

Job Stress, Coping Strategies, and Burnout among Nursing Staffs in County General Hospitals in Kenya

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Abstract: *The purposes of the study were to determine the relationship among job stress, coping strategies, and burnout. Sample consisted of 157 nursing staffs in county general hospitals in Kenya. The data were collected by using self-administered questionnaire including Nurse Burnout Questionnaire, Expanded Nursing Stress Scale, and Ways of Coping Questionnaire. Statistical procedures used for data analysis included descriptive analysis and Pearson correlation coefficient. The results showed that the level of burnout among the nursing staffs were in a low level. However, they reported moderate level of emotional exhaustion. They perceived a moderate level of job stress. For job stress nursing staffs reported moderate level of stress on workload, patients and their families, and death and dying. They reported moderate coping strategies. Nursing staffs used both problem focused and emotional focused coping strategies in a moderate level. The findings also revealed that job stress had a moderate positive significant relationship with burnout ($r = .362, p < .000$). There was no relationship between coping strategies and burnout. Nurse Managers and hospital administrators can use findings of this study to improve nurse work environments by considering the issue of job stress and burnout. To minimize job stress and burnout, nurse managers should focus on decreasing workload by recruitment of more nurses and shift tasking of non-nursing duties.*

Keywords: job stress, coping strategies, burnout, nursing staffs, Kenya

1. Background of the Study

Burnout is prevalent in nursing practice (Khamisa, Peltzer, & Oldenburg, 2013; Lasebikan and Oyetunde, 2012). Burnout impacts negatively on the nurses' health and well-being, consequently, job dissatisfaction, high turnover, and low retention (Khamisa et al., 2013; Adriaenssens, De Gucht, Van der Doef, & Maes, 2011). Burnout is a result of fatigue and frustration by long lasting sacrifice without achieving expected rewards (Ksia, Stefaniak, Stadnyk, & Zek, 2010). Nursing involves excessive activity, physiological processing, and increased concentration which lead to burnout as an adoptive mode (Ksia et al., 2010). Burnout is linked to nursing-sensitive patient outcomes such as nosocomial infections, pressure ulcers, medication errors, falls, and longer-than-expected lengths of stay (Carayon & Gurses, 2008). Besides, nurses work for long hours which involve direct, emotional, and personal contact with patients which are likely to give rise to job stress and burnout (Van Der Doef, Mbazzi, & Verhoeven, 2012).

Job stress contributes to burnout (Hsu, Chen, Yu, & Lou, 2010). The main job stressors in nursing include: 1) death and dying of patients, 2) conflict with physicians, 3) inadequate emotional preparation, 4) problems relating to peers, 5) problems relating to supervisors, 6) workload, 7) uncertainty concerning treatments, 8) patients and their families, and 9) discrimination of nurses (French, Lenton, & Walters, 2000). Previous studies have shown a significant positive relationship between job stress and burnout (Wallace, Lee, & Lee, 2010). Patient care can be overwhelming for nurses; coping with these stressors becomes a great challenge for the nurse (Lambert &

Lambert, 2008). According to Lazarus and Folkman (1984) coping strategies is the use of cognitive and behavioral efforts to manage specific demands that are perceived as taxing or exceeding the individual resources. Effective coping strategies will result to lower levels of burnout. Wallace et al. (2010) found that coping strategies were correlated with burnout.

In Kenya, the staffing levels are lower than the required with hospital beds occupied by very sick patients. During the past ten years, more than 13,000 new nurses graduated yearly from nursing schools, 7,000 nurses are unemployed with over 500 nurses retiring. The expanding health system, inadequate recruitment, and misdistribution of staff are major challenges encountered in Kenya's nursing workforce (Rakuom, 2010). Furthermore, nurses in Kenya play a major role in health care. Nursing staff consists of only two categories of nurses, Enrolled Nurse and Registered Nurse, they carry out all nursing activities including, taking care of patients, giving medicine, preparing instruments for the doctor, and supervising general cleanliness of the ward. The situation in Kenya indicates that work load is a major issue. Exhaustion from nursing work and poor interpersonal relationships particularly with patients may occur. Nurses may be unable to cope with the job demands, leading to job stress and burnout. Consequently, burnout impacts on patient outcomes.

Kenya is a developing country and limited research focuses on factors related to burnout among nurses. Therefore, the researcher sought to study burnout of nurses in county general hospitals in Kenya and selected factors related to burnout. The findings from this study will be useful

information for managers to manage burnout of nursing staffs.

2. Materials and Methods

This was a descriptive correlational study. Multistage sampling was used to select 166 nursing staffs working in the three county general hospitals in lower eastern of Kenya. The inclusion criteria included nursing staffs currently working full time, having worked at least 12 months and providing care for patients and willing to participate in the study, and not working as nurse managers. Only 157 participants returned the completed questionnaires.

Instruments

The data were collected by using self-administered questionnaires. Demographic Questionnaire included age, gender, marital status, numbers of children, highest educational level, and years of work in the nursing profession and in the current ward, and name of ward.

Burnout of nursing staffs was measured by Nurses Burnout Questionnaire (NBQ) a modified version of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) (Maslach&Jackson, 1986). It consists of 22 items measuring three dimensions including emotional exhaustion, depersonalization, and reduced personal accomplishments. The NBQ is a 6-point Likert Type scale (1-never, 2-rarely, 3-sometimes, 4-often, and 5-very often and 6-always). High score indicates high burnout. Content validity was checked by five experts in nursing and was at least 1, and internal consistency reliability was .76.

Job stress was measured by Expanded Nursing Stress Scale (ENSS). The ENSS consists of a total of 57 with nine subscales including 1) death and dying of patients, 2) conflict with physicians, 3) inadequate emotional preparation, 4) problems relating to peers, 5) problems relating to supervisors, 6) workload, 7) uncertainty concerning treatments, 8) patients and their families, and 9) discrimination of nurses (French et al., 2000). It is a 4- point Likert Type scale (1- never, 2-occasionally, 3-frequently and 4- always). Internal consistency reliability was 0.82.

Coping strategies were measured by Ways of Coping Questionnaire (WOCQ), developed by Lazarus and Folkman (1984). The Ways of Coping Questionnaire was ranked on a 4- point Likert scale .The researcher scored the response of the participants as following: 1-not used, 2-used somewhat, 3-used quite a bit, and 4- used a great deal. Transformation of WOCQ was as following: 1.00 - 1.99 low, 2.00 - 2.99 moderate, and 3.00 - 4.00 high use of coping strategies. Internal consistency reliability was 0.91.

Protection of human subjects

The research proposal was approved by the Research Ethical Approval Committee, Faculty of Nursing, Burapha University and a letter asking permission for data collection was written by the Dean Faculty of Nursing Burapha University to the Executive Committee Members of the three county general hospitals in Kenya. The researcher explained the aims of the study to the participants and

assured them of confidentiality before obtaining their written consents.

Data collection and analysis

The researcher met the nursing officer in charge of the three hospitals in Kenya and explained the research purposes, methods, and data collection procedures in order to obtain permission for data collection from the participants in the hospitals. The researcher obtained the nurses names from a list provided by the nursing officer in charge of each hospital. Then, participants were recruited using simple random sampling. The paper questionnaires were hand-delivered to subjects by the researcher and completed in a private area. All data were checked for completeness, coded, and entered into a statistical program for data analysis by the researcher. Data were analyzed using descriptive analysis to determine the level of burnout, job stress, and coping strategies, and Pearson correlation coefficient to examine the relationship between burnout, job stress, and coping.

3. Results

Characteristics of nurses

The average age of the sample was 40.20 years. Most of the sample were female (81.5%), married (70.1%), and had children (81.5%). Majority of the sample had diploma (65.6%). The average working experience in the nursing profession was 15.94 years. The sample who worked in the inpatient were (77.7%) and in outpatient (22.3%).

The level of burnout, job stress, and coping strategies

The nursing staffs reported a low level of burnout (2.75), moderate job stress (2.24), and moderate coping strategies (2.46) as showed in table 1 below.

Table 1: The mean, standard deviation, and level of burnout, job stress, and coping strategies of nursing staffs in Kenya county general hospitals

Concept	M	SD	Level
Burnout (total)	2.75	0.69	low
Emotional exhaustion	4.88	0.79	moderate
Depersonalization	2.41	0.82	low
Reduced personal accomplishments	2.32	0.79	low
Job stress (total)	2.24	0.43	moderate
Workload	2.80	0.54	moderate
Patients and their families	2.47	0.56	moderate
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Concept	M	SD	Level
Death and dying	2.42	0.59	moderate
Conflict with physicians	2.16	0.52	moderate
Uncertainty concerning treatment	2.16	0.52	moderate
Problems relating to supervisors	2.12	0.58	moderate
Inadequate emotional preparation	1.96	0.56	low
Problems relating to peers	1.87	0.49	low
Discrimination	1.50	0.67	low
Coping strategies(total)	2.46	0.44	moderate
Problem focused strategies	2.61	0.59	moderate
Emotional focused strategies	2.25	0.58	moderate

Relationship between job stress, coping strategies, and burnout

There was a moderate positively significant relationship between job stress and burnout ($r = .362, p < .001$).

However, there was no relationship between coping strategies and burnout as showed in table 2 below.

Table2: Relationship between job stress, coping strategies, and burnout among nursing staffs in Kenya county general hospitals

Factors	Burnout	
	<i>r</i>	<i>p</i> -value
Job stress	.362**	.00
Coping strategies	-.039	.626

**.*p*< .001

4. Discussion

Nursing staffs in the current study demonstrated a low level of burnout with moderate level of burnout in the emotional exhaustion dimension. These findings may be due to the fact that in this study nurses reported moderate level of coping strategies. The use of coping strategies reduces the level of job stress and in turn prevents burnout thus, the low level of burnout. Further, given that the average age of the nurses in this study was 40.20 years and 15.94 years working experience, the nurses had attained high professional position, acquired experience, and settled in a family. Meaning they have become enlightened and met societal expectations hence a positive view of their personal accomplishments (Lin, St. John, & McVeigh, 2009). Lower levels of burnout are associated with older nurses (Wu, Zhu, Wang, Wang, & Lan, 2007). These findings were consistent with those of Myhren and associations (2013) which found a relatively low level of burnout among nurses in Norway.

Job stress of nursing staffs in Kenya county general hospitals was at a moderate level. Higher scores in the subscales of workload were close to the predetermined high level, job stress, followed by dealing with patients and their families. The explanation is that nurses in this study were considered as older and having more education and working experience thus able to manage job stress. Wang, Kong, and Chair (2009) suggested that older nurses were less likely to face high stress levels, challenges, and urgency of work since they were well prepared to handle such scenario. Further, they found a moderate level of job stress among Hong Kong nurses similar to the current study.

The findings of this study revealed that nursing staffs in Kenya county general hospitals had moderate level of coping strategies. It would be since majority of the participants were married and had children used coping strategies in both their work life and family life. Chen, Chen, and Tai (2009) noticed that nurses who had children esteemed their families highly and had numerous life experiences thus able to manage their job stress to a considerable level. Findings of the current study are consistent to those of Hong Kong nurses which reported moderate level coping strategies (Wang et al. 2009).

The results indicated that job stress had a moderate positive significant relationship with burnout. These findings can be explained by a previous study done in Kenya which showed that due to the expanding health system, inadequate recruitment, and misdistribution of nurses, they worked for

long and odd hours while experiencing high pressure (Rakuom, 2010). Thus, experiencing exhaustion due to increased workloads. These findings are congruent to those of Taiwan (Hsu et al., 2010) which found a correlation between job stress and burnout.

The findings revealed no relationship between coping strategies and burnout. Ceslowitz (1989) found that nurses who used problem focused coping strategies experienced low burnout. Similarly, in this study the nurses used problem focused strategies more than the emotional focused strategies however, it was not related to their burnout. Would be the nurses in this study overestimated their coping strategies or were dealing with other issues outside their work environment of which they would not differentiate the ways of coping in the different situations.

5. Conclusion

The findings of the current study showed that nursing staffs in county general hospitals in Kenya had a low level of burnout, moderate level of job stress, and moderate coping strategies. In addition, the results revealed that job stress was an important factor to burnout. Workload was found to be the greatest stressor thus contributing to a moderate level of emotional exhaustion. The findings suggested that nurse managers and hospital administrators can use these findings to improve nurse work environments by considering the issue of job stress and burnout. To minimize job stress and burnout nurse managers should focus on recruitment of more nurses and shift tasking of non-nursing duties.

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