

Chapter 5

Conclusions, Implications and Recommendations

In this chapter, the conclusions of the study are presented first, followed by the implications for nursing administration, and recommendations for future research.

Conclusions

The purposes of this descriptive correlational research were to examine nursing practice environment, to examine burnout as perceived by nurses, and to examine the relationships between nursing practice environment and burnout among nurses in central general hospitals, The Socialist Republic of Vietnam. Data were collected between December, 2011 and February, 2012 in five central general hospitals in the north of Vietnam using proportional stratified sampling method. The subjects were 351 staff nurses in clinical departments from five central general hospitals. The instrument used for data collection was a questionnaire composed of three parts: Demographic Data Form, the Practice Environment Scale of the Nursing Work Index (PES-NWI), and Maslach Burnout Inventory (MBI). The reliabilities of the PES-NWI and its dimensions including participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership, and support of nurses; staffing and resource adequacy; and collegial nurse-physician relations were .75, .88, .87, .79, .81, and .91, respectively. The reliabilities of the MBI subscales of emotional exhaustion, personal accomplishment, and

depersonalization were .86, .78, and .65, respectively. Data were analyzed using descriptive statistics, and Spearman rank correlation coefficient analysis.

The findings of this study were as follows:

1. Four among five dimensions (nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership and support; and nurse-physician relations) of the PES-NWI were good ($\bar{X} = 2.53$, $SD = .50$; $\bar{X} = 2.61$, $SD = .46$; $\bar{X} = 2.56$, $SD = .49$; and $\bar{X} = 2.60$, $SD = .55$; respectively). Only the staffing and resources adequacy dimension was poor in the practice environment of nurses ($\bar{X} = 2.28$, $SD = .55$). Therefore, the entire nursing practice environment was concluded as favorable for the subjects.

2. The subjects experienced a moderate level at all three subscales of burnout; emotional exhaustion ($\bar{X} = 23.26$, $SD = 9.55$), depersonalization ($\bar{X} = 7.94$, $SD = 4.75$), and personal accomplishment ($\bar{X} = 32.20$, $SD = 7.78$) (Table 3). Finally, the experience of burnout was judged as moderate.

3. Emotional exhaustion subscale had negative moderate correlations with nurse participation in hospital affairs, nurse manager ability, leadership and support, staffing and resources adequacy, nurse-physician relations dimensions and the entire NPE ($r = -.35$, $-.31$, $-.44$, $-.31$, $-.37$, respectively), except a weak negative correlation with nursing foundations for quality of care ($r = -.28$) at $p < .01$. Depersonalization negatively moderately related with nurse participation in hospital affairs, nursing foundations for

quality of care, nurse manager ability, leadership and support, staffing and resources adequacy dimension, and the entire NPE ($r = -.41, -.36, -.33, -.41, -.41$, respectively) at $p < .01$, except the nurse-physician relations dimension ($r = -.21, p < .01$). There were positive moderate relationships in pairs between the personal accomplishment subscale and five dimensions (nurse participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, leadership and support; staffing and resources adequacy, and nurse-physician relations) of the NPE ($r = .41, .39, .34, .39, .34$, respectively) and the entire NPE ($r = .43$) at $p < .01$.

Implications for Nursing Administration

The results could provide valuable information to nurses and nurse managers in general hospitals to move forward on promoting and developing more favorable nursing practice environment to reduce nurse burnout. In this case, staffing and resources adequacy should be the priority of any strategy. Moreover, the administrators should also have a deeper view on each component of the environment and give more intervention in order to lower the percentage of the staff who are not satisfied with that dimension. The results might also help nurse managers to holistically understand the NPE relationship to nurse burnout. Hence, they could develop proper strategies to reduce burnout.

Recommendations for Future Research

This study aimed to measure nursing practice environment and burnout only among staff nurses, in central general hospitals in the northern region, The Socialist

Republic of Vietnam, simply using a cross-sectional design and self-administered questionnaires. So recommendations for further researches as follows:

1. Future research is needed to be carried to replicate this study in other regions of Vietnam or in other types of hospitals.
2. Nursing practice environment needs to be studied with related factors, such as demographic characteristics in future research.
3. The consequences of burnout should be carried out to give deeper information for nursing administrators. For example, its impact on quality of care.