Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa

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Abstract

The majority of studies to date have focused on the effects of work stress in the nursing environment, with the effect of personal stress in nursing being less explored. This study sought to determine whether personal stress is a more significant predictor of burnout, job satisfaction and general health than work stress. Of the 1200 nurses randomly selected to participate in the study, 895 agreed to complete six questionnaires over 3 weeks. Data was analysed using hierarchical multiple linear regression. Findings revealed that personal stress is a better predictor of burnout and general health than job satisfaction, which is better predicted by work stress. The findings of this study could inform potential solutions to reduce the impact of personal and work stress on burnout, job satisfaction and general health. Coping strategies and staffing strategies need to be evaluated within developing contexts such as South Africa to ascertain their effectiveness.

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1. Introduction

Nursing is one of the most stressful professions owing to the emotional nature of patient demands, long working hours and inter-professional as well as interpersonal conflicts. In recent years, new healthcare technologies, budget cuts and changing healthcare environments continue to increase personal and work stress among nurses (Jennings, 2007). In South Africa,
there has also been a recent transition in health care from hospital based services to primary and community based services within the public and private sector. This exacerbates stress among nurses who are now responsible for larger populations (Koen, Van Eeden, & Wissing, 2011). As such, nurses consistently report higher stress compared to other health professionals (Williams & Smith, 2013). This affects job satisfaction while invoking feelings of inadequacy which can lead to burnout and compromised wellbeing of nurses. Such effects have implications for productivity and performance (Najimi, Goudarzi, & Sharifirad, 2012).

Conceptually, personal stress includes stress experienced in the home environment including ongoing health problems of loved ones, relationship problems as well as financial problems (Bromberger & Matthews, 1996) whereas work stress includes stress experienced in the work environment related to patient care, job demands, staff issues, lack of support and overtime (Rothmann, Van Der Colff, & Rothmann, 2006). These stressors have been known to affect burnout, job satisfaction and health outcomes through a pattern of physiological, emotional, behavioural and cognitive processes (Jennings, 2008; Young, Schieman & Milkie, 2013).

In the literature, studies have mostly focused on the effects of work stress in the nursing environment (Khamisa, Oldenburg, Peltzer, & Illic, 2015; Khamisa, Peltzer, & Oldenburg, 2013; Kumari & De Alwis, 2015; Makola, Mashegoane, & Debusho, 2015; Sekol & Kim, 2014), with the effect of personal stress in nursing being less explored. Evidence shows that work stress contributes to higher burnout levels among nurses and is associated with lower job satisfaction (Graham, Davies, Woodend, Simpson, & Mantha, 2011). Prolonged work stress negatively affects physical and mental health outcomes among nurses (Idris, 2011).

In relation to personal stress, one study among Chinese nurses found that it interferes with work, thereby contributing to higher burnout levels (Wang, Chang, Fu, & Wang, 2012). Other studies among Pakistani and South African nurses found that personal stress significantly predicts job satisfaction (Makola et al., 2015; Zulfiqar, Khan, & Afaq, 2013) and is significantly associated with health and wellbeing (Burke & Greenglass, 2007; O’Donovan, Doody, & Lyons, 2013). A review of studies exploring personal and work stress among nurses suggests that difficulty balancing work with family responsibilities has negative outcomes including depression and suicide (Killien, 2004). Although it is known that work related stress and burnout are associated with poor physical and psychological health outcomes (Piko, 2006), there is limited evidence regarding the relationship between burnout and job satisfaction, especially in developing contexts. Limited evidence suggests that emotional exhaustion is more significantly associated with job satisfaction than general health (Khamisa, Peltzer, Illic, & Oldenburg, 2016).

Maslach’s Burnout Model has been used to explain the relationship between work related stress, burnout, job satisfaction and general health of nurses. Prolonged exposure to work related stress contributes to high burnout which leads to lower job satisfaction owing to depletion of resources necessary to meet job expectations. This jeopardises coping mechanisms through breakdown of biological systems, thereby inducing strain and negatively affecting health outcomes (Janssen & Van Yperen, 2004; Khamisa et al., 2016; Maslach, Schaufeli, & Leiter, 2001). This situation is further exacerbated when conflict is experienced between pressures of family and pressures of work, making it difficult to fulfil one role by virtue of the other (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). Such conflict between family roles and work roles affect one’s ability to meet job expectations, thereby compromising job satisfaction (Loureil, Ford, Gamassou, Gueguen, & Hartmann, 2009). Inability to meet demands at work owing to energy and time being dedicated to family roles (Grzywacz & Marks, 2000), depletes resources necessary for coping, thereby negatively affecting health outcomes (Cannon, 1999; Maslach, Jackson, & Leiter, 1996). These pathways can be understood using the concept of stress proliferation, whereby a stressor or set of stressors can develop beyond a given situation, resulting in additional stressors affecting a number of outcomes (Ward, 2014).

Majority of research focusing on work stress places less emphasis on the role of personal stress, which is especially important in developing contexts characterised by poor economic conditions and high unemployment rates, whereby personal stress spills over into the workplace (Houtman, Jettinghoff & Cedillo, 2007). For example households with one breadwinner and several dependents may experience financial strain, which have been found to interfere with the work role (Pearlin, Schieman, Fazio & Meisters, 2005). In South Africa, average disposable income amounts to R16,710 compared to equivalent R38,900 in the US and R35,300 in the UK (Numbeo, 2016). Nurses are not an exception to this and in addition to being exposed to stressful work environments personal stress may exacerbate the consequences for patient care.

The aim of this study is to examine the effect of personal stress on burnout, job satisfaction and general health of nurses. This study seeks to determine whether personal stress is a more significant predictor of burnout, job satisfaction and general health than work stress. It is hypothesised that personal stress is a more important predictor of burnout, job satisfaction and general health of nurses.

2. Methods

2.1. Participants

A total of 1200 nurses were randomly selected to participate in the study, 895 (75%) agreed to complete the questionnaires. The sample consisted of 46% black nurses, 85% female nurses, 59% private hospital nurses, 28% of nurses over 50 years of age, 72% of nurses with diplomas/certificates and 27% of nurses with more than 25 years working experience. Most nurses in the sample worked between 4 and 6 days and 31–40 h per week. Additional demographic characteristics of the sample are included in Table 1.

2.2. Procedure

Following ethics approval (REC 3/20/03/12), permission was also obtained from the Gauteng Department of Health in South Africa as well as management at the hospitals from where participants were selected. All participants provided informed consent prior to completing the questionnaires.
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