Original Article

STRESS & BURNOUT AMONG NURSES IN UNIVERSITY OF UYO TEACHING HOSPITAL: PERVASIVENESS AND RELATED CAUSES

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Abstract

Background/aim: Burnout syndrome is one of the serious effects of long-term exposure to workplace demands thus the study aim at investigating stress & Burnout among nurses in University of Uyo Teaching Hospital: Pervasiveness and related causes.

Methods: Respondents were randomly selected. The sample size was mathematically gotten from Cochrane Formular. Data were collected through the use of a questionnaire; the instrument undergoes both face and content validity. The Collated responses were analyzed using frequencies & percentages, Chi-Square analysis at a 0.05 level of significance was used to test the relationship between variables.

Result: 39.0% of study participants experienced a high level of stress, 29.0% of participants experienced a moderate level while 32.0% experienced low level of stress, a large proportion of the participant 50.0% experienced a high level of burnout, 20.0% participants experienced a moderate level while 30.0% experienced low level of burnout. Furthermore, findings revealed that stress is statistically significant to burnout towards the efficiency of work in General Hospital.

Conclusion: Despite this interest and relevance, the effects of stress and burnout on patient results to patient safety, and quality care are not well defined by evidence.

Keywords: Stress, Burnout, Nurses, Efficiency, Workforce.

INTRODUCTION

To promote excellent care and the wellbeing of healthcare professionals whose workload demands are increasing daily, any workplace, especially one in a hospital setting, needs to be cozy, friendly, and stress-free. This is due to the advancement of technology and patients' desire for quality in response to rising healthcare expenditures. Stress becomes unhealthy for the body and lowers productivity when it lasts for a long time Stress is acknowledged as a natural element of life and can occasionally serve as a catalyst for the development of greater functional capabilities [1]. Burnout syndrome is one of the serious effects of long-term exposure to workplace demands. More specifically, the phrase "burnout syndrome" was used to characterize a recurring response to long-term work stress that contained three elements: emotional tiredness, depersonalization, and emotions of low accomplishment and failure in the workplace, sometimes known as a lack of personal success [2].

In addition to the nurse's age, years of experience, nursing hierarchy, lack of suitable personnel, difficult or demanding patients, younger age, male gender, and insufficient clinical supervision, occupational stress-related burnout is a common problem among nurses [3]. Additional stressors include an excessive workload, emotional strain, underappreciated work,

low pay, poor leadership, death and dying, disagreements with staff, accepting responsibility, a lack of social support, disagreements with other nurses and doctors, the presence of stressors pertaining to one's private life, the perception that one's job is in danger, and a higher nursing grade [4]

In a similar vein, [5] discovered that excessive workload and the number of people living in the household were the best predictors of physical health issues among Japanese nurses, while likelihood of leaving the current nursing position and a lack of support at work were the best predictors of mental health issues. Nursing professionals experience daily stress, which can result in absenteeism, antagonism, as well as decreased productivity and efficiency [6]. Burnout is particularly significant in healthcare settings when staff workers are subjected to both mental and physical stress.

Current issues with nurse recruitment and retention in the nation as a whole, but more peculiarly in some states, have been attributed to a growing understanding of job stress as a cause of unhappiness among registered nurses in Nigerian hospitals. Nurse turnover will decline and recruitment and retention rates will rise if nurse administrators identify variables affecting nurses' job satisfaction in government hospitals and put policies in place to address these problems which will go a long way to help. Burnout among nurses also has a detrimental impact on the standard of patient care [7]. However, in a resource-poor, multiethnic, and culturally diverse nation like Nigeria, little has been accomplished. There is lack of information on this topic, which is why this study is necessary.

MATERIAL AND METHODS

This study used a non-experimental descriptive survey design. In order to paint a precise picture of the current situation, it entailed the methodical collection, analysis, and presentation of data. This design was used because it aided in understanding phenomena that occur in life as they do so naturally. The University of Uyo Teaching Hospital, which is located on Abak Road in Uyo, is where this study was conducted. The hospital renders the following services, clinical, man power development (teaching/training of nurses, paramedical and medical students) and research. The University of Uyo Teaching Hospital is currently made up of 187 beds and has staff strength of about 220 nurses. The study's target group was made up of nurses who worked in UUTH, Uyo, in various wards; those who weren't on duty were excluded. 100 respondents make up the study's assessable sample. The questionnaire was used as the data collecting tool in the study and was subjected to both content and face validity testing; nevertheless, 20 copies were given to measurement and evaluation specialists for close examination. Using nurses working at Dammy Memorial Hospital in Ukana Offot, Uyo, a pilot research was conducted to evaluate the instrument's dependability. The instrument's dependability was assessed using the test-retest reliability method. Here, a Chi Square Analysis was employed after the questionnaire had been given to the respondents and then given to them again after a week.

Ethical Consideration

The researchers were given permission to continue with the data collection for this study after receiving a letter of introduction from the ethics committee that introduced them to the chairman, medical advisory committee, and University of Uyo Teaching Hospital (UUTH). The researchers assured the nurses that all information would be shared in an anonymous and confidential manner. There was informed consent received.

The Inclusion Criteria Include:

1. Nurses on duty of various wards in the University of Uyo Teaching Hospital.
2. Nurses that consented.

Exclusion Criteria Include

Nurses who declined participation.

RESULTS

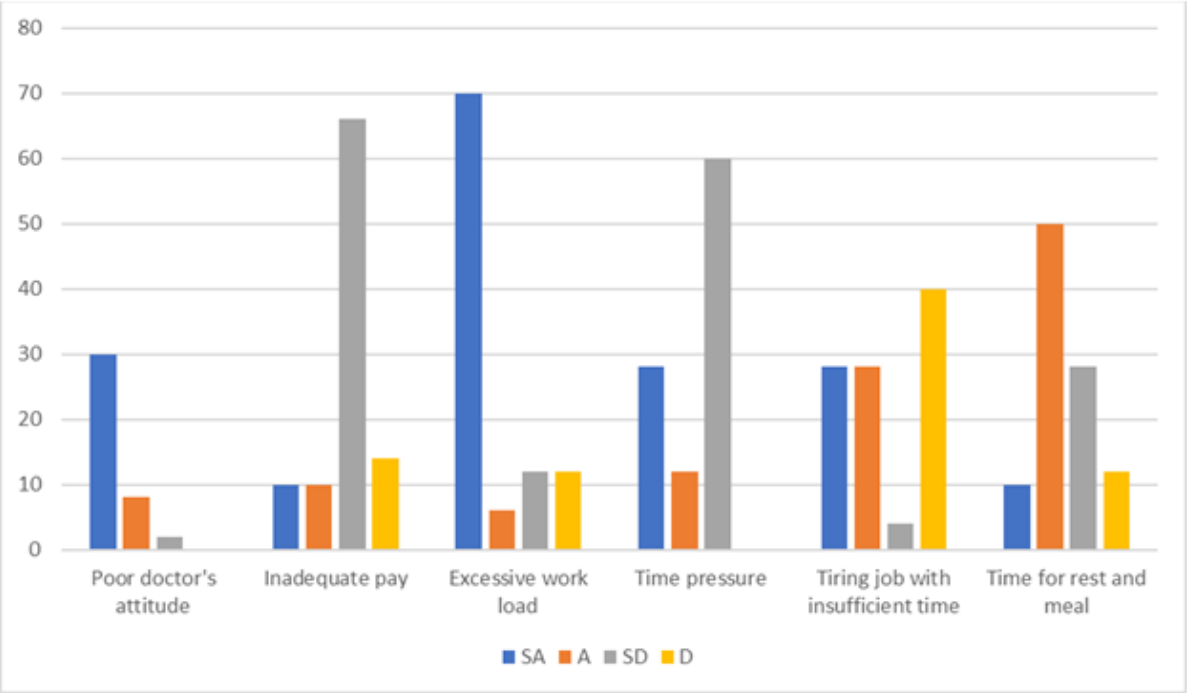
Table 2: Respondents' data

Variable	Frequency	Percentage
Age:		
20-25 years	38	38.0
26-30 years	23	23.0
31-35 years	17	17.0
36-40 years	15	15.0
41-above	7	7.0
	100	100
Gender		
Male	41	41
Female	59	59
	100	100
Religion:		
Christianity	84	84
Muslim	4	4
Other	12	12
	100	100
Marital Status		
Single	22	22
Married	78	78
	100	100
Rank		
NO II	12	12
NO I	26	26
SNO	22	22
PNO	20	20
ACNO	9	9
CNO	11	11
	100	100
Educational qualification:		
RN	12	12
RM	26	26
BSc	23	23
MSc	24	24
Ph.D	15	15
	100	100

Findings in Table 2 indicates the socio-demographic data, this further revealed that 38 respondents representing 38% of the study sample were aged 20-25 years, 23% of the respondents were aged 26-30 years, 17% of the respondents were aged 31-35 years, 15% of the respondents of the study sample were aged 36-40 years while 7% of the respondents were 41 years and above. 41% of the respondents were male while 59% of the respondents were female. 84% of the respondents were

Christians, 4%) were Muslims while 12% belonged to other religions. On marital status, 22% were single and 78% were married. Regarding to rank, 12% of the nurses were at the rank of NO II, 26% of the respondents were ranked NO I, 22% of the nurses were ranked SNO, 20% of the respondents were PNO, 9% of the respondents had the rank of ACNO while 11% were ranked CNO. On educational qualification, 12% of the respondents had RN, 26% had RM, 23% of the respondents had B.Sc. 24% of the respondents had M.Sc. while 15% of the respondents had Ph.D.

Figure 1: Showing level of stress among nurses

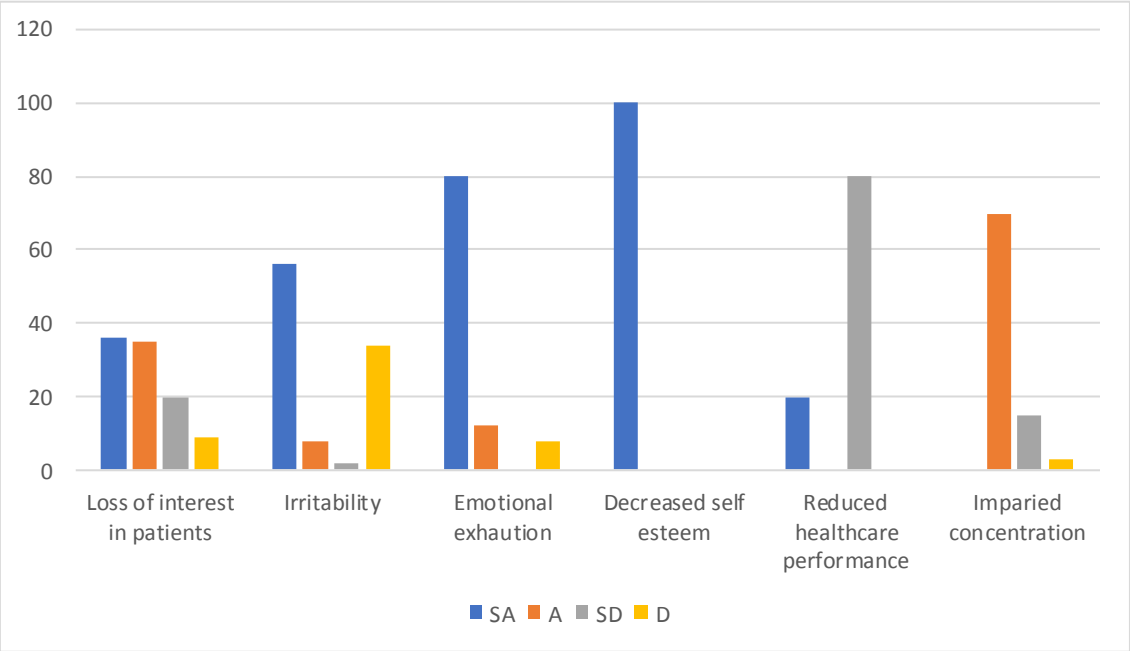


Results on figure one showing level of stress among nurses indicates that 30(30%) of the respondents strongly agreed on poor doctor's attitude as their major cause of stress, 68(68%) agreed, 2(2%) strongly disagreed, 10(10%) strongly agreed on inadequate pay as their major stress, 10(10%) agreed, 66(66%) strongly disagreed, 14(14%) disagreed. Most of the respondents 70(70%) strongly agreed on excessive workload, 6(6%) agreed, 12(12%) strongly disagreed while 12(12%) disagreed. 60(60%) of the respondents strongly disagreed on time pressure, 28(28%) of the respondents strongly agreed, 12(12%) of the respondents agreed. 28(28%) strongly agreed on tiring time with insufficient time as their major stress, 28(28%) agreed, 4(4%)strongly disagreed while 40(40%) disagreed. 10(10%) strongly agreed on time for rest and meal as their major stress, 50(50%) agreed, 28(28%) strongly disagreed while 12(12) disagreed.

In addition, data further revealed that the total mean score obtained is 16.42 out of 24.0. However, the highest mean score obtained is 3.34 out of 4.00 and it was obtained on excessive workload. Nonetheless, the lowest mean score obtained is 2.16 from inadequate pay as a major stress among nurses. The lowest mean score is followed by 2.44 obtained from a tiring job with insufficient time.

Furthermore, the result further revealed the level of stress ranging from low to high. 39.0% of participants experienced a high level of stress, 29.0% of participants experienced a moderate level while 32.0% experienced a low level of stress. This implies that a low proportion of the participants in the study area were swayed by the heavy workloads and inadequate pay.

Figure 2: Showing Level of Burnout among nurses



Data in figure two showing the level of burnout among nurses indicates that 36(36%) of the respondents strongly agreed on loss of interest in patient, 35(35%) agreed, 20(20%) of the respondents strongly disagreed while 9(9%) of the respondents disagreed. Majority of the respondents 56(56%) strongly agreed on having irritability, 8(8%) of the respondents agreed, 2(2%) strongly disagreed while 34(34%) disagreed, 80(80%) of the respondents strongly agreed on having emotional exhaustion, 12(12%) agreed, 0(0%) strongly disagreed while 8(8%) disagreed. All the respondents 100(100%) strongly agreed on having decrease self-esteem. Majority of the respondents 80(80%) strongly disagreed on reduced healthcare performance while 20(20%) strongly agreed. With regards to impaired concentration, 70(70%) of the respondents agreed while 15(15%) of the respondents strongly disagreed while 3(3%) disagreed

In addition, the result further revealed the level of burnout ranging from low to high. 50.0% participants experienced a high level of burnout, 20.0% participants experienced a moderate level while 30.0% experienced low level of burnout.

Stress has no statistical momentous affluence on burnout among nurses on the efficiency of work in Uyo Teaching Hospital, Akwa Ibom State

Table 3

Variable		Burnout			Total	df	X^2 Cal.	X^2 Cri.
		High	Moderate	Low				
Stress	High	13	16	21	50	2	28.0947	7.815
	Moderate	18	2	0	20			
	Low	8	11	11	30			
Total		39	29	32	100			

Field survey 2022

Significant at 0.05, df 2, X^2 calculated 28.0947, X^2 critical 7.815

Findings from table 3 indicate a statistical association between stress and burnout towards the efficiency of work, therefore, at 0.05 level of significance, with two df, the calculated X^2 value of 28.0947 stood larger than the X^2 critical of 7.815, hence, the insignificant proposition was rejected, perhaps the alternative sustained, this suggests that stress has a significant influence on burnout among nurses towards the efficiency of the workforce.

DISCUSSION OF FINDINGS

Findings reveals that University of Uyo Teaching Hospital nurses frequently experience burnout. According to our study, there are considerable differences between the three aspects in the occurrence of burnout. Depending on the demographics of the nurses, different burnout categories had different incidence rates. These demographic differences were all exhibited by age, gender, and marital status. We found that older nurses were far more likely to report having experienced high burnout than younger nurses [8]. In addition, we found that junior nursing hierarchy was strongly related to excessive burnout, as [9] have previously noted. This is strange because senior nurses should be older than novice nurses and should have experienced more burnout. This result might not be unconnected to more common nursing bullying [10]. In this survey, more women than in [8], suffered high levels of burnout although this has also been documented among other professions, such as doctors; [5].

Our study found that burnout was associated with nurse/physician conflict and a shortage of available doctors to work with. Many of the pressures that nurses reported feeling had to do with their professional relationships with physicians, according to [11]. According to the current study, this connection is most likely explained by the fact that when doctors aren't accessible to treat patients, nurses are required to concentrate more on the patients in an effort to "make up" for the doctor's absence, which puts more strain on them. The importance of team building in minimizing nurse burnout is highlighted by this particular factor.

The number of children or other personal characteristics were not associated to burnout, but organizational problems like too many night shifts, low pay, and insufficient security at night were. One of the things connecting poor security to high levels of burnout could be the greater risk of physical assaults and injuries at night. According to [12], burnout is a response to overload, and some of the traits that were maintained after a test from Chi square analysis were as a result of work stress. According to some beliefs, cutting hours can be the first step towards reducing resident burnout, this is applicable to nurses as stated by [1].

This study is the first to look at the largest nurse staff at University of Uyo Teaching Hospital, as far as we are aware. Despite the fact that this study only looked at one hospital managed by an umbrella board, its findings may still be generalized to other general hospitals in the state. There are a number of potential restrictions on the current study. We did not examine patient factors or departmental differences because our focus was on the nurses rather than the patients. Furthermore, we didn't investigate the various coping strategies these nurses employed. This is something that future studies should consider.

CONCLUSION

The results of this study show that nurses' levels of stress are considerably influenced by factors other than their working environment. This can be attributed to the nurses reporting having good interpersonal interactions with one another, which may greatly reduce stress and burnout caused by the working environment. Younger, less seasoned nurses who are new to the system who rarely marry encounter stress and burnout more frequently. When workers are happy, it manifests in the quality of the work they create.In order to encourage quality nursing care, the Board of Management should look into the hostile work environment at the University of Uyo Teaching Hospital because it may affect not only the nurses but also other staff members and patients who are not involved in the current study.

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