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### *Can psychiatric nurses prevent burning out?*

Psychiatric nursing is based on humanistic foundations. Its ideas are taken from source of positive, concentrate on human being, noble principles. Nurse should see patient (ill or healthy) as a mental and physical unity and health as a continuum. Nursing including treatment as well as prevention of diseases and promoting good general health. Mental health is a fundamental right of each person. According to World Health Organization (WHO) concern for human mental health is to be the first aim for Health Care. Polish society mental health is not in good condition. We can see increase in suicides rate, enormous alcohol consumption, and depression mood as a result of chronic stress (7). The increasing level of mental diseases, drugs abuse and psychosomatic illnesses in modern society needs more attention devoted to Psychiatric Health Care.

Nurse's role in this field is to give help to the patients, their families and social groups in order to achieve satisfied and productive life styles. Nurse's role in psychiatry has changed and she became a member of multidiscipline team. In modern Units of Psychiatric Health Care in Poland work treatment teams. Nurse is part of each form of patients' treatment (psychotherapy, pharmacotherapy, sociotherapy and somatotherapy). Stress connected with medical profession is one of the risk factors of somatic diseases, e.g. gastric or duodenal ulcers. It also gives negative emotional repercussion such as fear, irritation, depression etc. Stress at work can affect not only one's professional satisfaction but also satisfaction from life in general meaning (3, 6, 9).

Maslach is recognized as an outstanding expert of burn-out syndrome (1, 2, 4, 8, 10). She claims that the burn-out syndrome concerns people intensively involved in intimate contacts with others, with its psychological, social and physical nature. This disorder touches mostly people who in accordance with their occupation deal with other people – nurses, doctors, social workers, barristers, teachers, chronically ill guardians (1, 4, 5, 10).

The aim of the paper was to study stress and distress influencing life and work of nurses on psychiatric units. The study has examined intensification of syndromes of burn-out, the sources of frustration and personal predictions.

#### MATERIAL AND METHODS

A total of 6,000 women working as nurses were recruited to participate in the study which was conducted in hospitals' psychiatric units in Lublin, Chełm and Zamość, Poland. Those units work was based on traditional forms of nursing care. The study took place in the years 2001–2003. All participants were women (100%) employed in psychiatric units with education as nurses.

Characteristics of this group included sociodemographic data such as age, education, place of work, time of being employed as nurse, marital status and the number of children. The first determinant was the age of those women. The most numerous groups were at the age between 31 and 40 years – 2,900 (48.3%). As far as the time of employment is concerned, the participants were divided into 2 groups: group I (3,000) – years of working less than 10, group II – women (3,000) working over 10 years.

Family situation was also analyzed by collecting such data as the marital status and the number of children. In group I, 46.3% were single without children, 6.6% were single and had a child. 53.3% were married and brought up one child or more. However in group II the majority were married women (76.7%) having more than 1 child – 60.0%. 16.7% were single and 6.6% divorced. 16.7% brought up one child and 3.3% of married women did not have any children.

Table I. Excessive stressful situations at work

	Type of situation	Group I		Group II		Total	
			%		%		%
1	Personal safety at risk	21	70.0	22	73.3	43	71.7
2	Hard to see work effects	22	73.3	19	63.3	41	68.3
3	Salary system	18	60.0	20	66.7	38	63.3
4	Helplessness, limited abilities of help for some patients	16	53.3	18	60.0	34	56.7
5	Working at night hours	15	50.0	19	63.3	34	56.7
6	Overwork	15	50.0	14	46.7	29	48.3
7	Bad work condition	16	53.3	8	26.7	24	40.0
8	Interpersonal contacts (atmosphere at work)	10	33.3	8	26.7	18	30.0
9	Multidirected personal dependence	10	33.3	7	23.3	17	28.3
10	Unclear formed	7	23.3	8	26.7	15	25.0
11	Unhealthy factors (alergens, infections)	5	16.7	10	33.3	15	25.0
12	Witnessing suffering	8	26.7	6	20.0	14	23.3
13	Limited abilities	6	20.0	6	20.0	12	20.0
14	Work discipline	8	26.7	1	3.3	43	15.0
15	Long way to work	2	6.7	1	3.3	41	5.0
16	Making own decisions	2	6.7	0	0	38	3.3

The total of the answers was not 100% because of the possibility of multiple choice

To collect all the data there was used a self-made survey and an interview in the psychiatric nurse's environment. The main instrument of this study was self made survey questionnaire based on professional literature. The survey contained information about the aim of the study and request to the participants to give honest and full answers. The main part of the survey were 33 questions which were closed type questions with a possibility of one or more answers. The structure of the survey was as follows: questions 1 to 8 concerned stress and coping methods, 9 to 13 – intensification of syndromes typical of burn-out syndrome. We also asked about work conditions (questions 30, 31, 32), sources of frustration (questions 15,16,18, 20, 21, 22, 23), gained support from supervisors (questions 28, 33), the level of motivation, satisfaction, abilities of professional progress (questions 17, 19, 24, 25, 27, 29) and the influence of work problems on family life (question 33).

## RESULTS AND DISCUSSION

The analyzed problem concerned stress connected with psychiatric nurses' work environment. Unanimously it was claimed that their work was stressful – 100%. More than half of participants in both groups – 3,700 (61.7%) consider the contact with patient as stressful situation. On the second place were relations with supervisors – 2,100 nurses (35.0%). Another examined subject was question 3 – excessive stressful situations at work. The results are shown in Table 1 according to stress intensity.

The results show lack of professional success, lowered self-efficiency as well as overloading with emotional and physical situation in the group of psychiatric nurses. There was emphasized greatly lowered financial motivation. Additional information about real work problems were some extra comments on the side of the survey. Main complaints concern limitation of nurse's team in the units and fear of work loss. A large amount of participants complain about chronic, bad general health and the suspected source was overuse of nicotine by patients.

A very important thing were differences between both groups. The younger nurses (group I – work duration below 10 years) more often consider stressful: bad work conditions – 1,600 (53.3%) and pretended discipline – 800 (26.7%). In comparison to group II of participants who complain more about: night's shifts – 1,900 (63.3%) and threat of infections and allergies – 1,000 (33.3%). The estimation of the remaining factors is parallel in both groups.

Among strategies of coping with stress the majority of respondents seek support of other people – 2,800 (46.7%) in both groups. About 2,700 (45.0%) nurses show their anger to people who were source of stress, but most of them were from group I. 1,200 nurses from group I (40.0%) evaluate self well-being through enormous eating, taking drugs, nicotine, alcohol.

The coping strategies taken by younger nurses show characteristic feature for avoiding model during coping with stress. However, nurses from group II more often present features common for the model concentrating on the problem or emotions connected with it. Alarming is the fact of using the model of confrontation with patient in work. The results of the study testify to a great need of emotional support in the examined environment.

According to the data only  $\frac{1}{3}$  of the nurses from group I know and use the methods defusing excessive emotional stress. The last 20 people (66.7%) answered negatively to this question. More advantageous are the data in group II, where more than half – 16 (53.3%) of respondents confirm the knowledge of successful coping methods, and 18 people (60.0%) use them in practice.

Those results are not optimistic considering the fact that the low level of knowledge on this subject significantly limits psychotherapeutic and educational possibilities of the psychiatric nurses. Among the examined women dominate constructive ways of coping with stress.

One of the survey's questions asked about recognizing the most successful. In their opinion, actions limiting professional stress. Among five presented variants nurses from group I decided as the most intentional: teaching at school successful methods of coping with stress – positive opinion of 20 people (66.7%) and the possibility of professional psychological help at work place – 16 respondents (53.3%).

More than a half of the examined in group II – 18 people (60.0%) express the need of forming supporting groups at work place, and 15 nurses (50.0%) as an effective action accept education about assertive communication. The least percentage of the respondents in both groups (11.7%) claim as effective enhancing persons excessively sensitive to stress as part of professional preorientation.

The accomplishment of the aims of this study demanded diagnosing of predictions of burn-out syndrome in psychiatric nurses environment. Detailed diagnosis was made on the basis of respondent's answers including: frequency of appearing alarming signals and those typical of each stage of the burn-out syndrome, the sense of satisfaction from work, the possibility of professional development, support from supervisors, physical and emotional demands resulting from work conditions.

Burning-out is a destructive process, and the grade of destruction is established according to scale. The first grade, described also as an alarming stage, includes the following symptoms: recurrence of cold, headache, insomnia, sense of irritation. In both groups mostly observed symptoms were headache and the sense of irritation. In 12 nurses (40.0%) from group II there appears insomnia, whereas in group I only 3 women (10.0%) had this disorder. Regarding the answer to the question about the frequency of those symptoms, 21 people (70.0%) in group I indicated a few times per month. A similar statement was made by 17 nurses (56.7%) from group II. In 6 examined nurses in group I (20.0%) and 11 in group II (36.7%) those disorders appear rarely and 5 people (8.3%) from both groups feel them once a week.

The second grade of burn-out syndrome is additionally characterized by: burst of irritation, treating patients scornfully and generally worse task's execution (the periods of discouragement). Twenty-seven nurses (90.0%) in both groups experience periods of discouragement, 10 women in group I (33.3%) and 8 in group II (26.7%) react by burst of irritation. Totally 11 nurses (18.3%) confess to treating patients scornfully. This fact is very worrying, especially in this group of professionals. The reactions mentioned appear once or more times per month (similar results in both groups). In one person (3.3%) in the group they occurred once a week. In the third grade of burn-out syndrome dominate mental and psychosomatic factors: hypertension, stomach-ache, decreased mood, the sense of being lonely. As the data show, hypertension and the sense of being lonely are more intensive in the group of nurses with longer work duration. The younger respondents more often complain about gastric disorders. In stressful situations 50 women (83.3%) react with decreasing mood.

### CONCLUSIONS

1. In the examined group of nurses there occurred all mentioned, typical symptoms of burn-out syndrome.

2. The variety of intensification and frequency of burn-out syndromes confirm the statement that each stage of the syndrome is not continuous, and a person can experience the whole cycle of burn-out many times.

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### SUMMARY

Modern definitions of burn-out syndrome describe it as a result of strong stress and disability of proper dealing with situation. All of nurses working in psychiatric units claim their work environment as stressful. This study shows syndromes and points to risk factors of burn-out syndrome in nurses working in psychiatric units. It was conducted in hospitals' psychiatric units in Lublin, Chełm and Zamość (a total of 6,000 women). Detailed diagnosis was made on the basis of respondents answers in self-made questionnaire. The strategy of research was to distinguish two groups of nurses with 30 people in each, by the length of working period. Group I were nurses working

less than 10 years, group II – women working more than 10 years. The most stressful factors the nurses indicated were as follows: personal safety at risk – 43 (71.7%), poorly visible work effects – 41 (68.3%), wages system – 38 (63.3%), helplessness and limited possibility of helping other patients – 34 (56.7%), night duties – 34 (56.7%). Among strategies of coping with stress the majority of respondents seek support of other people – 2,800 (46.7%) in both groups. Among the examined women dominate constructive ways of coping with stress. This study confirms appearance of alarming and typical syndromes of burn-out syndrome in this population. Their various intensification shows that the examined group includes people at different level of exposure to and advancement of this syndrome. It should be aspired to decrease negative reactions of stress among nurses by teaching constructive methods of fighting with stress, spreading psychological consulting at work and creating supporting groups.

#### Czy pielęgniarki pracujące na oddziałach psychiatrycznych mogą uniknąć wypalenia zawodowego?

Współczesna definicja zespołu wypalenia zawodowego opisuje go jako wypadkową stresu i niemożności poradzenia sobie z nim. Wszystkie pielęgniarki pracujące na oddziałach psychiatrycznych skarżą się na swoje środowisko pracy jako stresogenne. Praca ta przedstawia objawy oraz wskazuje na czynniki ryzyka wypalenia zawodowego wśród pielęgniarek pracujących na oddziałach psychiatrycznych. Badania przeprowadzono na oddziałach psychiatrycznych w Lublinie, Chełmie i Zamościu (ogółem 6000 przebadanych kobiet). Szczegółowa diagnoza została postawiona na podstawie odpowiedzi respondentek i ankiety własnej konstrukcji. Strategia badania miała rozdzielić dwie grupy pielęgniarek (po 30 kobiet każda) ze względu na długość stażu pracy. Grupa I to pielęgniarki pracujące poniżej 10 lat, grupa II – kobiety pracujące ponad 10 lat. Najbardziej stresującymi czynnikami wskazanymi przez pielęgniarki były: ryzyko osobistego niebezpieczeństwa – 43 (71,7%), niewidoczne efekty pracy – 41 (68,3%), system płac – 38 (63,3%), beznadziejność i ograniczone możliwości pomocy pacjentom – 34 (56,7%), nocne zmiany – 34 (56,7%). Pośród strategii radzenia sobie ze stresem większość respondentów w obu grupach poszukuje wsparcia innych ludzi – 2800 (46,7%). Wśród badanych kobiet dominowały konstruktywne sposoby radzenia sobie ze stresem. Badanie potwierdza pojawienie się typowych i alarmowych objawów wypalenia zawodowego w tej populacji. Ich zróżnicowane natężenie dowodzi, że badana grupa zawiera ludzi na różnych poziomach ryzyka narażenia i zaawansowania tego zespołu. Powinno się dążyć do zmniejszenia negatywnych reakcji wśród pielęgniarek poprzez nauczanie konstruktywnych metod walki ze stresem, rozszerzenie poradnictwa psychologicznego w pracy oraz tworzenie grup wsparcia.