

**Review Article**

**THE PREVALENCE OF BURNOUT AMONG NURSES IN NURSING HOME: A CROSS-SECTIONAL STUDY**

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**Abstract**

Burnout among nurses is a significant problem in a nursing home and hurts clinical outcomes. Global research has shown that the prevalence of burnout ranging from 30% to 80%. However, this is an unknown statistic among nurses working at a nursing home in Malaysia. This study aims to determine the prevalence of burnout among nursing staff working in nursing homes, Malaysia. A cross-sectional study was conducted from March – September 2019 on a group of nurses (N=150) with a response rate of 85.3% (128/150). The distribution of the Maslach burnout inventory scores among the study group revealed that the majority 51.8% had a high level of emotional exhaustion, 61.3% scored high on depersonalization, and the majority 62.8% had high levels of reduced personal accomplishment. High levels of burnout were found in 60.6% of the nurses, and 10.2 % had moderate burnout levels. Nurses are generally related to intense pressure and high-level exhaustion because of their high demanding, challenging, and stressful job characteristic. The findings of this study expected to help a related organization such as private nursing homes and allied industries in the development of policy to improve the quality of human resources. Further studies are required to determine the prevalence of burnout in the public nursing home and identify factors associated with burnout in nurses.

**Keywords:** Burnout, Nursing home, Nurses, Prevalence.

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**INTRODUCTION**

Nursing home nurses responsible for giving direct nursing care to nursing home residents. Nurses are the primary workforce in a nursing home (Hewko et al., 2015) due to their responsibility in giving nursing care to the residents of nursing homes and also providing instruction to a nursing assistant. Demand for nurses in nursing homes expected to intensify with the rising population of older adults globally (Prince, Prina, & Guerceht, 2013).

In Malaysia, the number of the aging population is projected to double to 5.8 million, or 15.3% of the total population, in the next 13 years. By 2050, it expected that the aging population would increase to 9.6 million, making up about 23.1% of the total population aged 60 and above, and Malaysia will be an aging nation soon (World Population Aging, 2017). Compared to other countries in South-Eastern Asia, percentage aged 60 years or over in Malaysia is among the highest aging population after Singapore (19.9%), Thailand (16.9%), and Vietnam (11.1%). This fastest-growing, leading to increasing demand for nursing home nurses.

Though there is a demand for nursing care, there is a crucial issue of burnout among nurses working in private nursing homes. Due to every day challenges of nursing care workers, the job in nursing homes has remained defined as emotionally and physically stressful due to high work demand (Chiba, Yamamoto-Mitani & Kawasaki, 2012). Working with older people resulting in stressful conditions, as nurses need to handle residents suffering from behavioral disorders and disable patients (Eith, Stummer & Schusterchitz, 2011; Nubling et al., 2010). This kind of stress may produce suffering at work resulting in negative emotional and psychosocial impact. Thus, nursing home nurses exposed to potential risk factors for work-related stress and burnout.

According to Statistic Department, Ministry of Health Malaysia

(2015), the number of the turnover rate in private nursing homes is a significant problem with the rates ranging from 18% among administrative to 39.5% among the nursing category. Due to rapid change with the increasing number of older people and the need for expansion and diversity in care service, nursing homes faced providing a high level of quality care, while at the same time experiencing difficulties in recruiting and retaining a trained workforce. This phenomenon happened because of stressful jobs in nursing homes due to high job demands (Pelissier et. al., 2015; Wei, Li, Chen, & Li, 2015). It is associated with the risk of burnout that leading to higher turnover rates (Clegg, 2001; Kikkaldy & Martin, 2000; Nurul Ashykin et. al., 2017).

Moreover, there are several negative impacts of burnout, which is a decrease in the quality of care of the employee (Wu & Norman, 2006). A significant relationship also found between burnout and the incidence of musculoskeletal disorder, depression, obesity, and insomnia (Sorour & El-Maksoud, 2012). Finally, the main concern is burnout also can lead to a major economic damage through increased absenteeism, increase turnover rates and increase the cost of health care (Adriaenssens, De Gucht, & Maes, 2015).

However, this is an unknown statistic of burnout among nurses working at nursing home in Malaysia. Hence, it is necessary to investigate further the prevalence of burnout among nursing homes nurses to improve the quality of nursing homes in Malaysia. Therefore, this study aims to determine the prevalence of burnout among nursing staff working at a nursing home in Malaysia.

**LITERATURE REVIEW**

Job stress can appear at any time in life because of various factors, such as personal factors, organizational factors, and environmental factors. Long-term job stress can cause burnout. There is numerous definition of burnout, but many

scholars defined burnout as a reaction to chronic occupational stress categorized by exhaustion, cynicism, and diminished professional efficacy (Maslach, Jackson, Leiter, 1996). Emotional Exhaustion was closely related to a decrease in emotional and physical resources. It is well defined when employees feel overwhelmed and drained by the demands of their work (Demerouti et al., 2001). Depersonalization refers to disinterest and cynical reaction to the recipients of the service provided. Depersonalization relates to the loss of excitement and emotional interest in the workplace and not seeing work as meaningful (Gonzalez-Roma et al., 2006). Finally, the lack of personal accomplishment reflects feelings of reduced ability on the job (Bang & Jr, 2017).

Burnout among healthcare professionals is a significant problem in the health care industry. The prevalence of high burnout among the five health care professions ranging from the highest to lowest was nurses (66%), physician assistants (61.8%), physicians (38.6%), administrative staff (36.1%) and medical technicians (31.9%), respectively (Chou, Li, & Hu, 2014). A considerable amount of literature has been published on burnout among nurses working in a different healthcare setting. In a developed country such as Spain, the results obtained indicate a comparatively high prevalence of burnout among 676 nurses. The result shows that the prevalence of high levels of Emotional Exhaustion was 21%, 30% of nurses presented high levels of depersonalization and 44% of them reported in the low level of personal accomplishment (Cañadas-De la Fuente et al., 2015). In another major study among 1037 midwives in Australia demonstrated 64.9% (n = 643) reported personal burnout; 43.8% (n = 428) reported high prevalence of job burnout while 10.4% (n = 102) reported client-related burnout (Creedy, Sidebotham, Gamble, Pallant, & Fenwick, 2017).

An empirical study conducted among nurses in Cyprus reported that approximately 65% of them reflected their job as stressful (Raftopoulos, Charalambous & Talias, 2012). Another study among nurses in Nigerian reported a high prevalence of burnout which is identified in 39.1% of high

emotional exhaustion (EE), 29.2% high depersonalization and 40.0% of them experienced reduced personal accomplishment (Lasebikan & Oyetunde, 2012).

To date, there has been little agreement on the high prevalence of burnout among Arab Countries. In Jordan, as reported by (Hamaideh, 2011) a high level of burnout was identified in 54.7% of the respondents reported a high prevalence of emotional exhaustion (EE), 34.2% reported high level of depersonalization and 38.7% said a low level of personal accomplishment. In Saudi Arabia, as mentioned by Al-Dardas et al. (2011), a high level of burnout was identified in 45.7% of the respondents reported a high prevalence of emotional exhaustion (EE), 42.0% reported a high level of depersonalization and 28.5% said a low level of personal accomplishment. Another study by Sabbah, Sabbah, Sabbah, Akoum, & Droubi, (2012) also reported a high level of burnout which 77.5% of the respondents reported a high prevalence of emotional exhaustion (EE), 36.0% reported high level of depersonalization and 33.0% reported low level of personal accomplishment.

In Asia, burnout rates among Chinese nurses in China reported at or near 75% (Ding et al., 2015). Among 264 Physician and Nurses reported that a high level of burnout identified in 37.3% of the respondents (Eelen et al., 2014). Besides, a survey among nurses in Malaysian Teaching Hospital found that the prevalence of job stress among medical and surgical nurses was 49.3%, which is half of the participant, reported work-related stress. Further, a recent study by Sham et al. (2017) among Clinical Training Centre in Selangor reported high levels of burnout were identified in 83.3% of the respondent in the area of depersonalization and 42.5% of the respondent in the field of reduced personal accomplishment. Even though these findings indicate that burnout is a serious issue and worth our attention, further study is needed to represent the condition of burnout among nurses in Malaysia. The summary of the reviews on the prevalence of burnout among healthcare profession globally summarized in Table 1.

**Table 1. The Prevalence of Burnout among Healthcare Profession.**

Author, Year of Publication	Locale	Population	Prevalence of Burnout (%)		
			High EE	High DP	Low PA
Cañadas-De la Fuente et al., (2015)	Spain	676 Nurses	21.0	30.0	44.0
Creedy et al., (2017)	Australia	1037 Midwives	64.9	43.8	10.4
Lasebikan & Oyetunde, (2012)	Nigeria	270 Hospital Nurses	39.1	29.2	40.0
Hamaideh et al., (2010)	Jordan	181 Nurses	54.7	34.2	38.7
Al Dardas et al., (2011)	Saudi Arabia	198 Nurses	45.6	42.0	28.5
Sabbah et al., (2012)	Lebanon	200 Nurses	77.5	36.0	33.0
Rizo-Baeza et al., (2017)	Mexico	185 palliative care nurses	37.3	35.1	37.8
Eelen et al., (2014)	China	264 Physician and Nurses	20.5	7.6	54.2
Sham et al., (2017)	Malaysia	120 Nurses Clinical Training Centre	5.0	83.3	42.5

## METHODS

A cross-sectional study was conducted from March to September 2019 on a group of nurses working in private nursing homes in Peninsular Malaysia to determine the prevalence of burnout. This study aimed to include all nurses

(n=150) working in private nursing home who had one year of experience. Those who agreed to participate in the study comprised 128 with a response rate of 85.3%. A pilot study

during the whole of February collected for 30 nurses working in private nursing home in Penang and Selangor, Malaysia

before data collection to ensure the clarity and secure handling of questions. The study participants were asked to fill in a pre-designed, self-administered questionnaire, including the following two parts:

**First section:** Nurses socio-demographic data, marital status, working time, monthly income, and working experience as nurses.

**Second Section:** The Maslach Burnout Inventory (MBI) (Maslach et al. 1996) is composed of 22 items divided into three dimensions: Emotional Exhaustion (EE, 9 items) describing feelings of being emotionally exhausted by one’s work; Depersonalization (DP, 5 items) describing the

experience of becoming cold and indifferent to other’s needs; lack of Personal Accomplishment (PA, 8 items) used to assess how one perceives or her competence. (Rewrite or splitting the sentences). Each item was answered using 7-point Likert scale ranging from every day to never: every day (6), a few times a week (5), once a week (4), a few times a month (3),

once a month (2) a few times a year (1), and never (0).

Respondents were then categorized as high, moderate, or low level of burnout. The high mean score on EE and DP subscales corresponded to higher degrees of burnout experiences. In contrast, a low mean score on the PA dimension corresponded to a higher degree of burnout. Data were analyzed using Statistical Package for Social Science Software (SPSS Inc., released 2009, version 18.0, SPSS Inc., Chicago, IL). The scoring guideline for the job burnout questionnaire was according to the following table:

**Table 2. Scoring guideline for burnout**

Items	Item Score	Level of burnout		
		Low	Moderate	High
Emotional Exhaustion	(0-54)	0-17	18-29	≥30
Depersonalization	(0-30)	0-5	6-11	≥12
Lack of Personal Accomplishment	(0-48)	0-33	34-39	≥33
Total burnout score	High, ≥ 68; moderate, 61-67; low, ≤ 60			

**RESULT AND DISCUSSION**

Of the 150 questionnaires distributed, however, four surveys were found to have more than 50 percent of unanswered items and four surveys were excluded because respondents provided the same responses, which is straight-lining to all questions in the study. Having drop 4 cases for outliers, a total of 128 responses were deemed usable for subsequent analysis, which gives a valid response rate of 85.3% (N=128). The response rate obtained was comparable to several studies using nursing home care workers as the study sample. For example, Castle (2006) received a 72% response rate of nursing home administrators and Peters, De Rijk, & Boumans (2009) achieved a 60% response rate of nursing home nurses.

After the data screening process, the first information collected is the general background of respondents in this research. All information is presented in actual figures, and percentages were used to facilitate interpretation. The sample consists of a total of 128 respondents. This part of investigation consists of information related to position, gender, level of education, number of years in the present position, ethnicity, religion, monthly income and types of working time in the organization involved in this research as shown in Table 3.

The respondents were mainly nurses working at a private nursing home in peninsular Malaysia. More than half of the respondents were female (83.6%), and the remaining (16.4%)

was male. In terms of age, respondents spanned the range of age categories from 20 to 39 years, with the majority (78.1%) of the respondents included in the survey sample being between the ages of 20-29 years, followed by 30-39 years age groups at 13.3%, age group 40-49 years at 3.9%, age group 50-59 years at 3.1% and age group more than 60 years at 1.6%. As for the ethnicity, the majority of the respondents sampled were Malay (73.4%) compared to Chinese (5.5%), Indian (13.3%) and others (7.8%). In term of marital status of respondents, 64.8 percent were single, 32.1 percent married, and the remaining is divorced (3.1%).

As for the level of education, the majority of the respondents have a Diploma (84.4%) whereas 15.6% degree holder. Only 3.9% of respondents was experienced enough, holding the present position for more than ten years. The majority of respondents were holding the current position as nurses in between 1-5 years (84.4%) and between 6-10 years (11.7%).

The descriptive analysis shows that majority of the respondents (68%) earn a monthly income from RM1001 to RM2000. Meanwhile, 21.1% of the respondents receive a monthly income from RM2001 to RM3000, followed by 3.9% of the respondents with a monthly income of RM3001 to RM4000. The remaining 7% of respondents received a monthly income less than RM1000. The demographics of the respondents are shown in Table 3.

**Table 3. Demographic data of respondents**

Demographic	Categories	Frequency	Percentage (%)
Gender	Male	21	16.4
	Female	107	83.6
Age	20-29	100	78.1
	30-39	17	13.3
	40-49	5	3.9
	50-59	4	3.1
	60 years and above	2	1.6
Race	Malay	94	73.4
	Chinese	7	5.5
	Indian	17	13.3
	Others	10	7.8
Marital Status	Single	83	64.8
	Married	41	32.0
	Others	4	3.1
Highest	Diploma	108	84.4

Education	Degree	20	15.6
Working experience as Nurses	1-5 years	108	84.4
	6-10 years	15	11.7
	More than 10 years	5	3.9
Monthly income	Less than RM1000	9	7.0
	RM1001-RM2000	87	68.0
	RM2001-RM3000	27	21.1
	RM3001-RM4000	5	3.9
	RM4001-RM5000	0	0
	Above RM5000	0	0
Working time	Shift Duty	101	78.9
	Office Hour	27	21.1

The distribution of the Maslach Burnout Inventory scores among the study group revealed that majority 51.8% had high level of emotional exhaustion, 61.3% scored high on depersonalization, and the majority 62.8% had high levels of

reduced personal accomplishment. High levels of burnout were found in 60.6% of the nurses, and 10.2 % had moderate burnout levels. The prevalence of burnout is shown in Table 4.

**Table 4. Prevalence of burnout among nurses**

Scale	K	Mean (SD)	Categorization of the MBI-HSS		
			Low n (%)	Moderate n (%)	High n (%)
Emotional Exhaustion	9	3.46 (1.34)	20 (14.6)	37 (27)	71 (51.8)
Depersonalization	5	2.905(1.08)	10 (7.3)	34 (24.8)	84 (61.3)
Reduced Personal Accomplishment	8	3.85 (0.89)	17 (12.4)	25 (18.2)	86 (62.8)

K = no. of item; SD = standard deviation; n = number of individuals

The result has shown that the prevalence of burnout among nurses working in nursing home Malaysia is a significant problem. It is proved that nurses were classified as highest prevalence of burnout compared to others health care professions ranging from the highest to lowest was nurses (66%), physician assistants (61.8%), physicians (38.6%), administrative staff (36.1%) and medical technicians (31.9%), respectively (Chou, Li, & Hu, 2014). The reason is other healthcare professions such as physician and therapists spend limited amounts of time with patients. Relatively, nursing staffs are the first line of direct care, and they spend most of their time with patients and are continuously exposed to the emotional strains of dealing with the illness and dying. Due to this reason, they are exposed to burnout more than other health care professional.

The result of the high level of burnout in this studies is comparable to the survey conducted among nurses in Cyprus reported that approximately 65% of them reflected their job as stressful (Raftopoulos, Charalambous & Talias, 2012). The finding also supported by the high prevalence of burnout among Arab countries such as in Jordan, a high level of burnout was identified in 54.7% of the respondents (Hamaideh, 2011). In Saudi Arabia, a high level of burnout was detected in 45.7% of the respondents, Al-Dardas et al. (2011). Another study by Sabbah, Sabbah, Sabbah, Akoum, & Droubi, (2012) also reported a high level of burnout which 77.5% of the respondents said the high prevalence of emotional exhaustion (EE), 36.0% reported a high level of depersonalization and 33.0% stated low level of personal accomplishment. The result of this study also comparable to that in China reported at 75.0% (Ding et al., 2015). Further, compared to a recent study in Malaysia among Clinical Training Centre in Selangor reported high levels of burnout were identified in 83.3% of the respondent in the area of depersonalization and 42.5% of the respondent in the field of reduced personal accomplishment (Sham et al., 2017)

**CONCLUSION AND RECOMMENDATIONS**

These findings indicate that burnout is a serious issue and worth our attention. Since the experience of burnout has significant impact to both employees and employers such as increased in turnover intention, reduces job satisfaction and

reduce service quality of employees, further study is needed to identify the factors that can influence burnout among nurses working in nursing home Malaysia such as job demand, job resource, job stress, job satisfaction and personal resource. Further studies also required determining the prevalence of burnout in the public nursing home since this study only focus on private nursing home in Peninsular, Malaysia.

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