



Psychological burnout : comparison of rural and urban hospital nurses
by Dianne Wickham

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

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Abstract:

The purpose of this study was to answer the question, What are the differences between rural hospital nurses and urban hospital nurses in regard to psychological burnout? A conceptual framework based on the concepts of needs, roles, and hospital size was utilized. A descriptive/ exploratory design was used in order to provide a comprehensive picture of the problems faced by rural and urban hospital nurses.

The sample was selected from the 1979 license renewal list for RNs in Montana. Five hundred questionnaires were sent out with three hundred being returned. The sample for the study consisted of forty-four rural hospital nurses and ninety-three urban hospital nurses. Extra data consisted of twenty-three nursing home nurses, forty-nine non-hospital nurses, and eighty-seven nurses who have left nursing.

The research instrument was a questionnaire which was mailed to the sample. Data were analyzed by using subscores for the variables for each group and comparing by means and chi squares. All significant differences were at the .05 level of confidence.

The study indicated that there was a significant difference between rural and urban hospital nurses in regard to psychological burnout. The rural hospital nurses experienced more burnout in their jobs. The rural sample also indicated - more emotional and/or interpersonal stress. The extra data showed the non-hospital nurses experienced the least amount of burn-out. There was a significant difference between the non-hospital group and all the other groups. Implications for nursing were evident, particularly in terms of prevention of burnout.

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RURAL AND URBAN HOSPITAL NURSES

by

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A thesis submitted in partial fulfillment
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of

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VITA

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ABSTRACT

The purpose of this study was to answer the question, What are the differences between rural hospital nurses and urban hospital nurses in regard to psychological burnout?

A conceptual framework based on the concepts of needs, roles, and hospital size was utilized. A descriptive/exploratory design was used in order to provide a comprehensive picture of the problems faced by rural and urban hospital nurses.

The sample was selected from the 1979 license renewal list for RNs in Montana. Five hundred questionnaires were sent out with three hundred being returned. The sample for the study consisted of forty-four rural hospital nurses and ninety-three urban hospital nurses. Extra data consisted of twenty-three nursing home nurses, forty-nine non-hospital nurses, and eighty-seven nurses who have left nursing.

The research instrument was a questionnaire which was mailed to the sample. Data were analyzed by using subscores for the variables for each group and comparing by means and chi squares. All significant differences were at the .05 level of confidence.

The study indicated that there was a significant difference between rural and urban hospital nurses in regard to psychological burnout. The rural hospital nurses experienced more burnout in their jobs. The rural sample also indicated more emotional and/or interpersonal stress. The extra data showed the non-hospital nurses experienced the least amount of burnout. There was a significant difference between the non-hospital group and all the other groups. Implications for nursing were evident, particularly in terms of prevention of burnout.

CHAPTER 1

INTRODUCTION: A BACKGROUND AND CONCEPTUAL FRAMEWORK FOR STUDYING PSYCHOLOGICAL BURNOUT

INTRODUCTION

"After hours, days, and months of listening to other peoples problems, something inside you can go dead, and you don't give a damn anymore" (Maslach, 1976:16).

Psychological burnout, or dehumanizing distancing, is a problem affecting the nursing profession. Nurses have to deal with the problems of other people day after day. They face life and death situations where decisions have to be made quickly. Nursing is typically a profession dealing with people, imposing additional strain and responsibility. Burnout plays a major role in the poor delivery of health care. As nurses burnout, they emotionally remove themselves from the patient. The quality of patient care is decreased and the patient receives less attention. The human element may be taken out of nursing. Identifying burnout and causes that lead to it may contribute to intervention techniques to help stop the cycle of burnout. If burnout can be prevented or stopped, more nurses may have more job satisfaction, patient care may improve, and nurses may not leave their profession.

The author first became interested in the problem of burnout while working in a Veterans Administration Hospital. The staff turnover rate was fairly high and many nurses expressed that they "just couldn't handle it anymore". Not many of the nurses were satisfied with their jobs and low morale was evident. Absenteeism was on the increase and a general feeling of irritation with the patients was manifest. There seemed to be little motivation on the part of the nursing staff to work toward improving the problems. There was much complaining and patient care was suffering.

When the author moved to Montana and began investigating the attitudes of nurses in the area, it was found that many of the attitudes and feelings toward nursing were similar to those of the nurses in the Veterans Administration Hospital. It was also found that many nurses were leaving their profession altogether.

Upon talking to a group of nurses who went to graduate school for advanced degrees in nursing, it was found that they chose more education as a way of working themselves out of a staff position in a hospital. Through higher education, jobs are of a different nature and responsibilities are not the same.

There seemed to be some rather unique problems in Montana that had not been encountered before. Due to the fact that Montana is primarily rural, with long distances between population centers where there are large health care facilities, many small hospitals exist in the rural areas. The nurses working in these small hospitals have several different job responsibilities than nurses in the larger hospitals. The rural areas are often isolated and cannot provide the kind of health care found in urban centers. From her experience working in both a rural and urban hospital, the author had become interested in the problem of burnout and believed a comparison of the two would show actual differences in the phenomenon of burnout. The author wanted to learn what contributed to the burnout found in nurses and how they were dealing with it. Is the problem within nursing as a profession or is it one which arises in particular job situations?

REVIEW OF THE LITERATURE

In the review of the literature, psychological burnout will be defined. Factors which contribute to burnout, such as organizational stress, job satisfaction, emotional and/or interpersonal stress, and work setting will be discussed. In regard to organizational stress,

factors such as hierarchical structure and leadership styles will be discussed. Factors regarding emotional and/or interpersonal stress to be reviewed are conflicts with role expectations, individuals, and values. In regard to work setting, rural and urban hospitals will be discussed. Indications of burnout, such as attitudes, behaviors, and psychosomatic symptoms will be presented. Finally, ways of preventing and alleviating burnout will be discussed.

Hour after hour, day after day, the health professional deals with troubled human beings. She, or he, must face crises, make rapid decisions, and be prepared for whatever might happen next. All of these add to the occupational stress of working with individuals who are sick or troubled. A recent major research study showed that six of the ten most stressful professions are in the health care field (Garfield, 1979). When stress levels reach chronic overload proportions, the results are increased health problems, impaired job performance, and burnout, the loss of concern for people in need (Garfield, 1979).

"Burned out" is a street expression that refers to the drug addict who is hopelessly addicted (Veninga, 1979).

In recent years, it has come to refer to individuals who are tired of the "hassles" that go with their jobs. To "burn oneself out", according to Webster's New World Dictionary, is "to exhaust oneself by too much work or dissipation" (1976:196). For the purposes of this study, burnout is defined as a debilitating psychological condition brought about by work-related frustrations and stresses that result in lowered productivity and morale, increased psychosomatic symptoms and negative attitudes.

Until recently, little was known about psychological burnout. Social science researchers are now beginning to study burnout, particularly in the human service organizations, because of the great impact it has in regards to impaired employee performance, absenteeism, turnover rate, and morale. Not only are these variables expensive for the organization, but the recipient of these services is also being negatively affected.

Typically, nursing is a profession where the nurse works intensively with other people, learning about their psychological, social, and physical problems. Ideally, the strategy for nurses to handle the emotional stress is to retain their objectivity and distance from the situation without losing their concern for the person

they are working with. However, often they are unable to cope with the continual emotional stress and burnout occurs (Maslach, 1976). They lose all concern and all emotional feeling for the people they work with and come to treat them in detached or dehumanized ways.

Too often the public forgets that nurses are people, living in the same world as other people and having the same needs other human beings have. Nurses are affected by the same elements in society, and also respond to stress in the same way as non-nurses respond. However, the nurse has to "grieve in private, smile in public, and praise and receive one's critics" (Gortner, 1977:619). The nurse is expected to be "superhuman", the "angel in white", or "bionic". An advertisement for traffic controllers at Chicago's O'Hare Airport (Martindale, 1977), if paraphrased, would state some of the real duties expected of nurses.

Help wanted. World's busiest hospital seeks nurses skilled in all areas of human disaster. Knowledge of sophisticated machines including the computer helpful. Work in an unusually stimulating and high-intensity environment. Must be able to cope with patients and their relatives as well as physicians and administrators in all states of consciousness and emotion. Must be able to project a warm, friendly demeanor no matter what the demands nor how great the provocation. Expected to infer the state of the

patient from incomplete data and to act appropriately. That is, to institute emergency measures, call the physician or supervisor, or watch and wait for further developments. When errors occur, will, of course, assume full responsibility irrespective of who really is responsible, or, of the number of people involved. No degree required. Hospital Administration will subsidize three quarter credits per term. Salary commensurate with the fact that the hospital is a non-profit agency (Beland, 1980:190).

In One Flew Over the Cuckoo's Nest (Kesey, 1962),

Nurse Ratched was viewed by many as being a cold, unemotional person. She did not fit the image of "supernurse". What the critics fail to realize is that Nurse Ratched was reacting to a situation in a way that insured her emotional survival (Beland, 1980). Distancing was the alternative she chose and Nurse Ratched was not unique in her reactions. Similar reactions are demonstrated in the research by Dr. Christina Maslach of the University of California (1976). She found that social service professionals have difficulty coping with the emotional stress from intimate involvement with troubled human beings. They are experiencing burnout, the "Ratched Syndrome", or, as some law enforcement groups refer to it, the "John Wayne Syndrome" (Maslach, 1976). The professionals tend to cope with stress by a form of distancing that not only hurts themselves, but their human

clients as well. Burned out employees tend to be nonproductive. They develop a cynical or negative attitude. In many cases, professionals who have burned out from stress and can no longer cope with it, begin to defend themselves by thinking of the clients in a more derogatory way and by believing that the clients somehow deserve any problems they have (Maslach, 1976). A patient becomes a diagnosis rather than a person.

Burnout correlates with other damaging indexes of human stress, such as alcoholism, mental illness, marital conflict, and suicide (Maslach, 1976). If stress cannot be resolved while on the job, then it is often resurrected at home. Sometimes the professional is unaware of the causes and wrongly attributes the troubles at home to something that has gone wrong in the family relationship. As one correctional officer put it, when talking about the pressures of his work, "None of my three wives understood" (Maslach, 1976:16).

Research has demonstrated there are several contributing factors to burnout. Stresses, emotional and/or interpersonal, and job related stress, act on the individual. Nurses have many demands placed on them by doctors, patients, administration, and peers. The nurse-

patient ratio may be low, causing the nurse to be responsible for too many people at one time. The nurse deals with critical situations and has to make decisions rapidly. Many of the stresses facing nurses are unpredictable as well as severe and prolonged. Constant or repeated emotional arousal is a very stressful experience for any human being and can often be disruptive or incapacitating (Garfield, 1979). Nurses may have difficulty in giving their best patient care when they are burdened by emotional reactions and poor attitudes. In working with other people, the situation is often unpredictable and uncontrollable. Life threatening situations and death face the nurse on a daily basis. Anxious family members increase the stress for nurses.

Organizational stress may also be a contributing factor to burnout in nurses. The organization, when it is a hospital, can induce pressures and stress that other types of organizations may not. Hospitals deal with human beings. Originally, hospitals developed as a manifestation of a charitable instinct on the part of the public to provide care for the indigent sick. In 1751, Benjamin Franklin presented a proposal to the Pennsylvania Assembly to start a hospital for all those who were

sick and needed care (Ashley, 1977). From his early idea came the development of our present hospital system.

Hospital care is big business, only the commodities are different from other businesses. Some of the properties and characteristics of a hospital are: 1) explicit rules and regulations, 2) task specialization, 3) formal status structure, and 4) line of authority (Schmalenberg and Kramer, 1979). These characteristics provide principles and guidelines for decisions and actions to be carried out; they define the tasks to be accomplished and the expertise required to perform them; they outline the roles, rights, and responsibilities of those working in the organization as well as their relationships to one another; and they define the structure required for the coordination, control, and direction of the organization (Schmalenberg and Kramer, 1979). These characteristics allow the organization to attain goals economically.

The hospital, as a formal organization, shows the same characteristics as other formal organizations, and has a major goal of care and treatment of patients. Hospitals are set up in a hierarchical structure which exists to influence workers to comply with the rules, regulations, and procedures that the organization has

for its survival and effective functioning. An employee has to accept certain rules and regulations of the organization in order to be a part of it. A hospital is set up with a line of command, stating who is responsible to whom. Nurses, especially staff nurses, often fall into the bottom category. They are responsible for auxillary personnel working under them and also responsible for the patients. They are responsible to a head nurse or nurse supervisor. Indirectly, they are often responsible to the doctors. Staff nurses have very little actual authority when it comes to making decisions. Responsibility without authority leads to much stress. Nurses holding management positions, such as head nurse or supervisor, are in a line position with some authority.

The leadership style of the immediate supervisor may be a factor in the stress and tension the employee feels on the job. In a study by Sheridan and Vredenburg (1978) of nurses in a large hospital, it was found that the leadership style of the head nurse had a direct influence on staff performance, job tension, and turnover rate. Leader consideration was inversely associated with tension, terminations, and job performance. Reward and expert power produced more job tension of staff.

Reward power comes from the number of positive rewards that people perceive a potential leader can give. Expert power results from a potential leader having expertise or knowledge in an area in which that leader wants to influence others. Reward power is related to position power, or power associated with the position the leader holds. Expert power is associated with personal power (Hersey and Blanchard, 1977).

The organization imposes responsibility, pressure for performance, rules, regulations, and other influences on the employee. In a study of professional males conducted by Burke (1976), it was found that the three leading causes of occupational stress were: 1) inability to obtain necessary information, 2) slowness of job advances, 3) heaviness of the workload. He found that the presence of specific occupational stresses, as well as the total amount of occupational stress, was significantly related to job satisfaction.

When people are subjected to increased work demands that are hard to meet, they will be threatened with losing some control over their environment since they will no longer set the work pace (Klein, 1971). Burke (1976) found that many workers conveyed a sense of powerlessness

or lack of control over the work situation. These pressures were factors that prevented a person from doing his best job and were all rated high in regards to occupational stress and low job satisfaction.

Job related stress is linked to job satisfaction. If there is much stress at work, the worker is likely not to be satisfied with the job. However, there are other factors that enter into job satisfaction. After World War II, research showed that the top priorities for job satisfaction were security and opportunity for advancement, with pay being of average importance (Jurgensen, 1978). A study conducted by the Minnesota Gas Company over a thirty year period beginning in 1945, showed that men consistently rated job security as the most important factor of a job, with women choosing the type of work as most important. (Jurgensen, 1978). One of the consequences of job dissatisfaction is to stimulate thoughts of quitting (Mobley, 1977). Other signs of job dissatisfaction are absenteeism and poor performance. If the costs of quitting are high or the possibility of another job is low, the employee may reevaluate the job or display some form of withdrawal behavior (Mobley, 1977).

Job structures, functions, and expectations in the

health care field are changing rapidly as a result of, among other things, the increased sophistication of medical technology. New approaches are being used and nurses are finding their jobs altered by the new advances. The changes have had a great impact on their job satisfaction. A study of urban hospital nurses by Slavitt, et al. (1978), shows that nurses rated autonomy as the single most important factor of job satisfaction. Nurses were only moderately satisfied with autonomy in their present jobs and were less satisfied with task components of their jobs.

Pay was rated as the third most important factor in job satisfaction. An average nurse earns between ten thousand and fifteen thousand dollars a year. Compared to other professionals, the salary scale has a low starting range. A recent survey showed that nurses are not happy with their wages, with the highest amount of dissatisfaction felt by nurses who have worked one to ten years (Donovan, 1980). Most jobs that do not require a high level of knowledge or education or life and death responsibility such as the jobs of nurses require, pay much higher salaries. Nursing salaries have increased since 1979 by fourteen percent, while the cost of living has increased

more than sixteen percent (Godfrey, 1979). Nurses now have less purchasing power than they did five years ago. Large hospitals generally pay more than small hospitals. It is easy to understand why nurses are dissatisfied with their salaries.

Linked to job dissatisfaction is conflict, especially role conflicts. When the rules and regulations of an organization impose certain restraints on the employee to conform, there will be conflict if the employee does not agree with those rules. The expectations of the organization should agree with those of the employee.

Traditionally, nursing schools have emphasized comprehensive, total patient care with individualization and family involvement. The student is taught to use judgment, autonomy, cognitive skills, and decision making. Once in the hospital, emphasis is placed on providing safe care for all the patients. Organization, efficiency, cooperation, and responsibility are stressed (Schmalenberg and Kramer, 1979). When the nurse enters the hospital, she must learn to conform to the rules the hospital has established. Many of the rules may be inconsistent with what she values. The organizational structure may not be clear and there is difficulty in learning to do things

according to policy. Nurses find many responsibilities and expectations awaiting them that they had not bargained for. The organizational needs may be in conflict with the needs of the nurse. With a shortage of staff and time, the nurse may find she has to become more task oriented. She has trouble fitting the realistic into her idealistic values. Priorities have to be set, often not on the basis of personal priorities, but according to organizational priorities. The nurse must function as a part of a system, creating conflicts with other system parts. Nurses usually respond to threatening external stimuli either by attacking one another or by apathetic, helpless, or hopeless behavior (Garant, 1978).

Organizational needs often come before personal needs. All units of the hospital need to be covered, so staff is floated to a new area without adequate preparation. "Floating" affects continuity of care as well as quality of care. The nurse reassigned to an unfamiliar area cannot function at an optimum level.

Another area of conflict is that between individuals. There are often many conflicts between supervisors or leaders and the staff personnel. Leadership style plays a large role in this conflict as well as expectancies

of leaders and staff. If the leader demands that things are done her/his way and the followers require a fair amount of independence, conflict will result (Hersey and Blanchard, 1977). Each must share expectations and goals in order to maintain a smooth relationship. Too often, nursing administration does not identify with its own rank and file, but rather, with management (Garant, 1978). Many leaders in nursing service administration have risen to power simply by being on the job for a longer period of time and making "less waves". Staff nurses are often referred to as "the kids" or "the girls" even though they are adults. Often, the relationship between nursing administration and staff resembles that of a rigid, controlling parent slapping the naughty child's hand. This form of parent-child relationship occurs more often when the nursing staff is innovative, creative, articulate, knowledgeable, and "sin of all sins, out spoken!" (Garant, 1978:158). Leader support is also a crucial factor in preventing conflict. Social support may be one of the most likely and effective means of alleviating the negative effects of job stress (La Rocco and Jones, 1978).

Conflicts between doctors and nurses are inevitable. Doctors dictate the kind of treatments, and to some

extent, not in the organizational line of authority and yet nurses are accountable to them. Part of the conflict has arisen due to the old teachings in nursing schools. Training schools for nurses originated in general hospitals, under the direction of hospital administrators and doctors. The early nursing schools were not connected to universities and hospitals were responsible for the training of nurses. Nurses were the assistants of the doctors, their handmaidens. Out of these early training schools came contemporary nursing education and beliefs about nurses being the doctor's handmaiden. Over the years, nurses have tried to change their role and become professionals in their own right.

Nurses often have accused doctors of having expectations about nurses that may not be true. In a recent study reported in Nursing 79, the investigators found that doctors actually think more of nursing than nurses do themselves (Wiley, 1979). However, another study reported in RN showed that three out of four doctors regard nurses as their assistants and nothing more (Lee, 1979). The study indicated that while most doctors respect nurses and highly value the contribution they make to the well-being of patients, they still consider them as handmaidens.

The majority of doctors felt nurses did not need any more authority than they already had, but agreed they were overworked and underpaid. Most doctors saw nursing as an extension of medicine rather than as a separate profession. Almost eighty percent of the doctors believed nurses should spend more time with the patients. This is in conflict with perceptions of the organization, which require paperwork and other duties taking nursing time away from the patients. Part of the conflict between doctors and nurses has arisen from the traditional views of nursing as a female role. The sex stereotypes in our society view the physician as the strong, aggressive male and the nurse as the gentle, passive female (Lee, 1979).

The public, or consumers, have expectations of nurses. Most consumers see nurses as compassionate, competent, skilled, and caring (Lee, 1979). In a recent survey by Lee (1979), he found that while the public viewed nurses as professionals, sixty-seven percent still value the dedicated handmaiden aspect of nursing. The majority of the public also continues to view nurses as female. Much of the public's image of nurses comes from television. Soap operas typically show nurses

standing at the desk, answering phones, and acting as social chairmen for doctors. On television, nurses are characterized by such names as "Hot Lips", "Ripples", "Starch", and other stereotyped images.

Nurses have expectations for themselves. Often these expectations are in conflict with those of others. In school, nurses are taught certain values and behaviors to be valued. Once in the real world of work, these behaviors are not always feasible (Schmalenberg and Kramer, 1979). Recently graduated nurses who leave hospitals, often identify, as a causative factor in their decision to leave, the incongruity between the way they were taught to practice in their educational program and the way they are expected to practice in the hospital (Menihan, 1977). Many nurses are highly idealistic and may not be able to integrate the idealistic with the realistic.

Since the majority of nurses are women, another area of role conflict is that of dual roles as wife and/or mother and nurse. In a study conducted by Orpen (1978), it was found that satisfaction with the life situation is directly related to satisfaction at work. A high degree of fulfillment with family and

leisure is usually associated with feelings of esteem and internal control, and leads to better job performance and motivation (Orpen, 1978). In studying the reality shock faced by many new graduates, Schmalenberg and Kramer (1979) found that many complained of their job interfering with their social and personal lives.

The values held by nurses, both personal and nursing values, do have an affect on the amount of conflict felt at work. Values are general guides to behavior, standards of conduct, that one endorses and tries to live up to or maintain (Uustal, 1978). In a study conducted by Reich and Geller (1976), nurses described themselves as serious, cautious individuals who are industrious and methodical, with the ability to relate to others in a patient, cooperative, and giving way. They portray themselves as aggressive, assertive, and self-confident. Nurses are taught to be caring towards patients, yet many have also been taught to hold back from emotional involvement. The value, of itself, is in conflict. Striving to reach a balance is a difficult task. Nurses themselves can't seem to agree on what nursing is and what it is not. Nursing's self-image is blurred. If any profession destroys spontaneity and

creativity, it is nursing (Garant, 1978). Students who ask "why" or develop alternate interventions, are too often labelled as having difficulty with authority figures, and as being too aggressive.

Nursing values are developed over time and some of them stem from personal values, ethics, or morals.

Each day the nurse faces some decisions or action based on her values (Uustal, 1978). There are many situations in nursing where the nurse must act on her values.

Abortion, euthanasia, child abuse, and death are some of the areas which can produce conflict in the nurse because they evoke a lot of feelings which may be contradictory to her values. Often nurses are requested to carry out a procedure which may be against their values. They may have the right to refuse the action, but refusal may cause conflicts with others. If a nurse is faced with numerous value conflicts, one of her options may be to withdraw emotionally or burn out.

Burnout, as stated previously, is a psychological condition caused by work-related frustrations. Lack of autonomy or control, dissatisfaction with work, and conflicts of all kinds can lead to burnout in nurses.

The work setting may be another large contributing factor to burnout. Hospitals, because of their

hierarchical structure, pose more demands and there are more people to answer to. Nurses not working in a hospital generally have less of a chain of command and usually have more autonomy and independence. Because patients require care twenty-four hours a day, hospitals have to provide that care. There are usually three shifts and a nurse may work one permanent shift or rotate to two or three different shifts. Nursing is hard, physical work. There is much lifting and footwork. Standing and walking alone can lead to fatigue in an eight hour shift. Rotation of shifts, required of most nurses, is an additional factor contributing to fatigue which prevents tired employees from working to their full potential. Nurses who work rotating shifts have long complained that their erratic schedules cause havoc with their health and personal lives. A study conducted by the National Institute for Occupational Safety and Health (Baldaro, 1979), found that rotating shifts impose excessive physical and psychological costs. They found that nurses who rotate have more accidents, visit clinics more often, and suffer more digestive, menstrual, and sleeping problems than those who work the same shift all the time. They are also more tense,

anxious, fatigued, and depressed. They take more stimulants and are less satisfied than other nurses with their job performances. They also see their domestic life as less satisfying, with not enough time to spend with their families or on other interests. The study suggests that the continual disruption of the body's biological rhythms could lead to more sickness. The disruptions may also be a factor in burnout.

Hospital size can be a direct factor in the nurse's responsibilities, obligations, job description, and role expectations. Urban hospitals are set up to segregate certain types of patients on one unit. The nurses are able to specialize more and become familiar and confident in working in that area. There are usually more nurses present and one nurse is usually not responsible for giving care to all the patients. There are other nurses and departments to use for consultation and the hospital can generally offer more educational and inservice programs. Ideally, urban hospitals would provide opportunities and maintain intellectual stimulation. Urban hospitals can provide a wider variety of services and there are additional departments to take care of some of the non-nursing functions. Equipment is generally modern and up to date. Urban hospitals can generally

afford higher salaries and better benefits.. By virtue of the fact of numbers alone, nurses working in urban hospitals may have more of a support system. They have more coworkers to discuss things with and special programs may be in progress, providing additional support. Personal lives may be enhanced by having the facilities offered by a large population center.

Some of the drawbacks to working in an urban hospital may be loss of identity, greater conflicts between the organization and the individual, and greater work demands. In a large hospital, a nurse may feel like she is just a number filling a slot, or a warm body to be present. Because the organization, by virtue of its size, may be structured rigidly, there may be a great number of rules to comply with. The nurse may be required to fill a position that does not utilize her talents or is not the desired position. The hierarchy may not allow for the resolution of problems, as the channels one must go through may hinder this process. Most patients may be critically ill and there may be many life threatening situations. The nurse may be faced with many conflicts to her value system by being asked to participate in activities going against her moral code.

On the other hand, rural hospitals present a very different setting and a different set of problems. The organizational structure is not as well defined and the nurse is close to the core. When there is a problem, there is usually just one person in the chain of command. Nurses in a rural hospital may feel a closeness to one another because they are few in number and need to stick together. They may use each other for a support system.

Occupancy in a small hospital varies. The nurse-patient ratio would then also vary. Nurses in a rural hospital generally have to cover many areas. The hospital may not be large enough to designate special units for certain types of patients and the nurse usually has to care for several different kinds of patients. She may be the only nurse on duty for a shift and have to cover all areas, including the emergency room, labor and delivery, ICU-CCU, and the medical-surgical areas. She may be called upon to make more nursing decisions because a physician is not present. Rural areas usually have a greater number of elderly and chronic patients so the nurse may be dealing with more chronic illnesses. Values may be in conflict when the nurse is asked to do

things she does not feel qualified to do. The nurse usually has many non-nursing duties to perform because there is no one else to do them. Nurses working in rural hospitals are required to be "jacks of all trades" and master of all of them.

While urban nurses have one set of problems which can lead to the development of burnout, different problems of rural nurses may result in the same syndrome. Psychological burnout is displayed in a variety of ways. The burned out nurse will show several signs and symptoms. As the nurse begins to burnout, her feelings about people show a shift toward the cynical or negative. By reducing emotional involvement, the nurse can view the patient as less human, more like an object or a number. Patients are referred to by their disease, such as a "coronary" or a "gallbladder". Sometimes terms become very derogatory labels such as "they're all just animals" or "they come out from under the rocks" (Maslach, 1976:16). Another way of reducing the emotional involvement is by using very precise and scientific terms to describe things. This provides a form of distancing from the patient who is emotionally upsetting in some way. This distancing and dehumanizing of patients takes away from

the person's complexities as a human. Often times, before the nurse begins to distance, there may have been an instance, or instances, where she became emotionally involved with a patient or patients. If the patient did not fulfill the nurse's expectations, she feels disappointment and possibly some anger. As one VA nurse put it, "I really cared about that man and what happened to him. He had no right to die. From now on, I won't care about any of these patients. You just get hurt". Other techniques for distancing include the use of jargon, intellectualizing about a situation, or joking or laughing about a stressful event (Beland, 1980). In the television program M.A.S.H., the surgeons tell sick jokes and flirt with the nurses as ways of handling extreme stress in the operating room.

Another way of distancing is to make a sharp distinction between the job and personal life. Many professionals will not discuss their family or personal affairs with coworkers and will not discuss their jobs with families and friends. Physical withdrawal may be another form of distancing. This can be accomplished by spending less time with the patients, standing physically apart, avoiding eye contact, and by

communicating with the patient about superficial generalities. Another form of withdrawal is to leave the situation (hide in the linen closet for ten minutes or take a break). Others withdraw by leaving their job for a different type of job or by leaving nursing altogether.

Related to withdrawal is the technique of "going by the book" rather than identifying the unique factors in a situation (Maslach, 1976:17). Strict adherence to rules is another way of avoiding personal involvement with the patient. Also, the emotional stress caused by taking responsibility for unpopular or painful decisions is avoided. The person can transform from one with original thought and creativity on the job into a mechanical, petty bureaucrat (Maslach, 1976).

The burned out employee may begin to feel that everyone is out to get him or her, including other staff members. There may be reduced productivity at work, dislike for the work environment, criticism of colleagues, and increased opposition to change. Activities that were once pleasurable may bring no happiness. Anger is often turned inward. Employees may criticize others for not permitting them to realize their goals,

and also feel that they have somehow failed. Depression can be an indicator of burnout. There may be a general feeling of depression and an inability to break out of the depressed cycle. The nurse's attempts at emotional self-protection come at the expense of the patient (Maslach, 1976).

Another side of burnout may be spending too much time at work. The "workaholic" puts all his/her time and energy into the job and has few outside interests. The nurse will become too close to patients and put in unnecessary hours at work.

There are a number of physiological symptoms that accompany burnout. Many of these symptoms are psychosomatic in nature. Insomnia, loss of appetite, anxiety, exhaustion, fatigue, frequent colds, inability to shake a cold, gastrointestinal disturbances, ulcers, frequent headaches, and general aches and pains are a few. These symptoms can result in absenteeism and accidents on the job.

As with any other disorder, prevention of burnout is better than a cure. If the nurse or others recognize that a high level of emotional stress causes increased tension, then steps should be taken to relieve the

tension before the burnout syndrome begins or while it is still in its early phases (Beland, 1980). The talents and interests of the nurse should be considered in assigning jobs. Staff should be encouraged to contribute to decisions, goals, and plans and all suggestions should be treated with respect.

Workloads should be reasonable. The nurse-patient ratio should be sufficient to prevent the nurse from having to care for too many people. Also, care should be given so the same person is not caring for the difficult patients all the time. Nurses need to develop support groups, both formal and informal. Maslash (1976), refers to sanctioned "time-outs". This is time away from the patients while someone covers for that nurse's patient responsibilities. Well staffed units may be able to allow a nurse to spend one day attending meetings or doing paperwork. Coworkers can do much to help each other by discussing feelings. Some institutions may provide formal support groups where nurses can get together to discuss problems. Feedback is also important in preventing burnout. Sometimes, knowing that others share the same feelings will help an individual deal with their own. It is

also an important way of gaining information and also finding some positive aspects of the job.

Individuals should develop personal support groups at home as well as at work. The employees who can express and share their feelings have lower burnout rates (Maslach, 1976). Physical exercise and relaxation outlets that counter chronic work stress are valuable in preventing burnout (Garfield, 1979). It is important to have hobbies and interests other than work. It is also important for the individual to grow both personally and professionally. One of the best ways to prevent burnout is to pursue new goals, new directions, and new areas of human endeavor (Veninga, 1979).

CONCEPTUAL FRAMEWORK

In the conceptual framework, needs theory, role theory, and concepts of hospital size will be presented as they apply to psychological burnout.

Needs are necessities or requirements which, if not supplied, lead to some change in behavior. If the deprivation is severe, it can lead to sickness or even death (Beland, 1980). There are several generalizations that can be made about needs. They are:

- 1) Needs may be material or nonmaterial.

- 2) A continued supply is necessary to meet needs.
- 3) Needs are organized in a hierarchy with basic or survival needs generally taking precedence over higher needs.
- 4) There are mechanisms for supplying needs. The more important the need is for survival, the more mechanisms there are to provide the supply.
- 5) There are warning signals (signs and symptoms) that indicate that needs are not being met.
- 6) The satisfaction of one need is influenced by and influences the satisfaction of other needs.
- 7) The anatomical, physiological, and emotional state of a person affects his ability to tolerate the frustration of a need.
- 8) Supply may be inadequate, adequate, or excessive. Depending upon the degree, either a deficiency or an excess in supply may have damaging effects (Maslow, 1954).

Physiological needs are required to sustain life. They allow the cells to carry on their activities. These include the need for food, clothing, shelter, and oxygen. The next level of needs on the hierarchy are safety or security needs. These are essentially

the need to be free of the fear of physical danger and deprivation of the basic physiological needs. Once physiological and safety needs are fairly well satisfied, social or affiliation needs come into the forefront (Hersey and Blanchard, 1977). Since people are social beings, they have a need to belong and to be accepted by others. After social needs comes the need for esteem, both self-esteem and recognition from others. Satisfaction of esteem needs produces feelings of self-confidence, prestige, power, and control (Hersey and Blanchard, 1977). With this need, comes the locus of control of an individual.

Locus of control refers to a person's characteristic attributions concerning events and outcomes in his or her environment (Kimmons and Greenhaus, 1976). Those who believe that events are a result of their own behavior possess a relatively internal locus of control, while those who believe events are caused by some factor other than their own behavior have an external locus of control (Kimmons and Greenhaus, 1976). There are occasions when people are unable to satisfy their esteem needs through constructive behavior. They may resort to disruptive or immature behavior to satisfy

the desire for attention. The last need on the hierarchy is the need for self-actualization. That is, the need to become what one is capable of becoming.

If one level of needs has been somewhat gratified, then other needs emerge as dominant (Hersey and Blanchard, 1977). In our society, people tend to be partially satisfied at each level and partially unsatisfied. Greater satisfaction usually occurs at the lower levels than the higher ones. When measures are taken to increase the patient's feeling that he can depend on the nursing staff to meet his needs, it may decrease the patient's demands and increase the nurse's satisfaction with her profession.

In terms of the nursing profession, the higher level needs include a feeling of acceptance by peers, being accepted as a member of a group, being an essential part of the operation, giving and receiving friendship, and having a mutually respecting and trusting relationship with others (Beland, 1980). A cohesive work group is generally more effective than the same number of people working separately because the group sets the norms and provides cues as to how the group can and will meet their needs. It provides a sense

of security and room for creativity (Beland, 1980).

Sometimes management practices prevent the development of group cohesiveness because management believes that a cohesive group may hinder rather than facilitate the organizational objectives (Beland, 1980). The nurse is sent to different areas and is unable to develop trust in and gain support from coworkers. The nurse's need for belonging is not met. The lack of consistency in being part of a team makes it impossible for nurses to develop support systems. Transferring nurses from one unit to another reduces the opportunity for developing skill and expertise in one area. The nurse does not develop the feeling of having a significant contribution to make or develop commitment to group norms.

The esteem needs include the need to experience positive attitudes and behaviors towards one's self. In nursing, there are many potential threats to self-esteem. Some of these come from the nature of the various relationships, such as man-woman, doctor-nurse, supervisor-supervisee, patient-nurse, and giving-receiving. The nurse enters into many of these relationships with a set of expectations imposed by the other half of the relationship. If the nurse is unable to meet those

expectations, conflict will occur. Other elements in meeting the need for esteem are knowledge, competence, and independence, with the ability to be interdependent and dependent. These elements require that the nurse must have some control over working conditions and be able to gain satisfaction from a job well done, have opportunities to continue to grow and mature, and have an income sufficient to provide these needs (Beland, 1980). Unsatisfied needs can cause frustration, conflict, and stress (Gibson, et al., 1976).

Role theory states that "when the behaviors expected of an individual are inconsistent, he will experience stress, become dissatisfied, and perform less effectively than if the expectations imposed on him did not conflict" (Burke, 1976:235). Role theory also states that role ambiguity increases the chances that a person will be dissatisfied with his role, will experience anxiety, and will perform less effectively (Burke, 1976).

Related to role conflict, is the person-role conflicts, in which role obligations come into conflict with moral or value beliefs (MacKinnon, 1978). Personal values or morals often help the nurse develop nursing

values. Expectations are the perceptions of the roles of others. If expectations are to be compatible, it is important to share common goals and objectives (Hersey and Blanchard, 1977). When a nurse works in a hospital, it is important for the goals of both to be the same. When nurses find that the organizational setting does not allow them to maintain their values, they are in real conflict. Nurses usually respond to conflict by attacking or by apathetic, helpless or hopeless behavior (Garant, 1978). They may experience a "giving up" attitude and feel as though things will never be better. Nurses often feel anger, frustration, and intense discomfort at not being able to maintain their expectations (Kramer, 1974). Another area of conflict for nurses can be demands between work and their social and private lives. Organizational needs may impose upon the individual's needs. The individual who is meeting her/his own personal needs will be more able to fulfill the requirements of the employee roles (Schmalenberg and Kramer, 1979).

Hospital size and location will affect the responsibilities of the nurse. Montana has many small hospitals and there are great distances between health

services. Rural areas are characterized by such things as a population of 2,500 people or less in the towns and contain most of the agriculture business. They are generally stable in their residents because people migrate away from rural areas rather than to rural areas (Copp, 1976). Rural people are less likely to restrict their behavior when they are ill and there tends to be an older population as well as more chronic illness. The population differences will affect the type of patients cared for in a rural hospital. The smaller hospitals cannot provide the specialized care of urban hospitals and money is not available to provide modern equipment. There is a shortage of doctors and nurses. Nurses are expected to perform functions and duties without a physician always available. Conflicts may arise because nurses may experience too much responsibility. Organizational structure is on a smaller scale and there may be more role expectations for the nurse.

SUMMARY

Nurses are human, and as such, have the same needs as other humans. Through literature reviewed and the conceptual framework, burnout and many of the

contributing factors have been described. Burnout is greatly affecting nursing as a profession as well as the quality of care being given. Hospitals, as organizations, have a great influence on the nurse's extent of conflict and burnout. Hospital size is related to job responsibilities and may affect the amount of burnout nurses experience.

Montana is unique in that it has many small hospitals in isolated areas. Specialization cannot be offered and nurses must cover all areas of the hospitals. The professional does not have the opportunities for growth that can be found in larger hospitals. Nurses may be required to make more decisions and judgements without a doctor present.

Nurses, in dealing with situations of high level stress, have their limits. Whether the result is called the Ratched Syndrome, the John Wayne Syndrome, or the Burnout Syndrome, it is an area to be investigated and dealt with so that patients can be better served and nurses will have greater job satisfaction and function to their capabilities.

CHAPTER 2

METHODOLOGY

In the chapter on Methodology, the purpose and rationale of the study are presented as well as the research design and definition of terms. The sample and setting, data collection method and data analysis will be discussed.

STATEMENT OF THE PURPOSE

The purpose of the study was to describe the problems encountered by rural and urban hospital nurses to determine the amount of burnout they experience. Factors related to burnout were investigated to learn if the rural and urban difference does play a role in burnout. The purpose of the study was to answer the question; What are the differences between rural and urban hospital nurses in regard to psychological burnout?

RATIONALE FOR THE STUDY

The author's observations, both in rural and urban hospitals, of nurses' attitudes and the high rate of dissatisfaction with their jobs, prompted an investigation of what is causing the dissatisfaction. In reviewing the literature, it became apparent that

hospital size had not been investigated in terms of psychological burnout. No studies were found that discussed responsibilities, expectations, or organizational structure of hospitals in terms of the differences related to size. It seemed apparent that intervention for psychological burnout may be different based on the size and setting of the hospital by which the nurse was employed.

RESEARCH DESIGN

The design of the study was exploratory descriptive because little was known of psychological burnout in relation to hospital size and setting. No studies were found which related the causative factors to the organizational setting in terms of rural and urban differences. Few studies have investigated burnout in nurses and comparisons have not been made of various groups of nurses. To date, few studies have actually been carried out to measure burnout.

An attempt was made to investigate nurses' perceptions of their jobs and attitudes relating to their jobs. Psychological burnout was measured according to what was known about it from reviewing

the literature. A survey was done by means of a mailed questionnaire.

DEFINITION OF TERMS

- 1) Psychological burnout - A debilitating psychological condition brought about by work-related frustrations and stresses that results in lowered productivity and morale, and increased psychosomatic symptoms and negative attitudes.
- 2) Distancing - The process by which a person separates himself from another, either emotionally or physically. It allows the individual to cope with a stressful environment.
- 3) Dehumanizing - Stripping a person of his human qualities, sometimes reaching the point of contempt.
- 4) Organizational stress - Role expectations placed on the employee by the hospital. Based on the goals and requirements of the position held in the employing institution.
- 5) Emotional stress - Fear or the perception of a threat to the individual.
- 6) Interpersonal stress - Emotional tension that arises in intense interaction with other people.

In the hospital setting, intense interaction tends to be prolonged and nurses are constantly under the strain to help others cope with their problems.

- 7) Rural hospital - Health care institution of sixty beds or less, either public or private.
- 8) Urban hospital - Health care institution of more than sixty beds, either public or private.
- 9) Rural nurse - A registered nurse at the Associate Degree, Diploma, or Baccalaureate level of education employed by a rural hospital, either part-time or full-time.
- 10) Urban nurse - A registered nurse at the Associate Degree, Diploma, or Baccalaureate level of education employed by an urban hospital, either part-time or full-time.
- 11) Symptoms - Expressions of subjective attitudes or signs of illness. Indications of physical illness, generally psychosomatic in origin, which cluster into a pattern that accompanies burnout.
- 12) Needs - Necessities or requirements which, if not supplied, lead to some change in behavior.

If the deprivation is severe, it can lead to sickness or even death.

SAMPLE AND SETTING

Originally, the author intended to take a random sample of one hundred registered nurses working in urban hospitals in Montana and one hundred registered nurses working in rural hospitals in Montana. However, there was no list available of nurses working in hospitals. Therefore, it was decided to do a random sampling of all licensed registered nurses in the state. The sample consisted of five hundred randomly selected registered nurses, taken from the 1979 license renewal list of Montana.

The sample covered the entire state of Montana. The five hundred nurses sampled represented an 8.9 percent of the total population. The response rate of the sample was sixty percent, with 29.2 percent of those responding not working in nursing. Of those responding, 70.5 percent were nurses actively working in nursing; 45.7 percent of the total sample consisted of nurses working in hospitals.

DATA COLLECTION METHOD

The instrument used in the collection of the data was a questionnaire devised by the author. The questionnaire measured the dependent variable, psychological burnout, and independent variables of organizational stress, emotional and/or interpersonal stress, and job satisfaction, as well as the intervening variables. Some of the questions on organizational stress were taken from Organizational Stress by Kahn, et al. (1964: 424-425, 428). The variables were measured by what is known of them through reviewing the literature (Appendix C).

Organizational stress was measured by asking nurses to respond to the following items:

- 1) Feeling that you have too little authority to carry out the responsibilities assigned to you.
- 2) Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary work day.
- 3) Thinking that you won't be able to satisfy the conflicting demands of various people over you.
- 4) Having to decide things that affect the lives of individuals.

- 5) Feeling unable to influence your immediate supervisor's decisions and actions that affect you.
- 6) Thinking that the amount of work you have to do may interfere with how well it gets done.
- 7) Feeling that you are asked to do things on the job that are against your nursing judgement.
- 8) Feeling that your job tends to interfere with your family or personal life.
- 9) Do you think staffing is adequate for your unit?
- 10) Do you think patients on your unit get adequate physical care?
- 11) Do you think patients on your unit get adequate psychological care?
- 12) How much pressure do you feel towards better performance at work?
- 13) In your present work, to what extent do you think you are realizing your ambitions?

Emotional and/or interpersonal stress were measured by:

- 1) Feeling that there are conflicting demands between your work and your homelife.
- 2) Feeling your family and personal life interfere with your job.

- 3) Do you think your job imposes some stress and pressure beyond that which most people experience?
- 4) Have there been any instances in the last year when the pressure was so great you felt you could not handle the situation?
- 5) What are some of the conditions or situations you have to deal with that you think are particularly stressful or pressure-inducing?
- 6) As you see it, what contributes to your feelings of stress?
- 7) When you don't believe you have done your best at work, do you think it is your fault?
- 8) In your job, is time provided for you to do some work other than dealing with patients?

Job satisfaction was measured by:

- 1) Is there some other work you would like better than what you are doing?
- 2) Taking all things into account, how do you like nursing?
- 3) How much does your job give you a chance to do the things you do best?
- 4) Do you enjoy your job?

- 5) How often do you believe you have done your best at work?

Psychological burnout was measured by:

- 1) If you could, would you quit your job?
- 2) Frequency of symptoms and attitudes

Support system was measured by:

- 1) If some aspect of your job disturbs or upsets you, whom do you talk to?
- 2) How often do you socialize with friends or family?

Coping mechanisms were measured by:

- 1) When the tension is really pretty strong, what do you do to get it out of your system?

The following questions were used to obtain demographic data:

- 1) What is the average number of patients in your unit per day?
- 2) What is the average number of staff per shift on your unit?
- 3) How many RNs per shift on your unit?
- 4) What shift do you normally work?
- 5) Do you rotate shifts?
- 6) In what area or areas do you work?

- 7) How many hours a week do you work?
- 8) How many beds in your hospital?
- 9) How long have you been an RN?
- 10) How long have you worked at your present job?
- 11) What is your age?
- 12) What is your sex?
- 13) What is your marital status?
- 14) What is your basic nursing education?
- 15) What is the highest degree you now hold?
- 16) What is the yearly gross income of your job?

The questionnaire was mailed to the sample with a cover letter of explanation (Appendix A). Consent was indicated by the voluntary return of the questionnaire. Each questionnaire contained a stamped envelope directed to the author. Respondents were given the option of receiving a copy of results if they so desired.

Each prospective participant was guaranteed complete confidentiality in all aspects of the study. The last page of the questionnaire contained an identification number which corresponded to a number on a file card. If the respondent wished to receive a copy of the findings, this was checked on the last page. As questionnaires were received, this page was separated and the

file card marked so results could be sent.

Prior to sending the questionnaire to the sample, the tool was reviewed by a thesis committee. A pilot study was then conducted on ten graduate nursing students to discover whether the instrument was clear and understandable. A few participants recommended minor editorial changes to insure clarity. These changes were incorporated into the study questionnaire.

DATA ANALYSIS

The literature was reviewed to determine symptoms and contributing factors to burnout. A profile of common factors was developed for the purpose of comparison within each group.

Each set of questions measuring one variable was clustered together to give a composite score to each group of nurses in order to make comparisons. Points were assigned to the responses in order to make the scores. There were a possible thirty-nine points for the organizational stress scale, twelve possible points for emotional and/or interpersonal stress, job satisfaction had fourteen possible points, and psychological burnout had forty-one possible points.

Data have been presented in written, graphic, and table forms. Descriptive statistics, means, percentages, chi squares, and other relevant statistics were applied to the data. Comparisons were made by means of a chi square and tested at the .05 level of confidence. All statistically significant differences met this criterion. Comparisons were made between the two groups of nurses, rural and urban, and those who responded to the survey but did not fit into the hospital group were compared with the hospital group.

CHAPTER 3

RURAL AND URBAN HOSPITAL NURSES:

DESCRIPTION AND FINDINGS

In the following chapter, the rural and urban hospital nurses will be described. The two groups will be compared and generalizations will be made to the population from which the samples were taken.

COMPARISON OF RURAL AND URBAN SAMPLES

Before conducting this study, it was the hunch of the researcher that rural hospital nurses were experiencing more burnout than urban hospital nurses. It was believed that urban hospital nurses were experiencing more organizational stress than their rural counterparts. These convictions were based on review of the available literature and observations made in rural and urban hospitals. Upon completion of the study, several significant differences were found between the two groups. Chi squares were done on the scores to test for significant differences. All significant differences were statistically significant at the .05 level of confidence.

The sample of nurses working in rural hospitals

(sixty beds or less) totaled forty-four. This is 32.12 percent of nurses working in nursing. The urban sample consisted of ninety-three nurses working in hospitals with more than sixty beds. This is 67.88 percent of nurses working in hospitals and 44.29 percent of the nurses working in nursing.

The characteristics of both samples are presented in Table 1. There was a significant difference (at the .05 level of confidence) in age for the two groups. The nurses in the rural sample were older than those in the urban sample. The nurses in the rural sample had been RNs longer, which is to be expected, based on their age. Salary was lower for the rural sample, with the urban sample averaging over \$2,000 a year more.

Organizational stress differed for the two groups. The smaller hospitals may pose a different set of problems than the larger hospitals. The small hospitals have a less hierarchial structure and the larger hospitals are departmentalized. Most of the urban sample cover only one area at a time. Several work as floats but are only on one unit during a shift. Rural nurses cover almost all areas of the

TABLE 1

PROFILE OF RURAL AND URBAN SAMPLES

	Rural	Urban
N	44	93
Age		
Range	23 to 70	22 to 56
Mean	39.98	33.52
Sex		
Female	44	89
Male	0	4
Marital Status		
Married	33	68
Divorced	2	6
Single	6	16
Separated	0	2
Widow	3	1
Years an RN		
Range	1 to 47	1 to 36
Mean	16.07	11.13
Length of time at present job		
Range	3 month to 28 years	1 month to 26 years
Mean	4.84 years	4.89 years
Hours worked per week		
Range	14 to 50	8 to 50
Mean	33.1	34.1
Shift normally worked		
Days	19	42
Evenings	14	21

TABLE 1 (cont)

	Rural	Urban
Nights	3	15
Mixed	7	15
Basic nursing education		
Associate Degree	9	25
Diploma	24	40
BSN	11	28
Highest degree now hold		
AD	8	22
Diploma	22	36
BSN	11	33
BS in other field	2	1
CRNA	1	1
Income		
Range	\$2,500 to \$23,000	\$2,500 to \$30,000
Mean	\$10,252	\$12,831

hospital. The mean number of areas covered during a shift was 5.63 for the rural sample. There is a significant difference between the two samples in regard to the number of units covered.

Means for the organizational stress scale were 19.16 for the rural sample and 19.96 for the urban sample out of a possible 39 points. This difference was not statistically significant but does indicate more organizational stress in the urban hospitals.

Of the urban sample, 91.4 percent thought their job imposed stress and pressure beyond that which most people experienced and 88.6 percent of the rural sample believed the same. Over thirty-three percent of the urban sample and 37.2 percent of the rural sample have had an instance in the last year when the pressure was so great they felt they could not handle the situation.

Rotating shifts can lead to stress. More rural nurses rotated shifts than did urban nurses (46.5 percent as compared to 30.8 percent). There was a significant difference in the frequency that they rotated. At least 45.5 percent of the rural nurses who rotate shifts do so every week with 28.6 percent

of the urban nurses who rotate changing that often.

Several situations were named as being stressful. Life threatening and critical situations were named by fifty percent of the rural sample and 45.56 percent of the urban sample. Too much to do and not enough staff or time to do it was a stressful situation for both samples. As one rural nurse stated, "In the small hospital situation, we have had two OBs in labor, two patients in CCU, up to 25 or 30 other various problems and still handle outpatients through the emergency room. Even if you had two RNs this would be stressful!" Other areas of stress in the organization consisted of complaints regarding the run down condition of the building and equipment to complaints such as, "Hospitals tend to treat staff as possessions rather than people. When budgetary cuts are made, they are made first in patient care. Patients are not charged less when the floor is short staffed, they merely don't receive adequate care."

Floating staff to other areas was another stressful situation for the urban sample. "We are floated to other areas and expected to function like the staff who normally work there." Another nurse reported,

"I love nursing but hospital nursing can be most frustrating because most hospital administrations look at dollars and cents and not the type of patient to be cared for or the amount of time required to do quality nursing care."

Nurses in administration stated their stressful situations were in making administrative decisions and staffing. One supervisor stated, "We are constantly being delegated projects by our director. I am not provided a quiet place to work or concentrate. No private phone or office space, how can I keep producing?"

Added to the organizational stress is the stress of dealing with people. Nursing is a "people" profession and constantly dealing with people can be difficult at times. The patient-staff and patient-RN ratio can be used as an indication of the amount of contact nurses have with patients. The more patients the nurse is responsible for, the more time she will need to spend in patient contact. For both samples, the patient-staff and patient-RN ratio was highest on night shift. The patient-RN ratio was 19.61 to 1 averaged for the rural sample and 16.38 to 1 for the

urban sample (Table 2).

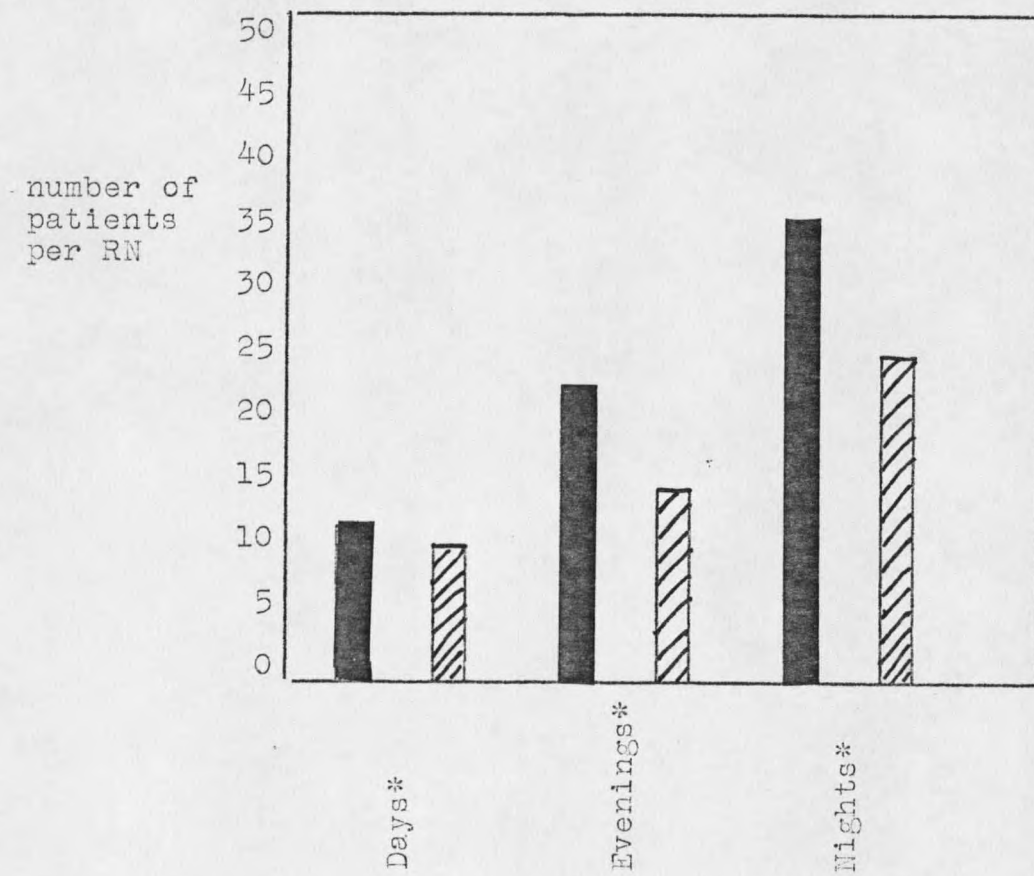
On the emotional and/or interpersonal stress scale, there were twelve possible points. The rural sample had a mean of 6.73 and the urban sample had a mean of 6.58. This difference was not significant but there was somewhat more emotional/interpersonal stress for the rural nurses.

Conflicts are a great source of emotional and/or interpersonal stress. Conflict with other people was named as being stressful or pressure-inducing by 28.5 percent of the rural sample and 33.34 percent of the urban sample. Conflicts arise with supervisors, co-workers, doctors, patients, and families.

Conflicts with doctors were named frequently as a source of stress. Several rural nurses reported that it was difficult to get doctors to come in to see patients in the emergency room. Several nurses said they were difficult to get along with or they did not support the nurses. One nurse stated, "Having to play the doctor/nurse games drives me nuts." As one nurse summed it up, "The doctors are demanding and blame everyone else for mistakes. I tell myself, thank God I'm not married to them, the MD gods!"

TABLE 2

PATIENT-RN RATIO



* = significant at the .05 level of confidence

Rural



Urban



Administration and supervisors are a source of interpersonal and emotional stress for many nurses. "Our head nurse is insecure and won't believe anything unless she does it herself." Another respondent stated, "We have no support from our head nurse. I stood up for what I believed in and got transferred off the unit." Another nurse, talking about problems with management, reported, "The hospital was having financial problems and a low census so the staff was decreased. More work was given to the RNs. The Director of Nursing seems to have more understanding for administration than for the nursing staff. She is very unsympathetic. When the census was greatly increased, we were unable to get help. When the Director was called for help during an overwhelming situation, she said we could handle it, but if it got worse to call again."

Some nurses reported stress being caused by patients and their families. They said that "patients don't try to help themselves" and that "patients complain about their care." One nurse complained of "being caught between the doctor and the patient" and another said, "You want to take the time to spend with a

patient or family when they need you, but you just can't." One nurse wrote, "Dealing with emotional needs of patients and their families does not cause conscious stress, but I go home wrung out about half the time." Another stated, "I get very tired of patients expecting me to do anything from washing out their nighties to making and serving their visitors coffee. I know it isn't the majority that expect these things, but I think the general public could use some education in what a nurse really does." Other nurses reported stress when they felt patients were not getting the quality care they needed and deserved. "I sometimes feel the patient is going to be hurt or set behind if not given good care." There was a significant difference between the two groups in regard to whether patients received adequate physical care. More urban nurses believed that physical care was adequate.

Another area of conflict was with coworkers. Several nurses reported fighting and complaining among the staff as well as staff being inexperienced or incompetent. One rural nurse stated, "There is so much back biting going on in this small hospital and it should be like one big family." Several nurses

believed that staff conflict was hindering patient care. A nurse reported, "I think short tempers and the staff not getting along are the big stressors."

Another source of conflict was with personal values and nursing values. There were 45.5 percent of the rural sample and 49.5 percent of the urban sample who stated that nursing is exactly the kind of work they like best, however, several reported areas of value conflict. One nurse stated, "My basic rule of nursing has always been to care for the patients as I would like to be cared for if I were in their situation. I truly believe in total patient care and feel badly when time does not allow me to meet emotional as well as physical needs." Several rural nurses reported conflicts in having to make nursing decisions, evaluating, and initiating treatments without a physician available. One nurse wrote, "I believe nursing is a very stressful occupation, especially where we maintain the old Florence Nightengale stigma--the nurse is not important in a patient's health role--it is the physician who saves lives." Areas where the nurses' values were in conflict were in wanting to give the best care possible to patients, but not being able to.

TABLE 3

SITUATIONS THAT ARE STRESSFUL
RURAL AND URBAN NURSES

Situation	Rural %	Urban %
Life threatening and critical situations	50.0	45.56
Too much to do and not enough time or staff	45.2	44.44
Conflict with other people	28.5	33.3
Death and dying	4.76	16.67
Administrative decisions	14.29	15.56
Moral and value conflicts	16.67	14.44
Nursing decisions and assessment	14.29	12.22
Mechanical and technical problems	21.43	4.44
Chronic and elderly patients	0.0	4.44
Work hours and environment	9.5	2.22

Others said moral and ethical situations caused stress, such as abortions, gunshot wounds, drunks, child abuse, and death. One nurse stated, "We had a child abuse case resulting in acute brain damage. The abusers were not charged. I felt great anger at these people and society."

Other conflicts within the nurse arise from their own goals. As one nurse stated, "My stress occurs primarily from my own goals at times being greater than I can achieve." Another respondent said, "I feel I'm too held down in my job. I have more capabilities than I'm allowed to use."

The stresses and conflicts on the job have an impact on job satisfaction or dissatisfaction. There were fourteen possible points on the job satisfaction scale and the rural sample had a mean of 4.05 with the urban sample having a mean of 3.89. The rural nurses were more dissatisfied with their jobs but the difference was not significant. One nurse reported, "No amount of money or satisfaction could substitute for all the stress and aggravation this job holds. I've outgrown it!" A nurse working in psychiatry said, "The atmosphere is depressing." Another nurse wrote, "I do like

nursing per se, but the work situations have been so frustrating and non-fulfilling that they have clearly outweighed any pleasure I might find on the job."

Others complained of "no room for advancement." On a bright note, a nurse stated, "I love my job. I feel we are well staffed and well treated at my hospital. I could hardly ask for more." There were not many responses like this.

Poor pay and benefits were reported by many of the respondents. Lack of retirement plans, sick days, vacation days, holiday pay, and other benefits were complaints. "An RN (job) is a thankless job in regard to financial income. Hospitals are inconsiderate to the employee--no personal consideration or gratitude shown; short staffed, but scream overtime pay hurts the budget. No benefits!" "Pay check never seems adequate for the continual giving of oneself in this demanding job. The main reward is satisfaction from grateful patients and knowing I gave the best possible care." Several said education was not compensated for nor was experience. As one nurse stated, "I do not intend to spend the rest of my life working at the mercy of a schedule, at a job I'm not happy in. The

wages are certainly not an attraction for nurses in Montana." Another nurse stated, "If I had it to do over again, I would not go into nursing due to the poor salaries and almost no benefits." Several reported that time off had to be taken at the hospital's convenience and often they had split days off and worked many weekends in a row. One nurse reported, "At this point I am burned out."

In regard to a support system, many of the nurses used coworkers and family for support. However, there was a significant difference between the two groups in regard to using coworkers for support. Over seventy-three percent of the urban nurses used coworkers and only 51.1 percent of the rural nurses used coworkers for support. The nurses also had many varied ways of relieving tension (Table 4).

Stresses and conflicts at work as well as job satisfaction can be contributing factors to psychological burnout. Burnout is displayed in a variety of ways including a number of physical symptoms and attitudes. On the burnout scale, the rural sample had a mean of 15.43 and the urban sample had a mean of 12.26 out of forty-one possible points. The

TABLE 4

COPING MECHANISMS FOR RURAL AND URBAN SAMPLES

Method	Rural %	Urban %
Unable to relieve tension	5.0	4.88
Physical exercise	20.0	12.2
Emotional expression	12.5	13.4
Talking	30.0	37.8
Religious outlet	7.5	6.1
Reassessment and set priorities	15.0	12.19
Withdraw, relax, do something different	42.5	43.9
Drink alcohol, use drugs, cigarettes	7.5	12.19
Drink other beverages, coffee	0.0	1.2
Joke	0.0	2.4

difference was significant at the .05 level of confidence. Rural hospital nurses experience more burnout.

SUMMARY AND CONCLUSIONS

In comparing the rural hospital nurses and the urban hospital nurses, several significant differences were found, the greatest of which was in regard to psychological burnout. There is a statistically significant difference between the rural and urban samples in regard to burnout. The rural nurses indicated more burnout.

In making generalizations to the populations from which the samples were taken, certain factors can be stated. Rural hospital nurses in Montana are generally older than those working in urban hospitals. This may be due to the fact that rural populations are more stable and the nurses are remaining in the area. Rural hospitals have to utilize all the nurses they can find and some of the older RNs may be able to work part time beyond retirement age. Nurses in rural hospitals have to cover many areas at one time and deal with all types of patients. They have to make many nursing decisions regarding those patients and have less access to a physician.

TABLE 5

MEAN SCORES FOR SCALES:
RURAL AND URBAN SAMPLES

Scale	Rural Mean	Urban Mean
Organizational stress	19.16	19.96
Emotional and/or interpersonal stress	6.73	6.58
Job satisfaction	4.05	3.89
Burnout	15.43*	12.26*

* = significant difference

$$\chi^2 = 18.31$$

$$df = 3$$

$$p = .05$$

Organizational stress is great in both sizes of hospitals. In the rural hospital, there are fewer hierarchical levels and the immediate supervisor is generally the Director of Nursing. More rural nurses rotate shifts and they rotate more frequently than urban nurses. Due to the hierarchy, urban nurses experience somewhat more organizational stress.

Both rural and urban hospital nurses experience a high rate of emotional and/or interpersonal stress with rural nurses experiencing a somewhat higher amount. This may be due to the high patient-staff and patient-RN ratio. Rural hospitals are staffed with fewer nurses and the nurse is responsible for a greater number of patients. Both groups of nurses experience conflicts on the job.

Montana hospital nurses have a fair amount of job dissatisfaction with low pay and few benefits factors contributing to dissatisfaction. By virtue of their size, urban hospitals are able to pay higher wages, but the pay is not very high. Rural communities and hospitals cannot afford to pay nurses what the larger hospitals pay.

Nurses in both rural and urban Montana hospitals

are fairly resourceful in finding support groups. By virtue of the fact that urban nurses have more coworkers, they use their coworkers for support more than rural hospital nurses. Few nurses have adequate methods of relieving tension.

In regard to burnout, Montana rural hospital nurses experience more burnout than their urban counterparts. Even so, there is quite a high rate of burnout in hospital nurses and hospitals, patients, and nurses are all affected. Ways of reducing and preventing burnout need to be put into practice.

CHAPTER 4

EXTRANEOUS DATA

Since the author was unable to select a sample of only nurses working in hospitals, data were collected from nurses other than those employed in rural and urban hospitals. In this chapter, the extra data, collected from nurses working in a setting other than a hospital and those not working in nursing, will be presented. This information was believed to be too valuable to be ignored. The findings for the sample of nurses working in clinics, community health, school nursing, education, private duty, and nursing homes will be presented. Each group will be compared with one another and also with hospital nurses. The sample of nurses not working in nursing will be described.

COMPARISON OF NON-HOSPITAL, NURSING HOME, AND HOSPITAL SAMPLES

The sample of non-hospital nurses consisted of twenty-six nurses working in a doctor office or clinic, nine nurses working in community or home health, five nurses working in school health, six nurses who teach nursing, and three nurses working private duty.

There were a total of forty-nine nurses, which is 23.4 percent of nurses working in nursing and 16.3 percent of the total. The sample of nurses who work in nursing homes consisted of twenty-three nurses. The size of the nursing homes ranged from twenty-four beds to three hundred beds. The nursing home sample was 10.95 percent of the total of nurses working in nursing and 7.67 percent of the total respondents.

The mean age for the non-hospital sample was 42.1 years and the nursing home sample had a mean age of 44.7 years. Both of these groups are older than the hospital samples with the differences being significant between the urban sample and all other groups. Income was lowest for the nursing home sample and highest for the urban hospital sample.

Nurses who work in a non-hospital setting usually have more independence and the organization has a less hierarchical structure and may have less organizational stress. Organizational structure of a nursing home varies, depending on the size. Nurses who work in nursing homes deal with elderly patients and the chronically ill. On the organizational stress scale, the non-hospital sample had a mean of 13.53

TABLE 6

PROFILE OF ALL GROUPS

Characteristic	Rural	Urban	Non-Hospital	Nursing Home
N	44	93	49	23
Age				
Mean	39.98	33.52	42.1	44.74
Sex				
Female	44	89	48	23
Male	0	4	1	0
Marital status				
Married	33	68	39	17
Divorced	2	6	5	0
Single	6	16	3	3
Separated	0	2	0	0
Widow	3	1	2	3
Years an RN				
Mean	16.07	11.13	20.06	23.17
Length of time at present job				
Mean	4.84	4.89	4.78	4.11

TABLE 6 (cont)

Characteristic	Rural	Urban	Non- Hospital	Nursing Home
Hours worked per week				
Mean	33.1	34.1	32.5	32.3
Shift normally worked				
Days	19	42	43	9
Evenings	14	21	3	4
Nights	3	15	0	8
Mixed	7	15	0	2
Basic nursing education				
AD	9	25	3	3
Diploma	24	40	26	16
BSN	11	28	20	4
Highest degree now hold				
AD	8	22	3	3
Diploma	22	36	20	14
BSN	11	33	21	5
MSN	0	0	1	0
BS in other field	2	1	0	1
MS in other field	0	0	3	0
CRNA	1	1	0	0
Nurse Practitioner	0	0	1	0
Income				
Mean	\$10,252	\$12,831	\$10,640	\$9,230

and the nursing home sample had a mean of 19.13. There is a statistically significant difference between the non-hospital sample and all the other groups in terms of organizational stress. Over seventy-three percent of the nursing home sample and 55.1 percent of the non-hospital sample think their job imposes stress and pressure beyond that which most people experience.

Several stressful situations were named (Table 7).

One non-hospital nurse stated that she has "an unusually stress-free job" and several stated that their answers to the questions would have been different if they were working in hospitals. Over ninety-three percent of the non-hospital nurses work day shift and only 14.3 percent rotate shifts. Twenty-six percent of the nursing home nurses rotate shifts. More rural hospital nurses rotate shifts and rotate more frequently than the other groups.

Related to organizational stress is emotional and/or interpersonal stress. The nursing home sample had a high patient-staff and patient-nurse ratio, higher than that of the rural hospital sample. The non-hospital nurses do not deal with patients for an extended period of time and usually only see one patient at a time.

TABLE 7

SITUATIONS THAT ARE STRESSFUL

ALL SAMPLES

Situation	Rural	Urban	Non- Hospital	Nursing Home
Life threatening and critical situations	50.0	45.56	19.73	5.3
Too much to do and not enough time or staff	45.2	44.44	27.03	42.11
Conflict with other people	28.5	33.3	32.43	42.11
Death and dying	4.76	16.67	2.7	15.8
Administrative decisions	14.29	15.56	24.32	36.8
Moral and value conflicts	16.67	14.44	32.43	0.0
Nursing decisions and assessment	14.29	12.22	18.92	0.0
Mechanical and technical problems	21.43	4.44	5.4	10.5
Chronic and elderly patients	0.0	4.44	0.0	5.3
Work hours and environment	9.5	2.22	0.0	5.3

On the emotional and/or interpersonal stress scale, the non-hospital sample had a mean of 5.14 and the nursing home sample had a mean of 6.04. There was no significant difference between the non-hospital and nursing home samples, but the differences between the rural hospital and non-hospital samples and urban hospital and non-hospital samples were significant in terms of emotional/interpersonal stress. The non-hospital sample experienced less stress.

Conflicts were reported as being a source of stress for the non-hospital and nursing home samples, although both groups reported less conflict than the hospital nurses. Non-hospital nurses stated that the doctors support them and value their judgements. Goals and values were in conflict for some of the nurses. One nursing home nurse stated, "I feel very frustrated with nursing today. I know cost containment is very important but I feel the patient is still my number one priority and feel he is the last one considered. I enjoyed nursing more when I felt free to spend more time in the patient care area."

Job satisfaction had a mean of 3.41 for the non-hospital sample and 4.39 for the nursing home sample.

This difference was statistically significant. There were no significant differences between the other groups in terms of job satisfaction.

In regard to burnout, the non-hospital sample had a mean score of 8.04 and the nursing home sample had a mean of 12.61. The burnout difference was significant for these two groups. There was a significant difference between the non-hospital sample and all the other samples in terms of burnout. Burnout was highest for the rural hospital nurses and lowest for the non-hospital nurses.

SUMMARY

There were several significant differences between the samples. Urban hospital nurses had the highest amount of organizational stress and the non-hospital sample had the least with significant differences between the non-hospital sample and all the other samples. Emotional/interpersonal stress was highest for the rural hospital sample and lowest for the non-hospital sample. There were significant differences between the non-hospital group and the rural and urban hospital groups. Nursing home nurses had the least job satisfaction and non-hospital nurses had the most. There was a significant difference between these two groups

TABLE 8

COPING MECHANISMS: ALL SAMPLES

Method	Rural	Urban	Non-Hospital	Nursing Home
Unable to relieve tension	5.0	4.88	5.88	12.5
Physical exercise	20.0	12.2	32.35	6.3
Emotional expression	12.5	13.4	8.82	6.3
Talking	30.0	37.8	29.41	43.75
Religious outlet	7.5	6.1	11.77	6.3
Reassessment and set priorities	15.0	12.19	14.71	18.75
Withdraw, relax, do something different	42.5	43.9	26.47	31.3
Drink alcohol, use drugs, cigarettes	7.5	12.19	8.82	12.5
Drink other beverages, coffee	0.0	1.2	2.94	12.5
Joke	0.0	2.4	0.0	0.0

in terms of job satisfaction. Burnout was highest for the rural hospital nurses and lowest for the non-hospital nurses. There were significant differences between the rural and urban hospital samples and between the non-hospital and all the other samples.

NON-WORKING NURSES: DESCRIPTIONS AND FINDINGS

The sample of nurses not working in nursing consisted of eighty-seven nurses, which is twenty-nine percent of the total respondents.

Sixty-nine percent of the nurses not working in nursing are not working in any other job either. Of the 28.7 percent who are working, the jobs vary. Over seventeen percent are working in independent business and 15.2 percent do volunteer work. Over thirty-nine percent are housewives and/or mothers. Other jobs include sales clerk and office jobs, beautician, checking IDs at a university and water colorist.

The reasons nurses have left nursing are many and varied (Table 10). Over forty-two percent stated family responsibilities as the reason they left nursing. Almost eighteen percent have retired. Several nurses stated that the hours do not allow for family life or were not acceptable. Several felt lack of professionalism.

TABLE 9

MEAN SCORES FOR SCALES: ALL SAMPLES

Scale	Rural	Urban	Non- Hospital	Nursing Home
Organizational stress	19.16	19.96	13.53	19.13
Emotional/interpersonal stress	6.73	6.58	5.14	6.04
Job satisfaction	4.05	3.89	3.41	4.39
Burnout	15.43	12.26	8.04	12.61

TABLE 10

REASONS WHY NURSES LEFT NURSING

Reason	Frequency
Raise a family/family responsibility	36
Retire	15
Work hours	10
Poor salary and benefits	8
Rural area/too far or too few jobs	13
Value or moral reasons	3
Too many pressures	13
Physical disabilities	6
Lack of professionalism	13
Administration	9
Take another job	7
Attend college	1

N = 87

and too many pressures were factors in their leaving. One nurse stated, "I was definitely burned out and tired of constant under-staffing, lack of time to work with staff and give quality care, and hassles with supervisors." Another said, "I've found since I've left nursing that there are people running around who are well, and there's such a relaxed atmosphere elsewhere." Almost fifteen percent stated the rural area did not provide opportunities for working or distance to the hospital was too great. Several reported poor pay as a factor in their leaving. Many nurses' opinions were summed up by one who wrote, "Nursing is getting too far away from the patient as a whole individual, too top heavy in administration."

SUMMARY

The sample of nurses not working in nursing consisted of eighty-seven nurses. Nurses in Montana have left nursing for a number of reasons, the largest of which was to raise a family and meet family responsibilities. Several have retired and limited job opportunities in rural areas have prevented some from working there. Many have left because of dissatisfaction with nursing or jobs.

CHAPTER 5

LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS

INTRODUCTION

The purpose of this study was to investigate psychological burnout in rural and urban hospital nurses and to determine what some of the differences are between the two groups.

In previous chapters, the rationale for the study, review of the literature, and actual implementation of the project were discussed. In the final chapter, some of the limitations, conclusions, and recommendations will be presented with implications for nursing.

LIMITATIONS

For the purposes of this study, it was not possible to obtain a sample of only hospital nurses, making it necessary to include all nurses in the sample. This decreases the actual number of the sample of hospital nurses. A larger sample of both rural and urban hospital nurses would have been desired.

The data collection tool was designed by the author, using questions from Kahn, et al. (1964), and personal observations as well as review of the

literature. Although it was pretested prior to use on the sample, validity may not have been allowed for adequately. The tool should have been set up in a way to allow for each variable to be measured on a scale so interval level data would have resulted where possible. The scoring system used for the study could not qualify as interval level data because the responses to the questions were ordinal level data.

The fact that the questionnaire was mailed may have affected the responses. There may have been influences on the respondents that could not be controlled. Motivation to return the questionnaire may have been a factor, although the return rate was high.

In the development of the questionnaire, subjective biases may have influenced some of the questions and scoring methods. The actual tool itself should be tested further.

CONCLUSIONS

Several conclusions can be drawn from the study in relation to the population from which the samples were taken. Over half of the nurses in Montana work in hospitals. Montana is unique in that it has many small hospitals with sixty beds or less. Nurses

working in these hospitals have many job responsibilities and experience a high rate of emotional and/or interpersonal stress as well as a great deal of organizational stress. Many are dissatisfied with their jobs and pay is low. The nurses in these hospitals cover many areas of the hospital and have few registered nurse co-workers to lean on for support. Montana rural hospital nurses experience a high rate of burnout.

Nurses working in Montana urban hospitals with more than sixty beds, experience more organizational stress than rural nurses but less emotional and/or interpersonal stress. They experience less burnout than rural hospital nurses.

For the purpose of this study, rural and urban hospitals were arbitrarily placed into categories based on size. In Montana, smaller hospitals are in more rural areas. Hospitals that are classified as urban in this study, may not be considered urban in other states, but rather as rural hospitals. However, the smaller the hospital, the more the nurse is responsible for, and the higher the incidence of burnout.

Nursing home nurses in Montana are fairly unhappy with their jobs and experience a great deal of emotional

and/or interpersonal stress. They are responsible for even more patients at a time than some of the hospital nurses. The average pay is lower than for any other group of nurses in the state. They experience a great deal of burnout, second only to rural hospital nurses.

Nurses working in a non-hospital nursing job in Montana have greater job satisfaction even though the pay is lower than for urban hospital nurses. They have more job independence and usually only have contact with one patient at a time. They have less stress of all kinds and experience less burnout.

Over twenty percent of registered nurses in Montana have left the nursing profession. They have left for a variety of reasons, the largest being to raise a family. Many were dissatisfied with nursing as it is today in Montana. The rural areas lack employment opportunities and there are often great distances to travel to a job.

For the purpose of this study, there is a difference between rural and urban hospital nurses in regard to burnout. Hospitals, at best, are very stressful environments. Findings of this study demonstrate

that rural hospitals in Montana present very stressful employment opportunities.

IMPLICATIONS FOR NURSING

Based on the findings in regard to burnout in the nursing profession in Montana, there are several implications for nursing. The prevalence of burnout demands development of means for reduction or preferably prevention of the syndrome. Without effective ways to reduce or prevent burnout, many more nurses are likely to drop out of nursing or be rendered ineffectual. Programs should be implemented allowing the nurses to have a strong support system and also allowing the nurses to spend some time away from patients. Hospital administrations could begin by having sessions where the nurses could talk out their frustrations. The patient-nurse ratio needs to be improved so that there is not such a high rate of emotional and/or interpersonal stress. Hospitals, as organizations, can open the lines of communication to help provide better places of employment.

As demonstrated by the lower burnout rates among non-hospital nurses, pay is not a primary factor in

job satisfaction. Perhaps hospitals and nursing homes could look at some of the job factors in the non-hospital setting and try to provide more autonomy, independence, and support for the nurses.

Nurses themselves can help improve conditions by actively becoming involved and contributing to the planning of programs. They can help one another by actively participating in talking and analyzing feelings in a supportive environment. They can improve nursing through unity and working together. Individual nurses need to find methods for alleviating their own stress and actively pursue these methods to reduce tension.

RECOMMENDATIONS

Based on the findings of this study, recommendations can be made for future study. All areas of nursing should be studied and compared in regard to burnout. The tool should be refined to provide scales for measuring the variables in order to obtain interval level data. Experimental studies should be conducted to test various methods of prevention and reduction of burnout in order to find the best method to use for each area of nursing.

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APPENDICES

APPENDIX A

COVER LETTER

Dear Registered Nurse:

Today's nurse is becoming more concerned with quality patient care and various factors effecting that care. Job responsibilities and attitudes toward work and nursing can have an effect on patient care.

Enclosed you will find a questionnaire asking for your feelings and opinions. I think you will find these questions interesting and easy to answer. Your help is needed for the completion of a study I am conducting for my graduate thesis. I am hopeful that the results can be used to improve the working situations of nurses, and thereby improve the quality of patient care provided. Your assistance, by taking about fifteen minutes of time to respond to the questionnaire, will be much appreciated, and will ultimately contribute to our knowledge about the job factors which influence patient care.

All answers will remain confidential and anonymous, and there is no risk to you. The answers will be analyzed for the entire group of nurses who are being asked to participate, and individuals will not be identifiable.

If you would like to help with this study, please fill out the questionnaire and return it in the self-addressed, stamped envelope. A summary of my findings will be sent to you upon request. Simply check the appropriate space on the questionnaire. Please feel free to contact me if you have any questions.

Thank you for your help.

Sincerely,

Dianne Wickham RN
MSU Graduate Student
Missoula Extended Campus

This questionnaire is being sent to Registered Nurses in the state of Montana. It has been designed for nurses who are currently working in nursing. If you are not currently working in nursing, the questionnaire will not apply to you, but would you please respond to the following questions and then return the responses to me.

1. If you are not currently working in nursing, are you working in any other type of job? If so, please describe your job.
2. When you left nursing, what were your reasons?

APPENDIX C

QUESTIONNAIRE

All of us occasionally feel bothered by certain kinds of things in our work. Read the list of things that sometimes bother people, and check how frequently you feel bothered by each of them.

1. Feeling that you have too little authority to carry out the responsibilities assigned to you.

Almost always

Occasionally

Seldom

Never

2. Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary work day.

Almost always

Occasionally

Seldom

Never

3. Thinking that you won't be able to satisfy the conflicting demands of various people over you.

Almost always

Occasionally

Seldom

Never

4. Having to decide things that affect the lives of individuals.

Almost always

Occasionally

Seldom

Never

5. Feeling unable to influence your immediate supervisor's decisions and actions that affect you.

Almost always

Occasionally

Seldom

Never

6. Thinking that the amount of work you have to do may interfere with how well it gets done.

Almost always

Occasionally

Seldom

Never

7. Feeling that you are asked to do things on the job that are against your nursing judgement.

Almost always

Occasionally

Seldom

Never

8. Feeling that your job tends to interfere with your family or personal life.

Almost always

Occasionally

Seldom

Never

9. Feeling that there are conflicting demands between your work and your homelife.

Almost always

Occasionally

Seldom

Never

10. Feeling your family and personal life interfere with your job.

Almost always

Occasionally

Seldom

Never

11. Is there some other work you would like better than what you are doing?

Would rather have some other job

I would rather have my present job

I feel I could not change jobs

12. If you could, would you quit your job?

Yes

No

Undecided

13. Taking all things into account, how do you like nursing?

I dislike it very much; would prefer any other kind of work

I don't like it very much; would prefer some other kind of work

It's all right, but there are other kinds of work I like better

I like it very much, but there are other kinds of work I like just as much

It's exactly the kind of work I like best

14. What is the average number of patients in your unit per day?

-
15. What is the average number of staff per shift on your unit?

-
16. How many RNs per shift on your unit?

-
17. Do you think staffing is adequate for your unit?

Always

Most of the time

Occasionally

Never

18. Do you think patients on your unit get adequate physical care?

Always

Occasionally

Most of the time

Never

19. Do you think patients on your unit get adequate psychological care?

Always

Most of the time

Occasionally

Never

20. If some aspect of your job disturbs or upsets you, whom do you talk to?

Supervisor

Co-workers

Friends

Family

Other _____

21. How much does your job give you a chance to do the things you do best?

No chance

Very little chance

Some chance

Fairly good chance

Very good chance

22. In your job, is time provided for you to do some work other than dealing with patients, such as uninterrupted time to chart?

Yes

No

If yes, how often?

Once a week or more

Once every 2 weeks

Once every 3 to 4 weeks

Once every 5 to 6 weeks

Less often than 6 weeks

If yes, during these times away from patients, what kind of work do you do?

23. Do you enjoy your job?

Always

Most of the time

Occasionally

Never

24. Do you think your job imposes some stress and pressure beyond that which most people experience?

Yes

No

Undecided

25. What are some of the conditions or situations you have to deal with that you think are particularly stressful or pressure-inducing?

26. Have there been any instances in the last year when the pressure was so great you felt you could not handle the situation?

Yes

No

If yes, what was the situation?

How did you resolve or handle it?

27. As you see it, what contributes to your feelings of stress?

28. When the tension is really pretty strong, what do you do to get it out of your system?

29. How often do you believe you have done your best at work?

Very often

Fairly often

Sometimes

Once in a great while

Practically never

30. When you don't believe you have done your best at work, do you think it is your fault?

Very often

Sometimes

Fairly often

Once in a while

Never

31. How much pressure do you feel towards better performance at work?

None at all

A little

Some

Quite a lot

Great deal

32. In your present work, to what extent do you think you are realizing your ambitions?

Not at all

A little

Some

Quite a lot

A great deal

33. What shift do you normally work?

34. Do you rotate shifts?

Yes

No

If yes, how often do you rotate shifts?

Every week

Every 4 to 6 weeks

Every 2 weeks

Less than every 6 weeks

Every 3 weeks

Please check any of the following in regards to the frequency that applies to you.

	Once a week or more	Once every 2-3 weeks	Once a month	Less than once a month	Never
Headaches					
General aches and pains					
Ulcers					
"Nervous" or upset stomach					
Diarrhea					
Insomnia					
Colds					
Feeling of tiredness					
Feeling of mental exhaustion					
Use of alcohol or drugs					
Socialize with friends, family					
Put in extra time at work					
Feel disgruntled with self, others					
Dread going to work					

35. In what area or areas do you work? Check all that apply.

MEDICAL

EMERGENCY ROOM

ICU-CCU

ORTHOPEDICS

RECOVERY ROOM

ADMINISTRATION

SURGICAL

OR

OBSTETRICS

FLOAT

PEDIATRICS

OTHER _____

36. How many hours a week do you work? _____

37. How many beds in your hospital? _____

38. How long have you been an RN? _____

39. How long have you worked at your present job?

40. What is your age? _____

41. What is your sex?

Female

Male

42. What is your marital status?

Married

Divorced

Single

Separated

Widow

43. What is your basic nursing education?

Associate Degree

Diploma

Baccalaureate Degree

44. What is the highest degree you now hold?

Associate Degree

Diploma

BSN

BS in other field

MSN

MS in other field

Other _____

45. What is the yearly gross income of your job?

Please make any additional comments you may have.

Would you like to have a copy of the findings of this study when it is completed?

Yes

No

For protection of your anonymity, this page with an identifying number on it, will be detached and kept separately until the study is completed. Then all identifying data will be destroyed.

Thank you for your honest answers and for participating in this study. Your help is appreciated. Mail the completed questionnaire in the envelope provided.

APPENDIX D

RESPONSES FOR NURSES NOT WORKING IN NURSING

1. If you are not currently working in nursing, are you working in any other type of job?

Yes	28.7
No	69.0

If so, please describe your job.

Housewife/mother	39.1
Volunteer work	15.2
Independent business	17.4
Beautician	2.2
Sales clerk	2.2
Check IDs at MSU	2.2
Office job	6.5
Water color/art	6.5
Collective bargaining agent	2.2
Missionary	2.2
PSRO	2.2
Census taker	2.2

2. When you left nursing, what were your reasons?

Raise a family	41.4
Retire	17.2
Shift work doesn't allow for family life	10.4
Poor salary and benefits	9.2
Rural area	14.9
Value or moral reasons	3.5
Too many pressures/hassles	14.9
Physical disability	6.9
Lack of professionalism	14.9

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Administration	10.4
Take another job	8.1
Hours	3.5
Attend college	1.2

APPENDIX E

PERCENTAGES FOR EACH RESPONSE ON THE QUESTIONNAIRE.

ALL GROUPS

Question	Response	Rural	Urban	Non-Hospital	Nursing Home	
1. Feeling that you have too little authority to carry out the responsibilities assigned to you.						
	Almost always	4.5	2.2	4.1	13.0	115
	Occasionally	38.6	51.6	28.6	34.8	
	Seldom	45.5	37.6	49.0	13.0	
	Never	11.4	8.6	18.4	4.3	
2. Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary work day.						
	Almost always	18.2	10.8	6.1	8.7	
	Occasionally	50.0	66.7	28.6	52.2	
	Seldom	27.3	21.5	34.7	21.7	
	Never	4.5	1.1	30.6	17.4	
3. Thinking that you won't be able to satisfy the conflicting demands of various people over you.						
	Almost always	9.1	8.6	2.0	13.0	
	Occasionally	50.0	47.3	40.8	34.8	

Seldom	34.1	38.7	36.7	43.5
Never	6.8	5.4	20.4	8.7

4. Having to decide things that affect the lives of individuals.

Almost always	16.3	23.7	14.6	13.0
Occasionally	65.1	48.4	43.8	43.5
Seldom	18.6	24.7	31.3	39.1
Never	0.0	3.2	10.4	4.3

5. Feeling unable to influence your immediate supervisor's decisions and actions that affect you.

Almost always	15.9	19.6	6.3	8.7
Occasionally	29.5	43.5	20.8	47.8
Seldom	40.9	33.7	39.6	34.8
Never	13.6	3.3	33.3	8.7

6. Thinking that the amount of work you have to do may interfere with how well it gets done.

Almost always	15.9	17.2	10.2	21.7
Occasionally	65.9	63.4	38.8	52.2
Seldom	13.6	18.3	28.6	17.4
Never	4.5	1.1	22.4	8.7

7. Feeling that you are asked to do things on the job that are against your nursing judgement.

Almost always	2.3	1.1	0.0	0.0
Occasionally	45.5	33.3	14.3	34.8
Seldom	38.6	51.6	46.9	47.8
Never	13.6	14.0	38.8	17.4

8. Feeling that your job tends to interfere with your family or personal life.

Almost always	22.7	16.1	10.2	13.0
Occasionally	47.7	48.4	32.7	39.1
Seldom	18.2	31.2	32.7	34.8
Never :	11.4	4.3	24.5	13.0

9. Feeling that there are conflicting demands between your work and your homelife.

Almost always	22.7	16.1	10.2	8.7
Occasionally	43.2	45.2	30.6	39.1
Seldom	25.0	32.3	36.7	39.1
Never	9.1	6.5	22.4	13.0

10. Feeling your family and personal life interfere with your job.

Almost always	2.3	4.3	2.0	0.0
Occasionally	29.5	15.1	16.3	21.7
Seldom	50.0	54.8	46.9	56.5
Never	18.2	25.8	34.7	21.7

11. Is there some other work you would like better than what you are doing?

Would rather have some other job	34.9	29.7	24.5	40.9
I would rather have my present job	55.8	56.0	73.5	45.5
I feel I could not change jobs	9.3	14.3	2.0	13.6

12. If you could, would you quit your job?

Yes	27.9	34.4	8.3	36.4
No	51.2	48.4	62.5	40.9
Undecided	20.9	17.2	29.2	22.7

13. Taking all things into account, how do you like nursing?

I dislike it very much; would prefer any other kind of work	0.0	0.0	2.0	0.0
I don't like it very much; would prefer some other kind of work	4.5	3.2	0.0	8.7
It's all right, but there are other kinds of work I like better	9.1	14.0	8.2	4.3
I like it very much, but there are other kinds of work I like just as much	40.9	33.3	34.7	52.2
It's exactly the kind of work I like best	45.5	49.5	55.1	34.8

14. What is the average number of patients in your unit per day?

Mean	15.49	23.26	35.9	61.5
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15. What is the average number of staff per shift on your unit?

Day	2.59	4.13	1.8	5.1
Evening	1.93	1.34	.39	1.57
Night	1.18	1.38	0.0	4.46

16. How many RNs per shift on your unit?

Day	1.18	2.1	1.18	1.18
Evening	.75	1.34	.29	1.57
Night	.45	.82	0.0	1.0

17. Do you think staffing is adequate for your unit?

Always	4.7	5.6	33.3	4.3
Most of the time	67.4	64.4	54.5	56.5

Occasionally	25.6	28.9	9.1	21.7
Never	2.3	1.1	3.0	17.4

18. Do you think patients on your unit get adequate physical care?

Always	41.9	17.8	30.0	9.1
Most of the time	55.8	72.2	70.0	72.7
Occasionally	2.3	10.0	0.0	18.2
Never	0.0	0.0	0.0	0.0

19. Do you think patients on your unit get adequate psychological care?

Always	7.0	4.4	10.0	4.5
Most of the time	58.1	40.7	60.0	63.6
Occasionally	30.2	49.5	30.0	27.3
Never	4.7	5.5	0.0	4.5

20. If some aspect of your job disturbs or upsets you, whom do you talk to?

Supervisor	55.8	50.5	51.1	77.3
Coworkers	51.2	73.1	55.6	50.0
Friends	7.0	7.5	8.9	13.6
Family	20.9	30.1	20.0	18.2
Doctor	4.7	0.0	11.1	0.0
Administrator	4.8	0.0	0.0	0.0
Bartender	2.4	1.1	0.0	0.0
Minister	2.4	0.0	0.0	4.5

21. How much does your job give you a chance to do the things you do best?

No chance	0.0	0.0	0.0	4.3
Very little chance	14.0	5.4	9.1	13.0
Some chance	23.3	25.8	20.5	8.7
Fairly good chance	39.5	37.6	36.4	47.8
Very good chance	23.3	31.2	34.1	26.1

22. In your job, is time provided for you to do some work other than dealing with patients, such as uninterrupted time to chart?

Yes	48.8	33.3	70.3	52.2
No	48.8	66.7	29.7	47.8

If yes, how often?

Once a week or more	77.3	81.8	83.3	90.0
Once every 2 weeks	9.1	6.1	12.5	10.0
Once every 3 to 4 weeks	4.5	9.1	4.2	0.0
Once every 5 to 6 weeks	4.5	0.0	0.0	0.0
Less often than 6 weeks	4.5	3.0	0.0	0.0

If yes, during these times away from patients, what kind of work do you do?

Paperwork	18.2	24.7	81.3	30.4
Education related tasks	9.0	7.5	43.8	4.3
Care of equipment and unit	2.3	9.7	25.0	0.0
Communications about patients	4.6	1.1	6.3	0.0
Personal things	2.3	0.0	6.3	4.3

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23. Do you enjoy your job?

Always	15.9	6.5	14.3	13.0
Most of the time	70.5	84.8	81.6	69.6
Occasionally	13.6	8.7	4.1	13.0
Never	0.0	0.0	0.0	4.3

24. Do you think your job imposes some stress and pressure beyond that which most people experience?

Yes	88.6	91.4	55.1	73.9
No	6.8	5.4	30.6	17.4
Undecided	4.5	3.2	14.3	8.7

25. What are some of the conditions or situations you have to deal with that you think are particularly stressful or pressure-inducing?

Life threatening and critical situations	50.0	45.56	29.73	5.3
Death and dying	4.76	16.67	2.7	15.8
Conflict with other people	28.5	33.3	32.4	42.1
Too much to do and not enough staff or time	45.2	44.5	27.0	42.1
Mechanical and technical problems	21.4	4.4	5.4	10.5
Moral and value conflicts	16.7	14.4	32.4	0.0
Administrative decisions	14.3	15.6	24.3	36.8
Pressure to do extra work	0.0	0.0	0.0	0.0
Nursing decisions	14.3	12.2	18.9	0.0
Chronic and elderly patients	0.0	4.4	0.0	5.3
Work hours and environment	9.5	2.2	0.0	5.3

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26. Have there been any instances in the last year when the pressure was so great you felt you could not handle the situation?

Yes	37.2	33.7	14.3	34.8
No	62.8	65.2	85.7	65.2

If yes, what was the situation?

Life threatening and critical situation	47.1	41.9	12.5	0.0
Death and dying	5.9	6.5	0.0	0.0
Conflict with other people	11.8	35.5	12.5	42.9
Too much to do and not enough staff or time	52.9	41.9	25.0	42.9
Mechanical and technical problems	0.0	3.2	25.0	0.0

Moral and value conflict	17.8	9.7	12.5	14.3
Administrative decisions	0.0	9.7	12.5	0.0
Nursing decisions	11.8	9.7	0.0	0.0
Chronic and elderly patients	0.0	0.0	12.5	0.0
Work hours and environment	0.0	9.7	0.0	14.3

How did you resolve or handle it?

Get extra help	27.8	19.4	0.0	28.6
Talk about it	11.1	25.8	42.9	14.3
Nothing	27.8	6.5	14.3	0.0
Delegate responsibility	16.7	3.2	28.6	14.3
Reassess and set priorities	11.1	6.5	0.0	28.6
Change jobs, do something different	0.0	6.5	0.0	0.0
Withdraw	5.6	19.4	0.0	14.3
Emotional outlet	0.0	9.7	0.0	14.3
Stick it out, keep going	22.2	9.7	28.6	0.0

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27. As you see it, what contributes to your feelings of stress?

Life threatening situations	5.1	8.3	0.0	6.3
Death and dying	0.0	2.4	0.0	0.0
Conflict with other people	30.8	32.1	41.2	37.5
Too much to do	38.6	50.0	47.1	43.8
Mechanical and technical problems	15.3	4.8	2.9	0.0
Moral and value conflicts	40.0	29.8	32.4	43.8
Administrative decisions	12.8	6.0	2.9	12.5
Pressure to do extra work	0.0	0.0	2.9	0.0
Nursing decisions	26.1	25.0	26.5	18.8
Chronic and elderly patients	2.6	2.4	0.0	0.0
Work hours and environment	15.38	8.3	2.9	12.5

28. When the tension is really pretty strong, what do you do to get it out of your system?

Unable to relieve tension	5.0	4.9	5.9	12.5
Physical exercise	20.0	12.2	32.35	6.3
Emotional expression	12.5	13.4	8.9	6.3
Talking	30.0	37.8	29.4	43.8
Religious outlet	7.5	6.1	11.7	6.3
Reassessment and set priorities	15.0	12.2	14.7	18.8
Withdraw, relax, do something different	42.5	43.9	26.5	31.3
Drink alcohol, use drugs, cigarettes	7.5	12.2	8.8	12.5
Drink other beverages, coffee	0.0	1.2	2.9	12.5
Joke	0.0	2.4	0.0	0.0

29. How often do you believe you have done your best at work?

Very often	56.8	55.9	49.0	56.5
Fairly often	40.9	37.6	44.9	39.1
Sometimes	2.3	5.4	6.1	4.3
Once in a great while	0.0	1.1	0.0	0.0
Practically never	0.0	0.0	0.0	0.0

30. When you don't believe you have done your best at work, do you think it is your fault?

Very often	15.9	8.7	14.6	13.0
Fairly often	13.6	14.1	20.8	17.4
Sometimes	38.6	53.3	50.0	39.1
Once in a while	27.3	20.7	14.6	17.4
Never	4.5	3.3	0.0	13.0

31. How much pressure do you feel towards better performance at work?

None at all	13.6	6.5	12.8	17.4
A little	20.5	20.4	29.8	21.7
Some	27.3	40.9	29.8	21.7
Quite a lot	29.5	19.4	10.6	17.4
Great deal	9.1	12.9	17.0	13.0

32. In your present work, to what extent do you think you are realizing your ambitions?

Not at all	4.5	8.7	2.1	8.7
A little	20.5	13.0	17.0	21.7
Some	27.3	23.9	27.7	34.8
Quite a lot	29.5	38.0	36.2	26.1
A great deal	18.2	16.3	17.0	8.7

33. What shift do you normally work?

Days	44.2	45.2	93.5	39.1
Evenings	32.6	22.6	6.5	17.4
Nights	7.0	16.1	0.0	34.8
Mixed	16.3	16.1	0.0	8.7

34. Do you rotate shifts?

Yes	46.5	30.8	14.3	26.1
No	53.5	69.2	85.7	73.9

If yes, how often do you rotate shifts?

Every week	45.5	28.6	14.3	40.0
Every 2 weeks	13.6	39.3	57.1	0.0
Every 3 weeks	4.5	17.9	0.0	20.0

Every 4 to 6 weeks	22.7	3.6	14.3	0.0
Less than every 6 weeks	13.6	10.7	14.3	40.0

35. In what area or areas do you work? Check all that apply.

Medical	75.0	31.2	0.0	0.0
ICU-CCU	61.4	32.3	0.0	0.0
Recovery Room	36.4	11.8	0.0	0.0
Surgical	68.2	33.3	0.0	0.0
OB	63.6	19.4	0.0	0.0
Pediatrics	65.9	12.9	0.0	0.0
Emergency Room	68.2	9.7	0.0	0.0
Orthopedics	52.3	17.2	0.0	0.0
Administration	18.2	8.6	0.0	0.0
OR	22.7	10.8	0.0	0.0
Float	18.2	9.7	0.0	0.0
Psychiatric	2.3	7.5	0.0	0.0
Doctor office or clinic	0.0	0.0	12.3	0.0
Community or home health	0.0	0.0	18.4	0.0
School health	0.0	0.0	10.2	0.0
Instructor	0.0	0.0	12.3	0.0
Private Duty	0.0	0.0	6.1	0.0
Geriatrics	0.0	0.0	0.0	100.0

36. How many hours a week do you work?

Mean	33.1	34.1	32.48	32.3
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37. How many beds in your hospital?

Mean	Less than 60	More than 60	NA	96.2
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38. How long have you been an RN?				
Mean	16.1	11.1	20.1	23.2
39. How long have you worked at your present job?				
Mean	4.8	4.9	4.8	4.1
40. What is your age?				
Mean	39.98	33.52	42.1	44.74
40b. What is your sex?				
Female	100	95.7	98.0	100
41. What is your marital status?				
Married	75.0	73.1	79.6	73.9
Divorced	4.5	6.5	10.2	0.0
Single	13.6	17.2	6.1	13.0
Separated	0.0	2.2	0.0	0.0
Widow	6.8	1.1	4.1	13.0
42. What is your basic nursing education?				
Associate Degree	20.5	26.9	6.1	13.0
Diploma	54.5	43.0	53.1	69.6
Baccalaureate Degree	25.0	30.1	40.8	17.4
43. What is the highest degree you now hold?				
Associate Degree	18.2	23.7	6.3	13.0
Diploma	50.0	38.7	41.7	60.9

BSM	25.0	35.5	43.8	21.7
BS in other field	4.5	1.1	0.0	4.3
MSM	0.0	0.0	0.0	0.0
MS in other field	0.0	0.0	6.3	0.0
Other	2.3	1.1	2.1	0.0

44. What is the yearly gross income of your job?

Mean	10,252	12,831	10,640	9,230
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45. Please check any of the following in regards to the frequency that applies to you.

Headaches

Once a week or more	21.4	23.1	4.3	28.6
Once every 2-3 weeks	14.3	23.1	21.7	14.3
Once a month	7.1	9.9	19.6	9.5
Less than once a month	35.7	33.0	37.0	23.8
Never	21.4	11.0	17.4	23.8

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General aches and pains

Once a week or more	21.4	14.3	6.8	40.0
Once every 2-3 weeks	14.3	6.6	13.6	20.0
Once a month	19.0	9.9	20.5	5.0
Less than once a month	33.3	50.5	38.6	25.0
Never	11.9	18.7	20.5	10.0

Ulcers

Once a week or more	7.1	0.0	0.0	0.0
Once every 2-3 weeks	0.0	1.1	0.0	5.0
Once a month	0.0	2.2	2.2	5.0

Less than once a month	9.5	7.8	4.3	5.0
Never	83.3	88.9	93.5	85.0

"Nervous" or upset stomach

Once a week or more	23.3	8.0	0.0	9.5
Once every 2-3 weeks	2.3	12.5	4.3	19.0
Once a month	4.7	6.8	10.9	4.8
Less than once a month	20.9	19.3	30.4	28.6
Never	48.8	53.4	54.3	38.1

Diarrhea

Once a week or more	9.5	2.2	0.0	0.0
Once every 2-3 weeks	2.4	6.7	2.2	4.8
Once a month	4.8	3.3	2.2	0.0
Less than once a month	19.0	27.8	28.3	23.8
Never	64.3	60.0	67.4	71.4

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Insomnia

Once a week or more	20.9	12.1	6.5	28.6
Once every 2-3 weeks	14.0	8.8	8.7	4.8
Once a month	11.6	8.8	2.2	0.0
Less than once a month	16.3	27.5	34.8	33.3
Never	37.2	42.9	47.8	33.3

Colds

Once a week or more	2.4	0.0	2.2	4.5
Once every 2-3 weeks	2.4	1.1	0.0	4.5
Once a month	4.9	3.3	2.2	0.0
Less than once a month	68.3	72.2	60.0	72.7
Never	22.0	23.3	35.6	18.2

Feeling of tiredness

Once a week or more	61.9	45.1	26.7	54.5
Once every 2-3 weeks	16.7	25.3	17.8	31.8
Once a month	4.8	12.1	8.9	9.1
Less than once a month	16.7	16.5	40.0	0.0
Never	0.0	1.1	6.7	4.5

Feeling of mental exhaustion

Once a week or more	35.7	23.1	11.1	19.0
Once every 2-3 weeks	21.4	24.2	15.6	23.8
Once a month	11.9	13.2	13.3	19.0
Less than once a month	19.0	29.7	35.6	23.8
Never	11.9	9.9	24.4	14.3

Use of alcohol or drugs

Once a week or more	14.0	14.6	19.6	27.3
Once every 2-3 weeks	23.3	18.0	8.7	13.6
Once a month	7.0	4.5	2.2	4.5
Less than once a month	18.6	23.6	43.5	18.2
Never	37.2	39.3	26.1	36.4

Socialize with friends, family

Once a week or more	67.4	70.0	80.9	73.9
Once every 2-3 weeks	20.9	15.6	12.8	17.4
Once a month	9.3	6.7	4.3	4.3
Less than once a month	2.3	7.8	2.1	4.3
Never	0.0	0.0	0.0	0.0

Put in extra time at work

Once a week or more	60.5	42.2	35.4	26.1
Once every 2-3 weeks	20.9	24.4	20.8	8.7
Once a month	7.0	11.1	4.2	13.0
Less than once a month	2.3	18.9	31.3	34.8
Never	9.3	3.3	8.3	17.4

Feel disgruntled with self
and others

Once a week or more	32.6	18.7	17.8	42.9
Once every 2-3 weeks	18.6	20.9	11.1	9.5
Once a month	16.3	18.7	26.7	28.6
Less than once a month	32.6	36.3	40.0	14.3
Never	0.0	5.5	4.4	4.8

Dread going to work

Once a week or more	25.6	18.9	10.9	23.8
Once every 2-3 weeks	9.3	18.9	4.3	4.8
Once a month	14.0	18.9	15.2	19.0
Less than once a month	20.9	32.2	41.3	19.0
Never	30.2	11.1	28.3	33.3

APPENDIX F

ORGANIZATIONAL STRESS SCALE

Item	Response	Points
Feeling that you have too little authority to carry out the responsibilities assigned to you.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Feeling that you have too heavy a work load, one that you can't possibly finish during an ordinary work day.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Thinking that you won't be able to satisfy the conflicting demands of various people over you.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Having to decide things that affect the lives of individuals	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Feeling unable to influence your immediate supervisor's decisions and actions that affect you.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Thinking that the amount of work you have to do may interfere with how well it gets done.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Feeling that you are asked to do things on the job that are against your nursing judgement.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0

Do you think staffing is adequate for your unit?	Never	3
	Occasionally	2
	Most of the time	1
	Always	0
Do you think patients on your unit get adequate physical care?	Never	3
	Occasionally	2
	Most of the time	1
	Always	0
Do you think patients on your unit get adequate psychological care?	Never	3
	Occasionally	2
	Most of the time	1
	Always	0
How much pressure do you feel towards better performance at work?	Great deal	3
	Quite a lot	3
	Some	2
	A little	1
	None at all	0
In your present work, to what extent do you think you are realizing your ambitions?	Not at all	3
	A little	2
	Some	1
	Quite a lot	0
	A great deal	0

Total: 39 possible points

APPENDIX G

EMOTIONAL AND/OR INTERPERSONAL STRESS SCALE

Item	Response	Points
Feeling that there are conflicting demands between your work and your home life.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Feeling your family and personal life interfere with your job.	Almost always	3
	Occasionally	2
	Seldom	1
	Never	0
Do you think your job imposes some stress and pressure beyond that which most people experience?	Yes	2
	Undecided	1
	No	0
Have there been any instances in the last year when the pressure was so great you felt you could not handle the situation?	Yes	1
	No	0
When you don't believe you have done your best at work, do you think it is your fault?	Never	3
	Once in a while	2
	Sometimes	2
	Fairly often	1
	Very often	0

Total: 12 possible points

APPENDIX H

JOB SATISFACTION SCALE

Item	Response	Points
Is there some other work you would like better than what you are doing?	Would rather have some other job	2
	I feel I could not change jobs	1
	Would rather have my present job	0
Taking all things into account, how do you like nursing?	I dislike it very much, would prefer any other kind of work	3
	I don't like it very much; would prefer some other kind of work	3
	It's all right, but there are other kinds of work I like better	2
	I like it very much, but there are other kinds of work I like just as much	1
	It's exactly the kind of work I like best	0
How much does your job give you a chance to do the things you do best?	No chance	3
	Very little chance	2
	Some chance	2
	Fairly good chance	1
	Very good chance	0

Do you enjoy your job?

Never	3
Occasionally	2
Most of the time	1
Always	0

How often do you believe
you have done your best
at work?

Practically never	3
Once in a great while	3
Sometimes	2
Fairly often	1
Very often	0

Total: 14 possible points

APPENDIX I

BURNOUT SCALE

Item	Response	Points
If you could, would you quit your job?	Yes	2
	Undecided	1
	No	0
Frequency of symptoms and attitudes	Once a week or more	3
	Once every 2-3 weeks	2
	Once a month	1
	Less than once a month	0
	Never	0
Headaches		
General aches and pains		
Ulcers		
"Nervous" or upset stomach		
Diarrhea		
Insomnia		
Colds		
Feeling of tiredness		
Feeling of mental exhaustion		
Use of alcohol or drugs		
Put in extra time at work		
Feel disgruntled with self or others		
Dread going to work	Total: 41 possible points	

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N378

W632

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Wickham, Dianne

Psychological burnout:
comparison of rural and
urban hospital nurses

[illegible]

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