CHAPTER III

METHODOLOGY

The quantitative approach transpired from an area of philosophy known as logical positivism, which runs on precise regulations of logic, truthfulness, and predictions (Grove, Burns, & Gray, 2013). Quantitative researchers think that the behavior of all human individuals is objective, has a purpose, and is measurable (Grove et al., 2013). So, the quantitative approach has been selected as the appropriate method of research for the study. The purpose of this chapter is to give a comprehensive description of the design chosen for research, the sample selection methods, and the collection and analysis of data that will be followed in the research study.

*Research Design*

A descriptive correlational design that involves the use of a survey outlined by Maslach, Jackson, and Leiter (2006) is the choice for this study. A descriptive correlational design analyzes the relationships that are present in a situation (Grove et al., 2013). Descriptive correlational designs give researchers the ability to easily identify numerous interrelationships in a situation in a small amount of time (Grove et al., 2013). It is proposed that the survey will gather details of the three components of the burnout syndrome which are: emotional exhaustion, depersonalization, and the reduction of personal accomplishment of medical-surgical hospital staff registered nurses (RNs). The method chosen for data collection is a survey that participants will acquire through Surveymonkey.com via Facebook.

*Participants*

The population for this study will be medical-surgical hospital staff registered nurses. The population will be delimited to a homogenous group of participants via the specification of inclusive and exclusive criteria (Trinity College Dublin, 2011). The resultant group will establish the target group, which is the group of nurses to be generalized (Trinity College Dublin, 2011). Inclusive criteria: medical-surgical registered nurses currently employed as a staff nurse at a hospital facility; male and female; have the ability to read English; 18 years of age and older; and currently employed in the United States. Exclusive criteria: nurses who are currently not practicing as a nurse; nurses who practice in any other area of nursing other than medical-surgical; and less than 18 years of age.

The nurses that fit into the particular specifications will be the convenience group chosen of the target population (Trinity College Dublin, 2011). A simple random probability sample is proposed to be chosen, which comes from the convenience sample. The sample of nurses will be acquired through convenience sampling by way of social media (Facebook).

*Instrumentation*

From the burnout instruments that were identified in the Literature reviews, the Maslach Burnout Inventory-General Survey (MBI-GS) was deemed to be the most suitable for examining burnout among medical-surgical nurses. The MBI-GS was developed to assess the three components of burnout syndrome in individuals that provide human services.

The MBI-GS is the most utilized measure of burnout in research all over the world (Maslach, Jackson, & Leiter, 2006). It is considered to be the key choice of any type of self-reported assessment of burnout syndrome (Maslach et al., 2006). The MBI-GS is viewed as reliable and valid (Maslach et al., 2006).

The MBI-GS is made up of 22 items, which splits up into three subscales which are: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2006). The items of the survey are set up in the form of statements regarding an individual’s personal feelings and attitudes about their work (Maslach et al., 2006). The participant’s answers will be based on how often he or she experiences these feelings, on a seven-point scale, which ranges from a zero- which means never, to a six - which means every day (Maslach et al., 2006). The emotional exhaustion subscale consists of nine items- which examines the feelings of being overextended emotionally and worn out by the individual’s work (Maslach et al., 2006). There are five items for the depersonalization subscale- which measures the impersonal and unfeeling responses toward the individuals who receive their service, treatment, instruction, or care (Maslach et al., 2006). The subscale of personal accomplishment consists of eight items- which examines individual’s feelings of capability and prosperous accomplishment in their work dealing with people (Maslach et al., 2006).

Scoring of the MBI- GS will be completed by hand using the scoring keys from the MBI survey. For the subscale of emotional exhaustion and the subscale of depersonalization the mean scores that are high equals up to an elevated degree of burnout being experienced (Maslach et al., 2006).The subscale of personal accomplishment is different than the two other subscales in that the mean scores that are lower on this subscale means there is an elevated level of burnout experienced degree (Maslach et al., 2006). Every individual participant’s test paper is scored by utilization of the survey key that possesses the directions needed in order to score each subscale appropriately. Every individual subscale is contemplated individually and is not integrated into a solitary, complete score, but three scores are calculated for each study participant (Maslach et al., 2006). If feedback for the individual is wanted, then each score can utilize codes as low, average, and high by utilizing the numerical cutoff points that are on the scoring key (Maslach et al., 2006).

*Research Procedures and Pilot Testing*

Participants of the study will receive a link to a request to complete a survey on burnout among staff medical-surgical RNs and a demographic survey. A letter which will provide the description of the purpose of the research and informed consent will also be received all through Surveymonkey.com. The consent for participation in the study will be confirmed by the participant’s return of the completed survey. Each individual participant will be made aware that participation in the research study is voluntary and that withdrawing from the research study can be done at any given time.

It is proposed to conduct a pilot study of the instrument by utilizing a small sample of subjects. The participants of the pilot study will be acquired by a convenience sample and will be asked to complete the MBI-GS and the demographic survey and give feedback on the instruments. The participants of the pilot study will be interviewed to check whether or not any problems or issues arose with the study. If any problems are identified, then elements of the survey will be amended appropriately.

*Data Analysis*

Descriptive statistics will be performed on the data that is obtained from the research study. When analyzing quantitative data numbers are utilized. The data will be described utilizing central tendency and frequency. The frequency of particular answers to questions will be computed in the form of a percentage and displayed in tables. The research central tendency data will be computed utilizing part A for the mode. The mean and median will be computed for the utilization of part B and C.

*Assumptions of the Study*

Assumptions for the research study are that the participants will render honest and accurate responses to the questions of the survey. It is assumed that the medical-surgical participants of the target population are homogenous.

*Limitations of the Study*

Limitations of the research study could include a lack of individuals who are willing to participate in the research study.

References

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