CHAPTER 2

LITERATURE REVIEW

Literature Review

A number of related studies and articles on job stressors and burnout have been reviewed. Related information was grouped under two topics: job stressor and burnout, and job stressors and burnout in nursing.

Job stressor and burnout

Stress is a field of study which has spread across the disciplines (Berggren, Hane & Ekberg, 1988, Borg, Riding & Falzon, 1991). In particular, stress as a concept, construct, syndrome, theory and transaction, has been investigated (Goldernberg & Waddell, 1990). Stress has been defined in many ways. Stress can be defined as a stimulus processing a disrupted response; the disruption caused by a noxious stimulus; or a transaction that arise out of interchanges between a person and the environment (Lyon & Werner, 1987). Hans Selye, considered as the father of contemporary understanding of stress, defined stress as a "nonspecific response of body to any demand made upon it" (Selye, 1976). He claims every demand made on the body is specific. In

responding to this demand, the body needs to readjust or adapt internally to reestablish its equilibrium. Selye (1976) describes this effort or non-specific response as the essence of the stress. Stress depends in part on the type, quality, and intensity of the demand. The demand is described by Selye (1976) as stressor. From his observations on animals and humans under stress, he demonstrated that failure to adapt adequately may lead to prolonged stress and eventually to exhaustion and morbidity.

During the past two decades, Selye's formulation of stress as a nonspecific response has been modified to take account of the individual's ability in some instances to cope successfully with a demanding stimulus (Lazarus & Folkman, 1984). In the context, stress is defined as an imbalance between the individual's perception of his capability to respond to the demand. Lazarus and Folkman (1984) define stress as a relationship between people and environment that is appraised as taxing or exceeding their resources and as endangering well-being. The individual's cognitive appraisal of a given situation and the use of his coping mechanisms in dealing with the situation is described as a transactional process (Lazarus & Folkman, 1984).

Job stress is thought to result from this transactional process of job stressors and a person's inability to meet them or to modify them in any way (Berggren,

Hane & Ekberg, 1988). Job stressors are those situations connected with the duties related to any given position and which may impact on job performance and satisfaction (Berggren, Hane & Ekberg, 1988). Job stressors can also occur when a job either poses too many demands the worker cannot meet or fails to provide sufficient supplies the worker needs. Job stress is "the condition in which some factors or combination of factors at work interact with the worker to disrupt his psychological or physiological balance" (Margolis & Droes, 1974). Numerous factors within the individual and others within the organization have been found to exist that contribute substantially to job stress. The crucial variable is felt to be the interaction of the person and the environment. Job stress is frequently associated with a condition called burnout which is characterized by physical, emotional and spiritual exhaustion (Schneider, 1982).

The term burnout was first coined in 1974 by Freudenberger (Cited in Lewis, Bonner, Campbell, Cooper & Willard, 1992). Burnout is a response to chronic job stress. It is a psychological experience that manifests itself in the individual, particularly those individuals who are involved in person-to-person relationships as part of their regular working practice. It is a negative experience and results from the interaction between the individual and the environment (Seuntjens, 1982).

According to Maslach and Jackson (1986), burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who spend considerable time in intense involvement with other people and are confronted with circumstances that are difficult to change. Emotional exhaustion involves individuals feeling that they are no longer able to give of themselves at a psychological level. This feeling results from depletion of emotional resources. Depersonalization refers to the development of negative, cynical attitudes and feelings about one's client. A depersonalized person can have limited commitment to and involvement in their clients, and invest little energy in work-related responsibilities. This perception of others can lead members of staff to feel that their clients in some ways deserve their problems. Reduced personal accomplishment is the tendency to evaluate one's work negatively, particularly in relation to one's work with clients. Therefore, it can be seen that the consequences of burnout are potentially very serious. It may result in absenteeism, job turnover, intrastaff conflicts, low morale, requests for job transfer, leaving the profession, and even psychosomatic illness. An individual who develops burnout no longer has positive feelings about herself and her clients and may perceive clients with dehumanizing cynicism (Hare, Pratt & Andrews, 1988).

Job Stressors and burnout in nursing

Although every individual is potentially susceptible to develop burnout, people employed in service and helping professions are especially vulnerable (Langemo, 1990). The effect of job stress in various occupations has been examined and in health science particularly. Stress among health care workers is known to be considerable, especially among nurses employed in hospital settings (Clark, 1980, Vicki & Lackman, 1983). McGrath, Reid and Boore (1989) described hospitals as being characterized by anxiety, uncertainty and communication blockage which appeared related to relationships between health care professionals in the hierarchy and patient well-being. According to Baj (1980), hospitals are complex sociological, technological, biological, and psychological systems that produce powerful
stimuli which effect the lives of both clients and health care providers. Nurses are consistently faced with clinical dilemmas including crisis events, life and death situations, rapid technological advances, and daily exposure to various illnesses and disease (Hare, Pratt & Andrews, 1988, Rich & Rich, 1989). The majority of nurses work in hospitals which for the most parts are emotionally charged environments (Rogers & Travers, 1991). Noxious agents such as bacteria and viruses, threat of nuclear radiation, crowded work spaces, and unpleasant odors, represent some of the environmental factors

with which nurses must cope. Therefore, nursing is considered by some to be one of the most stressful profession among health care professions (Bond, 1986, Leatt & Schneck, 1980, Nicholson, 1990, Riding & Wheeler, 1995).

Nurses are at high risk for job stress as a result of various factors. Nurses' work is both mental and physical in nature, and nurses often work in understaffed conditions. Meanwhile, coping with clients' emotional status, such as anger, fear, and sadness, is the usual working environment of nurses. Rotating shifts, low pay, low status in society, and ethical problems are job stressors for nurses. Nurses' jobs are also stressful because there is often responsibility without concomitant authority, and often professional roles and responsibilities are not clear cut (Potter & Perry, 1995).

According to Rogers and Travers (1991), shift work could also be a job stressors for nurses. Shift work, especially night and rotating shift work, has a negative impact on nurses' general well-being and performances, because of the constant disruption of the individual's circadian rhythms. Ye and Yang (1996) further indicated that shift work was one of the major reason for nurses leaving the profession.

Furthermore, relationships with clients and other health care professionals can also cause stress. Nurses deal with a large, ever changing, and wide diverse population.

Caring for clients from different backgrounds with different personalities can be difficult for nurses (Tappen, 1995). The nurse-physician relationship can be a job stressor for nurses. Physicians, who are given high level of recognition and respect, do not always value the nursing role. The nurse is still considered by many physicians and society as a helper of the physician, not as a professional (Ye & Yang, 1996).

Furthermore, fear of making a mistake is regarded as one of the job stressors for nurses (Hipwell, Tyler & Wilson, 1989). Scully (1981) discusses the dangerous elements within a nurse's scope of practice and relates these to the development of stress. Since a nurse's responsibilities and duties include enhancement of patient's comfort, recovery, understanding or stability. If a nurse makes an error in administering a medication or in communicating information, the potential danger exits for an adverse effect on the patients. This degree of danger places a great deal of stress on the staff nurses.

There is empirical evidence which demonstrated that nursing is a stressful occupation (Copp, 1988, Robinson et al, 1991). There have been many research studies and articles investigating and discussing the stress in nursing and stress experienced by nursing staff (Albercht, 1982, Cole, 1992, Berg, Hansson & Hallberg, 1994, Dewe, 1989, Halsey, 1985, McCranie, Lambert & Lambert, 1987, Wheeler & Riding, 1994).

Prior to 1960, studies of nurses' stress centered mostly on those individuals who worked in medical and surgical areas. Throughout the 1960s and 1970s, researchers attempted to demonstrate the high level of stress experienced by intensive care nurses (Yu, Mansfield, Packard, Vicary & McCool, 1989). In the 1980s and 1990s, more vigorous studies on nurses' stress were reported.

A number of researchers have studied job stressors among nurses. Scully (1980) identified four areas of sources of stress for nurses: patient care, tensions within staff nurses, unrealistic expectations, and outside forces acting on the individual or staff. Bailey (1980) suggests that nurses are extremely vulnerable to job stressors and contends that this is due to, among other things, new and expanding roles with increasing demands for accountability and new knowledge and skills and role clarification. Bailey, Steffen and Grount (1980) found that management of units, interpersonal relationships, and patient care produced most stress for the nurses.

Gray-Toft and Anderson (1981) developed the nursing stress scale to measure stress in general nurses. It consisted of 34 potentially stressful nursing situations. Each item rated on a 4-point scale of frequency of occurrence. Ratings were summed up to produce a total score. In a study of five groups of nurses from different specialties, they

identified seven major sources of stress within nursing, including death and dying, conflict with doctors, lack of support, inadequate preparation, conflict with other nurses, work load and uncertainty over treatment. The nursing stress scale has been widely used to identify job stressors by a number of researchers in different clinical units (Foxall, Zimmerman, Standley & Bene, 1990, Lewis, Campbell, Becktell, Cooper, Bonner & Hunt, 1994, Power, 1988, Tyler & Ellison, 1994).

Stehle (1981) has reviewed findings on job stressors among nurses in critical care units. She concluded that although these were specialized units, many of the stressors identified in these units would also apply in other nursing settings. Those stressors were working relationships between nurses and doctors and other health care staff, communication and relationships with patient and relatives, the high level of knowledge and skill required, the necessity to respond immediately in an emergency, the high workload and understaffing, lack of support and inability to escape for a break.

Gough and Hingley (1988) conducted a study regarding job stressors in nurses and identified 178 stressors under 13 major categories. The greatest stressor found was related to nurses' lack of confidence or feeling of inexperience. Hipwell, Tyler and Wilson (1989) investigated the prevalence

of those job stressors identified by Gray-Toft and Anderson (1981) among nurses in four different hospital environments: a coronary care unit, a renal unit, a general medical-surgical unit and an acute geriatric ward. They found that nurses in the four different wards had similar seven job stressors.

A recent survey of 2500 general and obstetric nurses undertaken by Dewe (1989) confirmed the major stressors as: heavy workload, difficulties in nursing the critically ill, concern about patients' treatment and dealing with difficult and hopelessly ill patients. The results support the findings of earlier work. Furthermore, in a research on job stress in Northern Ireland, McGrath, Reid and Boore (1989) found that a major job stressor in nursing was the lack of autonomy. In addition, McAbee (1991) found that lack of general public respect and inadequate pay were also significant stressors for staff nurses when compared with physicians and pharmacists.

Perceptions and reactions of 1448 nurses in 32 hospitals to job stressors were investigated by Kohler (1992). The key job stressors among these nurses were issues related to workload. Nurses also reported bad feelings among colleagues, high levels of tension and criticism in their work environment, and working with people in their jobs as stressful.

Wheeler and Riding (1994) developed the sources of stress inventory to identify job stressors in nurses' work.

The inventory is a 35-item, 5-point scale. They studied stress in general nurses and midwives and identified four major stressors in nursing: workload, organizational and management pressure, interpersonal relationship problems and poor working conditions. They found that not only did the stress was caused by these factors, but there was also an interaction between these factors and other variables such as types of nursing, grade, age, and number of clients which affected the level of stress.

In reviewing job stressors among nurses in different clinical units, most researchers agreed that there were common job stressors among staff nurses regardless of their clinical units (Gray-Toft & Anderson, 1981, Foxall, Zimmerman, Standley & Captain, 1990). Gray-Toft and Anderson (1981) compared nurses' job stressors in five clinical units, namely medicine, surgery, cardiovascular surgery, oncology and hospice. They found that nurses reported three major job stressors: workload, inadequate preparation to meet the emotional needs of patients and their families, and death and dying issues. Therefore, they concluded that due to the pervasiveness of such stressors, factors inherent in the nursing role must be the important determinants of nurses' stress. Other stressors, related specifically to clinical practice in various settings, have been reported. These included long-term care of the aged, staff relationship situations on

operating days for surgical nurses, and the relationship with parents in pediatric ward (McGrath, Reid & Boore, 1989).

In summary, it can be said that the principal job stressors for hospital staff nurses have been consistently identified as work overload, dealing with death and dying patients, emotional demand of patients and their families, limited job opportunities, poor communication with colleagues, the erratic nature of the job, shift work, inadequate preparation, lack of emotional support, conflict with doctors, uncertainty over authority, political and union issues, financial resources and increasing bureaucracy. Due to the nature of nursing and the role of nurses, some stressors are common to all nurses, regardless of clinical units. Other stressors may related to specifically clinical units.

One potential negative consequence of chronic exposure to such job stressors is burnout. In recent studies conducted among hospital staff nurses, it was found that nurses experienced a higher level of burnout than other health care professionals, and symptoms of burnout were found to be significant (Benoliel, McCorkle, Georgiadou, Denton & Spitzer, 1990, Nicholson, 1990, Rich & Rich, 1989, Rubinson et al, 1991, Sullivan, 1993). The burned out nurse may be moody, depressed, sarcastic, paranoid and bored. The nurses might complain of gastrointestinal upset, weight changes, headaches, and chronic fatigue (Harris, 1989). The cost of burnout were

staggering, both financially to the institution and humanly to the patients as well as nurses. Using Maslach's burnout inventory, Lavanadero (1981) found that the most frequent and intense feelings of 299 nurses with burnout were those related to job dissatisfaction, emotional exhaustion and personal involvement with patients. Consequence of burnout for nurses were potentially very serious, it may be a factor in turnover, absenteeism, low morale, and personal and family problems (Ceslowitz, 1989). Absenteeism and turnover cause the institution to replace the nurse with expensive registry services, float nurse, further tax staff with overtime, or rehire. In some cases, the hospital does not have anyone to replace the absent nurses. This results in a further staff shortage, which is reported as an additional stressor for remaining staff (McConnell, 1981). Clients receive less nursing care and are depersonalized in the process. Communication between patients, families and nurses results in decreased disclosure. Patients report a lack of caring by nurses (Harris, 1989).

In addition to a deterioration in the quality of patient care, job stress in nursing might also contribute to numerous or repeated errors, decreased productivities, increased physical and psychological illness, and failure to contribute to a unit or to professional growth (Halsey, 1985). In a study of hospital nurses related to job stressors and

stress in terms of burnout, McCranie, Lambert and Lambert (1987) found that burnout was significantly associated with higher levels of perceived job stress. Dolan (1987) found that low job satisfaction was closely related to high burnout.

Kohler (1992) further conformed that most common negative outcome was job turnover. When turnover occurred, the employing agency lost in terms of costs, but greater loss occurred from disruption of performance, low morale, and increased anxiety among those who remained. The second most common negative stress related outcome was personal exhaustion, which was manifested as physical symptoms, for example, headaches, gastrointestinal upset or psychological symptoms, such as irritability and fatigue (Nichols, Springford & Searle, 1981).

With the increasing awareness of burnout as a problems and job stressors as contributing factors, a good deal of research studies have been conducted in various groups of nurses, including ICU nurses (Hagne, 1987), NICU nurses (Rosenthal, Schmid & Black, 1989), psychiatric nurses (Jones, Janman, Payne & Rick, 1987), dialysis nurses (Cooper, Bonner & Hunt, 1994), emergency nurses (Hawley, 1992), community health nurses (Walcott-McQuigy & Ervin 1992), cancer nurses (Wikinson, 1994), hospice nurses (Power, 1989, Patrick, 1987), medical-surgical nurses (Foxall, Zimmerman, Standley & Bene, 1990), obstetric and gynecological nurses

(Wheeler & Riding, 1994), as well as nurse educators (Langemo, 1990) and student nurses (Pagana, 1989, Kushnir, 1986).

Summary

By examining all of the articles and studies cited in the literature review, the researcher made the following conclusion. The most reported job stressors for staff nurses in the hospital were related to nursing care and patient interaction, workload and time pressure, issues related to management, interpersonal relationships with others, environmental constraints, professional and career issues. In looking at nursing professionals as a whole, it can be seen job stress affects all groups of nurses. It should be recognized that due to the stressful nature of the job, most job stressors were similarly encountered by all nurses regardless of the types of ward or nursing specialty.

Chronical exposure to such job stressors might lead to nurses' burnout. Nurses had a higher level of burnout than other health care professionals. The consequences of burnout were very serious. It was likely to affect organizational efficiency, staff turnover, sickness absence, occupational accident rates, production quality and quantity, health care costs and job satisfaction. Furthermore, the effect of burnout might ultimately affect the quality of

patients care.

Theoretical Framework

The theoretical framework for this study was based upon the stress and coping model as described by Lazarus and his colleague (Lazarus, 1966, Lazarus and Folkman, 1984) and the model of burnout proposed by Maslach & Jackson (1986). According to the Lazarus' framework, stress is defined as a relationship between the person and environment that is appraised as relevant to well-being and taxing resources.

According to Lazarus and Folkman (1984), stressors are those stimuli that place a demand on an organism to adapt. Those stimuli can be internal and external, and may be of psychological or social nature. The impact of stressors on an individual's homeostasis is dependent on the person's perceptual assessment of the stressor, not on the stressor itself. Stressors are perceived by an individual as minor, moderate, major, or overwhelming. The magnitude of the stressor depends on the individual's conscious and unconscious perception and appraisal of the event. In other words, a stressor is anything an individual perceives as a threat. Mediational processes involving evaluation and judgement are crucial to stress reaction. The individual's judgement regarding the impact of the stressor and the efforts to manage and shape the stress experience are conceptualized

by the two interacting process: appraisal and coping. Cognitive appraisal is a process through which a person evaluates the relevance of an encounter to his well-being. Coping reflects the individual's cognitive and behavioral attempt to manage the internal and external demands of the interaction between the person and the environment (Lazarus & Folkman, 1984).

A consequence of chronic exposure to stressors is burnout. Maslach & Jackson (1986) defined burnout as a syndrome of emotional exhaustion, depersonalization and reduced person accomplishment. Leiter (1989, cited in Sullivan, 1993) suggests that Maslach's analysis of burnout can be understood in terms of the work of Lazarus with the three dimensions of the syndrome perceived as outcomes of the individual's interaction with the environment.

Application of Lazarus's model of stress and coping and Maslach & Jackson's (1986) model of burnout to the work of the staff nurses would suggest that job stress would occur when a nurse perceives a discrepancy between a particular event or situation at work and her capability to resolve the situation. Such experiences may ultimately result in the development of certain psychological strains such as burnout.

In this study, job stressors were categorized under five subscales: (1) nursing care and patient interaction, (2) workload and time pressure, (3) interpersonal relationship and

management issue, (4) professional and career issue, and (5) resources and environmental issue. Chronical exposure to such job stressors would result in nurses' burnout. Burnout was reflected in the three components of Maslach Burnout Inventory: emotional exhaustion, depersonalization and reduced personal accomplishment, as shown in Figure 1.

Figure 1. A framework of job stressors and burnout