

Original research-Orijinal araştırma

The relationship of job satisfaction and burnout level with quality of life in hospital nurses

Hastanede çalışan hemşirelerde iş doyumunu ve tükenmenin yaşam kalitesi ile ilişkisi

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Abstract

Aim. The purpose of the present study was to determine the relationship between job satisfaction, burnout level and quality of life of the nurses working at hospitals in Sivas, Turkey. It is thought that there is a relationship between job satisfaction, burnout levels and quality of life of nurses and that the direction of this relationship may have a positive or negative effect on care services they provide. For this reason, the measurement of the relationship between job satisfaction, burnout level and quality of life of nurses is important. **Methods.** Study sample included 439 nurses. The data was collected through Personal Information Form, Minnesota Satisfaction Questionnaire (MSQ), Maslach Burnout Inventory and Quality of Life Questionnaire (WHOQOL-BREF). The scores that the nurses received from the scales were presented in averages and in standard deviation. Correlation analysis was used for statistical analysis. **Results.** General job satisfaction average score of the nurses was 3.2 ± 0.6 . There was a positive and significant relationship between job satisfaction and all sub-dimensions of quality of life ($p<0.01$). Burnout sub-dimension average score of the nurses was 17.2 ± 7.6 , desensitization average score was 3.30 ± 3.59 and personal achievement average score was 24.1 ± 5.2 . Quality of life average score of the nurses was 13.53 ± 2.7 in physical domain, 14.2 ± 2 in psychological domain, 14.0 ± 2.2 in social domain and 12.53 ± 2.17 in environmental domain. There was a negative relationship between all sub-dimensions of quality of life and exhaustion and desensitization scores. It was found that there was a positive relationship between quality of life and personal achievement average scores ($p<0.01$). **Conclusions.** Quality of life of the nurses was slightly above average in all domains. As job satisfaction and personal achievements of the nurses increased, so did their quality of life. As the emotional exhaustion and desensitization levels of the nurses increased, their quality of life levels decreased.

Keywords: Nurse, job satisfaction, burnout, quality of life

Özet

Amaç. Bu araştırma, Sivas ilindeki hastanelerde çalışan hemşirelerin iş doyumunu, tükenme düzeyi ve yaşam kaliteleri arasındaki ilişkiyi belirlemek amacıyla yapılmıştır. Hemşirelerin iş doyumunu, tükenme düzeyleri ve yaşam kaliteleri arasında bir ilişki olduğu ve bu ilişkinin yönünün onların sundukları bakımın kalitesini de olumlu ya da olumsuz olarak etkileyebileceği düşünülmektedir. Bu nedenle hemşirelerin iş doyumunu, tükenme düzeyi ve yaşam kaliteleri arasındaki ilişkinin ölçülmesi önemlidir. **Yöntem.** Örneklem 439 hemşireden oluştu. Veriler Kişisel Bilgi Formu, Minnesota Doyum Anketi (MSQ), Maslach Tükenmişlik Envanteri ve Yaşam Kalitesi Ölçeği (WHOQOL-BREF) kullanılarak toplandı. Hemşirelerin ölçeklerden aldıkları puanlar ortalama ve standart sapma olarak sunulmuş ve istatistiksel analizde korelasyon analizi kullanılmıştır. **Bulgular.** Hemşirelerin genel iş doyum puan ortalaması $3,2\pm 0,6$ olup, iş doyumunu ile yaşam kalitesinin tüm alt boyutları arasında pozitif yönde anlamlı bir ilişki saptanmıştır ($p<0,01$). Hemşirelerin tükenmişliğin duygusal tükenme alt boyutu puan ortalaması $17,2\pm 7,6$, duyarsızlaşma puan ortalaması $3,3\pm 3,6$ ve kişisel başarı puan ortalaması $24,1\pm 5,2$ 'dir. Hemşirelerin yaşam kalitesi puan ortalamaları; fiziksel alanda $13,5\pm 2,7$, ruhsal alanda $14,2\pm 2,3$, sosyal alanda $14,0\pm 2,2$ ve çevre alanında $12,5\pm 2,2$ 'dir. Yaşam kalitesinin tüm boyutları ile duygusal tükenme ve duyarsızlaşma puanları arasında negatif yönde, yaşam kalitesi ile kişisel başarı puan ortalaması

arasında pozitif yönde anlamlı bir ilişki bulunmuştur ($p<0,01$). **Sonuç.** Hemşirelerin yaşam kaliteleri tüm alanlarda ortanın biraz üzerindedir. Hemşirelerin iş doyumları ve kişisel başarıları arttıkça yaşam kaliteleri yükselmekte, duygusal tükenme ve duyarsızlaşma düzeyleri attıkça yaşam kaliteleri düşmektedir.

Anahtar sözcükler: Hemşire, iş doyumunu, tükenmişlik, yaşam kalitesi

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Introduction

Nurses constitute the largest group among all health professionals in all countries across the world. For this reason, the service provided by the nurses is an important indicator of health care quality. On the other hand, under the effect of many negative factors caused by the working environment, nursing is considered as a stressful job with an excessive work load [1-4]. International Labor Organization (ILO) define main stressors in work place of nurses as conflicts with managers, role conflict and uncertainty, excessive work load, emotional stress due to working with patients, working with the patients who need intensive care and who are dying, the conflicts with the patients and working in shift system [5]. When the nurses fail to effectively cope with these stressors at work place, they face serious problems especially job dissatisfaction and exhaustion syndrome [6-9]. Lack of job satisfaction and the exhaustion the individual finally experiences is a factor that has a negative impact on the quality of the service he/she provides. For this reason, job satisfaction and exhaustion levels of nurses continue to be a current matter that attracts the attention of researchers. In previous studies generally it is emphasized that the nurses have either low or moderate levels of job satisfaction [7, 10-12]. However the nurses have high exhaustion levels. [13, 14] In many other studies it was reported that there was a negative relationship between job satisfaction and exhaustion levels of nurses [15-18]. Work life constitutes a large and important part of a person's life. For this reason, the satisfaction and exhaustion level of the individual in work life is a factor that affect the quality of the service the individual provides, it is an important variable affecting life quality of the individual as well [19, 20].

Quality of life is a complex and multidimensional concept. World Health Organization (WHO) defines quality of life as the perception of one's position in the life in relation to his/her aims, expectations, standards and interests within the framework of culture and value systems in which the individual lives [21]. There is only limited information about quality of life of nurses. Some studies indicated that there was a relationship between the characteristics of the job and quality of life and that as job satisfaction increased, so did quality of life [22, 23]. However, in literature review, no study was found on the relationship between job satisfactions, exhaustion levels and quality of life of nurses. The determination of this relationship may help development of strategies towards the improvement of quality of life, job satisfactions and reduction of exhaustion levels of nurses. Therefore, the purpose of the present study was to analyze the relationship between job satisfactions, exhaustion levels and quality of life of nurses.

Methods

Aim

The purpose of this study was to determine the relationship between job satisfactions, exhaustion levels and quality of life of nurses.

Design

A survey design was used in this study. It was surveyed in hospital nurses of Sivas, Turkey.

Participants

Study population consisted a total of 718 nurses working in 3 hospitals in Sivas province of Turkey (hospital A: 317, hospital B: 288, hospital C: 113). It was planned to contact all nurses in this study. However due to reasons such as refusing to take part in the study (80 nurses), being on vacation or medical leave during the application of the study (102 nurses) and failure to completely fill-in the forms (97 nurses) etc. Study sample consisted of 439 nurses (respond rate of 61.1%).

Data collection

After taking necessary approvals from institutions, data collection forms were administered to the nurses who agreed to participate in the study in the hospitals they work.

Study instruments

Personal Information Form: This form contained descriptive characteristics of the nurses such as age, marital status, working experience, educational level, working position (service nurse, polyclinic nurse etc.). The form contained 10 questions.

Minnesota Satisfaction Questionnaire (MSQ): This questionnaire was developed by Dawis et al. [24] for determining general job satisfaction of all employees [24]. The questionnaire was adapted to Turkish by Baycan in 1985 [25]. The Cronbach's α was 0.83 in this study. This is a five-item Likert type scale containing 20 items. In addition to general job satisfaction, the scale indicated internal and external satisfaction factors. Internal satisfaction includes elements related with the quality of the job such as achievement, recognition and appreciation, the job, job responsibility and change of position due to promotion. Internal satisfaction is measured by a total of 12 items. External satisfaction, on the other hand, includes elements related with the job such as institutional policy and management, type of inspection, manager, colleagues and relationships with the inferiors, working conditions and pay.

General satisfaction score is obtained by dividing total score by the number of items. Internal satisfaction score is obtained by dividing total scores of the internal factors items by 12 and external satisfaction score is calculated by dividing total scores of external factors by 8. The lowest possible score of the scale is "1", the highest possible score is "5".

WHOQOL-Brief: This scale consists of a total of 26 questions concerning mainly two issues: 1) General quality of life perceived 2) General health condition perceived The questions are asked to be responded by taking the last 15 days into account. Physical, psychological, social and environmental domain scores are calculated by the questions apart from the first two general questions .The content of the questions according to domains are:

Physical domain: Being able to carry out daily works, dependency to medication and treatment, vitality, and fatigue, activity, pain and illness, sleep, rest and power to work.

Psychological domain: Body image and physical appearance, negative feelings, self-respect, positive emotions, spiritual aspect, religion, personal beliefs, thinking, learning, memory and attention.

Social domain: Relationships with other people, social support, sexual life.

Environmental domain: Material sources, physical safety and security, health services and social aid, accessibility and quality, home environment, the opportunity of acquiring

new information and skills, the opportunity of sparing time for rest and leisure and being able to participate in these activities, physical environment (pollution, noise, traffic and climate) and transport. After the application of WHOQOL-BRIEF, physical, psychological, social and environmental domain and national domain scores were calculated over 0-20 points. As the scores increased, quality of life increased as well [26].

The WHOQOL-BRIEF has been previously tested for validity and reliability by Eser et al. [27] and by Fidaner et al. [28] respectively. Internal consistency of the Turkish version (alpha) is .83 for the physical domain, .66 for the psychologic domain, .53 for the social domain, and .73 for the environment.

Maslach Burnout Inventory (MBI): This scale consists of 22 questions each of which contained 5-step response alternatives. The scale is calculated by “never” (0 scores) and “always” (4 scores). The scale has three sub-dimensions which are Emotional Exhaustion, Desensitization and Personal Achievement. According to this the scores that can be received from sub-dimensions of the scale, vary between 0-36 for emotional exhaustion; 0-20 for desensitization and 0-32 for personal achievement. Emotional exhaustion and desensitization dimensions contain negative responses, while Personal achievement dimension contain positive responses. The scores of each scale are separately calculated. As there is no cut-off value for the scores obtained from sub-scales, no distinction could be made as to exhaustion exists or not. The increase in emotional exhaustion and desensitization indicate that the level of exhaustion is high; while the increase in personal achievement scores indicate that the level of exhaustion is low [29].

Emotional exhaustion means the feeling of overloaded and exhausted in the work in emotional terms and is the most important determinant of exhaustion. Desensitization, on the other hand means showing attitudes and behaviors in such a way not to consider that the people to whom they serve are individual, lacking emotions. Personal achievement reflects objective tendency to the person. Lack of personal achievement is defined as the inability to overcome the problem in a successful manner and the feeling of lack of self-sufficiency. In this case, the motivation of the person is low, and the person experiences lack of control and desperation. The increase of exhaustion, emotional exhaustion and desensitization appears with the decrease of personal achievement and the feeling of achievement. The MBI was translated into Turkish language by Ergin [30]. Reliability of the MBI among Turkish physicians and nurses were confirmed by Ergin (1992) with Cronbach alpha values 0.83, 0.65 and 0.72 for emotional exhaustion, depersonalization and personal achievement respectively [30].

Ethical considerations

Before the application of data forms, written consents were received from the three hospital administrations. The participation of nurses in the study was based on volunteering. The contacted nurses were informed about the purpose of the study and their verbal consents were asked for their participation in the study.

Data analysis

Data was evaluated in computer with Statistical Package for the Social Science (SPSS version 16.0). Correlation analysis was used for statistical evaluation.

Results

As shown in Table 1, the sample had a mean age of 30-32 years (SD=5.63) and 56% of nurses were within the age range of 26-33. 61.3% of the participants were married. The largest number of respondents were graduate (41.3%), followed by associate degree (39.2%) and health occupation collage (15.9%). Years in health care of 37.4% of nurses were under 5 years, 69.9% of them worked in morning and night rotations. The Position they work were manager, assistant of manager, supervisor (13%), clinic nurse (73.1%) and inpatient nurse (13.9%).

Tablo 1. Demographic characteristics of sample (n=438)

	n (%)
Age	
18-25	77(17.5)
26-33	246(56.0)
34 and above	116(26.4)
Mean of age: 30.32±5.63	
Marital status	
Married	269(61.3)
Single	170(38.7)
Education level	
Health occupation college	70(15.9)
Associate degree	172(39.2)
Graduate	181(41.3)
MSc	16(3.6)
Years in health care	
Under 5 years	164(37.4)
6-10 years	112(25.5)
11 years and more	163(37.1)
Work schedule	
Permanent morning	132(30.1)
Rotating morning and night	307(69.9)
Position at work	
Manager, assistant of manager, supervisor	57(13.0)
Clinic nurse	321(73.1)
Inpatient nurse	61(13.9)

Descriptive statistics including the means and standard deviations in the study are reported in Table 2. The mean general score of the MSQ of nurses was 3.22 (SD=0.64), reflecting moderate satisfaction. Internal job satisfaction mean score was 3.40 (SD=0.70) and their external job satisfaction mean score was 2.95 (SD=0.69).

Tablo 2. Descriptive statistics for job satisfaction, burnout and quality of life.

	X±SD
Job satisfaction	
Internal	3.4±0.7
External	3.0±0.7
General	3.2±0.6
Burnout	
Emotional exhaustion	17.2±7.6
Depersonalization	3.3±3.6
Personal accomplishment	24.1±5.2
Quality of life	
Physical	13.5±2.7
Psychological	14.2±2.3
Social	14.0±2.2
Environmental	12.5±2.2

When burnout levels of the nurses were analyzed it was found that emotional exhaustion average score was 17.21 (SD=7.64), desensitization average score was 3.30 (SD=3.59) and personal achievement average score was 24.07 (SD=5.22). When quality of life average scores of nurse were analyzed, it was found that physical domain average score was 13.53 (SD=2.67), psychological domain average score was 14.17 (SD=2.31), social domain average score was 14.04 (SD=2.17) and environmental domain average score was 12.53 (SD=2.17).

The correlation between job satisfaction, burnout levels and quality of life average scores of the nurses are given in Table 3. There was a significantly positive relationship between all domains of job satisfaction and all domains of quality of life of nurses ($p < 0.01$). When the relationship between burnout levels and quality of life levels of the nurses were analyzed, it was found that there was a significantly negative relationship between emotional exhaustion and desensitization scores and average scores of all domains of quality of life. However there was a significantly positive relationship between personal achievement and average scores of all domains of quality of life ($p < 0.01$). It was found that there was a significantly negative relationship between all domains of job satisfaction and personal achievement average scores ($p < 0.01$).

Table 3. Correlation matrix for job satisfaction, burnout and quality of life.

	4	5	6	7	8	9	10
Job Satisfaction							
1. Internal satisfaction	-.54*	-.35*	.46*	-	-	-	-
2. External satisfaction	-.50*	-.27*	.31*	-	-	-	-
3. General satisfaction	-.57*	-.35*	.43*	-	-	-	-
Burnout							
4. Emotional exhaustion	-	-	-	-.57*	-.50*	-.31*	-.50*
5. Depersonalization	-	-	-	-.28*	-.31*	-.23*	-.25*
6. Personal accomplishment	-	-	-	.33*	.40*	.28*	.30*
Quality of Life							
7. Physical	.39*	.36*	.41*	-	-	-	-
8. Psychological	.39*	.31*	.39*	-	-	-	-
9. Social	.27*	.28*	.30*	-	-	-	-
10. Environmental	.43*	.47*	.48*	-	-	-	-

* $p < 0.001$ two tailed-test

Discussion

The purpose of the present study was to determine the relationship between job satisfaction and exhaustion levels and quality of life of nurses. In our study it was found that nurses had a moderate level of job satisfaction. Similar findings were reported in recent studies [7, 11, 12]. In our study emotional exhaustion average score was found to be 17.21 (SD=7.64). The highest possible score that can be received from Maslach [29] Burnout Inventory, Emotional exhaustion sub-dimension is 36. It can be suggested that the nurses have a moderate level of exhaustion. In the study it was found that desensitization average score was 3.30. When compared to the highest possible score that can be received from this scale (max: 20), this score is quite low, so it can be suggested that the nurses carry out their jobs with sensitivity. Personal achievement sub-dimension means considering oneself self-sufficient in his/her job. When personal achievement sub-dimension was analyzed it was found that nurses had an average score of 24.07. Based on this finding it can be suggested that the nurses consider themselves as quite sufficient in their jobs. Although the nurses had a moderate level of job satisfaction, the fact that they have low exhaustion levels can be considered as a positive situation. In our study it was found that the nurses had moderate levels of average scores in each specific domain of quality of life. The question about perceived quality of life is considered to be an independent item of quality of life scale. When the responses to questions that measure perceived quality of life level were analyzed it was found that 62.2% of the nurses reported that their quality of life were neither good nor bad. Quality of life can be defined as a subjective feeling of a person that his/her life has an entirely positive course. Quality of life is the way of perceiving one's own situating within the feeling of satisfaction and happiness from life, in other words, within the cultural and system of values of the individuals. The context of quality of life includes physical functions, psychological status, social relationships in and out of the family, interactions with the environment and beliefs [21, 23]. For this reason, quality of life of an individual can be affected by his/her

working life and characteristics of his/her working life. In our study, it was found that there was a positive relationship between job satisfaction and all domains of quality of life of nurses. According to this finding it can be suggested that a positive case in one domain has a positive effect on other domain. On the other hand, this finding indicates that the nurses with low satisfaction have low quality of life. So this finding is important. In the study of Cimete et al. [22] which analyzed job satisfaction and quality of life of nurses, it was found that there was a positive relationship between job satisfaction and quality of life of nurses. In another study carried out by Chiu et al. [31] it was found that there was a positive relationship between job skills and quality of life of nurses. In our study it was found that there was a statistically significantly negative relationship between emotional exhaustion, desensitization and average scores of all domains of quality of life. It was found that there was a statistically significantly positive relationship between personal achievement and average scores of all domains of quality of life. Exhaustion is defined as the loss of the specific meaning of the job professional attributes and objective of his/her job, and the inability of paying real attention to his/her job. Major reasons of exhaustion are loss of energy, lack of motivation, negative attitude towards other people and active withdrawal from others [13, 29]. Researchers underline that nurses are a risky group in terms of exhaustion [17, 32]. For this reason, exhaustion is a common subject investigated in nursing literature. Previous studies indicated that there was a negative relationship between exhaustion levels and job satisfaction of nurses [17, 18, 33]. However, it is striking that there are only few studies that analyze the relationship between exhaustion and quality of life. In fact, exhaustion arises as a result of working life and has a negative effect on all aspects of a person's life. The fact that there is a negative relationship between quality of life which is an assessment of the whole life of the person and emotional exhaustion and desensitization supports this view. Job satisfaction, exhaustion level and quality of life affect each other and are affected from each other. A negative situation in any one of these fields will have a negative effect on others. If a nurse is dissatisfied with her job, gets exhausted and has low level of quality of life, the quality of the service she provides will also decrease. Researchers emphasize that the patients are not satisfied with the service provided by dissatisfied nurses [20, 33] and mortality rate is higher in the clinics where dissatisfied and exhausted nurses provide care [33]. For this reason, the interventions for improving job satisfaction levels and for prevention of exhaustion of nurses will improve quality of life of the nurses, increase the quality of the service provided and satisfaction of patients.

In this study it was found that there was a relationship between job satisfaction, exhaustion level and quality of life of nurses. If job satisfaction levels of nurses are increased, their exhaustion levels will decrease and quality of life will increase.

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