

CHAPTER I

INTRODUCTION



BACKGROUND AND RATIONALE

Day after day, health professionals are intensely involved with the suffering and distress of human beings under their care. And, day after day, they are faced with unprecedented demands for efficiency and accountability for the quality of care they provide. Until recently, little attention has been given to the question of what happens to professionals who work so intimately with others, wavering on the peaks and valleys of emotion, against the background of enormous social, professional, and institutional pressure. It seems to have been a foregone conclusion that health professionals naturally retain their objectivity and remain unaffected by such conditions. However, the question now begs for serious attention since it is currently accepted that many health professionals are overloaded with stress and unable to cope with the mental and emotional strain of unrelieved job pressures.

The effects of these kinds of pressures are quite varied, but the composite reaction has been named burnout. Most health professionals have experienced at least some of the prominent symptoms of this job-stress reaction. Most of those who have experienced the full force of burnout have felt a general exhaustion and a loss of energy, enthusiasm, and commitment to their work, their patients, and to their profession. Feeling alienated, hostile, resentful, frustrated, unable to give any more, and powerless to change things, many "burned-out" health professionals ultimately leave their profession forever. Those who remain cope with the stresses of their work by detaching themselves emotionally from the people they serve. For the health care professions, and for the human beings served, burnout has far-reaching implications. In light of the complexity of burnout and its debilitating effects on service providers, recipients, and society as a whole, it is imperative that we strive to understand this problem, it causes, its manifestations, its consequences, and its management. Nowhere is this task more important, and nowhere is our responsibility more apparent, than in the allied health professions.

Burnout initially was described by Herbert Freuden-berger as always occurring in the workplace and as experienced mostly by members of the helping professions: nurses, doctors, school teachers, counselors, policemen, etc. Burnout has been described as a "disease of over commitment" (Cherniss, 1980). It is a job related syndrome characterized by negative effect caused by chronic work stress. Central to the concept of burnout are feeling of emotional exhaustion and depersonalization and a diminished sense of personal accomplishment (Maslach and Jackson, 1981a).

Burnout develops when the cumulative effects of chronic job stress cannot be effectively managed through active problem solving. This failure to cope with stress constructively leads to a depletion of the psychological energy required to carry out a job. To cope with the work situation, the employee withdraws emotionally from the work that he or she previously found satisfying. This withdrawal is often accompanied by apathy, cynicism, rigidity, and a loss of concern and empathy for the recipients of one's services as well as for one's co-workers. These changes create a psychological barrier that insulates the individual from further stress and in so doing enables him or her to cope with the stress. These changes may also precipitate dissatisfaction with one's work performance and an attitude that one's work lacks meaning and purpose. While the three aspects of burnout - emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment - are distinct, their effects are accumulative and contribute to the degree of burnout experienced (Cherniss, 1980; Maslach and Jackson, 1981).

Burnout also appears to play a significant role in low staff morale, increased turnover of staff, high absenteeism, increased dishonesty and theft, deteriorating quality and quantity of patient care and various physical and psychological disorders (Deley, 1979; Maslach, 1976).

Burnout is costly to the employees who experience it, their employers, their profession and their patients. Individuals who leave nursing waste their education; those who stay pay a psychological price. The organization loses talent and gains poor performance from its employees. Patients lose quality care.

Nursing is viewed as a high stress occupation (Cherniss, 1980). Individuals in these professions work intensively, intimately, and continually with people who have serious physical, mental, emotional, and social problems. The stresses associated with the process of helping that involve treating, teaching, counseling, and reprimanding place these professionals at risk for burnout.

Until the latter part of the '70s, nurses were expected to carry out total physical care but to keep themselves emotionally at a safe distance from patients and families. During the past 20 years many changes have taken place in nursing. First, several specialties have been developed, often with new and highly technical nursing procedures. Together with these technological developments, increasing attention is being paid to the emotional state of the patient and consequently to the provision of adequate emotional and psychological support to patients and families. As a result, nurses are now concerned with the technical, physical, and emotional sides of patient care. In this new and challenging role they are more vulnerable and subject to more stress than in the past.

OBJECTIVES OF THE STUDY:

The study has the following objectives:

1. To identify the level of burnout among professional nurses in Chulalongkorn Hospital.
2. To classify the influential factors of burnout among professional nurses in Chulalongkorn Hospital.
3. To propose the strategies for prevention or combating burnout among professional nurses in Chulalongkorn Hospital.

RESEARCH QUESTIONS

The study aims to answer the following questions:

Primary research question:

What is the level of burnout among professional nurses in Chulalongkorn Hospital?

Secondary research question:

What is the priority of influential factors of burnout among professional nurses in Chulalongkorn Hospital?

OPERATIONAL DEFINITION

Burnout

Burnout is operationally defined in terms of three separate dimensions which are classified as feelings of emotional exhaustion, depersonalization, and lack of personal accomplishment. The first aspect refers to the development of increased feelings of emotional exhaustion and fatigue by employees. The second aspect refers to the tendency for people to develop negative, cynical attitudes toward others. The third aspect of burnout refers to negative self-evaluation which results in feeling a lack of personal accomplishment. It is important to note that, since burnout is conceptualized as a continuous variable, a person is not classified in an all or none fashion (Maslach and Jackson, 1981).

Motivation

Motivation refers to all of the forces operating within a person to cause him or her to want to engage in certain kinds of behavior rather than others. Even if all the other factors are in place to facilitate effective individual behavior on the job, these factors will amount to nothing unless the person is motivated to perform well. A person's motivation is influenced by his or her attitudes, beliefs, values, needs, and goals.



Emotional Exhaustion

Emotional exhaustion as emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level.

Depersonalization

Depersonalization such as negative, cynical attitudes and feelings about one's clients. These callous or even dehumanized perception of others can lead staff members to view their clients as somehow deserving of their troubles.

Reduced Personal Accomplishment

Reduced personal accomplishment refers to the tendency to evaluate oneself negatively, particularly with regard to one's work with clients. Workers may feel unhappy about themselves and dissatisfied with their accomplishment on the job.

EXPECTED BENEFIT OF THE STUDY:

The result of the research will be used as information for administrators to recognize the level of burnout in their staff and the influential factors of burnout and for decision making for personnel management to prevent and reduce burnout among their staff.

On the other hand, the result will be used as information for the professional nurses to help themselves from burnout and the result will be beneficial to those who are interested.
