



Brief Report

Nurses burnout in psychiatric wards

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Abstract

Introduction: Burnout is syndrome common among psychiatric nurses and lack of attention can lead to depression, low job satisfaction, reproach, blame, and lack of empathy towards patients, decreased job performance, increased interpersonal difficulties, family dysfunction, and consequently affect the care of patients. The aim of this study was to understand the experiences of psychiatric nurses regarding burnout in psychiatric hospitals in Mashhad in 2013.

Materials and Methods: This research is a qualitative study with interpretive phenomenological method. Participants were selected from psychiatric nurses based on inclusion criteria through purposive sampling to reach data saturation (n=12). Data collection was done by in depth and unstructured interviews and every interview was tape recorded then data analysis was done by the method of Diekelman et al. (1989).

Results: The results of this study were categorized into three main themes and 10 sub-themes: 1- Walking on glass (violence, to confront unusual behavior and speech of patients, physical and psychological needs of patients, the unwanted interventions), 2- Living in a spider's web (high volume of work, lack of understanding of managers, shortage of personnel) and 3- Dark clarity (financial needs, life responsibilities, family problems).

Conclusion: Many of the symptoms of various conditions affecting burnout in this study suggest that interventions should be individualized and attend to all domains of life such as behavior, social, and the work. Also, further support and involvement of managers in the prevention of burnout is a necessity.

Keywords: Job burnout, Nurses, Psychiatry

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Introduction

Burnout is a syndrome of emotional exhaustion after years of involvement and commitment to the work and the people. In other words, burnout, physical fatigue, mental, emotional and hard work is to seek long-term exposure position. This syndrome is a condition in which low power and ability, and willingness and desire to work is reduced (1). Many factors are involved in the development of burnout, one of those factors, interpersonal factors. Examples of these factors can be a supporting role in stress and burnout named. The causative agent of the person, unprepared to meet the job, demographic variables (such as age, sex, marital status) and the individual characteristics of personality as factors known Burnout. Other factors include the characteristics of

burnout organizational factors (role ambiguity, role overload, lack of role overload, role conflict) and their job characteristics. Employees whose jobs are at the lowest hierarchy are more subject to burnout (2). Burnout syndrome is common that most of the jobs at that time, only the support of others, and between medical practitioners has been studied. Burnout and view reports of reduced ability to pay attention to the patients, respectively. Nurses are more prone to develop Burnout is a major cause of it, the nature of the occupation and demand their emotional (3). of the centers of tension in hospitals, psychiatric wards, respectively. Sources of stress for staff nurses in psychiatric wards include hard and inflexible policy, work assignments appropriately to people, not to satisfy training needs, inadequate remuneration, suicide terrified patients, conflicts between colleagues, the complexity of needs patients and their disease is lack of recovery. Patients in psychiatric wards, with patients in different medical

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departments. Many of them believe their patients and the need for hospitalization and medication and diagnostic and therapeutic measures should be taken on them are not.

Violence and suicide issues that stress and hard work in this sector adds additional care is needed. So burnout is particularly important psychiatric hospital staff (4). The noticeable frequency of severe burnout, especially reduced personal accomplishment, especially nurses and the staff of psychiatric services need special attention and intervention to reduce staff burnout seems necessary. According to Farber, burnout, individual treatment should be considered by people in relation to etiology and symptoms occur (5). Therefore, this study has a deep understanding of psychiatric nurses' experiences of burnout were designed and conducted.

Materials and Methods

The interpretative phenomenological qualitative study is to understand the nurses' mental experiences of burnout were performed in 2013. Participants included 12 nurses frequently targeted for judgment and were selected from different wards. To collect the data, unstructured interview and the face is used as the main method of data collection. Interview process so that after the identification of qualified nurses in the study.

Beginning explanations about the research project and its objectives were presented separately to each of the samples and they were invited to participate in the study and use a tape recorder during the interview was obtained satisfaction. During the interview was between 60 to 90 minutes. After each interview, all the talk was brought by a researcher on the paper and finally after 6 months (Autumn and Winter 2013) and with 12 participants was saturated. Along with data collection, data analysis was done using Dickleman et al. (1989) (6). At the outset, all the interviews of participants, to reach a general understanding of the phenomenon under study, by researchers were read several times. After reaching a general understanding and feel familiar with the data, began the second stage of the analysis process. During this phase, each of the interviews were analyzed using a text analysis and extraction of meaning was clear and lies in the descriptions provided by the participants. Then the interviews were coded according to the extracted concepts and to determine the basic theme. In the third stage, was analyzed and discussed by members of the research team coded texts. For this purpose, refer back to the original interviews or participating were contacted

as needed and to explain the issue. During the fifth stage, and by comparing and contrasting the literature was conducted to determine and describe the theme. The outcome of this stage was 10 themes that were determined based on the experiences of participants in order to explore different dimensions of burnout. Next, the results obtained in the above-mentioned themes, each of which was accompanied by a selection of interviews, has been examined by the team members and the final project findings were presented into three main themes (walking on glass, life in spider web and dark clarity) (Table 1).

Results

12 patients participated in the study (7 male nurses and 5 female nurses) aged 25-48 years and between 3-25 participated work experience of which 2 female nurses and one man nurse bachelor, and the other married, two psychiatric nursing and a master's degree were 10 nurses.

During the process of data analysis, three themes emerged, which are "walking on glass, life in spider web and Dark clarity". Each of these themes has several sub-themes. Following this, participants will be presented with a quote:

A) *Walking on glass*: These themes related to interpersonal relationships psychiatric nurses with clients shows how nurses interact with patients and provide care and are concerned about the interaction aspects of their daily exposure in the workplace. Most participants in this study, violence, to confront unusual behavior and speech of patients, on the physical and mental needs and unwanted interventions proposed in relation to patients. Workplace violence is one of the concerns of nurses in psychiatric wards and psychiatric wards as dangerous workplace for nurses. "The first year of employment was that one morning at 5 I drugs threw, one time a patient from behind to attack me, and a sheet off my face and with a metal guard head and face. Fainted coming to me. 10 days I was sick and I started eleventh day "(participant 9). Mental illness, like other patients in need of support and interest in the emotional and physical affairs.

What were the nurses reported that these patients are seeking love and attention too, as it is believed that normal people on one side and on the other side are people with mental disorders and are clearly distinguished. This is evident even among the medical staff and nurses. "Recently, the number of patients is very high, all these people think they have no physical need, while many of these patients cannot even go the bathroom, a young girl who was all wet herself, afraid to go the toilet, said there

spirit s "(participant 5)."This is sick with other sick people are different, special world themselves. Entered the room, you see the patient is talking with his delusions, He's another one had delusions, comes up and says I am Iron Man, my battery was over and insisted on going battery charging me no more "(participant 2).""Patients here are all looking for two shoulder neck that his head and heart they put on it, as if no one's that do not talk to him much pain in their hearts that heads coming disasters. For example, I remember a patient after delivery, the baby had suffocated herself and her husband had given her divorce, she had an accident that told me a long time I was thinking" (participant number 1). Sometimes it is necessary to prevent injuries psychiatric ward of self or others, and evaluate enough patients to be physically restrained. This is especially the case of patients chronically irritable or has suicidal thoughts, or is offensive is necessary. Sometimes the participants are forced to protect themselves and others from physical containment to feel the tension and knew the action involving relations between nurse and patient and family."There are times when the patient is not feeling well and control his own behavior, and frequently does harm to himself or others, the administration of haloperidol both time and felt better. We cannot, we have the physical containment. But the patient does not accept it and start to get resistance, once had a patient who is paranoid and kicked you took from the chest intern on call three of his ribs broken. We swear to you all the killers and want to destroy me you're producing" (participant 8).

B) Life in the spider web: The theme of the psychiatric wards and describe its characteristics. There is consensus on this issue that is different psychiatric hospital work environment with other sectors. Despite the closed doors, old building, no air conditioning, a large number of patients, escape, suicide, illness, lack of security and physical and verbal confrontations patients with each of the issues that nurses are frequently faced with it. Most participants in this study were aware of the high volume of work and not having enough time to take

appropriate action to prevent nursing, It also claimed that managers do not understand their condition and they do not care problems and of the growing number of patients. However, do not hire new nursing staff, as well as were dissatisfied."I'll go when you go to work and medicine spill into the room, about one and a half to two hours it takes. After questions supervisor, head nurse, patient, phone, companionship, prepare the patient for shock, doctor who also was student teaching, writing cases and sometimes disasters such as suicide and escape into physical conflict" (participant 12). "Responsible for all the pain of hospital staff does not know, each year end once the evaluation is timely and that he would go his own question. I just have a problem with not effect" (Participant 3). "We now have 60 patients and two nurses putting you with the evening shift and night. Just check the records we find that drugs give them up. That way we do not interact with the sick and quality of care and service falling repeatedly faced with disorder (participant 5).

C) Dark clarity: In some work environments, such as psychiatric wards, by its nature, there are more stressors. In this study, most participants stated the need to stress that fiscal responsibility for the life and family problems.Participants of this in terms of unemployment and living costs and have responsibility for life with no choice but to work in the hospitalAnd the type of work they will be ridiculed and family conflict were also dissatisfied."I had another job if I did not choose this job. I have to. I just eat and not go the nursing law, but non-hospital nursing in our country where it is?" (Participant 4). "I've got three kids. My wife got home, I'm tenant. Now with this situation with all the hard work I have to still carry on and even ask for overtime too. In the end they always owe "(participant 6). I do not feel like my own kids. My wife gets upset and excuse and says you're never home, in the crazy house to house more responsibility with my kids and then the debate was, then I'll go with the mood again work" (participant 7).

Table 1. Main themes and sub-themes of the experiences of burnout in psychiatric ward

Sub themes	Main themes
Violence to confront unusual behavior and speech of patients physical and psychological needs of patients	Walking on glass
Unwanted interventions	Life in the spider web
High volume of work	
Lack of understanding of managers	Dark clarity
Shortage of personnel	
Financial need	
Responsibility for life	
Family problems	

Discussion

It is desirable to provide health care, too much emphasis on physical and mental health nurses and burnout among nurses identified health damaging factors (7). The findings of the study that nurses experienced burnout in psychiatric wards were living in 3 main theme walking on glass, life in the spider web and Dark clarity. All of the content on the glass showed the way to find a trained psychiatric nurses per day are associated with patients' behavior, speech and thought are different and they are all verbal and physical violence at least once were by patients, and patients get care that even some of the most basic needs, including food, are powerless and are sometimes forced unwillingly and the safety of patients and others to inhibit physical illness.

Hatch Maylt et al. suggest that violence in the psychiatric ward, a known case of permanent health care workers often by patients and their visitors are made by lesser extent (8). Another issue that nurses faced difficulties related to differences in thought, word and behavior of these patients. The research literature shows that patients of the psychiatric ward nurses are upset by the lack of medical procedures. Patients reported that nurses are often involved in management tasks. To understand that communication with patients with psychiatric disorders is difficult, there has to be public and professional personnel, and even psychological. A good relationship with the clients requires professional listening to them and they see them as people who have special needs and interests, (9). Crowded world of psychiatric wards under conditions of psychiatric patients to a potential risk for speech and behavior can be easily overlooked. As Vlna and Corinthian 1994 and Moore 1997 reported, psychiatric patients alienation empathic with other people attempt to enter the world of these patients, the only way to fill the gap (10). Measures regarding unsolicited, participants of this study are in line with other studies, although the physical constraints of his job knew, but felt awkward when they were aware of the negative effects on relations between themselves and patients. Terpstra et al. and Moheret et al. and Morales and Duphorne showed that nurses in the sense of trying to treat and the need to maintain the safety of patients and staff are affected. Nurses reported that in the absence of any alternative solutions are not really used to the physical limit. Other main theme of this study was to Life in the spider web. Work environment that nurses face every day. Most participants busy high volume of work and lack of time, increasing day by

day the number of patients, nursing shortages and lack of support from managers. The degree to which a person will experience burnout at work depends on the compatibility or incompatibility. Areas of non-compliance, including workload, control, reward, community, justice and values. This area is affected by staffing, work demands, work environment, supervisor support, doctor-nurse relationship and coping skills (11). Melchior et al. in their study on job burnout of nurses in psychiatric wards stated that increased workload, lack of independence, unclear roles and responsibilities, and lack of support from nurses, is associated with burnout (12). Other main theme of this study was dark clarity. Participants in this study stress the need for individual income, living expenses, problems, lack of attention to the family as they struggle with the wife. In this regard, Lazarus said sources in the environment and reducing stress may be particularly impacted others have shown that we can rely on them (13). The results Sahebalzamani et al. to determine the burnout and its relationship with social support nurses in psychiatric hospitals Tehran on 93 nursing intensity and frequency of emotional exhaustion and reduced personal accomplishment nurses who said they the cost is proportional to family income than nurses who said they were commensurate with the cost of family income. Danesh quoted of piker writes that the greatest cause of stress and burnout in nurses' salaries and optics, as well as increased support for spouses, frequency and severity of apathy, decreased fatigue and increased family support nurses, decreased severity and frequency of emotional exhaustion (4). The results of some studies indicating that the claim that psychiatry staff nurses, especially with the mentally ill and disturbed and unbalanced emotional and physical problems deemed to be at higher risk. In a study on burnout and frustration was conducted on 120 nurses Italian results showed that psychiatric nurses higher levels of burnout than to the physical experience, it became clear that psychiatric nurses at risk for more suicide (14). According to the findings of this study, there is a need to create interventions against nurses' burnout. There are some limitations such as lack of corporation among some participants.

Conclusion

According to the findings of this study, there is a need to create interventions against burnout. Many of the symptoms and conditions that affect burnout in this study suggest that interventions must be individualized and attend to all aspects of life,

including behavior, social life, and work. Also, further support and involvement of managers in the prevention of burnout is a necessity.

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