



Measuring death attitude and burnout of Greek nursing personnel

Malliarou Maria^{1,*}, Zyga Sofia², Fradelos Evangelos³, Sarafis Paulos⁴

¹Department of Nursing, Technological Institution of Thessaly, Larissa, Greece

²Department of Nursing, University of Peloponnese, Sparta, Greece

³3rd Psychiatric Department, State Mental Hospital "Daphne", Athens, Greece

⁴Department of Nursing, Technological Educational Institute of Lamia, Lamia, Greece

Email address:

mmalliarou@gmail.com (Malliarou M.), zygass@uop.gr (Zyga S.), evangelosfradelos@hotmail.com (Fradelos E.), psarafis@teilam.gr (Sarafis P.)

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Abstract: Occupational burnout is defined as a physical and mental exhaustion syndrome and is the result of chronic stress. Nurses are exposed to the physical and emotional effects of the experience of caring for a dying patient. Aim of this study was to investigate nurses' burnout caring patients at their end of their life. Material and Method: The sample of the research constituted of 110 nursing professionals who are caring patients facing death. Data were obtained using Death Attitude Profile-Revised (DAP-R) and Maslach's burnout inventory (MBI). Results: The factors that appeared to shape the nurses attitudes towards death were age, marital status, education level, position in the workplace, department at work and professional experience. Conclusions: Fear of death and death avoidance were found to correlate statistically significant with the subscale depersonalization and with emotional exhaustion.

Keywords: Death Attitude, Burnout, Nursing Personnel

1. Introduction

Occupational burnout has been defined as a physical and mental exhaustion syndrome. According to Maslach, burnout is the result of chronic stress (at the workplace) which has not been successfully dealt with. It is characterized by emotional exhaustion depersonalization and a sense of a lack of personal achievement. Emotional exhaustion leads to loss of concern for others and eventually progresses to feelings of inadequacy and failure; depersonalization occurs when nurses treat patients as objects and develop unfavorable attitudes towards them; and lack of personal accomplishment with regard to helping others (1-3).

Nurses are one of the groups who can be under heavy stress and occupational burnout since they work with sick people as well as their worried families (4) and the nature of nursing tasks have to do with the involvement with death and dying people (5). One of the greatest causes for nurses' stress is their lack of preparation in handling the emotional needs of patients which causes anxiety within the nursing staff (6).

Most nurses are exposed to the physical and emotional effects of the experience of caring for a dying patient. Nurses are frequently exposed to dying patients and death, in the course of their work (7). Individuals have their own attitudes towards death influenced by personal, cultural, social and philosophical belief systems that shape a person's conscious or unconscious behaviors (8).

Occupational stress and burnout may have a great impact on nurse's quality of life, reducing at the same time the quality of care. (9). Caring is an interpersonal process which is characterized by expert nursing, interpersonal sensitivity and intimate relationships, including behaviors such as respect for the others, assurance of humanistic presence, positive communication and implementation of professional knowledge and skills (10). Caring for dying people has been suggested as one of the most stressful aspects of nurses' work (11,12). Death is an ever-present reality despite increasing technologically advanced health systems, longer patient survival, and cure from life-threatening conditions (13).

2. Aim

The aim of this study was to investigate nurses' burnout caring patients at their end of their life.

3. Material and Method

It was a cross-sectional analytical study which involved nurses caring patients facing death. The sample selection was made by the method of random sampling. The inclusion criteria were: i) be nurses and assistant nurses coming from all nursing departments and units iii) caring patients facing death. The survey included the voluntary and anonymous participation of nursing staff.

3.1. Instruments

Nurses' attitude towards death has been examined using the Death Attitude Profile-Revised (DAP-R). Death Attitude Profile-Revised measures five subscales which are: Fear of death (7 items) includes fear of death and fear of the death of significant others; (ii) Neutral acceptance (5 items) measuring the extent to which a person accepts the reality of death in a natural manner and neither fears it, nor welcomes it. (iii) Approach acceptance (10 items) is related to belief in an afterlife, and (iv) Escape acceptance (5 items) assesses the option of death as an alternative to a miserable life. Finally, Death avoidance (5 items) measures attempts to avoid thoughts about death as suggested by Wong, Reker, and Gesser in 1994, it was translated and culturally adapted by Malliarou et al, 2010; 2011 (14-16). The score for each subscale is the mean score of all its items.

Maslach's burnout inventory was used in the research to measure levels of burnout (17). It consists of three groups of questions regarding the emotional exhaustion, the personal accomplishment and the depersonalization of workers. Questions 5, 10, 11, 15, 22 refer to depersonalization, the 4, 7, 9, 12, 17, 18, 19, 21 to the personal achievement and the rest to the emotional exhaustion. Each person could give an answer in a Likert scale 0 to 6 (0 never happens to me – 6 it happens every day).

3.2. Statistics

Descriptive statistics was used for quantitative analysis of qualitative data. Pearson correlations coefficients were used to explore the association of two continuous variables. Correlation coefficient between 0.1 and 0.3 were considered low, between 0.31 and 0.5 moderate and those over 0.5 were considered high. The level statistical significance was set at 0.05.

The process of the survey began with the approval of the Board and Scientific Council of two Greek university Hospitals included. According to the ethical standards of the Helsinki Declaration all participants were informed about the anonymity, the safety of the material and their rights to refuse or stop the participation in the study. Descriptive statistics was initially generated for sample characteristics. Statistics was processed with SPSS 19.0. Statistical significance was set at $p=0.05$

4. Results

Of the 110 respondents 91.6%, while the majority were married at a rate of 60.7% with children 61.7%, in the age groups 31-40 and over 40 years at a rate of 40%. The mean length of service was 13.36 years, 76.6% of the sample was clinical nurses and 69.2% were graduates of Technological Educational Institutions.

The factors that appeared to shape the nurses attitudes towards death were age, marital status, education level, position in the workplace, department at work and professional experience. Older nurses were found to have lesser fear of death than younger ones while those with higher education and higher position in the workplace (heads) accepted death more. Nurses working in oncology clinic had greater death fear than those who worked in the ER, while nurses who came more often in contact with dying patients accepted death compared to nurses who had no contact with dying patients. Additionally, those who came in contact with a greater number of dying patients showed less fear of death and accepted death. Nurses that had no specific death training showed higher mean value in "escape acceptance" subscale.

Table 1. DAP-R Descriptive statistics.

	n	min	Max	mean	SD	95% CI	Cronbach a
Fear of death	110	1.86	6.70	4.68	1.312	4.42-4.93	0.862
Death avoidance	110	1.20	7.00	4.61	1.504	4.32-4.89	0.876
Neutral acceptance	110	2.00	6.80	5.25	0.886	5.08-5.42	0.563
Approach acceptance	110	1.00	9.80	4.02	1.304	3.78-4.28	0.887
Escape acceptance	110	1.00	6.60	2.73	1.263	2.52-3.01	0.791

Table 2. Burnout Descriptive statistics.

	n	Min	Max	mean	SD	95% CI	Cronbach a
Emotional exhaustion	110	3.00	50.00	25.87	10.566	23.85-27.90	0.799
depersonalization	110	11.00	50.00	34.52	9.245	32.75-36.29	0.864
personal accomplishment	110	.00	25.00	11.15	6.584	9.89-12.42	0.620

Burnout of the sample was found to be moderate. The subscale "fear of death" showed a weak negative linear

correlation with the subscale "depersonalization" ($r = -0.249$, $p = 0.010$), while the subscale "death avoidance" showed a weak negative correlation with emotional exhaustion ($r = -0.268$, $p = 0.005$), and the "depersonalization" ($r = 0.317$, $p = 0.001$).

Table 3. Correlation of burnout and end of life caring nurses attitude towards death

	Emotional exhaustion	personal accomplishment	depersonalization
Fear of death	-.186	.055	-.249**
Sig. (2-tailed)	.055	.576	.010
Death avoidance	-.268**	-.095	-.317**
Sig. (2-tailed)	.005	.332	.001
Neutral acceptance	.198*	.056	.065
Sig. (2-tailed)	.041	.570	.507
Approach acceptance	.019	.395**	.170
Sig. (2-tailed)	.847	.000	.080
Escape acceptance	.330**	.003	.178
Sig. (2-tailed)	.001	.973	.066

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed)

5. Discussion

Burnout remains a major occupational problem, in nursing and in the health sector in general, with many consequences. Over the years have been widely investigated not only its causes but and its effects too as well as its relation with other emotional states. (18) The physical, psychological, and interpersonal/social effects of stress and burnout among nursing professionals can vary, depending on many things such as various demographic factors, organizational culture, workload and working conditions.(19,20) Professional consequences of burnout among nurses have serious implications not only for the health and well-being of nurses but also for the health and safety of patients.

Nurses have a longstanding history of witnessing death experienced by patients and families; however, their own reactions to profound loss and premature death have not been systematically addressed in Greece. The current study assessed whether burnout correlates with nurses' attitude towards death. The fact that nurses experience moderate level of burnout was confirmed something that complies with other researchers' findings.

Fear of death and death avoidance were found to correlate statistically significant with the subscale depersonalization and with emotional exhaustion.

Nurses become part of a mosaic of caring within a family framework that may be fraught with anticipatory loss, tension, disbelief, and physical disfigurement (21). Bereavement debriefing sessions and education about death can be one aspect of an effective approach to supporting nurses in dealing with death when caring for patients with life-threatening conditions (22,23).

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