

## **Burnout and its correlates among nurses working in Urology: questionnaire survey in an Italian Region**

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### **Introduction, summary**

The concept of stress in the workplace is of great importance in health care and especially nurses are generally considered a high risk group regarding work stress and burnout. This syndrome has been a major concern in the field of occupational health and healthcare worker, particularly those caring for patients suffering from serious illness in both Oncological wards and surgical rooms are considered at risk for burnout as a result of chronic occupational stress. No data are available on the level of burnout among the nursing staff in Urology. The aim of this project is to estimate the level of burnout among nurses working on urology wards and surgeries and to identify the risk factors of burnout and the strategies used to prevent and deal with stress. It will be a descriptive study, enrolling at least 100 nurses working in both urology wards and surgeries in a north-eastern Italian region. Head nurses of these urology settings will be personally informed about the aims of this study project and will be asked to distribute a questionnaire among the staff nurses and collect them after completion. The administering questionnaire has 58 items divided into three parts: sociodemographic and job characteristics of the population, the Maslach Burnout Inventory (MBI) modified for Italian healthcare workers, and the respondents' perceptions about coping mechanisms and strategies adopted by the organization to help the nurses cope with stress. After collecting all data from the questionnaires we will analyze the levels of burnout according to the MBI. At the end of this study we will know the main causes of stress reported by nurses, being able to elaborate the best strategies to help this healthcare workers cope with stress. A better knowledge of the mechanisms of burnout and strategies to prevent and deal with them are important for nurses' psychophysical health and constitute a fundamental requirement in a policy that aims to improve quality in health services in urology.

### **Objectives**

The overall goal will be to help urology nurses manage stress, advising individual coping strategies. The results we will obtain could convince the suitable institutions to introduce the identified coping strategies as standard tools to reduce chronic occupational stress improving quality in Urological nursing services.

Specific objectives will be to estimate the level of burnout among nurses working on urology wards and surgeries in public hospitals in an Italian region (i.e. Veneto) and to identify the risk factors of burnout and the strategies used by nurses and hospitals to prevent and deal with stress.

## **Short literature review and summary of the present knowledge**

The term burn-out was originated by Freudenberger in 1974 (1) to describe a mental status of professionals who had expended themselves on their occupation, and were thereby “burned-out” and declining in not only level of performance at work, but also personalities. Maslach (2-4) described burnout as a syndrome consisting of emotional exhaustion, depersonalization (treating patients in an unfeeling, impersonal way) and low personal accomplishment. Generally, the burnout syndrome occurs in all fields of public life, mainly in professions of nursing and social work. The symptoms of burn-out are categorized into psychic and somatic (5). Psychic symptoms range from loss of capability, enthusiasm, engagement and sense of responsibility; listlessness and indifference towards work; self-doubt and negative attitude; irritability, aggressiveness, impatience and nervousness; and tiredness, exhaustion and lack of interest leading to depression. The physical symptoms appear as inappetence, sleeping disorders, high disease susceptibility and psychosomatic complaints (6). The significance of the burnout syndrome may result in illness of nurses but it may lead to possibly inadequate care of patients.

Concerning the burnout among nurses working in Italy recently Quattrin R et al published an interesting paper on the level of burnout among nurses working in Oncology in a north-eastern Italian region (i.e. Friuli Venezia Giulia) (7). The authors found that 35% of the nurses had a high level of emotional exhaustion, 17% had a high level of depersonalization, and 11% had a high level of personal achievement. Moreover they observed that an important cause of stress reported by nurses was poor organization, pointed the attention on the consideration that hospital should focus attention on specific organizational aspects.

There are no data in the literature about the burnout syndrome among nursing staff in urology. The only study reported in the literature concerning the burn-out in urology was carried out aiming at evaluating the degree of burn-out among urologists in the German federal county of Schleswig-Holstein, with special emphasis on differences related to age, qualification and hospital versus private practice (8) The authors observed that the constellation of being a urologist in private practice and older than 45 years appeared to provide some protection against burn-out that might be due to a more personal relationship to the patients, lesser hierarchical situation and workload related income.

## **Relevance to urology nursing, justify the importance of the study**

Nurses working in Urology have several common points with nurses working in both surgical theatres and oncology wards. A better knowledge of the mechanisms of burnout and strategies to prevent and deal with them are important also for urology nurses’ psychophysical health and should constitute a fundamental

## **Methodology**

It will be a descriptive study including all nurses working on urology units in Italian regional (Veneto) public hospitals. After the approval of each hospital health director, head nurses of the urology units will be personally informed about the study project aims and their role in the study. They will be asked to distribute a questionnaire to nurses and collect them in sealed envelopes one week later. No exclusion criteria prevent nurse participation. An accompanying letter will be given to participants informing them that the study was attempting to gather information on the level of stress in urology wards and urological surgical theatres.

The participants number size will be at least 100 respondents.

The self-administered questionnaire will have 58 items divided into three part as described in the paper by Quattrin R et al (8): the first part will investigate socio-demographic and job characteristics of the population, the second part will incorporate the MBI modified for Italian

healthcare workers and the third part will research the respondents' perceptions about coping mechanisms and strategies adopted by the organizations to help nurses cope with stress. Data will be analyzed with SPSS version 14.0 and the chi-square test and Spearman's analysis were used. T test will be used for mean comparison. When the data distribution did not conform to the normality assumption, the Mann-Whitney test and Kruskal-Wallis test were used.

### **Feasibility**

The study should be carried out within one year. The EAUN budget will be used for contact all participants and for the data analysis.

### **Conclusions/Relevance**

Knowledge of the mechanisms of burnout and the strategies to prevent and manage them are important for nurses' psychophysical health and constitute a fundamental requirement in a policy aiming at improving the quality of healthcare services. Identifying nurses having characteristics related to the burnout syndrome, their burnout status should be periodically screened, improving both their working conditions and the quality of urological services.

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