MONTANA STATE UNIVERSITY

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. Impli-cations for nursing were evident, particularly in terms of prevention of burnout.

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by

DIANNE WICKHAM

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

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VITA

Dianne Wickham was born February 26, 1952 in Dillon, Montana to Margaret L. and William B. Wickham. She graduated from Drummond High School in Drummond, Montana in 1970. She received her Associate Degree in Nursing from Northern Montana College, Havre, Montana in 1974. She received her Bachelor of Science Degree in Nursing from Montana State University, Bozeman, Montana in 1977. Ms. Wickham's work experience as a registered nurse includes a staff position at Barrett Memorial Hospital, Dillon, Montana; a team leadership position in Gynecology and Oncology at the University of Kentucky Medical Center, Lexington, Kentucky; and a team leadership position on a medical unit at the Veteran's Administration Hospital in San Diego, California. While attending college, Ms. Wickham worked part time as a member of float teams. She entered the Master's Program at Montana State University, Missoula Extended Campus in September, 1978. Her major has been Medical/Surgical with subspecialties in Oncology and Patient/Staff Education.

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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?

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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 Vredenburgh (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 judgement, 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, agressive 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 sterectyped 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 (Baldarc, 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