

# Nurses' Experience of Burnout Syndrome while Working in Oncology Departments

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## Abstract

When experiencing burnout, the emotional and physical health of nurses deteriorates, the quality of work decreases, and patient dissatisfaction increases. Nurses working in oncology units, due to the nature of their specialty, face those with a cancer diagnosis, which causes a lot of fear and uncertainty. The aim of the study is to reveal the burnout experienced by nurses working in oncology departments. The Copenhagen Burnout Questionnaire was used to implement the quantitative study. The results of the study revealed that nurses working in oncology departments had the strongest personal and work-related burnout. The most common factors leading to burnout were lack of feedback from patients and decreased energy. The relationships between demographic indicators and burnout components were used to analyze the research results.

**Keywords:** Nursing, Oncology, Burnout, Copenhagen Burnout Inventory

## Introduction

Recently, burnout syndrome is a common and rather widely analyzed topic in the health care system, because of its serious economic and social consequences for employees and organizations [1]. Studies have shown that burnout syndrome occurs very often in human-centered work areas. One of the main areas of such work is the area of healthcare services. It is in this field that extremely high-quality standards and requirements for intensive, attentive, constant contact with a person/patient requiring a lot of attention are set [2]. When the burnout syndrome occurs, even experienced, qualified specialists can no longer provide quality services, the probability of human errors and their occurrence increases, and for these reasons, not only the recipient of the service - in this case, the patient - but also the health care specialists themselves or even the entire organization and society suffer, therefore it is especially important that the burnout syndrome is noticed in time and that certain actions are taken in order to avoid the consequences [3].

In Lithuania and around the world, several studies have been conducted on the topic of nurse burnout syndrome in professional activities, but there is a lack of studies that would investigate its occurrence in personnel working in individual sectors and analyze specific factors that cause professional burnout. There-

fore, to avoid the occurrence of this syndrome and to differentiate certain factors that cause burnout syndrome when working in different areas, in this case, among nurses working in oncology departments, research on this topic must be conducted periodically and in each area.

## Methodology

Analysis of scientific literature; questionnaire; descriptive analysis of research data using IBM SPSS 22.0 computer program statistics package and MS Excel 2021 computer program. After analyzing the scientific literature, a descriptive quantitative research method was chosen for the research. A questionnaire survey aimed at analyzing the burnout experienced by nurses working in oncology departments. The research was conducted in October-November 2023, the respondents were nurses working in the city of Klaipėda (Lithuania). Research object: burnout experienced by nurses working in oncology departments. The questionnaire survey was created on the website online. The survey instrument consists of demographic indicators and the "Copenhagen Burnout Questionnaire". The sample consisted of 143 respondents. Selection criteria: age, seniority, education, marital status, distribution of working time, workload and workplace. Respondents were selected by convenient non-probability sampling, respondents could choose the right place and time when

answering questionnaire questions, because the survey was conducted online, and the duration of the survey was not limited.

### Research Material and Methods

After a systematic analysis of the literature, a quantitative research method was applied. The study investigated the burnout experienced by nurses working in oncology departments. The sample of the quantitative study consisted of 143 respondents. During the research, ethical principles were observed: the principle of benevolence, respect for the dignity of the person, justice, and the principles of anonymity. An online questionnaire survey was chosen for the study because it is a fast, convenient and sufficiently reliable method to assess the occurrence of burnout syndrome among nurses caring for patients with oncological diseases. The Copenhagen Burnout Questionnaire was used. The questionnaire consists of 12 closed questions with possible (one or several) answer options and 1 open question. At the beginning

of the questionnaire, research participants were informed about the purpose of the research and the anonymity of the answers received. The questions presented in the questionnaire are specific, with the provided answer options, from which the respondents can choose the most suitable for themselves. The questionnaire is divided into 4 areas:

1. Demographic data (questions 1-10).
2. Personal burnout (question 11).
3. Work-related burnout (question 12)
4. Patient-related burnout (question 13).

Cronbach's alpha coefficient was used to assess the internal consistency of the questionnaire scale. The total Cronbach's alpha coefficient of the questionnaire's internal scales is 0.876. The internal consistency of the scales of this questionnaire is presented in Table 1.

**Table 1: Evaluation of the Internal Consistency of the Questionnaire**

Subscales	Number of statements	Cronbach's alpha
Personal Burnout	6	0.741
Work-related burnout	7	0.730
Patient-related burnout	6	0.743
Total	19	0.876

### Results

During the study, the responses of nurses working in oncology departments to statements reflecting their professional burnout were analyzed. When assessing nurses' personal burnout, it was found that personal burnout was manifested most strongly by

frequent fatigue ( $73.43 \pm 22.6$  points) and emotional exhaustion ( $67.48 \pm 24.5$  points). The least personal burnout of nurses working in oncology departments was manifested by a feeling of weakness and a tendency to get sick ( $51.92 \pm 19.8$  points) and thoughts that "I can't do it anymore" ( $53.50 \pm 17.1$  points) (Table 2).

**Table 2: Distribution of Responses to Statements about Personal Burnout**

Statements about personal burnout	m	SN
How often do you feel tired?	73.43	22.6
How often are you emotionally drained?	67.48	24.5
How often do you feel completely exhausted?	64.69	16.9
How often are you physically exhausted?	63.99	22.3
How often do you think: "I can't do it anymore"?	53.50	17.1
How often do you feel weak and susceptible to illness?	51.92	19.8

The results presented in Table 3 show that emotionally exhausting work ( $69.93 \pm 16.6$  points) and fatigue at the end of the working day ( $69.93 \pm 16.8$  points) were most strongly related to work-induced burnout. The weakest work-related burnout was

related to annoying work ( $51.22 \pm 17.2$  points) and lack of energy to spend free time with family and friends ( $54.72 \pm 17.2$  points) (Table 3).

**Table 3: Distribution of Responses to Statements about Job burnout**

Statements about job burnout	m	SN
Is your job emotionally draining?	69.93	16.6
Do you feel tired at the end of the workday?	69.93	16.8
Do you feel exhausted from the work you do?	63.29	23.1
Do you feel tired in the morning at the thought of another day at work?	62.94	16.3
Do you feel that you are tired every hour of work?	55.94	17.0
Do you have enough energy for family and friends in your free time?	54.72	17.2
Does your job annoy you?	51.22	17.2

The research analyzed the frequency of responses to statements about burnout caused by nurses' work with patients. The obtained results showed that the burnout caused by working with patients was most strongly determined by decreased energy due to working with patients ( $63.64 \pm 18.9$ ), the feeling that more is

given than received ( $60.31 \pm 18.4$ ). The least burnout caused by working with patients was caused by irritation while working with patients ( $45.98 \pm 17.6$ ) and the difficulty of working with patients ( $49.83 \pm 21.5$ ) (Table 4).

**Table 4: Distribution of Responses to Statements about Patient Burnout**

Statements about burnout caused by working with patients	m	SN
Does working with patients sap your energy?	63.64	18.9
Do you feel that you give more to your patients than you receive?	60.31	18.4
Do you sometimes wonder how much longer you will be able to continue working with patients?	58.04	18.6
Are you tired of working with patients?	55.24	16.8
Do you find it difficult to work with patients?	49.83	21.5
Are you annoyed by working with patients?	45.98	17.6
Does your job annoy you?	51.22	17.2

Based on the methodology of the Copenhagen burnout at work questionnaire, it was determined that personal burnout ( $62.50 \pm 16.9$  points) and work-related burnout ( $61.14 \pm 16.2$

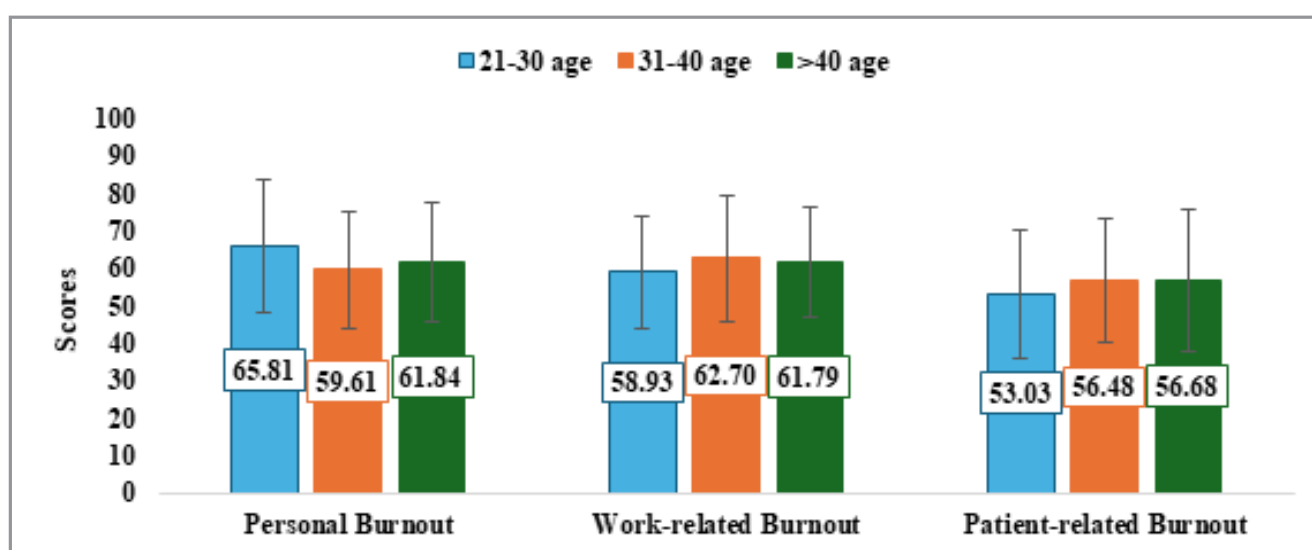
points) were the strongest for nurses working in oncology departments. Burnout caused by working with the patient was the weakest ( $55.51 \pm 18.5$  points) (Figure 1).



**Figure 1: Estimates of professional Burnout Scales of Study Participants**

As can be seen in the results presented in Figure 2, personal burnout was most pronounced among nurses aged 21-30 ( $65.81 \pm 17.8$  points)), while work-related burnout was most pronounced

among respondents aged 31-40 ( $62.70 \pm 16.8$  points). Burnout caused by working with patients was slightly more pronounced in people over 40 years old ( $56.68 \pm 19.1$  points) (Figure 2).



## Discussion of Results

Special attention is paid to the analysis of the burnout syndrome and the factors related to it, and research is constantly being conducted to help find out what causes this syndrome to appear. This study assessed the prevalence of burnout syndrome among nurses working in oncology units and the determinants of burnout most experienced by nurses.

After analyzing the results of this study, it was observed that professional burnout occurred more often in female nurses working in oncology departments. The results presented in the literature also show that female gender is one of the factors that influence the development of burnout syndrome [4, 5].

Analyzing the results of this study and comparing them with the existing results of other studies, it became clear that in many cases they coincide with the results of studies conducted by other authors. For example, the results of another study showed that nurses who raise children in families are more vulnerable to professional burnout than those workers who do not have children [5]. We also noticed this tendency for the occurrence of burnout syndrome after analyzing the results of the conducted research. However, comparing the obtained research results with the information presented in the literature, some differences were also observed. The results of many studies show that higher workload is a significant factor in the development of professional burnout, but the results of our study did not show significant differences in the expression of components of professional burnout according to nurses' workload [6, 7]. Professional burnout for the respondents of our study was usually manifested by frequent fatigue, especially at the end of the day, emotional exhaustion, lack of energy when communicating with family and friends, the feeling that more is being given to patients at work than received. Also, since specialists caring for patients with oncological diseases are particularly often faced with the death, pain, etc. of patients, it is possible to agree with the conclusions of the research of other authors that the most common sources of burnout syndrome are constant encounters with pain, diseases, death, as well as responsibility for human health and life [8]. It can be assumed that nurses caring for patients with a lower risk of death are less likely to experience burnout. This is proven by a study conducted in Lithuania, which found that professional burnout bothers only one third of nurses working in therapy and surgery departments, while two thirds of nurses working in oncology departments [9].

## Conclusions

1. Nurses working in oncology departments had the strongest personal and work-related burnout. All components of occupational burnout were more common in women than in men.

Personal burnout occurred more often in nurses with higher education, younger, more experienced nurses and nurses working in two shifts. Job-induced burnout was most pronounced in nurses with non-university education, 31-40 years of age, more work experience, and less workload. Burnout caused by working with patients was more pronounced in primary health care workers than in inpatient nurses.

2. After examining the manifestation of burnout syndrome, it became clear that nurses with personal burnout usually experience frequent fatigue and emotional exhaustion. Burnout caused by work was most strongly related to emotionally exhausting work and fatigue at the end of the working day, and burnout caused by work with patients was most strongly determined by decreased energy due to work with patients, lack of feedback from patients. The least burnout caused by working with patients was caused by irritation while working with patients and difficult work with patients.

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