INTRODUCTION

*Background*

Burnout is a mental, emotional and physical state of stress that results in a chronic state of pressure or stress at the workplace and is associated with individuals who do “people work”, which nursing would be considered to fall in that category (Holdren, Paul & Coustasse, 2015). The term burnout was initially utilized in the 1970’s by Herbert Freudenberger, who was a known American psychologist (Holdren, Paul & Coustasse, 2015). Over the years there has been an increase of the number of nurses who are suffering from burnout syndrome (Holdren, Paul, & Coustasse, 2015). Research has shown that for every individual patient that gets added to a nurse’s shift assignment, there is a 23% increase in burnout syndrome (Holdren, Paul, & Coustasse, 2015). Research has also shown that burnout syndrome has affected 49% of Registered Nurses (RNs) who are younger than 30 years of age and it has affected 40% of RNs who are over 30 years of age (Holdren, Paul, & Coustasse, 2015). The purpose of this thesis is to identify the causes of burnout among medical-surgical hospital staff RNs in southwest Georgia.

*Research Problem*

In today’s time, the intensity of nursing care is on the rise in hospitals all around the world due to a reduction in the length of stay of patients in order to control an increase in costs, which only in turn, increases the burden of work on the nurses, and most likely will end up influencing their clinical practice and the quality of care rendered to their patients (Maghaddasi, Mehralian, Aslani, Masoodi, & Amiri, 2013). The top three symptoms of burnout syndrome are feeling emotionally exhausted, becoming alienated from activities that are job-related and experiencing a reduction in work performance (Holdren, Paul, & Coustasse, 2015). Nurses who experience emotional exhaustion have feelings of being overworked, depleted, and lethargic (Holdren, Paul, & Coustasse, 2015). Experiencing alienation from job-related activities includes the emotional separation from work responsibilities, becoming dissociated from coworkers and displaying pessimistic attitudes toward the work environment (Holdren, Paul, & Coustasse, 2015). Nurses who experience burnout syndrome has a negative view of their responsibilities; find it hard to work and an absence of innovation, which causes an overall reduction in the performance of all daily responsibilities (Holdren, Paul, & Coustasse, 2015). Nurses who experience burnout can become associated with negative outcomes of health such as: psychologic distress, somatic complaints, and alcohol and drug abuse (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). With high levels of burnout it is unlikely for a nurse to render safe, quality care to patients.

*Research Purpose*

The purpose of this descriptive study is to identify the causes of burnout among medical-surgical hospital staff RNs in southwest Georgia. The Maslach Burnout Inventory (MBI) is designed to assess the three components of the burnout syndrome which includes: emotional exhaustion, depersonalization, and a reduced personal accomplishment (Maslach, Jackson, Leiter, 2006). The purpose is also to examine whether they have any intentions of leaving their current nursing position in the next 6 or 12 months.

*Theoretical Framework*

Kanter’s Theory of Structural Empowerment can be utilized to guide this research. Kanter’s Theory of Structural Empowerment is based on the notion of power, which is measured by an individual’s ability to get things done (Laschinger, Wong, Cummings, & Grau, 2014). Power is created and transferred through formal and informal systems within an organization (Laschinger et al., 2014). When positions are visible, flexible, and central to the organization that is when formal power is created (Laschinger et al., 2014). Informal power is created through internal and external connections of the organization, such as the relationships with peers, sponsors, and other co-workers (Laschinger et al., 2014).

Formal and informal power facilitates access to four structures of empowerment which are: access to opportunities in order to learn and grow; access to information; access to support; and access to resources that are requirements for the job (Laschinger et al., 2014). Obtaining access to opportunity provides individuals with challenges, rewards, and occasions for professional development (Laschinger et al., 2014). Access to information refers to the provision of both technical knowledge related to the core role of the employee, and information concerning the larger organization, such as its policies, goals, and decisions (Laschinger et al., 2014). Access to support provides employees with feedback, guidance, and emotional support from superiors, peers, and subordinates that work in a way to maximize effectiveness (Laschinger et al., 2014). Access to resources refers to having the ability to obtain the necessary materials, money, and time to complete the demands of the job (Laschinger et al., 2014). Empowering nursing environments correlate with numerous positive nurse outcomes, such increased job satisfaction, organizational commitment, and reduced burnout and incivility (Laschinger et al, 2014).

*Research Question/ Hypothesis*

The objective of this study is to answer the following questions:

1. What are the causes of burnout among medical-surgical hospital staff RNs in southwest Georgia?

2. Of the 3 burnout system components assessed by the MBI, which component measurement is the highest?

3. How long has the respondents been nurses?

4. What was the previous clinical nursing experience prior to staff nurses at the current facility?

5. Do the respondents have intentions on remaining employed at current facility for the next 6 to 12 months?

*Operational/ Definitions*

For the purpose of this research, the following definitions were used.

1. Burnout is defined as a state of mental, emotional and physical state of stress that results in a chronic state of stress or pressure at the place of work and is associated with people who do “people work”.

2. Emotional exhaustion is defined as having feelings of being overworked, depleted, and lethargic.

3. Job alienation is defined as emotional separation from work responsibilities, becoming dissociated from coworkers and displaying pessimistic attitudes toward the work environment.

4. Maslach Burnout Inventory (MBI) is designed to assess the three components of the burnout system which includes emotional exhaustion, depersonalization, and a reduced personal accomplishment.

References

Holdren, P., Paul, D. P., Coustasse, A. (2015). Burnout syndrome in hospital nurses. *Marshall Digital Scholar.* Retrieved from: http://mds.marshall.edu/cgi/viewcontent.cgi?article=1141&context=mgmt\_faculty

Laschinger, H. K., Cummings, G., Wong, C., & Grau, A. (2014). Resonant leadership and workplace empowerment: The value of positive organizational cultures in reducing workplace incivility. *Nursing Economics, 32*(1). Retrieved from: https://www.bc.edu/content/dam/files/centers/cwf/individuals/pdf/LeadershipandWorkplaceempowerment.pdf

Maghaddasi, J., Mehralian, H., Aslani, Y., Masoodi, R., & Amiri, M. (2013). Burnout among nurses working in medical and educational centers in Shahrekord, Iran. *Iranian Journal of Nursing and Midwifery Research, 18*(4), 294-297. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3872864/

Maslach, C., Jackson, S., & Leiter, M. (2006). Maslach burnout inventory. Retrieved from: https://www.researchgate.net/profile/Christina\_Maslach/publication/277816643\_The\_Maslach\_Burnout\_Inventory\_Manual/links/5574dbd708aeb6d8c01946d7.pdf

Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care, 42*(2 Suppl), 1157-1166. DOI: 10.1097/01.mlr.0000109126.50398.5a