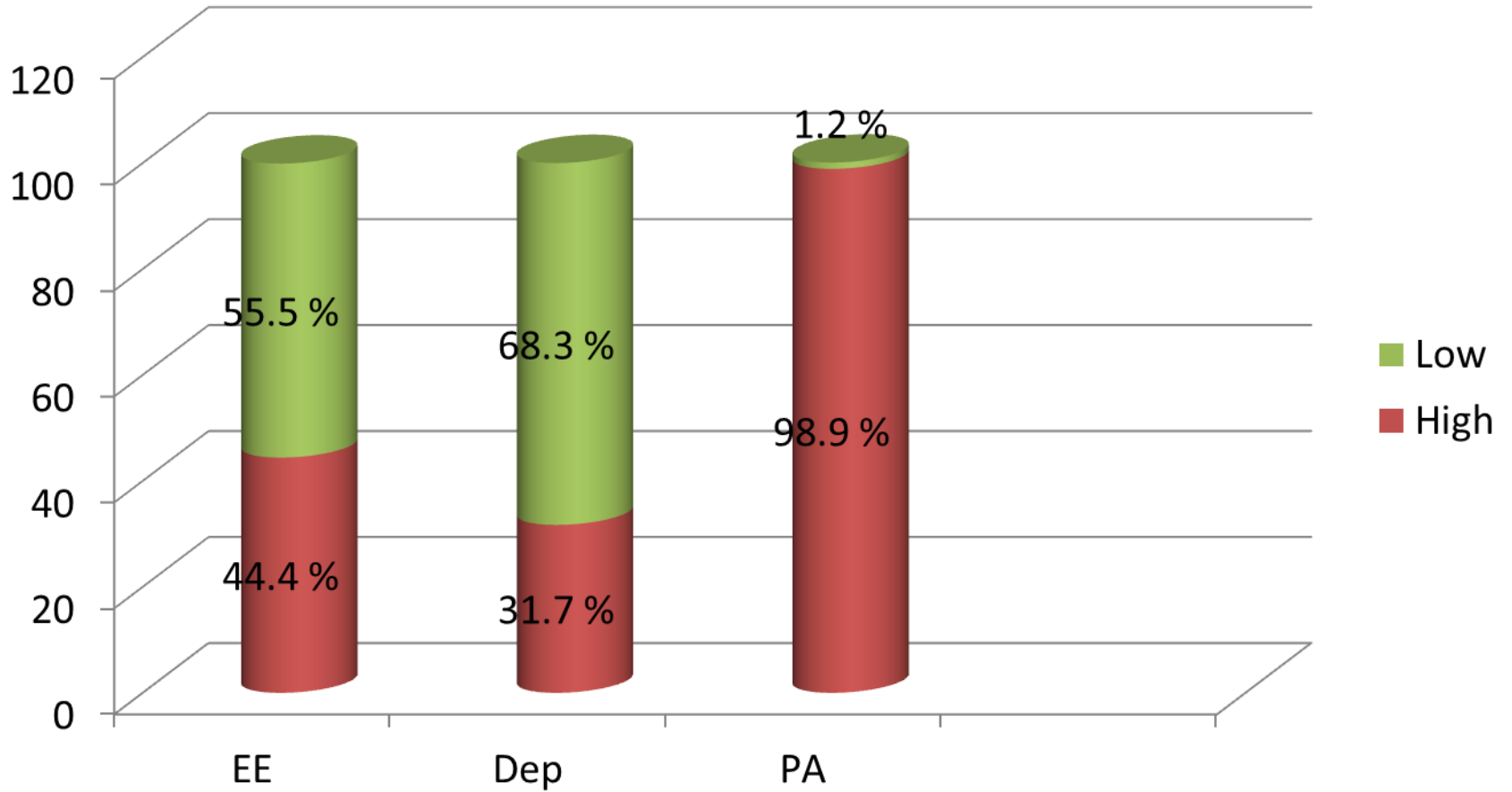
<b>Other Job Related Characteristics</b>	<b>N</b>	<b>%</b>
<b>Expectations from the hospital management</b>		
Increase remuneration	55	21.2
Increase funding	32	12.4
Funding/remuneration	55	21.2
Employ more nurses	52	20.1
Provide equipment to work with	65	25.1
<b>Job demand on private life</b>		
Not at all	45	17.4
Mildly	69	26.6
Moderately	127	49.0
Severely	18	7.0
<b>Diagnosis of physical/medical disorder</b>		
Yes	22	8.5
No	237	91.5

# RESULTS...

## Other Job-related Characteristics of the Nurses

Other Job Related Characteristics	N	%
<b>Diagnosis of the disorder</b>		
Bronchial Asthma	4	1.2
Athritis	1	0.4
CCF	1	0.4
Ophthalmological Problem	2	0.8
ENT Problem	1	0.4
High Blood Pressure	1	0.4
Hypertension	8	3.1
Medical	2	0.8
Myopia	1	0.4
Cardiac Arrhythmia	1	0.4
No Medical Problem	237	91.5
<b>Role conflict on duty</b>		
Nurse/nurse	39	15.1
Nurse/doctor	108	41.7
Nurse/Any other person	71	27.4
None	41	15.8

# Fig I: Prevalence of Burnout



# RESULTS...

## Sociodemographic Factors Associated with Emotional Exhaustion

Variables	Emotional Exhaustion		X <sup>2</sup>	P
	High burnout	Low Burnout		
	n (%)	n (%)		
<b>Age group</b>				NS
<b>Gender</b>				
Male	49 (61.3)	31 (38.8)	13.31	<b>&lt; 0.001</b>
Female	66 (36.9)	113 (63.1)		
<b>Qualifications</b>				NS
<b>Years Spent on Job</b>				NS
<b>Rank</b>				NS
<b>Runs Shift Duties</b>				
Yes	93 (49.7)	94 (50.3)	9.3	<b>0.002</b>
No	51 (70.8)	21 (29.2)		
<b>Find shifting duty stressful (n = 187)</b>				
Yes	23 (35.9)	41 (64.1)	11.3	<b>0.001</b>
No	76 (61.8)	47 (38.2)		

# RESULTS...

## Job-related Factors Associated with Emotional Exhaustion

Characteristics	Emotional Exhaustion		X <sup>2</sup>	P
	High burnout	Low Burnout		
<b>Expectations from the management</b>				
Increase remuneration	36 (65.5)	19 (34.5)	13.3	<b>0.01<sup>BS</sup></b>
Increase funding	23 (71.9)	9 (28.1)		
Funding/remuneration	21 (38.2)	34 (61.8)		
Employ more nurses	31 (59.6)	21 (40.4)		
Provide equipment to work with	33 (50.8)	32 (49.2)		
<b>Job demands on Private Life</b>				
Not at all	31 (68.9)	14 (31.1)	20.7	<b>&lt; 0.001<sup>BS</sup></b>
Mildly	50 (72.5)	19 (27.5)		
Moderately	57 (44.9)	70 (55.1)		
Severely	6 (33.3)	12 (66.7)		
<b>Physical Illness Present</b>				
Yes	11 (50.0)	11 (50.0)	0.3	0.6
No	133 (56.1)	104 (43.9)		
<b>Any role conflict on duty</b>				
Nurse/nurse	21 (53.8)	18 (46.2)	7.9	0.046 <sup>BNS</sup>
Nurse/doctor	67 (62.0)	41 (38.0)		
Nurse/Any other person	30 (42.3)	41 (57.7)		
None	26 (63.4)	15 (36.6)		

# RESULTS...

## Predictors of emotional exhaustion

Variables (Prediction 67.6%)	Adjusted OR	95% CI	p-value
Gender			NS
Do you run shifts?			NS
Find shifting duty stressful			NS
Hospital			NS
Job demand on private life			NS
Expectations from the management of your hospital			
Increase remuneration	0.91	0.34-2.47	0.86
Increase funding	1.27	0.39-4-14	0.68
Funding/remuneration	0.38	0.15-0.95	<b>0.04</b>
Employ more nurses	0.92	0.35-0.45	0.87
Provide equipment to work with	1		

# RESULTS...

## Socio-demographic Characteristics Associated with Depersonalization

Variables	Depersonalization		X <sup>2</sup>	P
	High burnout	Low Burnout		
	n (%)	n (%)		
<b>Age group</b>				
21-30 years	23 (41.1)	33 (58.9)	6.89	<b>0.032<sup>BNS</sup></b>
31-40 years	29 (23.8)	93 (76.2)		
>40 years	30 (37.0)	51 (63.0)		
<b>Gender</b>				
Male	37 (46.3)	43 (53.8)	11.39	<b>0.001</b>
Female	45 (25.1)	134 (74.9)		
<b>Any role conflict on duty</b>				
Nurse/nurse	20 (51.3)	19 (48.7)	15.53	<b>0.001<sup>BS</sup></b>
Nurse/doctor	38 (35.2)	70 (64.8)		
Nurse/Any other person	19 (26.8)	52 (73.2)		
None	5 (12.2)	36 (87.8)		
< 4 Years	39 (42.9)	52 (57.1)	8.1	<b>0.004</b>
≥ 4 years	43 (25.6)	125 (74.4)		

# RESULTS...

## Job Related Characteristics of Respondents associated with Depersonalization

Characteristics	Depersonalization		X <sup>2</sup>	P
	High burnout n (%)	Low Burnout n (%)		
Marital Status				NS
Religion				NS
Qualification				NS
Rank				NS
Runs Shift Duties				NS
Finds shift duty stressful				NS
Salary is commensurate with Job				NS
Perceived Support from Management				NS
Expectations from the management				NS
Job demands on Private Life				NS
Physical Illness Present				NS



# RESULTS...

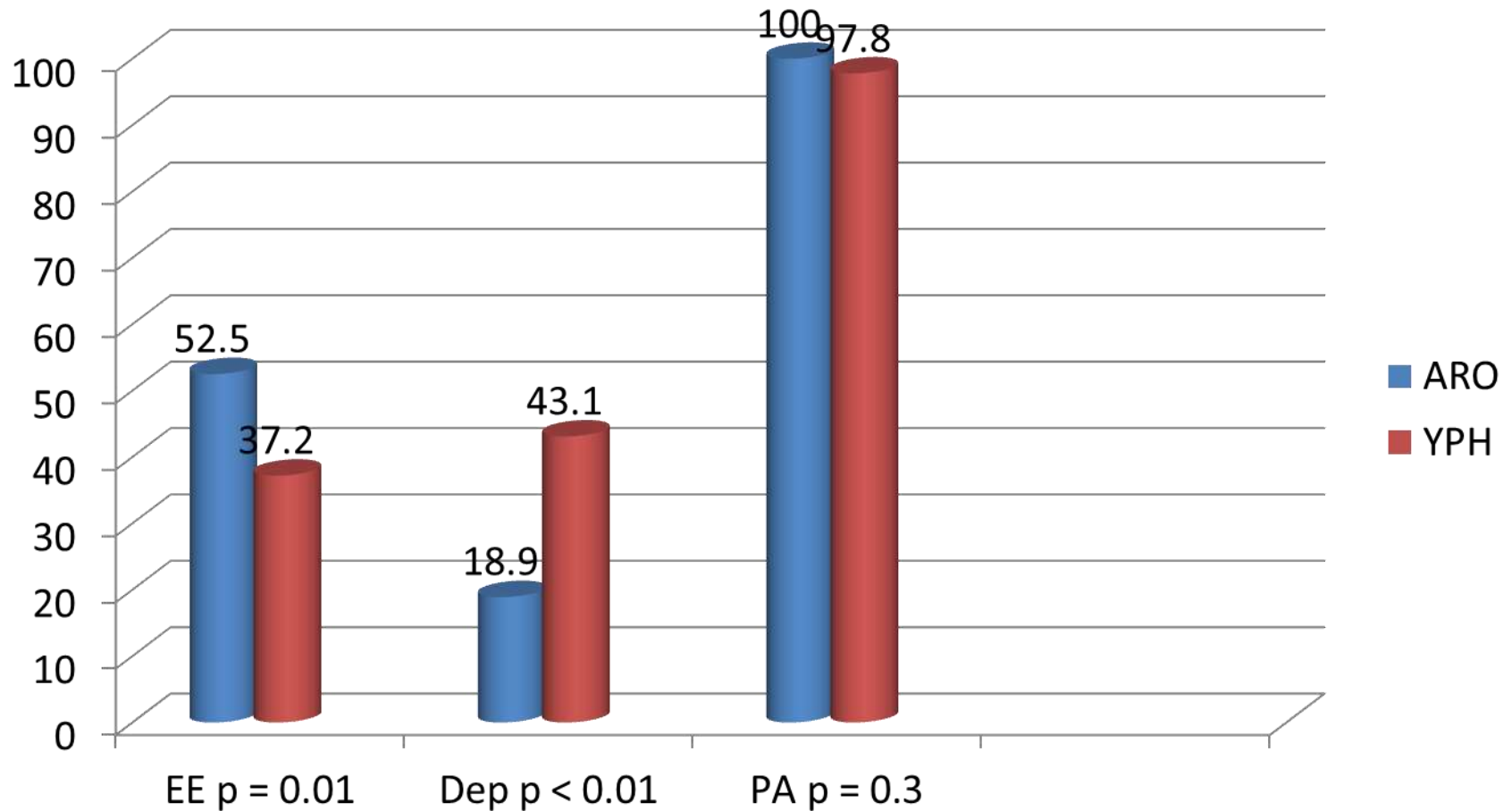
## Predictors of depersonalization

Variables	Adjusted OR	95% CI	p-value
<b>Gender</b>			
Male	2.55	1.40-4.65	<b>0.002</b>
Female	1		
<b>Years spent on job</b>			
< 4 years	0.78	0.41-1.48	0.45
≥ 4 Years	1		
<b>Any role conflict on duty</b>			
Nurse/nurse	2.17	0.98-4.82	0.057
Nurse/doctor	2.36	0.97-5.74	0.059
Nurse/Any other person	6.53	1.97-21.64	<b>0.002</b>
None	1		
<b>Hospital</b>			
Aro	1		
Yaba	3.07	1.54-6.16	<b>0.002</b>

# Personal Accomplishment

- There was no sociodemographic or job related characteristics associated with personal accomplishment

# Fig II: Inter-hospital Difference in High burnout



# RESULTS...

## Quality of Life of Respondents with burnout syndrome

Domain of Health Outcome		N	Mean	SD	F	P
1	Physical Functioning	259	4.36	1.203	787.6	< 0.001
2	Role Physical	259	3.90	1.047		
3	Bodily Pains	259	1.66	.475		
4	General Health	259	1.64	.480		
5	Vitality	259	1.70	.460		
6	Social Functioning	259	2.14	1.099		
7	Role Emotional	259	5.32	2.121		
8	Mental Health	259	8.24	2.656		
					<b>t</b>	
	PSC	259	11.56	2.336	-21.2	< 0.001
	MCS	259	17.40	3.770		

# RESULTS...

## Correlation between Burnout and Quality of life

Burnout	PSC		MCS		Total QOL	
	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>
Emotional Exhaustion	-0.004	1.0	0.026	0.68	0.05	0.43
Depersonalization	-0.226	<b>&lt; 0.001</b>	-0.210	<b>0.001</b>	-0.12	0.06
Personal Accomplishment	0.073	0.2	0.08	0.2	0.08	0.19

# Discussion

- **Important negative findings:** age, education, religion, marital status, nursing rank were not associated with burnout, findings not consistent with previous studies both in Nigeria and in developed countries (Lasebikan and Oyetunde, 2012; Li, et al, 2014; Yao, et al, 2013).
- **Important positive findings:** Burnout (emotional exhaustion and depersonalization) was more prevalent in male nurses. This is in support of an unpublished thesis (Oke, 2019) in Ibadan, Nigeria and a recent meta-analysis (Cañadas-De la Fuente et al., 2018) in Spain.
- Burnout (depersonalization) more prevalent among (< 4 years in service), a finding similarly noted by Oke (2019) in Nigeria and by Li et al. 2014; Al-Turki et al, 2010.

# Discussion. Work related stressors and burnout

- Burnout (emotional exhaustion) was more prevalent among nurses who did not run shifts.
- High expectation from nurses regarding funding and increased remunerations was associated with emotional exhaustion. This finding supports a previous study (Lasebikan & Oyetunde, 2012).
- Burnout (emotional exhaustion) was associated with job demanded on private life. This in support of Azmoon, et al, 2018.
- In support of Lasebikan and Oyetunde (2012), burnout (depersonalization) was associated with nurse/nurse conflict and nurse/doctor conflict.

# Discussion: Inter-hospital difference in burnout

- Nurses working at Federal Neuropsychiatric Hospital, Aro reported a significantly higher level of burnout in the area of emotional exhaustion compared with their counterparts working in Lagos.
- Depersonalization was significantly higher among nurses working at Yaba Neuropsychiatric Hospital, Lagos compared with their counterparts working in Aro, Abeokuta. Why?
- Similarly Oke (2019) noted a higher prevalence of burnout among nurses working at the Adeoyo Maternity Hospital Ibadan (a baby manufacturing hospital) compared with Ring Road State Hospital Ibadan (a hospital in slumber).



# Burnout and Health-related Quality of Life

- The quality of life in the mental health component (MCS) was significantly higher than in the physical health component. Thus, the current sample of nurses despite the high level of burnout in some of them still had enough mental health resources.
- There was a negative correlation between depersonalization and both physical and mental health components of quality of life. This is expected given that high level of burnout predicts physical illnesses and mental illnesses (Papathanasiou et al., 2017). The current study highlights that the higher the level of burnout, the lower the quality of life and versa.

# Implications for Nursing

- This study has implications for proper workplace mental health services for nurses, especially during this period of serious problems of recruitment and retention of nurses leading to low nurse/patient ratio and high nurse turnover.



# Limitation of the Study/Future Studies

- Cross-sectional design
- Potential for recall bias in the self-reported measures
- Under-reporting
- Sampling bias
- Larger sample size
- Replicated in other mental health institutions in Nigeria
- Intervention study

# Conclusion

- Prevalence of burnout is high among nurses.
- Predictors of emotional exhaustion was organization factors (issue of funding and remuneration).
- Predictors of depersonalization were male gender, nurse/any other person conflicts and working at Yaba Psychiatric Hospital.
- Personal accomplishment had no predictor.

# Recommendations

- Mental health prevention and promotion programmes.
- Supportive framework.
- Practical measures e.g too much extra work, making periodic changes to work pattern
- Investing in recreation.
- Accommodation with in the hospital premises
- Stress management courses

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# Questions and contributions



# Thanks for listening and not dosing

