



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF HEALTH SCIENCES**

**SCHOOL OF ALLIED HEALTH SCIENCES**

**DEPARTMENT OF NURSING AND MIDWIFERY**

**MAGNITUDE OF BURNOUT AND ITS ASSOCIATED FACTORS  
AMONG NURSES WORKING IN PUBLIC HOSPITALS OF AMHARA  
REGIONAL STATE, ETHIOPIA.**

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ETHIOPIA.**

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## **ABSTRACT**

**Background-** Nurses are exposed to professional burnout due to their exposure to physical, mental, and emotional stressors, which can lead to numerous complications in their personal, social, and organizational life.

**Objectives-** To assess the magnitude of nurses' burnout and its associated factors in public hospitals of Amhara regional state, Ethiopia.

**Methodology-** Institutional based cross-sectional study design was conducted on 369 sample nurses selected by systematic sampling technique. These nurses were selected from five public hospitals; those were Felge Hiwot, Debre Birhan, Debre Markose, Debre Tadore, and Dessie referral hospitals. Hospitals were selected purposively from Amhara regional state. Adopted structured self-administered Amharic version questionnaire was used. The questionnaire contains of 22 items, which includes 8 items in emotional exhaustion, 5 items in depersonalisation and 9 items in personal accomplishment. Pre-test was conducted on 10% of sample in BLH to assure reliability and validity. Data was, coded and entered in Epi data version 3.7 and analysed by SPSS version 22 software. Descriptive statistics was used to describe the variables. Multivariate analysis, AOR, 95% CI and p-value <0.05 were used to identify variables which had significant association with dependant variable.

**Result-** A total of 369 participant nurses were included in this study, with response rate of 100%, from these respondents 186 nurses (50.4%) were suffered from professional burnout. There is significant association between burnout and educational status [AOR=3.66; 95% CI: (1.11, 12.01)], service year [AOR=1.94; 95% CI: (1.11, 3.38)], work load [AOR=0.43; 95% CI: (0.19, 0.99), intention to leave their work [AOR=0.41; 95% CI: (0.25, 0.67), health status [AOR=2.27; 95% CI: (1.18, 4.37)] and health problems [AOR=2.32; 95% CI: (1.14, 4.73)] had association to nurses' professional burnout.

**Conclusion-** This study shows that high proportion of nurses were suffer from burnout due to their work. This study also showed that there is a significant association between factors such as

educational status, service year, workload, intention to leave their work, current health status, and health problems and professional burnout.

Key words: Professional Burnout, Nursing, Exhaustion

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## **ACRONYMS AND ABBREVIATIONS**

<b>AOR</b> -----	Adjusted Odd Ratio
<b>COR</b> -----	Crude Odd Ratio
<b>CSA</b> -----	Central Statistics Agency
<b>DP</b> -----	Depersonalization
<b>EE</b> -----	Emotional Exhaustion
<b>HSS</b> -----	Human Service Survey
<b>IRB</b> -----	Institutional Review Board
<b>JDCS</b> -----	Job Demand Control Support
<b>MBI</b> -----	Maslach's Burnout Inventory
<b>MBI-HSS</b> -----	Maslach's Burnout Inventory-Human Survey Service
<b>PA</b> -----	Personal Accomplishment
<b>PTSD</b> -----	Post-Traumatic Stress Syndrome

# 1. INTRODUCTION

## 1.1. Back Ground of the Study

Burnout is a concept that can be defined differently by different individuals. Before it got standardized definition by Maslach, different people used the term to mean different things. According to Maslach (1982), burnout is a state of emotional exhaustion, depersonalization and reduced sense of personal accomplishment that occurs among individuals who work with people in some capacity as result of chronic exposure to stress resulting from human interaction [1].

As a result; burnout has three dimensions. The first dimension of the burnout syndrome is emotional exhaustion“. When the emotional reserves are depleted, employees feel that they are no longer able to provide work of good quality. They have feelings of extreme energy loss and a sense of being completely drained out of emotional and physical strength. The second dimension depersonalization“ is defined as the development of negative attitudes, such as cynicism and negativism, both in thinking as well as in behaviour, in which co-workers and service recipients are approached with derogatory prejudices and treated accordingly The third aspect is lack of personal accomplishment“. This is defined as lack of feelings regarding both job and personal competence and failure in achieving goals [1]. There is a general consensus in the literature that emotional exhaustion is the central or core dimension of burnout [2].

The issue of burnout among nurses is familiar; nursing is inevitably a stressful profession. The prevalence of burnout in nursing is a real issue and a real threat to the health care system. Several studies around the world in different continents have been carried out showing the high rates of burnout among nurses, more especially staff nurses working in hospitals [3].

## **1.2. Statement of the problem**

Nurses have tremendous responsibilities and deal with enormous challenges [4]. It is reported that nurses are more prone to developing stress than other health care professionals. Burnout is unfortunately one of the challenges that many nurses in different parts of the world are facing today [5].

In 2010, a cross national investigation study was conducted across six countries: United States, Germany, Japan, United Kingdom, Canada, and New Zealand. Study involved 53,846 nurses using Maslach burnout inventory. Results indicated that highest levels of burnout among nurses in Japan. Medium levels of nurse burnout were reported in United Kingdom, New Zealand, and Canada. Nurses in Germany had the lowest levels of burnout out of all the 6 countries. In addition, all the nurses in the 6 countries agreed that nurse assessed quality of care diminished as a result of burnout [6].

The Royal College of nursing revealed that in a survey carried out in 2013 involving 10,000 nurses, 62% of them contemplated resigning from their job the previous year citing stress. 61% cited hectic schedules as being a hindrance to providing good quality care and 83% felt an increase in workload which has seen 5000 nurses leaving the profession in a three year period [7].

Naude & Rothmann reported that burnout has also been associated with reduced organizational efficiency and work-related problems such as employee turnover, low morale, poor quality of care, lower productivity, absenteeism and interpersonal problems. This situation can lead to compromised social interaction, not only at work place but also in the community where the nurses belong which may negatively impact the social and family lives

of the professionals [8]. Apart from this a relationship was found between burnout and the occurrence of musculoskeletal disorders, depression, obesity, insomnia, drug abuse and alcohol intake in nurses [9]. The impact may also extend to harmful consequences in patient care like medication errors and lack of appropriate attention to the care [8].

Despite the existence of numerous studies conducted regarding burnout in Europe, US, Australia, parts of Africa and Asia, there are few researches conducted on this issue of interest particularly in Ethiopia. Therefore, this study was aimed to assess the magnitude of burnout and its associated factors among nurses working in five randomly selected public hospitals of Amhara regional state, Ethiopia.

### **1.2.1. Basic Question of the Study**

This study was guided by the following basic questions:

1. What was the magnitude of burnout among nurses in public hospitals of Amhara Regional state?
2. What were the associated factors contributed to professional burnouts among nurses working in public hospitals of Amhara Regional state?

### **1.3. Significance of the study**

The findings of the study will help us to know the magnitude of nurses' burnout and to identify the associated factors which lead to burnout, as there are few researches done on this issue.

The study will help to health care institutions; particularly hospitals to recognize factors related to burnout in nurses & aid them to take corrective measures.

It will be also significant for policy makers for taking corrective actions regarding to the profession.

Moreover; its findings will be used as a reference for other researchers who have interest in the area for further investigation.

## **2. LITERATURE REVIEW**

### **2.1. Burnout: definition and history**

According to Maslach and colleagues Burnout is a syndrome for prolonged response to chronic emotional and interpersonal stressors on job, and is defined by containing three dimensions of emotional exhaustion, depersonalization, and reduction of personal accomplishment. It is clearly indicated that when there is prolonged exposure to those emotional and interpersonal stressors through time personal energy is drained and the person finally develops emotional exhaustion, depersonalization feelings and feelings of inability to achieve personal goals at work. Professional burnout (PB) is negative transformations of attitude, spirit, and behaviour in confrontation with mental work related pressures. This is made by severe occupational stress leading to various physical and mental diseases as well as a negative attitude toward professional activities and lack of appropriate communications with the patients. Signs of this syndrome are revealed when individuals' abilities are not enough for the demands in work environment [10].

The concept was related to the experiences of people who work in human service and health care when it first appeared in scientific papers which indicated that those first written articles were works by Freudenberg in 1974. , a psychiatrist working in an alternative health care agency and her own work as a social psychologist who was by then making investigation on emotions in the work place. As observed in those pioneer scientific works on the concept of burnout, it is a concept that closely related to occupations directed at providing aid and services to people in need, which can highly characterized by emotional and interpersonal stressors [11].

## **2.2. Nursing profession and Burnout**

Nursing is a caring profession, and the caring encompasses empathy for and connection with people. Caring is best demonstrated by a nurse's ability to embody the five core values of professional nursing: human dignity, integrity, autonomy, altruism and social justice. The caring professional nurse integrates these into clinical practice [12].

Burnout is a common phenomenon in nursing and other health professions. Maslach and Leiter define burnout as “the index of the dislocation between what people are and what they have to do” [13].

It is also indicated that in the course of their career, nurses have to face many stressors, such as organizational restructuring and downsizing, inadequate pay, lack of social recognition, heavy workload, inadequate preparation to meet emotional needs of patients and family, and exposure to death and dying [14].

Burnout comprises chronic emotional exhaustion, cynicism and detachment from work, and feelings of ineffectiveness on the job. A major source of burnout is an overloaded work schedule that is, having too little time and too few resources to accomplish the job. Performance suffers when work is so fast paced that workers lose a sense of community. Finally, unfair management practices may lead to distrust and disillusionment among employees and result in symptoms of burnout [15].

Each nurse is considered to be committed to professional core values by aspiring to be an ideal nurse, always being patient and kind. However, the need to deal with patients' needs (especially those of non-compliant patients), upset family members and other staff members sometimes pose a great challenge. Hence, nursing is a challenge! That is why they are prone

to burnout. Nurses understand that on-going changes in the healthcare system demand the application of professional core values, as well as the need for life-long learning to keep their knowledge and skills up to date [16].

### **2.3. Prevalence of burnout and associated factors**

Nursing is a stressful profession that deals with human aspects of health and illness, and can ultimately lead to job dissatisfaction and burnout [2].

Prevalence of burnout among Italian and Dutch nurses has been estimated between 2% and 10% [18].

Burnout among Lebanese nurses: Psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS, nurses in this study reported moderate level of burnout. They reported mostly high levels of emotional exhaustion (77.5%), high levels of depersonalization (36.0%), and low levels of personal achievement (33.0%) [19].

A multi-country, cross-sectional study conducted in 10 European countries involving 23,159 nurses working in surgical and medical wards reported high levels of burnout among nurses in different countries: 42 % England, 22% Finland, Belgium 25 %, Germany 30%, Poland 40%, Ire-land 41%, Norway 24%, Spain 29%, Netherlands 10%, and Switzerland 15%. The intention to leave the profession was also higher among the nurses experiencing burnout [20].

In Michigan, 40% of nurses in Michigan who took part in a study experienced burnout on a daily basis and 25% would not recommend relatives or loved ones to the hospital they work according to a 2013 survey by the Michigan Centre for nursing [21].

A study done on the prevalence of nurses burnout and its determinant factors in Addis Ababa public hospitals shows that from total of 440 participants, 241(56.6%) suffered from professional burnout (PB) [22].

Other similar study also done on the level of burnout among Emergency and Intensive Care unit nurses in Addis Ababa, Ethiopia reported that 54.7% of nurses had suffered from burnout syndrome [23].

In Australia, Cecilia discussed an expert based classification of burnout into three levels or degrees. In this classification, first-degree burnout is described as a feeling of tiredness, exhaustion or fatigue. On the other hand, irritation, resentment, sarcasm and cynicism characterized second-degree burnout. Lastly, third-degree burnout was described as loss of self-esteem, sense of achievement, and desire to work. Compassion fatigue is also a form of burnout that results in impaired caregiving and poor quality of care, could also occur in nurses [24].

Lee, Song, Cho, et al. [25] conducted a study to form a comprehensive model of burnout among Korean nurses in light of the lack of literature on the subject in Asia. They found that Korean nurses had higher levels of burnout compared to those in western countries such as Germany Canada, the United Kingdom and the USA. Furthermore, those who experienced higher job stress, showed lower cognitive empathy and empowerment, and those who worked on night shifts at tertiary hospitals were more likely to experience burnout.

### **2.3.1. Individual factors**

Previous research has shown that demographic variables and personality characteristics combined with work characteristics, job in satisfaction and negative work-family interaction

are related to burnout among nurses [26, 27]. Particularly, in line with findings from previous empirical research, males show higher levels of cynicism than females, single people are more prone to burnout than married people. Professionals with low levels of hardiness, who are younger, and who are more dissatisfied with their work are also more likely to experience burnout. Finally, negative work-family interaction correlates with higher levels of exhaustion and depersonalization [28].

Younger age was also found to be related to a higher risk of burnout. Some studies found higher levels of burnout in women, others found the opposite and some studies did not find a difference. Higher levels of education were related to higher levels of burnout but the link is still unclear, people with certain personality characteristics (e.g., low self-esteem, higher vulnerability, competitiveness, excessive need for control) and job attitudes (i.e., higher job expectations) tend to have a higher burnout potential [28].

A number of personal factors have also been associated with burnout. These include perfectionism, over-involvement with patients, self-esteem, sense of mastery and purpose in life, low education level, low work experience, low status, economic hardships, difficulty in childcare and doing house chores, personal and family health problems and stressful interactions with colleagues have also been found to be involved [29].

### **2.3.2. Work related factors / Job-characteristics**

Nurses are considered to be particularly susceptible to risk of burnout, due to the very stressful nature of their work, which has a negative impact on their mental and physical well-being [30, 31]. A nurse's job is predominantly emotional, and this factor is considered as a main stressor, which can result in a direct intention to leave work [32].

The relationship between intention to leave the profession and exhaustion lies in the excessive demands imposed by the position, whereas its relationship with depersonalization could be explained by the lack of psychological resources to deal with stressors, weakening the commitment of professionals toward their institution and profession [32].

Repetitive exposure to traumatic events, such as confrontation with severe injuries, death, suicide, aggression and suffering, was reported to be related to the development of post-traumatic stress syndrome (PTSD) and burnout in various nurses' population [33].

Garcia-Izquierdo and Rios-Risquez reported that a positive correlation between frequency of confrontation with death and suffering and emotional exhaustion [34].

Bernaldo-De-Quiros et al. also found nurses who were exposed more frequently to violence (insults, threats and physical violence) to report higher levels of emotional exhaustion and depersonalization [35].

Education at the beginning of the work, face problems in confrontation with occupational stressors. They are more prone to lower risk of professional burnout through time, attaining coping skills, getting professional in their field of work, and ultimately adaptation with work environment and but factors like working as a staff nurse especially at night shift disturb individuals' circadian cycle and their rest and sleep. Those working in night shift have to sleep in daytime, when it is not possible to have a deep and good quality sleep. Night shift also impairs individual's physiologic balance. The findings in the study showed a direct and significant association between monthly night shifts and PB so that the risk of PB (professional burnout) increases by 1.12-folds for each extra night shift. There was no association between working as a staff nurse and PB [36, 37].

Another study done in Brazil was also observed that the propensity to develop burnout was higher among nurses working the night shift as an expected result considering that these professionals have no regular sleeping and eating patterns. Moreover, feelings of inadequacy may be present, because while everyone else is working, this professional sleeps, performing his/her activities outside the regular routine adopted by society [38].

Delpasnd, Sotoude & Zhang Feng . *etal* reported no association between working as a staff nurse and professional burnout [39].

Emergency and Critical care and intensive care units of health care institutions are areas of high psychological demand and exposure to more stressors compared to other units within health care facilities. In emergency and critical care unit's life and death issues are dealt with at a very rapid pace, which is a mentally draining task. Nursing staff working in such demanding areas are often continually faced with heavy demands of pity, sympathy and compassion [40]. Maslach indicated that persons who continually work with people under such circumstances find that chronic stress can be emotionally draining and can lead to burnout [13].

### **2.3.3. Organizational factors**

Next to job characteristics, organizational and environmental factors, such as personnel and material resources, procedures, policies, organizational culture and reward, proved to be associated with the employees' wellness in several study populations .The study examined the relationships between work related stress, burnout, job satisfaction and general health of nurses relation-ship. When an organization / management / supervisor has high expectations towards the employees but gives less in return, burnout is also likely to develop [13].

## 2.4. Theories and Developmental Models of Burnout

Several folk theories about the development of burnout emerged from the interviews of the earliest pioneering phase of research. One theory is that it is the best and most idealistic workers who experience burnout as captured in the common phrase, “you have to be on fire in order to burn out.” The notion here is that such dedicated people end up doing too much in support of their ideals, thus leading to exhaustion and eventual cynicism when their sacrifice has not been sufficient to achieve their goals. A second theory is that burnout is the end result of long exposure to chronic job stressors. Consequently, burnout ought to occur later in people’s careers, rather than earlier, and it should be relatively stable over time if people stay in the same job. There has also been debate about whether burnout results from overload (i.e. too many demands with too few resources) or from under load that is tedium and monotony [16].

The most recently developed and proposed as an alternative scale for Maslach’s Burnout Inventory (MBI) is the Oldenburg Burnout Inventory [12]. The Maslach’s Burnout Inventory assesses all three core dimensions; exhaustion, Cynicism and inefficacy. The instrument is designed for three different occupational categories; MBI-HSS, the human services survey which developed to assess burnout in professionals in human services such nursing; MBI-ES, educational survey which designed to assess burnout in educational professionals and MBI-GS, general survey which is designed to assess burnout in general working populations. In both MBI-HSS & MBI-ES, the labels for the three dimensions reflect the focus on occupations where the workers interact extensively with people such as patients, clients, students, etc. The MBI-HSS consists of 22 items which is 8 items for EE, 5 items for DP, and 9 items for PA [13].

After the identification of three dimensions of burnout syndrome, several developmental models were presented in these dimensional terms. The Phase model proposed that each of the three dimensions can be split into high, moderate and low scores, which all possible combinations of three dimensions resulted in eight patterns, or phases, of burnout [13].

Research based on the phase model has established that the progression of phases from low to high burnout is correlated with worsening indices of both work and personal well-being over time, in which the occurrence of one dimension precipitates the development of another. According to this model, exhaustion occurs first, leading to the development of cynicism, which leads subsequently to inefficacy [13]. For example, a study of hospital nurses yielded the following sequence:

- 1) Stressful interactions with supervisors increase the workers' feelings of exhaustion;
  - 2) High levels of exhaustion lead to cynicism, especially if workers lack supportive contact with their co-workers;
  - 3) As cynicism persists, the workers' feelings of efficacy diminish, although supportive contact with co-workers may help to decelerate this process [14].
- Another and the most popular theoretical occupational stress model is the Job Demand Control Support Model (JDCS), [30]. This model defines three dimensions as predictors of occupational stress: job demand as a burden and job control and social support as potential resources or buffers. Job demand is defined as the psychological work load in terms of time pressure, role conflict and quantitative workload. Job control, also called decision latitude, is the amount of freedom that a worker has, to control and plan his/her work activities. This dimension has in turn two sub-dimensions that are however interrelated: skill discretion and decision authority. Skill discretion is the range of skills and competences that a worker needs to fulfil his working tasks and is also related to the future opportunities of the worker to acquire new skills, expand his/her knowledge in the job or get promotion.

In general sense, the research on burnout has established the sequential link from exhaustion to cynicism but the subsequent link to inefficacy is less clear, with data supporting a simultaneous development of this third dimension rather than a sequential one. Data from repeated researches on burnout scores are fairly stable over time, which supports the notions that burnout is a prolonged responses to chronic job stress [13].

## 2.5. Conceptual frame work

Burnout is simply the condition of a person who has become very physically and emotionally tired after doing a difficult job for a long time. Burnout is a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work [34].

Burnout is reflected in pathological emotional depletion and maladaptive detachment that is a secondary result of exposure to prolonged occupational stress. The three dimensions include emotional exhaustion, depersonalization and reduced personal accomplishment [15].

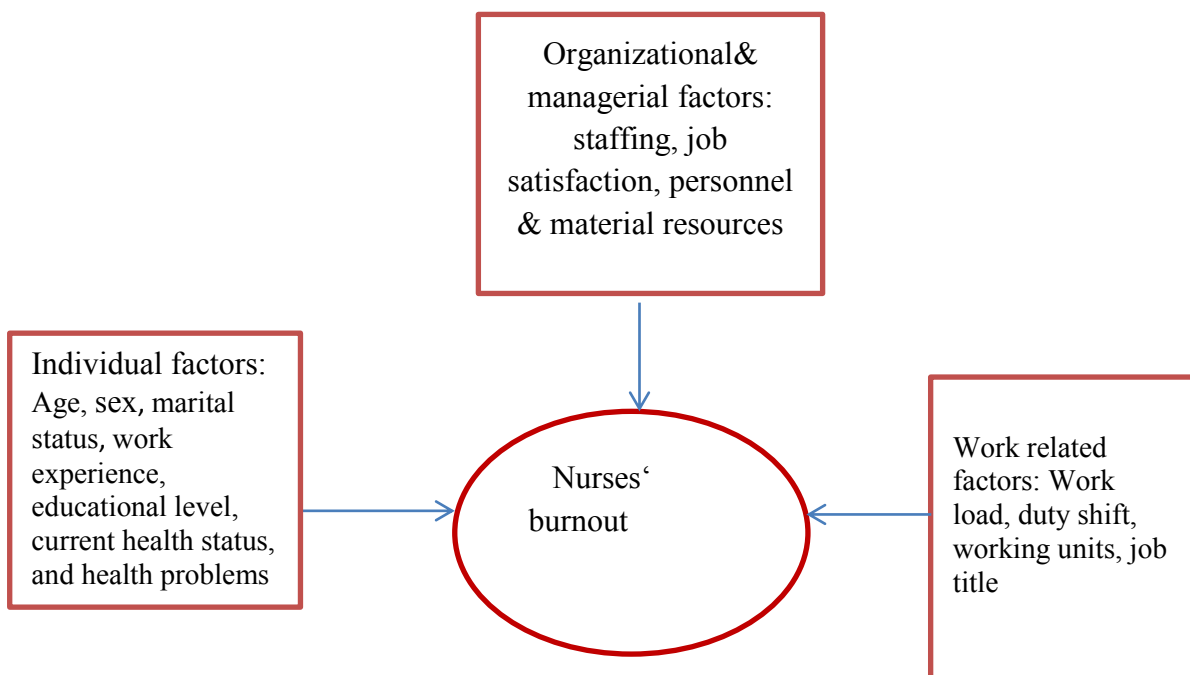


Figure 1: Conceptual frame work of nurses' burnout and associated factors (source: [14])

### **3. OBJECTIVES OF THE STUDY**

#### **3.1. General objective**

To assess the magnitude of burnout and its associated factors among nurses working in five randomly selected public hospitals of Amhara regional state, Ethiopia, 2017.

#### **3.2. Specific Objectives**

- To assess the magnitude of burnout among nurses working in five randomly selected public hospitals of Amhara regional state, Ethiopia, 2017.
- To assess associated factors of burnout among nurses working in five randomly selected public hospitals of Amhara regional state, Ethiopia, 2017.

## **4. METHODS AND MATERIALS**

### **4.1. Study area and period**

The study was conducted in Amhara regional state.

Based on 2011, figures from the Central Statistical Agency (CSA) of Ethiopia, the Amhara Regional state have an estimated total population of 18,167,982 consisting of 9,110,481 male and 9,057,501 female. 87.4% of the population is estimated to be rural inhabitants, while 12.6% are urban dwellers. This region has an estimated area of 154,708.96 square kilometres as an estimated density of 117.4 people per square kilometres.

According to 2011, Amhara has 17 Hospitals, 520 Health Centres and 2,941 Health Posts.

The study was conducted between months March and April in 2017.

### **4.2 Study design**

Institutional based cross-sectional study design was employed to describe magnitude of burnout and its associated factors among nurses working in five randomly selected public hospitals of Amhara regional state, Ethiopia.

### **4.3 Source population**

The source population for this study was, all nurses who were currently working in purposively selected five public hospitals of Amhara regional state. The selected hospitals were: Felege Hiwot referral hospital, Debre Tabor referral hospital, Debre Markos referral hospital, Dessie referral hospital, and Debre Birhan referral hospital.

### **4.4 Study population**

The study population was all nurses working in those selected public hospitals; who can meet the inclusion criteria and willing to participate in the study were my study population.

#### 4.4.1 Inclusion criteria

Nurses who were working in different departments, with work experience of 6 months and above, and who were available during data collection period and were willing to participate in the study.

#### 4.4.2 Exclusion criteria

Nurses who were on sick, study or other leaves during the data collection period, and those who were not volunteer to participate in the study were excluded from the study.

### 4.5 Sample size Determination

The actual sample size for the study was determined using the formula of single population proportion formula for single proportion population.

$$n_i = \frac{(Z\alpha/2)^2 p(1-p)}{(d)^2}$$

Where  $n_i$  = Initial estimated sample size

Z = Confidence level (alpha,  $\alpha$ )

P = prevalence

d = marginal error

To determine the sample size the following assumption was used.

Magnitude of nurses' burnout was taken from a previous related study which is 56.6% [22]

A 95% confidence level, margin of error (0.05).

$$n = \frac{(1.96)^2 \times 0.566(1-0.566)}{(0.05)^2} = 377.46 = 378$$

Since the total population was 873 nurses, which was less than 10,000 I used the correction formula:

$$n_f = \frac{n_i}{\left(1 + \frac{n_i}{N}\right)}$$

Where  $n_f$ = final sample size

$n_i$ = initial sample size

$N$ = total population

$$n_f = \frac{378}{\left(1 + \frac{378}{873}\right)} = \frac{378}{\frac{1251}{873}} = 263.78 \approx 264$$

Taking none-response rate to be 10% using previous related research response rate =

$264 \times 10\% = 26.4 \approx 26$ ; And considering design effect

The final sample size was:  $264+26+79 = 369$  nurses.

#### 4.6 Sampling procedure

Purposive sampling technique was used to select five hospitals, which were considered to participate in the study, from 17 public hospitals currently functioning in Amhara regional state. The five hospitals were: Felege Hiwot referral hospital, Debre Tabor referral hospital, Debre Markos referral hospital, Dessie referral hospital, and Debre Birhan referral hospital. Then final sample was selected from each hospital using Proportional to size allocation formula:

$$= \frac{n_f \times n_i}{N}$$

Where:  $n_i$ = number of nurse in each selected hospital

$n_f$ = final sample of the study

$N$  = total number of nurses in selected hospitals.

Felege Hiwot referral hospital= $214 \times 369 / 873 = 90.43 \approx 90$

Debre Tabor referral hospital= $144 \times 369 / 873 = 60.86 \approx 61$

Debre Markos referral hospital= $165 \times 369 / 873 = 69.74 \approx 70$

Dessie referral hospital= $180 \times 369 / 873 = 76.08 \approx 76$

Debre Birhan referral= $170 \times 369 / 873 = 71.85 \approx 72$

Systematic sampling technique was used to select sampled nurse from each hospital, this was calculated by dividing population size, N, by the required sample size, n, then, the formula was:

$$K=N/n$$

$$\text{Felege Hiwot referral hospital}=214/90=2.37 \approx 2$$

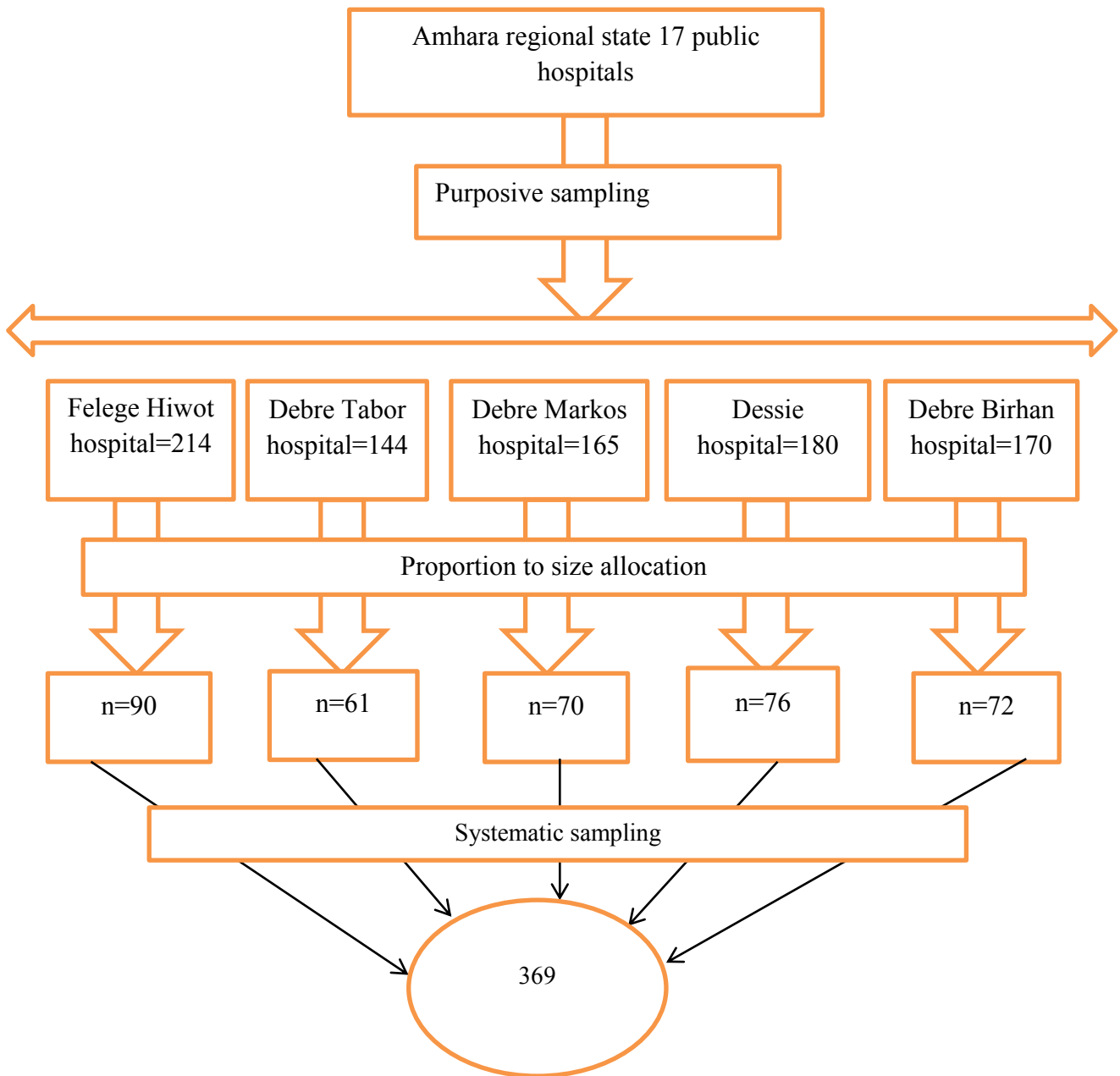
$$\text{Debre Tabor referral hospital}=144/61=2.36 \approx 2$$

$$\text{Debre Markos referral hospital}=165/70=2.17 \approx 2$$

$$\text{Dessie referral hospital}=180/76=2.36 \approx 2$$

$$\text{Debre Birhan referral}=170/72=2.36 \approx 2$$

So the selection was in every second unit in the population in each hospital from the nurses' roster.



**Figure 2:** Sampling procedure of nurses on Burnout and its associated factors

## 4.7. Study variables

**4.7.1 Dependent variable:** Nurses' burnout

**4.7.2 Independent variable:** individual factors: such as age, gender, marital status, educational level, service years of experience, health status, health problems, quality of life, work satisfaction and intention to leave work within the next 12 months; work related factors: such as title of work, work area, resource availability, shift duty, work overload- and organizational factors.

## 4.8. Operational Definitions

**Burnout:** is a psychological syndrome which characterized by emotional exhaustion (EE), depersonalization (DP) or cynicism and low personal achievements (PA).

A **nurse burnout** is defined as if a nurse scores high in emotional exhaustion or depersonalization and low regarding to personal accomplishment related item questions.

### **Emotional Exhaustion:**

**Low;** if a nurse scores less than or equal to 16 points in emotional exhaustion related items,

**Moderate;** if a nurse scores 17-26 points in emotional exhaustion related items and,

**High;** if a nurse scores greater than or equal to 27 points in emotional exhaustion related item questions.

### **Depersonalization:**

**Low;** if a nurse scores less than or equal to 6 points in depersonalisation related items,

**Moderate;** if a nurse scores 7-12 points in depersonalisation related items and,

**High;** if a nurse scores greater than or equal to 13 points in depersonalisation related item questions.

### **Personal accomplishment:**

**Low;** if a nurse scores less than or equal to 31 scores in personal accomplishment related items,

**Moderate;** if a nurse scores from 32 to 38 points in personal accomplishment related items and,

**High**; if a nurse scores greater than equal to 39 points in personal accomplishment related item questions.

(Ref: Maslach, Jackson & Leiter, 1997)

#### **4.9. Data collection tools**

To assess magnitude of nurses' burnout and its associated factors, the Amharic version of Maslach's Burnout Inventory- Human Services Survey (MBI-HSS) was used, which comprises 22 items with 8 items for emotional exhaustion (EE), 5 items for depersonalization (DP), and 9 items personal accomplishment (PA).

Each item was answered on a 7-point which ranging from never (= 0) to daily (= 6).

The MBI-HSS was a self-administered questionnaire, which was reliable and valid.

To obtain socio-demographic data relevant to the study participants were also asked to provide information with regard to their age, gender, marital status, educational level, title of work, area of work, service years of experience, duty shift, work overload, health status, health problems, quality of life, job satisfaction and finally intention to leave work within the next 12 months.

#### **4.10. Data Quality Control**

In order to assure the quality of data the following measures were taken. Quality and reliability was assessed using pre-test which was conducted in Black lion hospital on 10% of the sample size. Training was given to three data collectors and one supervisor in each site. The data collectors were BSc nurse students who had taken from the nearest university in each study area. The principal investigator and supervisors were actively involved in supervision of the data collection. Data collectors were supervised at each site. The completed questionnaire was checked for missed values and completeness on daily basis. Data cleaning was done using EPI data version 3.7 by removing the instruments with missed values. Revisiting was done if respondents were not found in the first visit.

#### **4.11. Data collection procedures**

Self-administered structured closed ended questionnaire was prepared and designed by reviewing different similar literatures, on magnitude of nurses' burnout and its associated factors and modified in such a way that could meet the objectives of this study. The questionnaire was consisting of all the variables that directly meet the objective of the study. Questionnaire includes individual factors, work related factors, and organizational factors.

Non respondents were encouraged to fill the questionnaire and were revisited at least twice and the respondents were encouraged to respond to all items in the questionnaire with in the time they devoted as much as possible to minimize large non-response rate.

#### **4.12. Data processing and analysis**

Data was checked for its completeness and correctness. Data was also coded and analysed using SPSS version 22 software package. To explain the study population in relation to relevant variables, descriptive statistics such as, frequencies, and percentages were calculated. For inferential statistics logistic regressions were used to associate professional burnout with its associated factors in nurses. Result was presented in tables and charts. P-value less than 0.05 were considered to be statistically significant in all cases.

#### **4.13. Ethical consideration**

Letter of cooperation request was obtained from Institution Review Board (IRB) of Addis Ababa University College of Allied Health Sciences, Department of Nursing and Midwifery. Official letter of co-operation was written for each selected hospital from Department of Nursing and Midwifery of AAU.

Letter of cooperation was given to secure permission of access to the hospitals included in the study. After obtaining permission from the hospital directors, & unit coordinators, informal

(verbal) consents was obtained from the study participants, and participants were provided the information about the objectives and expected outcomes of the study.

The study was not incurs any cost or expenses on the study participants apart from time cost.

There was no any potential risk that caused harm for any of my study participants.

Information obtained from individual participants was kept secured and confidential. Names

and other identifying data of respondents were made anonymous or eliminated throughout the

study process to maintain confidentiality.

## CHAPTER FIVE RESULT

### 5.1 Nurses' socio-demographic characters

A total of 369 nurses participate in this study, with 100% a response rate. The analysis of socio-demographic profile of nurse population showed that, there were 184(49.9%) male and 185(50.1%) female, and half (49.7%) of them were married. 54.5% nurses were found to be between the age of 20- 29, followed by 33.3% between age of 30-39 years.

With regard to educational level majority (72.6%) were BSc and 21.4% were diploma nurses, and one third (30.6%) nurses with 3-5 service year of experience (Table1).

**Table1: Socio-demographic characteristics of nurses in public hospitals Amhara state, Ethiopia, 2017.**

Variables	Respondents	Frequency	Percentage
Sex	Male	184	49.9%
	Female	185	50.1%
Age	20-29 years	201	54.5%
	30-39 years	123	33.3%
	40-49 years	40	10.8%
	>50 years	5	1.4%
Service year of experience	< 3 years	99	26.8%
	3-5 years	113	30.6%
	6-10 years	104	28.2%
	11-15 years	37	10.0%
	>15 years	16	4.3%
Marital status	Single	168	45.5%
	Married	183	49.65%
	Divorced	12	3.3%
	Widowed	6	1.6%
Current educational Level	Diploma nurse	79	21.4%
	BSC nurse	268	72.6%
	MSC and above	22	6.0%

## **5.2 Work-related nurse characters**

The analysis work-related factors affecting burnout two-third (65.9%) nurses were working in wards, majority (81%) of them were staff nurses, and also majority nurses (75.3%) have intention to leave their current work within the next 12 months.

Regarding to resources availability in the hospital, majority (71.5%) of nurses were working in their hospital without enough resources, most (92.4%) nurses worked in their respective units where there was excessive workload, and two-third (67.2%) nurses work in alternating duty shift.

There were also considerable portion of nurses had poor health status (13.8%), and half (51.8%) of nurses had poor work satisfaction, and health problems related with their job, there were around 26.3% nurses were suffer from headache (Table 2).

**Table 2: Work-related characters of nurses in public hospitals, Amhara state, Ethiopia, 2017.**

<b>Variables</b>	<b>Respondents</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Current duty shift</b>	Day shift	102	27.6%
	Night shift	19	5.1%
	Alternate shift	248	67.2%
<b>Current work unit</b>	Wards	243	65.9%
	Emergency	70	19%
	ICU	56	15.2%
<b>Job title</b>	Staff nurses	201	81%
	Head nurses	38	10.3%
	Specialist nurses	32	8.7%
<b>Presence of work-over load</b>	Yes	341	92.4%
	No	28	7.6%
<b>Intention to leave current work</b>	Yes	278	75.3%
	No	91	24.7%
<b>Resources availability</b>	Good	13	3.5%
	Fair	92	24.9%
	Poor	264	71.5%
<b>Current health status</b>	Good	215	58.3%
	Fair	103	27.9%
	Poor	51	13.8%
<b>Work satisfaction</b>	Good	28	7.6%
	Fair	150	40.7%
	Poor	191	51.8%
<b>Health problems</b>	Headache	97	26.3%
	Backache	59	16.0%
	Depression	52	14.1%
	Insomnia	57	15.4%
	Hypertension	9	2.4%
	Others	95	25.7%

### 5.3. Prevalence of Nurses Professional Burnout

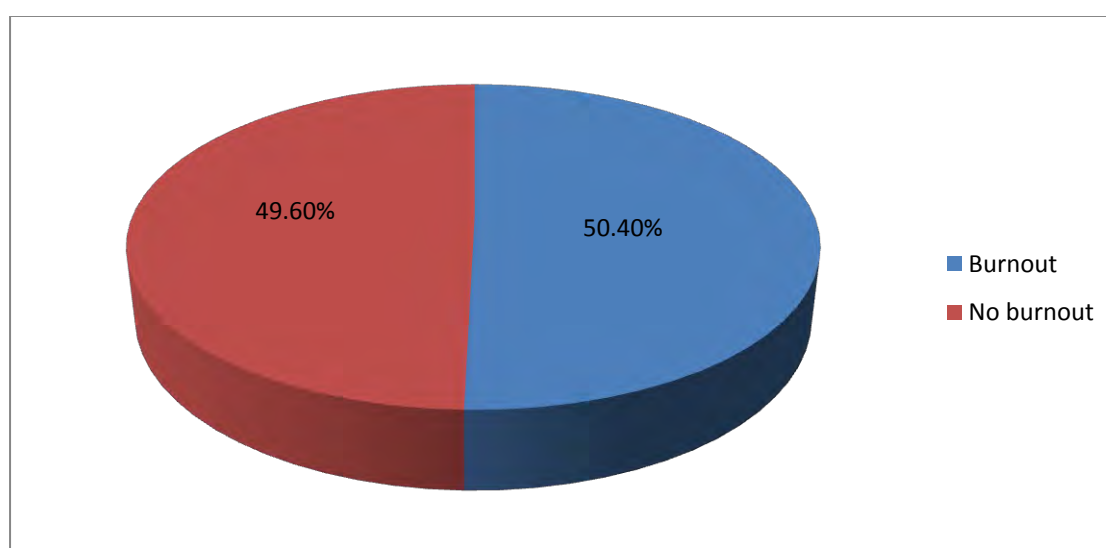
From total of 369 participants, 186 (50.4%) suffered from professional burnout. Among those respondents 241 nurses (65.3%), 161 (43.6%), and 164 nurses (44.4%) scored had high level of Emotional Exhaustion (EE) and Depersonalization (DP) low personal achievement (PA) sub-scales respectively, which shows that a significant proportion of nurses were suffer from professional burnout.

A nurse burnout is, if a nurse has high scores in emotional exhaustion or depersonalization low in personal accomplishment sub-scales.

**Table 3: Description of sub-scales of MBI-HSS in nurses’ burnout, Amhara, Ethiopia, 2017.**

Sub-scales	High	Moderate	Low
Emotional Exhaustion	241(65.3%)	107 (29%)	21(5.7%)
Depersonalisation	161(43.6%)	80 (21.7%)	128 (34.7)
Personal Achievement	82 (22.2%)	123 (33.4%)	164 (44.4%)

MBI-HSS: Maslach Burnout Inventory Human Service Survey



**Figure 3: Prevalence of nurses’ burnout in public hospitals of Amhara region, Ethiopia, 2017.**

#### 5.4. Associations of Nurses Burnout

Bivariate logistic regression was made among different variables. Nurses sex, age, marital status, service unit, service year, educational status, presence of work overload, current health status, intention to leave within 12 months, health problem and work satisfaction had association with nurse professional burn out in bivariate logistic regression analysis.

All variables that have association with the outcome variables in bivariate logistic regression analyses were included in the multiple logistic regression models. After controlling for the effects of potentially confounding variables using multiple logistic regression; nurses' educational status, service year of experience, work overload, health status and intention to leave their work were significantly associated with nurse professional burnout.

Diploma nurses were 3.7 times [AOR=3.66; 95% CI: (1.11, 12.01)] more likely for professional burnout than those MSC and above. Similarly nurses with work experience of 3-5 years were nearly 2 times [AOR=1.94; 95% CI: (1.11, 3.38)] more likely for professional burnout than nurses with work experience of less than 3 years.

Nurses working with no work load were 57% [AOR=0.43; 95% CI: (0.19, 0.99)] less likely for burnout than those who were working in excessive work load. Additionally nurses with fair health status were nearly 2.3 times [AOR= 2.27; 95% CI: (1.18, 4.37)] more likely prone to burnout than those with good health status; and nurses suffer from depression were 2.3 times [AOR=2.32; 96% CI: (1.14, 4.73)] more likely risk for burnout compared to those nurses with other health problems. Finally nurses who had intention to leave their current work were 59% [AOR= 0.41; 95% CI: (0.25, 0.67)] less likely for professional burnout compared to those who had no intention to leave their work (Table 4).

**Table 4: Factors affecting burnout among nurses in public hospitals, Amhara Regional state, Ethiopia, 2017.**

Variables	Nurses' burnout		Bivariate logistic regression		Multivariate logistic regression	
	Yes	No	COR(95%CI)	P-value	AOR (95%CI)	P-value
Sex						
Male	100(53.8%)	84(46%)	1.000			
Female	86(46.2%)	99(54%)	1.37[0.91-2.06]	0.131	0.89[0.56-1.45]	0.657
Total	186(100%)	183(%)				
Age						
20-29	98(52.7%)	103(56.3%)	1.000			
30-39	60(32.3%)	63(34.4%)	0.99[0.638-1.565]	0.997	1.56[0.25-9.58]	0.63
40-49	25(13.4%)	15(8.2%)	0.57[0.284-1.147]	0.115	3.65[0.409-32.67]	0.25
>50	3(1.6%)	2(1.1%)	0.634[0.104-3.878]	0.622	0.89[0.13-5.95]	0.9
Total	186(100%)	183(100%)				
Marital status						
Single	90(48.4%)	78(42.6%)	1.000			
Married	84(45.2%)	99(54.1%)	1.36[0.893-2.07]	0.151	0.367[0.05-2.77]	0.33
Divorced	9(4.8%)	3(1.6%)	0.385[0.101-1.471]	0.163	0.49[0.07-3.43]	0.47
Widowed	3(1.6%)	3(1.6%)	1.154[0.226-5.88]	0.863	0.24[0.05-1.01]	0.51
Total	186(100%)	183(100%)				
Service unit						
Medical Ward	57(30.6)	34(18.6)	1.000			
Surgical ward	38(20.4%)	34(18.6%)	1.5[0.8-2.811]	0.206	0.23[0.03-1.94]	0.18
Pediatrics ward	31(16.7%)	39(21.3%)	2.109[1.118-3.979]	0.021	0.43[0.09-2.02]	0.28
Emergency	34(18.3%)	36(19.7%)	1.775[0.943-3.341]	0.075	0.74[0.156-3.47]	0.69
ICU	23(12.4%)	33(18%)	2.405[1.217-4.753]	0.012	0.56[0.118-2.66]	0.46
Gynecology	3(1.6%)	7(3.8%)	3.912[0.948-16.145]	0.059	0.66[0.13-3.25]	0.62
Total	186(100%)	183(100%)				
Year of experience						
< 3 years	58(31.2%)	41(22.4%)	1.000			
3-5 years	47(25.3%)	66(36.1%)	1.98[1.15-3.44]	0.014	1.94[1.11-3.38]	<b>0.02*</b>
6-10 years	55(29.6%)	49(26.8%)	1.26[0.723-2.196]	0.414	0.69[0.16-3.14]	0.64
11-15 years	17(9.2%)	20(10.9%)	1.67[0.778-3.56]	0.189	0.59[0.14-2.45]	0.47
>15 years	9(4.8%)	7(3.8%)	1.1[0.379-3.194]	0.86	1.53[0.47-5.01]	0.48
Total	186(100%)	183(100%)				
Duty shift						
Day shift	53(28.5%)	49(26.8%)	0.91[0.57-1.4]	0.69	0.98[0.55-1.77]	0.97
Night shift	10(5.4%)	9(4.9%)	0.89[0.35-2.25]	0.8	1.07[0.42-2.8]	0.89
Alternating shift	123(66.1%)	125(68.3%)	1.000			
Total	186(100%)	183(100%)				
Job title						
Staff nurse	148(79.6%)	151(82.5%)	1.000			
Head nurse	17(9.2%)	15(8.2%)	0.87[0.42-1.79]	0.69	0.79[0.36-1.73]	0.56
Specialist nurse	21(11.3%)	17(9.3%)	0.79[0.4-1.56]	0.5	0.92[0.36-2.4]	0.87
Total	186(100%)	183(100%)				
Presence of work load						
Yes	177	164	1.000			
No	9	19	0.44[0.19-0.99]	0.049	0.43[0.19-0.99]	<b>0.047*</b>
Total	186(100%)	183(100%)				

<b>CONTINUED..</b>						
Resource availability						
Good	5(2.7%)	8(4.3%)	1.8[0.56-5.5]	0.34	0.65[0.2-2.5]	0.46
Fair	43(23.1%)	49(26.8%)	1.25[0.78-2.01]	0.36	0.84[0.52-1.36]	0.48
Poor	138(74.2%)	126(68.9%)	1.000			
Total	186(100%)	183(100%)				
Educational status						
Diploma	35(18.8%)	44(24%)	3.35[1.18-9.47]	0.022	3.66[1.11-12.01]	<b>0.03*</b>
BSC	135(72.6%)	133(72.7%)	1.000			
MSC	16(8.6%)	6(3.3%)	1.4[0.56-1.74]	0.65	1.53[0.47-5.01]	0.48
Total	186(100%)	183(100%)				
Current work satisfaction						
Good	8(4.3%)	20(10.9%)	3.6[1.52-8.64]	0.004	1.78[0.65-4.84]	0.26
Fair	65(34.9%)	85(46.4%)	1.89[1.23-2.9]	0.004	1.12[0.71-1.96]	0.53
Poor	113(60.8%)	78(42.6%)	1.000			
Total	186(100%)	183(100%)				
Intention to leave current work						
Yes	156(83.9%)	122(66.7%)	1.000			
No	30(16.1%)	61(33.3%)	2.6[1.58-4.27]	< 0.001	0.41[0.25-0.67]	< <b>0.001*</b>
Total	186(100%)	183(100%)				
Current health status						
Good	96(51.6%)	119(65%)	1.000			
Fair	56(30.1%)	47(25.7%)	0.68[0.42-1.09]	0.12	2.27[1.18-4.37]	<b>0.024*</b>
Poor	34(18.3%)	17(9.3%)	0.4[0.21-0.77]	0.006	1.59[0.78-3.25]	0.2
Total	186(100%)	183(100%)				
Health problems						
Headache	41(22%)	54(29.5%)	1.18[0.67-2.09]	0.55	0.84[0.47-1.48]	0.54
Backache	32(17.2%)	27(14.8%)	0.76[0.4-1.45]	0.41	1.4[0.73-2.72]	0.31
Depression	35(18.8%)	17(9.3%)	0.44[0.22-0.89]	0.021	2.32[1.14-4.73]	<b>0.02*</b>
Insomnia	26(14%)	31(16.9%)	1.2[0.56-2.1]	0.83	1.1[0.52-1.96]	0.98
Hypertension	6(3.3%)	3(1.6%)	0.45[0.11-1.91]	0.28	2.7[0.63-11.75]	0.18
Others	46(24.7%)	51(27.9%)	1.000			
Total	186(100%)	183(100%)				

## **CHAPTER SIX- DISCUSSION**

### **6.1 Magnitude of nurses' burnout**

The magnitude showed that 50.4% of nurses working in public hospitals of Amhara Regional state had suffered from professional burnout. The result is relatively consistent with studies done in Addis Ababa, Ethiopia. First on the level of nurses' burnout in Emergency and ICU nurses, which found that 54.7 % and second on the prevalence of nurses' burnout which reported that 56.6% of nurses were suffered from professional burnout in 2013, and 2014 respectively [22,23]. The consistency may possibly due to similar in work environment policy like patient demand, payment system, and work load.

Similarly studies done in Italian and Dutch nurses which indicted that nurses are among the human service professionals that are highly susceptible and affected by burnout with prevalence estimated between 2% and 10% [18], because of the nature of their work [3,16]. This finding indicates that the magnitude of burnout among Ethiopian nurses is more than four folds of the estimated highest prevalence of burnout level by Italian and Dutch nurses; this may probably due to difference in work load, patient demand, and development level among these countries.

Additionally a multi-country, cross-sectional study conducted in 10 European countries involving 23,159 nurses working in surgical and medical wards reported high levels of burnout among nurses in different countries: 42% England, 22% Finland, Belgium 25%, Germany 30%, Poland 40%, Ire-land 41%, Norway 24%, Spain 29%, Netherlands 10%, and Switzerland 15% [20]. The finding from this study shows that the magnitude of nurses' burnout in Amhara regional state is higher than those listed Europe countries; the difference may be possibly due to sample size difference, payment system and time of study among these countries.

In this study educational status of respondents have positive association with burnout, Diploma nurses are have higher magnitude of burnout ( $p=0.03$ ) than those Master Nurses. The finding of this study is consistent with a study done in Addis Ababa, Ethiopia; which found that educational status of respondents has positive association with burnout [23]. Findings in other studies have also indicated that higher burnout levels among participants with comparatively lower educational status [28]. This is as a result of the need to deal with a double burden of demands, excessive activities, and strict shift schedules for lower levels. Conversely, having high education level has been observed to provoke more distant attitudes among workers, which can possibly be explained by the higher expectations commonly observed in more qualified professionals.

When analysing the tendency to leave the profession, it was possible to observe that a stronger desire to leave the current profession was associated with increased burnout ( $p<0.001$ ). Other previous study done in Addis Ababa found that slightly more than 40% of the participants reported intention to leave their current work unit within the next 12 months and burnout level was higher among those nurses [23]. Similarly other studies had found similar findings and suggested that the relationship between intention to leave the profession and exhaustion lies in the excessive demands imposed by the position, whereas its relationship with depersonalization could be explained by the lack of psychological resources to deal with stressors, weakening the commitment of professionals toward their institution and profession [33]. In this sense, it is possible to hypothesize that professionals not working within their preferred range of activities end up showing feelings of frustration and professional non-achievement finally ends up with changing the profession.

A positive association was observed between excessive workload and burnout ( $p=0.047$ ). Other similar studies have also indicated that there is consistent relationship between burnout, particularly on the emotional exhaustion dimension and work over load [1]. A major source of burnout is an overloaded work schedule that is, having too little time and too few resources to accomplish the job. Performance suffers when work is so fast paced that workers lose a sense of community [15]. This is due to; as there is excessive work load there will be no regular sleeping and eating patterns. Moreover, feelings of inadequacy may also present; as there will be more continuous tasks and demands can make nurses more vulnerable to burnout.

On working experiences participants with 3-5 years were more prone burnout than those with less than three years of work experience ( $p=0.02$ ). Similar study done in Addis Ababa, Ethiopia, found that nurses' service year of experience had positive association with professional burnout [22]. Additionally other study also indicated that nurses who were exposed more frequently to violence (insults, threats and physical violence) to report higher levels of emotional exhaustion and depersonalization [36]. Since these groups were frequently and continuously exposed with a broad range of diseases, injuries and traumatic events and threats, and overcrowded situations for long period of time this in turns easily prone for burnout.

In this study I have found that having good health status is a preventive factor for burnout ( $p=0.024$ ). Other studies also indicated that existence of statistically significant association between perceptions of health status, quality of life, job satisfaction and burnout (Sabah et al, 2012). These findings shade light on the fact that presence of burnout should be considered as an alarm to threaten professional health, which in turn to have unwanted consequences on

care receiving customers [3]. This result indicates that status of health at work area is related with the conditions present for performing professional activities.

Finally nurses suffered from depression were more prone for professional burnout; when compared to nurses suffer with other health problems ( $p=0.02$ ). Other study also indicated that a relationship was found between burnout and the occurrence mental disorders like depression, and anxiety disorders in health care workers [9]. This is possibly due to with work environment characteristics like; managerial pressure, high level of concentration required, excess of tasks, and few opportunities to make decisions and to use one's own abilities.

## **CHAPTER SEVEN- LIMITATION OF THE STUDY**

- ✓ There was relatively smaller sample size, even though it was adequate for this analysis, it was not sufficient to carry out more detailed analysis of differences in workplaces and burnout across different hospitals‘ and departments units.
- ✓ The other limitation was that this study was limited to hospitals in Amhara regional state only due to constraints of time and fund. It would have been possible to assess differences between regional and federal nurses‘ experiences as well as among different regional state nurses.
- ✓ Finally the study was cross-sectional study and can only reflect experience of nurses at the time of assessment only, and therefore, a causal relationship cannot be established between burnout and its predictors.

## **CHAPTER EIGHT- CONCLUSION AND RECOMMENDATION**

### **8.1. Conclusion**

This study presents a significant proportion of nurses were suffer from professional burnout due to their jobs. From the total of participants nurses half of them were suffer from professional burnout.

Statistically significant associations were identified between burnout and its associate factors: like educational level, service year of experience, work load, their intention to leave their work, current health status and health problems had statistical significant association with nurses' professional burnout.

## **8.2. Recommendations**

Based on the results of this study half of the respondents were suffer from professional burnout, so that the following recommendations are forwarded by the author:

- Hospital management should provide trainings which focus on stress inoculation, relaxation, time management and assertiveness programs.
- Nurses should also work on creation of a good team spirit and sufficient peer support in their institution.
- Hospital administration system should enhance the capacity of workers by creating rewards to cope with demands of their job.
- The hospital management should provide counselling and anticipatory coping skills for those exposed nurses.
- Ministry of health should create educational opportunities for nurses to upgrade themselves.
- Finally, further and rigorous studies are recommended to identify factors that are responsible for and associated with burnout.

## References

1. Maslach, C. Burnout: The cost of caring. Englewood Cliffs: *Journal of organizational Behaviour* (1982), 22, 342-46.
2. Sonnentag, S., Kuttler, I., Fritz, C., on stressors, emotional exhaustion, and need for recovery: a multi-source study on the benefits of psychological detachment. *J. Vocation. Behav.* (2010) 76, 355–365.
3. Sabbah, I, Sabbah., H, Sabbah, S., Akoum, H., & Droubi, N. Burnout among nurses: Psychometric properties of the Maslach burnout inventory-human services survey (MBI-HSS);*Nursing Health Education* (2012) 4(9): 644-652.  
[/health.2012.49101](#)
4. Donley R. Challenges for Nursing in the 21st Century, *Journal of advanced Nursing*, (2013) , 62(1), 107-115
5. Vahey DC, Aiken LH, Sloane DM, Clarke SP and Vargas D. Nurse Burnout and Patient Satisfaction. *National Institutes of health*; (2014): 42(2), 1157– 66.
6. Poghosyan L, Clarke SP, Finlayson M and Aiken LH. Nurse Burnout and Quality of Care: Cross-National Investigation in Six Countries. *National Institutes of health*; (2010): 33(4), 288–298.
7. Royal college of nursing. "Nursing shortage is very real". *Journal of Advanced Nursing*; (2015): 65(10), 2088–2096
8. Naude, J.L.P. & Rothmann, S. The validation of the Maslach burnout inventory human services survey for emergency medical technicians in Gauteng. *SA Journal of Industrial Psychology*, (2013); 30(3), 21-28
9. Sorour, A., El-Maksoud, M., Relationship between musculoskeletal disorders, job demands, and burnout among emergency nurses. *Adv. Emerg. Nurs. J.* (2012) 34, 272–282.

10. Maslach, C., S.E. Jackson and M.P. Leiter. Maslach Burnout Inventory Manual (3rd ed.). Palo Alto, CA: *Consulting Psychologists Press*; (1996), 20, 333-340.
11. Freudenberger, H. J. Staffs Burn-out. *Journal of Social Issues*, 1974, 30: 159-165
12. Maslach, C., Schaufeli, W.B., & Leiter, M.B. Job burnout. *Annual reviews of psychology*, (2001), 52, 397-422
13. Kanste, O., Miettunen, J., & Kyngas, H. Factor structure of Maslach burnout inventory among Finnish nursing staff. *Nursing and health sciences*, (2006); 8, 201-207
14. Akkus, Y., Karacan, Y., Goker, H., & Aksu, S. Determination of burnout levels of nurses working in stem cell transplantation units in Turkey. *Nursing and Health Sciences*, (2010), 12, 444-449
15. Beckstead, J.W. Confirmatory factor analysis of the Maslach burnout inventory among Florida nurses. *International Journal of Nursing studies*, (2002); 39, 785-792.
16. Sotoude and Zhang..., Professional burnout more among the staff. (2010) , 78,987-92.
17. Jordan, K., Fenwick, J., Slavin, V., Sidebothan, M., & Gamble, J. Level of burnout in a small population of Australian midwives. *Women and Birth*, (2013), 45, 556-566.
18. Pisanti, R., Van der Doef, M., Maes, S., Lazzari, D., Bertini, M., Job characteristics, organizational conditions, and well-being among Italian and Dutch nurses: a cross-national comparison. *Int. J. Nurse. Stud.* (2011), 48, 829–837.
19. Lebanese nurses: Psychometric properties of the Maslach burnout inventory human services survey (MBI-HSS). *Journal of Health* (2012):4(9):644-52.

20. Heinen MM, van Achterberg T, Schwendimann R, Zander B, Matthews A, Kózka M, Ensio A, Sjetne IS, Moreno Casbas T and Ball J, Schoonhoven L. Nurses' intention to leave their profession: A cross sectional observational study in 10 European countries. *International Journal Nursing Studies*. (2013): 50 (2), 174-184.
21. National Nurses United. Beating the burnout: Michigan; *Journal of nursing*, (2015): 53 (5) 345-50.
22. Hirut Adeba Lemma. Prevalence of Nurses Burnout and Its Determinant Factors in Public Hospitals, Addis Ababa, Ethiopia: A Cross-sectional Descriptive Study; 2014.
23. Yavello Nataye Yatasa, BScN —Levels of Burnout among EU & ICU Nurses- Addis Ababa, Ethiopia: A Cross-sectional Descriptive Study; 2013.
24. Cecilia E. Management of burnout and stress in the workplace. *Asian-Pacific Newsletter on Occupation Health and Safety*. 2003; (10)2:233–35
25. Lee H, Song R, Cho YS, Lee GZ, Daly B. A comprehensive model for predicting burnout, *Nursing and health sciences*(2013), 211-219.
26. Ebling, M., & Carlotto, M.S., Burnout syndrome and associated factors among health professionals of a public hospital. *Trends in Psychiatry and Psychotherapy*,( 2012) 34, 23-30.
27. Geurts, S., & Demerouti, E. Work/non-work interface: A review of theories and findings. In M.J. Schabracq, J.A.M. Winnubst & C.L. Cooper (Eds.); *The handbook of work and health psychology*, (2003); (pp. 279-312).
28. Mohammadpoorasl, A., Maleki, A., & Sahebihagh, MH. (2012). Prevalence of professional burnout and it is related factors among nurses in Tabriz in 2010, *Iranian Journal of Nursing and Midwifery Research*. 17(7): 524-529.

29. Hudek-Knežević, J., Kalebić, M.B., & Krapić, N. Personality, organizational stress, and attitudes toward work as prospective predictors of professional burnout in hospital nurses. *Croatian Medical Journal*, (2011) 52, 538-549.
30. J.Adriaenssens, P.M., J. de Jonge and A.B. Bakker. –Specific Determinants of Intrinsic Work Motivation, Burnout and Turnover Intentions: A Study among Nurses.” *International Journal of Nursing Studies* (2015), 52,649–661.
31. Karasek R, Theorell T. Healthy Work Stress Productivity and the Reconstruction of Working Life. New York: Basic Books Inc. *Publishers*; (2013).12, 212-217
32. Jourdain G, Chênevert D. Job demands - resources, burnout and intention to leave the nursing profession: a questionnaire survey. *Int J Nurs Stud*. (2010); 47:709-22.
33. Collins, S., Long, A., Working with the psychological effects of trauma: consequences for mental Health - care workers—a literature review. J. *Psychiatric. Mental Health Nurse*. (2010).10, 417–424.
34. Garcia-Izquierdo, M., Rios-Risquez, M., The relationship between psychosocial job stress and burnout in emergency department: an exploratory study. *Nurs. Outlook* (2012) 60, 322–329.
35. Bernaldo-De-Quiros, M., Piccini, A.T., Gomez, M.M., Cerdeira, J.C., Psychological consequence of aggression in pre-hospital emergency care: cross sectional survey. *Int. J. Nurs. Stud*. (2014) 76, 634-651.
36. Gillespie, M., Melby, V,. Burnout among nursing staff in accident and emergency and acute medicine: a comparative study, *Nurse and health* (2013), 12, 842–851.
37. Golembiewski, R.T. & Munzenrider, R. Phases of burnout: Developments in concepts and applications. New York: *Praege*, (2014), 10, 110-115.
38. Carlotto MS, Camara SG. Burnout syndrome and determinant factors among brazil nurses. *Psycho-social nursing*: (2008); 39:152-158.

39. Delpasnd. R, Sotoude. H. & Zhang. M , Professional burnout more among the staff Nurses. *Journal of Behavioral Medicine*, (2010) 4, 139-15
40. Ribeiro et al.: Prevalence of burnout syndrome in clinical nurses at a hospital of excellence. *International Archives of Medicine* (2014) 7, 223-224.

## **ANNEXES**

### **Annex 1. Informed Consent**

Project title; Magnitude of nurses' burnout and its associated factors

Principal investigator: Destaye Gashaw (BSc nurse)

#### **Project Objective**

The overall objective of the study is to estimate the magnitude of nurse's burnout and to identify its associated factors in five randomly selected public hospitals of Amhara regional state, Ethiopia

#### **What I will do**

In order to meet the objective, I will administer the Amharic version of Maslach's Burnout Inventory- Human Services Survey (MBI-HSS), which comprises 22 items question will be used.

#### **Duration**

It is estimated that the needed time to complete the survey and questionnaire will take between 15 and 30 minutes per person.

#### **Risks/Confidentiality**

There is no risk for anyone who agrees to participate in the study. Your name, title, and of work will not be recorded anywhere. The information you gave will be used for research purpose only. You are free to choose not to answer any question.

#### **Compensations/Benefits**

You will not receive any compensation for participating in the study. However you may get some level of satisfaction knowing that the response you provide will assist to identify the magnitude of nurses' burnout and its associated factors.

## **Voluntary Participation**

Participation is entirely voluntary. You are free to participate or not. If you agree to participate, you may change your mind at any time and ask to withdraw, or not to answer certain questions.

All your response should be confidential and anonymous. Please give your views freely and honestly. There is no right or wrong answers; all information provided is highly appreciated.

### **Who should you call for more information or if you have questions or concerns?**

**Please speak to the principal investigator: Destaye Gashaw (BSc nurse)**

Tell phone: +251 920-83 69 65/ 09-19 48 71 00

E-mail: gashawdestaye@gmail.com

Thank you for your time and consideration. Would you like to participate in this study?

Please circle one.

Yes No

### **Declaration of consent (signature or thumb print is mandatory)**

I acknowledge that I have given my consent to participate in the study. I understand that my participation is voluntary and that I can decline to answer any question or withdraw from the study at any time.

I understand that my response to questions will be collected and that any information obtained will be kept confidential.

I was informed that my name or any other identifiable information will neither be recorded on the survey questionnaires nor will it appear in any report or publication.

**Signature or thumbprint of respondents:**

\_\_\_\_\_ **Date** \_\_\_\_\_

## **Annex 2. English Version Questionnaire**

Research Questionnaires to be filled by Nurses of five purposively selected public hospitals of Amhara regional state, Ethiopia.

### **Dear respondents:-**

This questionnaire will be designed for preparing a thesis on the title **of magnitude of burnout and its associated factors in five purposively selected public hospitals of Amhara regional state, Ethiopia.**

The outcome of the study will be used in order to suggest possible solutions for problems identified while conducting the study. I kindly request you to spent your precious time to fill the questionnaire as frank as and reasonable as possible. I inform you that, the information you provide will be consumed for research purpose only. The information you provide will also be kept confidential. Therefore, you all not expected to write your name.

**Thank you for your cooperation!**

### **Part I: Nurses' characteristics (personal information).**

**Instruction:** Please circle the number in front of the option you choose.

1/ Sex: 1. Male 2. Female

2/ Age: 1. 20-29 years 2. 30-39 years 3. 40-49 years 4.  $\geq$  50 years

3/ Current marital status: 1. Single 2. Married 3. Divorced 4. Widowed

5/ Service area: 1. Medical ward 2. surgical ward 3. pediatrics wards 4. Emergency care unit

5. Intensive care unit 6. Gynecology ward

6/ Service years in this working area: 1. less than 3 years 2. 3-5 years 3. 6-10 years

4. 11-15 years 5. Greater than 15 years

7/ Current educational level: 1. Diploma nurse 2. BSc nurse 3. MSC nurse

8/ Job title: 1. Clinical nurse (Diploma) 2. Professional nurse (BSc) 3. Head/supervisor nurse

9/ Current duty shift: 1. Day shift 2. Night shift 3. Alternate shift

10/ Presence of work overload: 1. Yes 2. No

11/ Do you think that the resources (equipment) in your hospital are enough as compared to its level? 1. Yes 2. No

12/ How do you perceive your current health status? 1. Poor 2. Fair 3. Good

13/ How do you perceive your current quality of life? 1. Poor 2. Fair 3. Good

14/ How do you perceive satisfaction with your work? 1. Poor 2. Fair 3. Good

15/ Do you have planned to leave your current work within the next 12 months?

1. Yes 2. No

16/ Which of the following health problems have you experienced in relation to your work?

(Circle all that apply) 1. Headache 2. Backache 3. Depression 4. Insomnia 5. Hypertension 6.

Other \_\_\_\_\_ (mention here if not in the least)

17/ Which one of the following medication or activities do you use related to your work?

(Circle all that apply)

1. Anxiolytics/sleeping pills 2. Analgesic 3. Smoking 4. Physical activity

5. Other \_\_\_\_\_ (mention here if not in the least)

## **2. MBI- Human Services Survey**

**Instructions:** On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number —0 (zero) in the space 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. An example is shown below.

## Example

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

How often

0-6 Statements

---

1. ----- I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

### Part III

#### MBI- Human Services Survey

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

How often

0-6                      Statements:

---

#### Emotional Exhaustion related items

1. \_\_\_\_\_ I feel emotionally drained from my work.
2. \_\_\_\_\_ I seem physically exhausted and wiped out. .
3. \_\_\_\_\_ I feel fatigued when I get up in the morning and have to face another day
4. \_\_\_\_\_ I feel of incompetence when dealing with work task.
5. \_\_\_\_\_ I feel overwhelmed with my work demands,
6. \_\_\_\_\_ I worry that this job is hardening me emotionally.
7. \_\_\_\_\_ I feel like I'm at the end of my rope.
8. \_\_\_\_\_ I feel recipients blame me for some of their problem.

#### Depersonalisation related items

1. \_\_\_\_\_ I feel I treat some recipients as if they were impersonal objects.
2. \_\_\_\_\_ I lack access to a social- professional support group.
3. \_\_\_\_\_ Working with people all day is really a strain for me.
4. \_\_\_\_\_ working with people directly puts too much stress on me.
5. \_\_\_\_\_ I don't really care what happens to some recipients.

#### Personalisation accomplishment related items

1. \_\_\_\_\_ I feel frustrated because of the work.

2. \_\_\_\_\_ I feel very energetic.
3. \_\_\_\_\_ I deal very effectively with the problems of my recipients.
4. \_\_\_\_\_ I can easily create a relaxed atmosphere with my recipients.
5. \_\_\_\_\_ I feel exhilarated after working closely with my recipients.
6. \_\_\_\_\_ I have accomplished many worthwhile things in this job.
7. \_\_\_\_\_ I feel I'm positively influencing other people's lives through my work.
8. \_\_\_\_\_ In my work, I deal with emotional problems very calmly.
9. \_\_\_\_\_ I feel I'm working too hard on my job.

### Annex 3: Amharic version questionnaire

#### 1. የመረጃ ገጽ

በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ት/ቤት ነርስንግ እና ሚድዋይሬሪ ት/ት ክፍል

በአማራ ክልል በሚገኙ የመንግስት ሆስፒታሎች በተለያዩ የህመማን ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች ለማጥናት የተዘጋጀ የጥናት መጠይቅ፡፡

ዛሬ እዚህ ሆስፒታላችሁ የተገኘሁት በነርሶች መሰላቸት እና ተያያዥ ጉዳዮች ዙሪያ ለሚደረገው ጥናት መረጃ ለመሰብሰብ ነው፡፡ ጥናቱን እያካሄደች ያለችው በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ት/ቤት ነርሲንግ እና ሚድዋይሬሪ ት/ት ክፍል ተማሪ የሆነችው ሲ/ር ደስታየ ጋሻውናት፡፡

የጥናቱም ዋና ዓላማ በአማራ ክልል በሚገኙ የመንግስት ሆስፒታሎች በተለያዩ የህመማን ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች መለየት እና መተንተን ነው፡፡

የጥናቱ ተሳታፊ እንድትሆን/ኚ እና ለሚጠየቁ ጥያቄዎች በታማኝነት ተገቢ ምላሾችን እንድትሰጥ/ጩ ትጠየቃለሁ/ሽ፡፡

ይህ መጠይቅ በዋናነት የሚያተኩረው ከሥራህ/ሽ ጋር በተያያዘና በሥራ ቦታህ/ሽ ከሚታገኛ/ኚቸው ሰዎች ጋር

በሚኖርህ/ሽ ግንኙነት የሚሰማህ/ሽን ስሜት መዳሰስ ነው፡፡ ያንተ/ቺ ትብብር እና ፈቃድኝነት በሥራ ቦታ መሰላቸትን

የሚያመጡ ሁኔታዎችን በመለየቱ ሂደት ውስጥ ከፍተኛ እገዛ ያደርጋል፡፡ ስምህ/ሽ በዚህ ፎርም ላይ አይጻፍም

እንደዚሁም ደግሞ ከሰጠህ/ሽ መረጃ ጋር በተያያዘ አይነሳም፡፡ ይህንመጠይቅ ሞልቶ ለመጨረስ ከ15-20 ደቂቃ

ልፈጅብህ/ሽ ይችላል፡፡ መጠይቁን ለመሙላት ከሚፈጅብህ/ሽ ጊዜ ውጭ በጥናቱ ውስጥ ተሳታፊ መሆን

የሚያስከትልብህ/ሽ ምንም ጉዳት የለም፡፡ የሚትሰጠ/ጭን መረጃ ሙሉ በሙሉ ምስጢራዊነቱ በጥብቅ የተጠበቀ

ይሆናል፡፡ ያንተ/ቺ ተሳትፎ ሙሉ በሙሉ በበጎ ፈቃድህ/ሽ ላይ የተመሠረተ ሲሆን ማንኛውም መመለስ

የማትፈልገ/ጊደን ጥያቄ ለመመለስ አትገደድ/ጅም፡፡ ያልተመቸህ/ሽ ጥያቄ ካለመተወ ወይም መዘለል ትችላለህ/ያለሽ፡፡

ስለጥናቱ ጥያቄ ካለህ/ሽ ወይም ጥናቱ ከተጠናቀቀ በኋላ ውጤቱን ማወቅ ከፈለግህ/ሽ ጥናቱን በዋናነት እያካሄደች

ያለውችን ሲ/ር ደስታየ ጋሻውን በሚከተለው አድራሻ መጠየቅ ትችላለህ/ያለሽ፡፡

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#### 1. የፈቃድኝነት መጠየቂያ ፎርም

ይህንን ፎርም በመፈረም" በተለየ የህሙማን ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና

ተያያዥ ሁኔታዎች" በሚል ርዕስ እየተካሄደ ባለዉ ጥናት ዉስጥ ተሳታፊ ለመሆን ፈቃደኝነትን አረጋግጣለሁ።

የዚህ ጥናት ዓላማ በተለየ ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች መለየት እና መተንተን መሆኑ ተገልጿል። በዚህ ጥናት ዉስጥ መሳተፍም ሙሉ በሙሉ በራስ ፈቃደኝነት ላይ የተመሠረተ መሆኑንም ተረድቻለሁ። የሚሰጠዉም መረጃ ከጥናቱ ዓላማ ዉጪ ለማንም ተላልፎ እንደማይሰጥና ስሜም በማንኛዉም መንገድ እንደማይገለጽ ተነግሮኛል። በተጨማሪም በዚህ ጥናት ዉስጥ መሳተፍም ሆነ አለመሳተፍ እንዲሁም ካልፈለኩኝ ለጥያቄዎቹ ምላሽ አለመስጠት በምንም መልኩ በእኔ ላይ ምንም ተጽዕኖ እንደሌለዉ ተነግሮኛል። በዚህ ጥናት ዉስጥ ተሳታፊ መሆን በምንም መልኩ ጉዳት እንደማያስከትልብኝ ተረድቻለሁ። ጥናቱንም በዋናነት እያካሄደች ያለችዉ ደስታዩ ጋሻዉ መሆናን እና በማንኛዉም ጊዜ ጥያቄ ሲኖረኝ ወይም ማብራሪያ ስፈልግ በሚከተለዉ አድራሻ ላገኛት እንደምቸል ጭምር ተገልጿልኝ ተረድቻለሁ።

ሲ/ር ደስታዩ ጋሻዉ

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የተሳታፊዉ ፊርማ ቀን: \_\_\_\_\_

## 2. መጠይቅ

በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ት/ቢት ነርሲንግ ና ሚድዋይሬሪ ት/ት ክፍል

በአማራ ክልል በሚገኙ የተመረጡ የመንግስት ሆስፒታሎች በተለያዩ ህሙማን ክፍሎች የሚሠሩ ነርሶችን የመሰላቸት መጠን እና ተያያዥ ሁኔታዎች ለማጥናት የተዘጋጀ መጠይቅ።

ክፍል1: የነርሶች የግል እና የሥራ ሁኔታ የሚዳስስ መጠይቅ።

መመሪያ: ትክክለኛ ምርጫ ፊት ለፊት ያለዉን ቁጥር ያክብቡ።

1/ ጾታ: 1. ወንድ 2. ሴት

2/ ዕድሜ: 1. 20-29 ዓመት 2. 30-39 ዓመት 3. 40-49 ዓመት 4. ≥ 50 ዓመት

3/ የጋብቻ ሁኔታ: 1. ያላገባ/ች 2. ያገባ/ች 3. የተፋታ/ች 4. ባል/ሚስት በሞት የተለየ/ች

4/ የሥራ ክፍል(ዩኒት): 1. ድንገተኛ ህክምና ክፍል 2. ጽኑ ህመማን ህክምና ክፍል 3. ተኝቶ ህክምና ክፍል 4. ህጻናት ክፍል 5. ቀዶ ህክምና ክፍል 6. ቅድመ ወሊድ ክትትል ህክምና ክፍል

5/ የአገልግሎት ቆይታ (ዘመን):

1. ከ 3 ዓመት በታች 2. 3-5 ዓመት 3. 6-10 ዓመት 4. 11-15 ዓመት 5. ከ15 ዓመት በላይ

6/ የአሁን የትምህርት ደረጃ: 1. ዲፕሎማ ነርስ 2. ድግሪ ነርስ 3. ማስተርስ

7/ የሥራ ማዕረግ (ታይትል): 1. ስታፍ ነርስ 2. ስፔሻልስት ነርስ 3. ሄድ/ሱፐርቫይዜር ነርስ

8/ የሚሠሩበት ሺፍት: 1. የቀን ሺፍት 2. የሌሊት ሺፍት 3. ተለዋዋጭ ሺፍት

9/ የሥራ ጫና ሙብዛት: 1. አዎን አለ 2. አይ የለም

10 /አሁን በምትሰሩበት/በምትሰራበት ሆስፒታል ውስጥ ያሉትን መገልገያ መሳሪያዎች በቂ ናቸው ብለህ/ብለሽ ታስባለህ/ታስቢያለሽ? 1. አወ በቂ ነው 2. አይ በቂ አይደለም

11/አሁን ያለህበትን/ያለበሽትን የጤንነት ሁኔታ እንዴት ትገልጻለህ/ትገልጭታለሽ?

1. መልካም(ጥሩ) አይደለም 2. ምንም አይደለም 3. መልካም (ጥሩ) ነው

11/ የአሁን የኑሮህን/የኑሮሽን ሁኔታ እንዴት ትገልጻለህ/ትገልጭታለሽ?

1. መልካም ነው 2. ምንም አይደለም 3. መልካም አይደለም

12/ በአሁኑ ሥራህ ያለህ/ሽን እርካታ እንዴት ትገልጻለህ/ትገልጭታለሽ?

1. መልካም ነው 2. ምንም አይደለም 3. መልካም አይደለም

13/ በሚቀጥሉት 12 ወራት ውስጥ አሁን ያለህ/ሽ በትን ሥራ የመልቀቅ ዕቅድ አለህ/ሽ?

1. አዎን አለኝ 2. አይ የለኝም

14/ ከሥራህ/ሽ ጋር በተያያዘ ከሚከተሉት ህመሞች የተኞቹ ህመሞች አጋጥመውሃል/ሻል? (ያጋጠሞትን ሁሉ ያክብቡ:: (ምንም ህመም ካላጋጠሞ ግን ምንም አያክብቡ)

1. የራስም ታት(ህመም) 2. የጀርባ ህመም 3. ጭንቀት 4. የእንቅልፍችግር

5. የደም ግፊት 6. ሌላ \_\_\_\_\_ (ከዝርዝሩ ውስጥ ከሌለ ዳሹ ላይ ይጻፉ)

15/ ከሥራህ/ሽ ጋር በተያያዘ የተኞቹ መድኃኒቶች ተጠቅመውሃል/ሻል ወይም የተኞቹን ድርጊቶች አከናውነሃል/ሻል? (የተጠቀሙትን ሁሉ ያክብቡ:: ምንም ካልተጠቀሙ ግን ምንም አያክብቡ)

1. የአንቅልፍ መድኃኒት 2. የህመም መድኃኒት 3. የጭንቀት መድኃኒት 4. ሲጋራ ማጨስ

5. የአካል ብቃት እንቅስቃሴ ማድረግ 5. ሌላ \_\_\_\_\_ (ከዝርዝሩ ውስጥ ከሌለ ዳሹ ላይ ይጻፉ)

**ክፍል2: ማሰላክ የመሰላቸት መለኪያ- የሰብዓዊ አገልግሎቶች ዳሰሳ::**

**መመሪያ:** በሚከተለው ገጽ ላይ ከሥራ ጋር የተያያዙ ስሜቶችን የሚገልጹ 22 ዓረፍተ ነገሮች ይገኛሉ:: እያንዳንዱን ዓረፍተነገር በጥንቃቄ ካነበቡ በኋላ ስለሥራዎ እነዚህ ስሜቶች ተሰምተዎት ያዉቁ እንደሆነ ያስቡ:: እያንዳንዱ ዓረፍተነገር የሚገልጸው ስሜት ተሰምተዎት የማያዉቅ ከሆነ ዓረፍተነገሩ ፊትለፊት ባለው ባዶ ቦታ ላይ"0" (ዘሮ)ን ይጻፉ:: ስሜቱ ተሰምተዎት የሚያዉቅ ከሆነ ምን ያህል ጊዜ እንደተሰማዎት ከ1-6 ያሉትን ቁጥሮች ተጠቅመው እያንዳንዱ ዓረፍተነገር ፊትለፊት ባለው ባዶ ቦታ ላይ በመጻፍ ይግለጹ:: ከዚህ ቀጥሎ የቀረበውን ምሳሌ ይመልከቱ::

**ምሳሌ**

<b>ምንያህል ጊዜ:</b>	0	1	2	3	4	5	6
	ተሰምቶኝ አያዉቅም	በዓመት ጥቂት ጊዜ ወይም ከዚያ ላይ ስላለጊዜ	በወር አንዴ ወይም ከዚያ ላይ ስላለጊዜ	በወር ጥቂት ጊዜ	በሳምንት አንዴ	በሳምንት ጥቂት ጊዜ	በየቀኑ

ምንያህል ጊዜ

0-6 ዓረፍተነገር

1. \_\_\_\_\_ በሥራ ቦታ ጭንቀት ይሰማኛል::

በሥራ ቦታዎ ጭንቀት ተሰምቶዎት የማያዉቅ ከሆነ"ምን ያህል ጊዜ" ከሚለው ርዕስ በታች በዓረፍተነገሩ ፊትለፊት ባለው ባዶ ቦታ ላይ"0"ን ይጻፉ:: አልፎ አልፎ በሥራ ቦታዎ ጭንቀት የሚሰማዎ ከሆነ (በዓመት ጥቂት ጊዜ ወይም ከዚያ ላይ ስላለጊዜ) ባዶ ቦታው ላይ"1"ን ይጻፉ:: በሥራ ቦታዎ የሚሰማዎ የጭንቀት ስሜት መጠነኛ ከሆነ (በሳምንት ጥቂት ጊዜ ነገር ግን በየቀኑ ካልሆነ) ባዶ ቦታው ላይ"5"ን ይጻፉ::

**ማሰላክ የመሰላቸት መለኪያ- የሰብዓዊ አገልግሎቶች ዳሰሳ**

<b>ምንያህል ጊዜ:</b>	0	1	2	3	4	5	6
	ተሰምቶኝ አያዉቅም	በዓመት ጥቂት ጊዜ ወይም ከዚያ ላይ ስላለጊዜ	በወር አንዴ ወይም ከዚያ ላይ ስላለጊዜ	በወር ጥቂት ጊዜ	በሳምንት አንዴ	በሳምንት ጥቂት ጊዜ	በየቀኑ

**ከስሜት ድካም ጋር የተያያዙ ጥያቄዎች**

1. \_\_\_\_\_ ከሥራዬ የተነሣ ስሜቴ ሙጥጥ ያለ መስሎ ይሰማኛል።
2. \_\_\_\_\_ በሥራዬ መጨረሻ ላይ ያለቅሁ (የተሟጠጥሁ) አይነት ስሜት ይሰማኛል።
3. \_\_\_\_\_ ጠዋት ከእንቅልፌ ተነስቼ ሌላ የሥራ ቀን እንደሚጋፈጥ (እንደሚጠብቀኝ) ሳስብ ድክም ይለኛል (አቅም አጣለሁ)።
4. \_\_\_\_\_ ሥራዬ ስልቶች እንዳደረገኝ ይሰማኛል።
5. \_\_\_\_\_ ይህ ሥራ ስሜቴን እያደነደነው (እያጠነከረው) መሆኑ እያሳሰበኝ ነው።
6. \_\_\_\_\_ ሥራዬ በጣም እያለፋኝ እንደሆነ ይሰማኛል።
7. \_\_\_\_\_ በገመዴ ጫፍ ላይ እንደሆንኩ (ገመዴ ሊቆረጥ እንደተቃረበ) ይሰማኛል።
8. \_\_\_\_\_ የምንከባከባቸው ሰዎች ለአንዳንድ ችግሮቻቸው እኔን እንደሚወቅሱኝ ይሰማኛል።

**ለሰዎች ያላቸውን ስሜት የሚዳስሱ ጥያቄዎች**

1. \_\_\_\_\_ የምንከባከባቸውን አንዳንድ ሰዎች ሰው እንዳልሆኑ ነገሮች (ስሜት አልባ እንደሆኑ ነገሮች) እንደሚቆጥራቸው ይሰማኛል።
2. \_\_\_\_\_ ቀኑን ሁሉ ከሰዎች ጋር መሥራት በእውነት በእኔ ላይ ጫና አለው።
3. \_\_\_\_\_ ይህን ሥራ ከጀመርኩ ወዲህ ልቤ በሰዎች ላይ እየጠነከረ (ርህራሄ እያጣ) ነው።
4. \_\_\_\_\_ አንዳንድ የሚንከባከባቸው ሰዎችን የሚያጋጥሙ ነገሮችን በተመለከተ ደንታ የለኝም።
5. \_\_\_\_\_ ከሰዎች ጋር በቀጥታ (የሚያገናኝ ሥራ) መሥራት ከፍተኛ ጫና ይፈጥርብኛል።

**ከሰራ ብቃት ጋር የተያያዙ ጥያቄዎች**

1. \_\_\_\_\_ የምንከባከባቸውን ሰዎች ችግሮች የሚቀርፋቸው እጅግ በብቃት ነው።
2. \_\_\_\_\_ በሥራዬ አማካይነት በሌሎች ሰዎች ህይወት ላይ በጎ (አዎንታዊ) ተጽዕኖ እያሳደርጉ እንደሆነ ይሰማኛል።
3. \_\_\_\_\_ ከፍተኛ (እጅግ) አቅም እንዳለኝ ይሰማኛል።
4. \_\_\_\_\_ በሥራዬ ተስፋ መቁረጥ (ሥጋት) ይሰማኛል።
5. \_\_\_\_\_ ከምንከባከባቸው ሰዎች ጋር ስሆን ዘና ያለ አካባቢ በቀላሉ መፍጠር እችላለሁ።
6. \_\_\_\_\_ ከምንከባከባቸው ሰዎች ጋር በቅርበት ከሠራሁ በኋላ ከፍተኛ ደስታ ይሰማኛል።

7. \_\_\_\_\_ በዚህ ሥራዬ ውስጥ ብዙ ዋጋ ያላቸው ነገሮችን አከናውኛለሁ።
8. \_\_\_\_\_ በሥራዬ ውስጥ ስሜታዊ ችግሮችን የምቀርፋቸው እጅግ በተረጋጋ ሁኔታ ነው።
9. \_\_\_\_\_ እኔ የምንከባከባቸው ሰዎች ስለነገሮች የሚሰማቸውን ስሜት በቀላሉ እረዳለሁ።