# JOB STRESS AND BURNOUT AMONG HOSPITAL NURSES IN A CITY OFMYANMAR

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**Abstract-** This cross-sectional study aimed to determine factors related to job stress in nurses. A total of 300 professional nurses at public and private hospitals in Yangon Region, Myanmar were recruited. Self-administrative questionnaires were distributed to the nurses who were 20-60 years of age in May 2015. Chi-square tests and multiple logistic regressions were employed for data analysis. The study revealed that 50.2% of nurses hadhighjob stress and tendencytoburnout. Ithad a significantassociationwithtype of hospitals, working position, years of services, workmotivation, autonomy, and recognition. Multiplelogisticregressionshowedsignificantpredictors of nurses'job stress and burnout were; those in private hospitals (AOR: 1.78; 95%CI: 1.03-3.06), being in senior position (AOR: 1.83; 95%CI: 1.13-2.95) and high work motivation (AOR: 3.14; 95%CI: 1.45-6.77). Based on the study results, effort should be made to reduce nurses'stress included; setting the strategies to increase in senior nurses, especially those in private sector.

## I. INTRODUCTION

Health care work force shortage is an impending crisis in a labor intensive health care delivering systems around the world, especially with the propensity of nurses(1). The World Health Organization (WHO) has stated that countries less than density of 2.28 doctors or nurses per 1000 of the population were unlikely to be able to provide sufficient coverage to intervene the millennium development goals(2). Moreover, the declining of health care work force leading to imbalance ratio of health care professional and patients was identified especially in developing countries from sub-Saharan of Africa as well as Asia(3).Southeast Asian countries were having the most serious impacts of shortages in nursing along with other health care professions(4). In Myanmar, poor employment capacities, out migration of nurses along with feeble national health system were the reasons for trouble coping with the problems of nurse-patients imbalances ratios(5). Remained nurses were more likely to have higher of workload to keep up with the increasing demand as a consequences.

Self-efficacy was studied as a personal resource factor which would protect job strain and revealed that low self-efficacy preceded burnout(6). However, self-efficacy of hospital nurses had no significant moderating and mediating effects between job stress and burn out(7).Previous studies identified work motivation, occupational commitment, satisfaction with payment and structural and psychological empowerments such as autonomy and recognition to be related to nurses' burnout(8-11).

Job stress and burnout are important issues for health care professionals because they cause significant risk to their health and well-being (12). Previous empirical researches revealed that hospital nurses' job stress leading to burnout was a critical obstacle affecting the satisfying health care services delivery(13).This study aims to study the association between job-related factors and job stress and burnout of hospital nurses in Yangon Region. It is hoped that the findings will support the development of effective interventions to reduce stress and burnout of hospital nurses.

## II. METHODOLOGY

In this cross- sectional study, four private hospitals and two public hospitals in Yangon Region were selected randomly. Data collection was conducted among professional nurses who were 20-60 years of age in May 2015. A total of 300 questionnaires were randomly distributed to the nurses, with a response rate of 87%. Ethical consideration had sought from Mahidol University and Department of Medical Research, Myanmar and both the confidentiality and anonymity of responses were secured.

Job stress and burnout was measured with questionnaires developed from NIOSH Generic Job Stress Questionnaire (14) and MBI-Human Services Survey covering personal, work-related, and client-related burnout as three dimensions of burnout(15). It consisted of eight items and median was used as cut out point; respondents with scores higher than median were categorized into higher while lower scores were classified low job stress and burnout. Age, gender, marital status, educational level, work position, department of working and duration of working as nurse were chosen as individual characteristics while self-efficacy, work motivation, job satisfaction, occupational commitment, autonomy, recognition, career development, interpersonal relationships, payments and manager supports were treated as work-relating factors.

Chi square test was used for analyzing the association between job stress and burnout and individual characteristics, work-related factors and reinforcing factors. Multiple logistic regression

analysis was performed to identify the factors influencing nurses' job stress and burnout. The analysis were performed using SPSS 22, with level of significance at $p<0.05$.

## III. RESULTS

The study revealed that 50.2% of nurses hadhighjob stress and tendencytoburnout. Table 1 shows the individual characteristics of the respondent nurses. Chi square analysis revealed significant association between job stress, burnout and personal characteristics and work related factors.

The nurses who worked in private hospitals tended to have two times of job stress and burn out than the nurses working in public hospitals (OR: 2.28; 95% CI: 1.36-3.83). It is found that nurses in senior positions were almost two times more likely to have job stress and burn out than the junior nurses (OR: 1.83; 95% CI: 1.13-2.95). Other individual characteristics such as age, marital status and working departments were not significantly associated with nurses' job stress and burnout. Moreover, nurses who worked more than seven years' experience in the healthcare professions were over one and a half time more likely to have job stress and burn out (OR: 1.77; 95% CI: 1.10-2.86). In other turn, highly motivated nurses (OR: 3.14; 95% CI: 1.45-6.77), nurses with high autonomy (OR: 2.17; 95% CI: 1.30-3.64) and nurses who are highly recognized for their outstanding care (OR: 1.96; 95% CI: 1.20-3.19) were more likely to have job stress and burn out. However, job-related factors like self-efficacy, occupational commitment and payments did not necessarily associated with nurses' job stress and burnout.

Individual characteristics and work-relatedfactorswhich show significantassociationwith nurses' job stress and burnoutwithsignificant p value<0.5 wereselectedtoanalysewithbackward LR method. Thepredictors of nurses' job stress and burnout shown in the analysis were, those in private hospitals (AOR: 1.78; 95%CI: 1.03-3.07), being in senior position (AOR: 1.67; 95%CI: 1.02-2.74) and having high work motivation (AOR: 1.65; 95%CI: 1.01-5.07). (Table2)

**Table 1 Demographic Characteristics (n=275)**

| Variables | n (%) |
|---|---|
| **Level of job stress & burnout** | |
| - Low | 137(49.8) |
| - High | 138 (50.2) |
| **Type of Hospitals** | |
| - Private | 91 (33.1) |
| - Public | 184 (66.9) |
| **Age** | |
| - ≤ 30 | 129(46.9) |
| - > 30 | 146 (53.1) |
| Median = 30, QD= 8.5,Min =20, Max=60 | |
| **Marital status** | |
| - Single | 202(73.5) |
| - Married | 73(26.5) |
| **Position at work** | |
| - Trained Nurse | 146(53.1) |
| - Staff Nurse | 95(34.5) |
| - Head Nurse | 34(12.4) |
| **Years of Services** | |
| - ≤ 6 years | 143(52.0) |
| - >6 years | 132(48.0) |
| Median = 6, QD = 6.5,Min = 1,Max = 40 | |

**Table 2 Associated factors for nurses' job stress and burnout**

| Individual Characteristics | n | Job stress and Burnout (%) | | Crude OR | 95% CI | Adjusted OR | 95% CI |
|---|---|---|---|---|---|---|---|
| | | Low | High | | | | |
| **Type of hospitals** | | | | | | | |
| – Private | 91 | 36.3 | 63.7 | 2.26 | 1.36-3.83 | 1.78 | 1.03-3.07 |
| – Public | 184 | 56.5 | 43.5 | 1 | | 1 | |
| **Position** | | | | | | | |
| – Junior position | 146 | 56.8 | 43.4 | 1 | 1.13-2.96 | 1 | 1.02-2.74 |
| – Senior position | 129 | 41.9 | 58.1 | 1.83 | | 1.67 | |
| **Years of Services** | | | | | | | |
| – ≤ 6 | 143 | 56.6 | 43.4 | 1 | 1.10-2.86 | | |
| – >6 | 132 | 42.4 | 57.6 | 1.77 | | | |
| **Work Motivation** | | | | | | | |
| – Low | 37 | 73.0 | 27.0 | 1 | 1.46-6.78 | 1 | 1.01-5.07 |
| – High | 238 | 46.2 | 53.8 | 3.14 | | 1.65 | |
| **Autonomy** | | | | | | | |
| – Low | 91 | 62.6 | 37.4 | 1 | 1.30-3.65 | | |
| – High | 184 | 43.5 | 56.5 | 2.18 | | | |
| **Recognition** | | | | | | | |
| – Poor | 116 | 59.5 | 40.5 | 1 | 1.21-3.20 | | |
| – Good | 159 | 42.8 | 57.2 | 1.96 | | | |

## IV. DISCUSSION AND CONCLUSION

The study revealednurses in private hospital had more stress and burnout. It was contradict with the previous study conducted over Thai nurses' job stress(16) but that might be due to differences in organizational support issues among Myanmar hospitals. In Myanmar, private hospital nurses have smaller patient load with more enjoyable working environment yet the nature of the job is very competitive. The patients represented a wide range of higher socio economic conditions, requiring different types of nursing care and demands, which exposed private hospital nurses to different sources of stress. In addition, management policies of the private hospitals such as compensation for the error in the job, incentives, rewards or recognition for good care also made the nurses' more stressful in their work, even leading them poor job security.

The study also found senior nurses are more stressful as correspond with a study conducted among Uganda nurses (17). Apart from care giving, they have other higher responsibilities such as hospital management and maintenances as well as human resources managements. Being senior, they also have greater autonomy, making them more responsible and more prone to occupational stress as a consequence.

Work motivation is found as predictive factor for stressful nurses. The more motivated nurses are found more stressful in the study. It might be because comparing to low motivated nurses, high motivated nurses would have more engagement with their job, over commitment to their work creating more stressful than the others. Similar result was reported in another study of Asian hospital nurses' burnout (18). As suggested in previous burnout study, it is important to have good fit between motivations of the person and supplies of the job, otherwise it could lead to stressful and dissatisfying work (9).

In other studies, job performance wasindicated as a major consequence from the nurse's level of job stress. High levels of stress appeared to result in a significant decrease in job performances and finally tend to leave their job because of burnout. Moreover, job stress was found to be an important intervening factor for health care delivery becauseit could adversely affect employee's health and wellbeing as well as worker burnout.Thus, leading to turnover of the profession and overloading on remained nurses, and that vicious cycle impacts the service delivery of health care, in turndegrading patients' outcomes (19).

For the development of organization, the importance of social support should be considered to improve hospital nurses' psychological well-being.Hospital administrators and nurse managers should identify stress prevention strategies such as good communication between management and staff, lessening pressures and giving recognition for excellent work, providing recreational facilities in the hospital environment in order to relax when they had beenexposed to high stress. They should also put policies which enhance organizational support to the nurses' retention and promotion policies. Moreover, listening and taking responses on the problems and concerns regarding with the work are needed to reduce stress and work overload. Hospital managers should support human resource and organizational management such as effective communication skills, team work building and leadership performance to maintain health professional in their institutions.

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