

Was I prepared for burnout?

-A qualitative study about burnout among nurses

Jeremy A. Church

Degree Thesis in Health Care and Social Welfare, Vasa

Education: Nurse, Bachelor of Health Care

Vaasa / 2019

BACHELOR'S THESIS

Author: Church, Jeremy A.

Degree Program: Nurse, Vaasa

Supervisor: Gädda, Marlene

Title: Was I prepared for burnout?

-a qualitative study about burnout among nurses

Date	5/2019	Number of pages	26	Appendices	5
------	--------	-----------------	----	------------	---

Summary

The aim of this study was to identify what resources and information nurses have access to concerning burnout in order to see how effectively burnout prevention measures have been implemented into the nursing work place. The areas focused on are knowledge about burnout possessed by nurses, resources that are available to nurses and from where nurses' knowledge and resources about burnout come from. The outcomes that were sought after were to raise awareness to the potential harm of burnout to nurses and to stimulate discussion as to whether nurses are receiving the necessary education and resources to best avoid burnout. The theoretical framework of this study is based on Antonovsky's (1988) theory of Sense of Coherence, which helps explain the factors that affect whether a person is negatively impacted by difficult circumstances. The other part of the theory used is the stage theory of organizational change (Kaluzany and Hernandez, 1988), which outlines how changes are implemented into organizations.

This study was a qualitative study done inductively by conducting semi-structured interviews of registered nurses. Six nurses participated in the study from three

different countries. Qualitative content analysis was used to analyze the data and find themes. Four main themes were identified: resources provided by work places, personal resources, formal learning, and informal learning. The main findings were that both nursing schools and work places provide little information to nurses about burnout and very limited resources are given to burnout prevention by work places. The most commonly used resources to prevent burnout were personal in nature.

Language: English Key words: Burnout, Nursing, Nursing burnout,
Prevention, Knowledge, Semi-structured interviews, Qualitative.

Contents

Introduction	1
2. Background.....	2
2.1 Defining burnout.....	2
2.2 Signs and symptoms.....	3
2.3 Concepts.....	3
2.3.1 Physical and environmental roles in burnout	3
2.3.2 Coping styles.....	4
2.3.3 Patient care	4
2.4 Prevention	4
3 Aim and problem definition	5
4 Frame work.....	5
4.1 Antonovsky's sense of coherence concept.....	5
4.2 Stage theory of organizational change.....	6
5. Method.....	6
5.1 Qualitative method	6
5.2 Data collection.....	7
5.3 Data analysis	8
5.4 Ethical considerations	11
6 Results	12
6.1 Resources provided by work places.....	12
6.1.1 Help from the head nurse or administration	12

6.1.2 Courses on burnout	13
6.1.3 Discussion with co-workers.....	13
6.1.4 Helpful co-workers.....	14
6.2 Personal resources	14
6.2.1 Continuing optional education	14
6.2.2 Exercise in nature.....	15
6.2.3 Extroversion or introversion	15
6.2.4 Compartmentalization.....	15
6.3 Formal learning	16
6.3.1 Knowledge from nursing school	16
6.3.2 Knowledge from work education.....	17
6.4 Informal learning	17
6.4.1 Knowledge from experience.....	17
6.4.2 Knowledge from co-workers.....	18
7 Discussion	18
7.1 Discussion of results	19
7.1.1 Resources provided by work places	19
7.1.2 Personal resources	19
7.1.3 What resources do nurses have available to prevent burnout	20
7.1.4 Formal learning	20
7.1.5 Informal learning.....	21
7.1.6 What is the level of knowledge possessed by nurses concerning burnout	22
7.2 Discussion of methods	22

7.2.1 Semi-structured interviews	22
7.2.2 Qualitative content analysis	23
7.2.3 The inductive method	23
7.2.4 Background	24
7.2.5 Theoretical framework	24
7.3 Trustworthiness	25
8 Conclusion	25
Reference list	27
Appendix	1
1. Informed consent form	1
2. Interview questions	2
3. Data analysis table excerpt	3
4. Maslach burnout index (MBI)	12
5. Table of themes	13

Introduction

Nursing is a profession that is not risk free, it is not safe, and it is not always comfortable, but nursing is a profession in which a person has the opportunity to improve the quality of life for others. Perhaps it is for this same reason that burnout is such a major problem among nurses. In Finland a survey of nurses working in two hospitals found that half of the 723 nurses surveyed were either suffering from burnout or frustration (Koivula, et al, 2000). A survey of ten European countries found that on average 28% of the nurses surveyed reported suffering from burnout (Heinen et al, 2013). Nursing attracts people who care, but what happens when they are unable to improve a patient's quality of life or even keep them alive?

During my first practice I worked with dementia patients, after only a few weeks on practice I began to feel stressed and uncomfortable, my supervisor and co-workers were all good and the physical environment was better than I had expected, so why did I feel stressed? It was my first time working with dementia patients and after only a short time I realized that because of the nature of dementia none of the patients I was working with would ever get better, each patient's condition would only decrease, and I would be there to watch it happen. This was a problem for me because I started studying nursing so that I could help people get better, not watch them get worse. My mind was having a hard time accepting this reality. A study in Japan among caregivers working in elderly dementia homes found that 53.3% of the caregivers surveyed identified as experiencing burnout (Kimura et al, 2011).

I did not develop burnout during my practice, but I learned how it can start. First there is a situation or demand that cannot be helped, possibly an unrealistic expectation from the nurse, the institution, or the patients. Next the nurse develops stress as he or she tries to meet the need or expectation but fails. Eventually the nurse either learns to cope with the situation and find a good solution to reduce their stress or they will work themselves to the point that they develop burnout. (Pereira et al, 2012)

There are well defined best practice methods for preventing burnout among nurses but burnout continues to be one of the main occupational hazards for nurses leading to many nurses leaving the profession. Are the best practice methods being implemented effectively? Are nurses being given adequate information about burnout?

This study would like to explore burnout among nurses, the knowledge that is available to nurses about burnout and what resources they have available to help prevent burnout. The hope is that by

interviewing nurses I will be able to gain an understanding of how effectively burnout prevention methods are being implemented in the work place. I believe that the theories of Antonovsky will be useful in interpreting my findings.

2. Background

To better understand burnout there is a need to understand the background of burnout, how it was first defined and the effects it has on both nurses and their patients.

2.1 Defining burnout

Burnout is not a new condition, yet it has only been recognized as a syndrome since 1982 when Maslach (1982) defined it in her book. Freudenberger (1974) had already given the name burnout to describe the phenomenon in 1974 in his paper on staff burnout, it was not recognized as a medical condition at that time.

Maslach described burnout in this way.

“Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems.” (1982)

Given this definition it is not surprising that burnout is one of the most common occupational hazards of the nursing profession. The stress put on nurses can be extreme and the psychological conditions can be brutal, especially while working in shifts. (Masoudi, 2014)

One of the ways that burnout affects nurses is by overwhelming them to the point that they feel they have nothing left to give, yet they often would like to help. This creates another problem in that nurses with burnout may feel ashamed that they cannot do more especially if they do not acknowledge burnout as something to be taken seriously because of the lack of testable data involved. (Maslach, 1982)

2.2 Signs and symptoms

Symptoms of burnout are work related they may include, physical, emotional, behavioral, and mental symptoms. It is important to note that not all of the symptoms of burnout need to be apparent in an individual for them to have burnout. Physical symptoms may include, sleeping problems, headaches, tiredness, sore muscles, stomach pain, balance issues. Emotional symptoms can appear in the form of sadness, frustration, irritability, mood swings, and loneliness. Behavioral symptoms can be very damaging to others and to the person suffering from burnout, some behavioral symptoms are negative discord with co-workers, irresponsible use of alcohol, drugs, tobacco, or even coffee, and loss of interest in hobbies. There are many mental symptoms of burnout, some are easy to identify while others are often overlooked. Mental symptoms include depression, guilt, problems solving problems and finishing assignments leading to reduced effectiveness, loss of self-image, hopelessness, concentration issues, apathy, loss of motivation, cynicism, and in some cases thoughts of self-harm or suicide. Boredom and disillusionment are also common symptoms of burnout. (Blache et al, 2011)

The symptoms of burnout are also the signs used to identify the syndrome, to recognize burnout the Maslach Burnout Index or MBI is often used. The MBI consist of a series of statements that are answered by selecting the number that best describes how often the person believes the statements to be true, the higher a person scores indicates the likelihood of that person's risk of burning out. An example of the MBI as described by Maslach et al (1986) can be found in the appendix. (Appendix 4).

2.3 Concepts

To understand the issue of burnout three concepts must be examined. First, the role of physical and environmental factors. Second, the coping styles that people use when confronted with burnout. Third, the effect burnout has on patient care.

2.3.1 Physical and environmental roles in burnout

Burnout is a syndrome of the mind, even so the mind is affected by the body and as the body is under pressure, over worked and exhausted, the mind is also strained (Henderson, 2015). When considering burnout, the work environment is important, stressful work places show higher levels of staff burnout (Jennings, 2008). The stress can be caused by physical demands or by emotional

barrages. Common sources of stress in nursing are suffering patients, being unable to meet the needs of patients that are suffering, dealing with the family of patients, and working in shifts. (Viotti et al, 2015)

2.3.2 Coping styles

A study conducted in China (2014) among nurses found that there was a significant link between coping styles and burnout. Each person deals with stress in a different way, some ways are better for nursing settings. Nurses experience death at close hand on a much more regular basis than most people, nurses also must deal with suffering on a daily basis. When a person is exposed to such things they will naturally try to cope with them but not all coping styles are equal and some may lead to burnout while others lead to a reduction in mental stress. (Li et al, 2014)

2.3.3 Patient care

One of the major concerns with burnout is that it decreases the level of professionalism of nurses. This results in a reduction of care of patients and an increase in the number of mistakes made by nurses. Nurses struggling with burnout often lack motivation to show up to work or to complete all of the task assigned to them, they may become cynical and develop unprofessional behaviors with patients or their families. (Henderson, 2015) (Russell, 2016).

2.4 Prevention

Research done on burnout has focused heavily on causes and on prevention. Some of the factors that have been identified as preventatives of burnout are positive social support from co-workers, increased education of personal strengths, light workloads, changing environments, especially if working in palliative care. Talking about difficult situations, such as the death of a patient, has been shown to reduce the risk of burnout. One of the most recognized practices that has been shown to help prevent burnout is for the nurse to have a positive attitude and to recognize the good he or she is doing. The way in which these preventions appear in the work place may vary, the important aspect is that burnout preventions are intentionally implemented, and the employees are aware of the resources available and the dangers of not recognizing the signs of burnout. (Henderson, 2015) (Pereira et al, 2012)

3 Aim and problem definition

This study identifies what resources and information nurses have access to concerning burnout in order to see how effectively burnout prevention measures have been implemented into the nursing work place.

The research questions for this study are:

1. What resources do nurses have available to prevent burnout?
2. What is the level of knowledge possessed by nurses concerning burnout?

Burnout is a major issue for nurses both for personal health and for their professional efficiency. It has been shown to have a negative effect on patient-nurse relationships and increases the likelihood for mistakes. Burnout is not an issue that is isolated to one type of nurse or one setting and so it is relevant to all nurses.

4 Frame work

The theories that have be used to understand the data that was gathered and interpreted are the *sense of coherence* concept and the *stage theory of organizational change*. These theories deal with how a person or organization copes with change and difficulties, the sense of coherence concept focuses on individuals whereas the stage theory of organizational change is concerned with how to identify areas in organizations that need to change and how those changes are successfully implemented. (Antonovsky, 1988) (Glanz, Rimer, & Viswanath, 2008)

4.1 Antonovsky's sense of coherence concept

The sense of coherence concept is an answer to how and why some people can cope with stress and difficult circumstances and remain healthy while other people in the same circumstances become ill or negatively affected. The concept maintains that three main factors determine how a person will handle stress and difficult circumstances. The full definition of the concept is as follows:

"The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable;

(2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.” (Antonovsky, 1988)

The main aspect of the sense of coherence concept that is used in this study is the second point, “the resources are available to one to meet the demands posed by these stimuli”. This point was key to developing the research questions that the interviews will provide answers to. (Antonovsky, 1988)

4.2 Stage theory of organizational change

Contained within the stage theory of organizational change are four stages, according to Kaluzany and Hernandez (1988), the first is the Awareness stage, followed by the Adoption stage, which is followed by the Implementations stage and the Institutionalization stage. During the Awareness stage the problem or problems are defined through observation or interviews and discussions, and possible solutions are considered. In the Adoption stage the way the implementation will take place is decided and tasks are organized accordingly among the staff. The third stage is when the solution and implementation plans are put into action and changes are made as needed, this may not be a permanent implementation depending on the results. The last stage is when the policies and institutional guidelines are changed to include the new implementations and so making them permanent on a larger scale. (Glanz, Rimer, & Viswanath, 2008)

This study does not aim to change institutions approach to burnout prevention but one of the expected outcomes is to understand how well institutions have implemented the recommended burnout prevention measures. Therefore, the focus will be on the fourth stage of this theory.

5. Method

This study used semi-structured interviews and qualitative content analysis as the primary way of gathering and interpreting the data. The inductive method was chosen, rather than the deductive method. This is a qualitative study.

5.1 Qualitative method

The qualitative method has been shown to be very useful when doing studies focusing on people’s behaviors and interactions. It is easier to gather and interpret less numerical data such as emotions

and feelings than the quantitative method. The qualitative method is also more suited for more in-depth studies into issues and seeing the issue in a more human way, often making the findings more applicable to the individual. This method is also useful in that it can be easily adapted to the needs of the participants in the case of interviews. (Matveev, 2002)

5.2 Data collection

Semi-structured interviews have been used as the primary means of data collection. Semi-structured interviews are a well-established method for collecting data and are recognized as having certain strengths that other data collection methods lack. Semi-structured interviews can help eliminate the possibility for misunderstandings of the questions being asked, the interviewer has the opportunity to ask clarifying questions. The rate of participation is also proven to be greater than in surveys. An additional advantage to semi-structured interviews is that the interviewer can adapt the interview when there is unexpected information that may need more investigation. (Louise Barriball & While, 1994)

The interviews provided the data that was used for the qualitative content analysis. The study interviewed nurses that are currently working or have worked in the past in care settings, the nurses were chosen from multiple countries and care settings. The way the participants were brought into the study was mainly by word of mouth. (Strauss and Corbin, 1990)

The study was conducted through interviews of registered nurses that either are currently working in a care setting or have previously been working in a care setting. Six nurses participated in the study. The nurses were from three different countries, Finland, Austria, and the United States of America. Five of the interviews were conducted in English and one was conducted in German with the help of a translator. Two interviews were conducted face to face and four were conducted via online audio calls, all six were recorded and stored on the interviewer's private electronic device. The interviewees work experience in nursing ranged from two weeks to thirty-seven years, the ages of the interviewees also varied greatly. The interviewees were recommended to the interviewer by friends and family or were already acquainted with the interviewer. Two of the six interviewees had experienced at least one burnout during their career. The criteria that was set for the interviewees to be valid candidates was that they must be registered nurses and have worked in a care setting as a nurse. No age limits were set and no minimum amount of time to have worked as a nurse was set.

In addition, it was not a criterion that the nurses had suffered a burnout, although ideally a few of the nurses would have for the sake of the study. The interviews ranged greatly in duration, the shortest taking about thirteen minutes and the longest lasting almost thirty-five minutes. It should be noted that the length of the interview is not a clear indicator of the amount of words spoken or the quality of the content of the interviews, some interviewees speak much quicker and some are more concise in answering the questions or explaining their thoughts on the subjects in question. All of the interviewees were sent an informed consent form (Appendix 1) by email, that they then signed prior to the conduction of the interview and printed and brought with them to the interview or emailed back to the interviewer, in this form the interviewees were informed of the potential risk of participating in the study, the purpose of the study and the way in which the interviews would be cared out. In addition, the interviewees were also informed that there existed no obligation to remain in the study if they no longer wished to.

The interviewees and the interviewer agreed on mutually acceptable times to conduct the interviews and the interviews proceeded as planned. The interviewer asked the written interview questions and additional follow up questions as was deemed prudent for clarity.

After the interviews were conducted they were then transcribed and analyzed.

5.3 Data analysis

A qualitative content analysis approach done inductively was selected to carry out the study. Next the concepts of "qualitative", "content analysis", and "inductive" will be defined to give the reader a better understanding of how the study was carried out.

A qualitative study refers to the size of the sample being studied and the selection criteria for the sample, in a qualitative study the sample that is being studied is selected based on its meeting of certain criteria such as a study of oncological nursing care may choose to interview nurses that are working in oncological wards. The criteria in this case may be that the participants be nurses and that they be working in oncological wards. In this way the researcher insures that the data collected from the nurses will be of higher relevance or quality to the study being conducted and does not need to study as large of a sample to obtain sufficient data. If the same study was conducted by a general survey of all nurses in Finland using an online form the amount of data would be much larger but much of the data would have little relevance to the aim of the study, this would be a quantitative

study and might be very useful for understanding the general feeling among nurses about oncological care, but would not give the researcher a good idea of how nurses who are working in oncological wards experience oncological nursing. (Maxwell, 2008) (Elo & Kyngäs, 2008)

One of the most distinctive aspects of an inductive study is that it does not pose a hypothesis as opposed to a deductive study which poses a hypothesis and attempts to prove it or show that it was disproven by the data. An inductive study attempts to remove as much bias as possible by avoiding the hypothesis altogether and instead lets the collected data draw the conclusions for the study, in this way the inductive approach is like a microscope in that the researcher analysis very small parts of a specimen and draws conclusions from small details of the sample that are then applied to the whole specimen. The inductive method is especially useful when there is not an abundance of previous studies to glean from, and when the researcher would not be able to formulate an educated hypothesis. (Maxwell, 2008) (Elo & Kyngäs, 2008)

Content analysis is a method that is systematic and is generally considered to be objective, it is used to analysis various forms of content and break the content down into categories and sub-categories that are more easily understood and applied. It's aim is to bring new perspective and understanding to the content. The content analysis method has three stages, preparation, organizing, and reporting. During the preparation stage the text is divided into categories and a unit of analysis is established that will be used to place the content into smaller sections, the unit can be words, sentences, or something else depending on the size of the content and how it is best divided. The researcher should have a very good grasp of the content during this stage being well aware of its context. The organization stage starts with adding comments and notes to the text while reading it and using those notations and interpretation to place text in categories which will then be placed in larger categories and so on until a clear picture of the data is evident. This gives the researcher a better understanding of the text and will help the researcher see themes. The last stage is reporting, in this stage the categories are analyzed for significances and the findings are discussed in detail. (Maxwell, 2008) (Elo & Kyngäs, 2008)

The interviewer did not analyze latent meanings such as face expressions, pauses, and tones, as these unspoken meanings could be misinterpreted due to cultural differences and the quality of the

audio connection. The interviewer put the data in the form of quotes from the interviews into a table (Appendix 3) and sorted it into twelve sub themes which were then formed into four main themes that were then divided between the two research questions proposed by the thesis. The quotes from the interviews were labeled with a letter and a number, the letter represents which interview the quote is taken from and the number represents which page of that interview the quote is from.

A visual representation of the findings was created without quotes to help the interviewer and the reader better see the identified themes and sub themes of the interviews. (Appendix 5)

Main Themes			
Resources provided by work places	Personal resources	Formal learning	Informal learning
Sub Themes			
Help from the Head nurse or administration	Continuing optional education	Knowledge from nursing school	Knowledge from experience
Courses on burnout	Exercise in nature	Knowledge from work education	Knowledge from co-workers
Discussion with co-workers	Extroversion or introversion		
Helpful co-workers			
	Compartmentalization		

Appendix 5 (Table of themes)

5.4 Ethical considerations

A high ethical standard is needed when doing any research involving human participants, this being the case all participants in the interviews of this study were given sufficient information about the study's methods and aims before giving consent to be interviewed. Names and other means of identification have been left anonymous in order to preserve the individual's anonymity. Each participant was assured that they had no obligation to continue with the interview if for some reason they felt uncomfortable or for no spoken reason would have liked to leave. (Ingham-Broomfield, 2017)

In all ways the study strived to deal with those involved as dictated by the Finnish ethical guidelines of nursing, mainly represented in the following paragraphs:

"The nurse respects the autonomy and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care. The nurse realizes that all the information given by the patient is confidential and she uses judgment in sharing this information with other people involved in nursing."

and

"Nurses are responsible for the expertise of their profession. They are active in developing a core of professional knowledge, and they enhance nursing education and the scientific base of nursing. The enhancement of nursing expertise should be reflected in the improved well-being of population."

("Ethical Guidelines of Nursing - Sairaanhoidajat", 2014)

This code of ethics is specific for nurse patient relationships but can be reasonably applied to researcher and research participants by simply changing the word "nurse" to "researcher", "patient" to "participant" and the word "care" to "treatment".

While interviewing the nurses the researcher paid close attention to the nurses and treated them with respect, listening to their answers and answering their questions if they had any. When the interviewees mentioned something that would have compromised their anonymity the researcher made sure to remove it from the transcription. The researcher reminded many of the interviewees during the interviews that they were not obligated to answer questions if they wished not to.

During the course of the study no other ethical considerations arose to do with burnout. If other ethical considerations would have arose they would have been dealt with using the ethical guidelines, keeping with autonomy, respect, and the intention to help and not harm those involved.

6 Results

The analysis of the transcribed interviews yielded four main themes and twelve sub themes, this section will present these themes in detail and explain with quotes from the interviews how the themes were established and sorted. It should be noted that the themes and sub themes are neutral in nature and do not suggest positive or negative connotations in themselves.

6.1 Resources provided by work places

The first main theme identified is resources provided by work places, the four sub themes that lead to this are **help from the head nurse or administration, courses on burnout, discussion with co-workers, and helpful co-workers**. This section is divided into each of the sub themes of resources provided by work places due to the question that was asked which provided the interviewees with the response that produced the data leading to the creation of these themes. "Did/does your work offer any resources to help you prevent burnout? If so, which ones, and did/do you use them?" (Appendix 2)

6.1.1 Help from the head nurse or administration

Support or lack of support from the administration or the head nurse has proven to influence burnout rates among nurses.

In this area the nurses interviewed had very different responses, some said they were uninformed of any support from the head nurse or administration concerning burnout prevention. Other nurses reported various means in which the administration or head nurse provided support to help prevent burnout. The area that was mentioned frequently was lack of additional staff when requested. In this first example the nurse blamed the work place for the burnout that was suffered partially as a result of not receiving needed additional staff when requested from the administration.

"We would often ask for another nurse to alleviate the load, but expenses were too high, so they would say sorry we don't have any one for you." A3

Another nurse described some of the positive things offered by her administration.

"They offer many opportunities that you, ehm, where you can, how you can deal maybe a little bit better with the stress. Because they offer some yoga courses, or they give you the opportunity, so especially now sport, etcetera. That you get the skiing card for the whole year from the ski area close by for a little bit cheaper." E7

6.1.2 Courses on burnout

The main response the interviewees made concerning courses on burnout provided through the work place was a negative one, five of the six had not participated in a course concerning burnout that was provided by the work place.

"Speziell Burnout betreffend hat unser Arbeitgeber jetzt nit irgendwas gmocht." (translated to "Our employer has not provided anything specifically to the topic of burnout") B2

And

"I don't remember any classes on burnout" A3

Only one nurse reported receiving any sort of additional information from the work place concerning burnout and that was while being educated for the role of ward nurse and not specific to burnout.

6.1.3 Discussion with co-workers

The sub theme titled **discussion with co-workers** became apparent by nurses citing formal co-worker discussions as a source of helping them process stressful situations at work.

"We have the group like discussions, stuff like that, so that everybody gets to say stuff that they think we should do to cope with the situation if it is really bad." C2

6.1.4 Helpful co-workers

Multiple nurses cited co-workers that were helpful as a way of reducing individual nurses stress and work load. This can also be considered as positive support from co-workers.

"We usually go and ask if like "can I help you with something?" Especially towards the end of the shift if you are done with all of your things and this one still has a pile of papers a lot to do." D5

6.2 Personal resources

The second main theme identified from the interviews is personal resources, specifically resources that the nurses identified as having that were not provided by the work places yet enable them to better cope with stress and prevent burnout in themselves. The question that was asked that prompted most of these answers was "What do you do to deal with stress?" (Appendix 2) Four sub themes were identified and will be discussed.

6.2.1 Continuing optional education

The first sub theme under *personal resources* is continuing optional education, this refers to formal burnout education that is not provided by the work place and is not part of nursing school. This is a small theme in that only a few of the nurses interviewed made reference to it and none of them had used this resource for burnout specifically.

"When I was doing my 30 yearly continuing education credits that you need to do to maintain your license in the states, and so I think there might have been a course on there, it was an optional course though and they have thousands of ones you can electively choose." A3

"Du kannst Fortbildungen besuchen wenn du selba was findest." (translated to "You can participate in further education if you find something.") B2

6.2.2 Exercise in nature

Multiple nurses referred to exercise in nature as a personal resource for helping reduce stress and help prevent burnout. This sub theme seems to have been viewed by the nurses as one of the best ways that they are able to relax and distress.

"I think that's the best thing that I can do when I am just out, and see the nature and the animals" E3

"Und die Natur sowiso, die Bewegung." (translated to "I needed the time in nature, to move.") B1

"I can just go with my bicycle and when I make sport I can forget everything around me." E3

"I have learned during my spare time to be more outdoors" F1

6.2.3 Extroversion or introversion

Talking with friends was mentioned as a way that some of the nurses helped deal with difficult situations at work, while other nurses referred to needed time alone to distress.

"Austausch mit den Ondaren. Am besten mit jemandem der das a versteht"(translated to "I needed to talk with others, best with people who understood the situation") B1

And

"If I can, having quiet time really helps" A1

"I get the time for myself" F2

6.2.4 Compartmentalization

One of the ways that some of the nurses answered this question of how they dealt with stress at work was by compartmentalizing their work life and their home life.

"I leave work at work and keep work and home separate" D2

6.3 Formal learning

The third main theme formal learning falls under the second research question, what is the level of knowledge possessed by nurses concerning burnout? Formal learning refers to learning that takes place inside a classroom with the primary goal to learn about a given subject. There are two sub themes under this main theme, **knowledge from nursing school** and **knowledge from work education**. The questions that were asked that lead to these responses were "What do you know about burnout?" and "How did you learn about burnout?"

6.3.1 Knowledge from nursing school

The first logical place for nurses to learn about burnout is in nursing school as burnout is one of the main occupational hazards of the nursing profession. The majority of the interviewees did not identify nursing school as the place from which most of their knowledge of burnout and how to prevent it came. Here is what some of the nurses said:

"I don't remember the topic, maybe it was vaguely talked about in nursing school, I don't remember it as such." A2

"During my nursing studies and when I was reading psychiatric nursing, they didn't talk about burnout and the symptoms of it." F2

"No one has told me straight 'this is how you prevent burnout'." D3

"We didn't learn that much in school. Ehm, we spoke about this in the communication classes. And ehm, also we had a thing when we learned about psychological problems." E4

6.3.2 Knowledge from work education

The second logical place for nurses to learn about burnout and how to prevent it is through some work organized education or training. Only one of the nurses interviewed recalled having learned about burnout through some form of work education or organized training.

"Und bei meiner Ausbildung zur Stationsleitung noacha noch amol gonz onstendig." (translated to "I have heard a lot about it again during my education as head nurse of the ward.") B2

"Ehm, no, there, no not nothing that I know." E4

"I don't remember any classes on burnout" A3

6.4 Informal learning

The third and last main theme identified was informal learning, this refers to learning that took place outside of a class room, where the primary goal was not necessarily to learn about any given subject. Two sub themes belong to this main them, **knowledge from experience** and **knowledge from co-workers**.

6.4.1 Knowledge from experience

Of all the subcategories identified from the interviews, **knowledge from experience** is by far the largest. Almost every nurse interviewed cited this as the main source of their knowledge of burnout. Here is a small sample of what they said:

"When you go through burnout you become more stressed, often easily irritated, you can miss things or take things for granted at the work place and at home" A1

"They can have said something like sleeping problems insomnia, stuff like that, but they haven't connected it with burnout, they just tried to go through the motions and then they just go into the so-called wall." C1

"Und was natuerlich noch is, und dos hot sich a dauand bestätigt, ehm, nur jemand der brennt kann auch ausbrennen. Des hast, jemandem dem der Beruf immer egal wor, der brennt nit aus." (translated to "Another thing, and that has been confirmed many times, only someone who burns can burnout. That means that someone who never cared about his job is not going to burnout.") B2

6.4.2 Knowledge from co-workers

A good resource for learning about burnout and how to avoid it could be co-workers who have more experience with the subject. For this information to be passed on it may require open communication in the work place and a level of trust and vulnerability among the nurses. Only one of the nurses interviewed mentioned this as a source of their knowledge of burnout and another when asked specifically if other nurses in the ward know much about burnout was unsure as it was not talked about.

"I learned about burnout through other nurses and maybe some of the more mature nurses talking to us about feeling burned out. It was mostly from older nurses and other stressed out young nurses." A2

And

"I guess they do but we haven't really like talked about it." D4

7 Discussion

During this next section the results of the study will be discussed including the implications of the results to the field of nursing. The two research questions put forward by the author What resources do nurses have available to prevent burnout? And What is the level of knowledge possessed by nurses concerning burnout? will be answered in this discussion of the results. The methods used to conduct the study will also be discussed, what worked as planned and what could have been improved. There will also be a short discussion of the background and theoretical framework of the study.

7.1 Discussion of results

The four main themes that were identified and what these themes indicate will be the focus of this part of the discussion as well as answering the research questions.

7.1.1 Resources provided by work places

Based on these six interviews it would seem as though nursing work places generally provide very little resources to help nurses prevent burnout and the nurses are often not informed about the resources that may be available on request. Out of the four sub topics under resources provided by work places the two that were most positively referred to are **discussions with co-workers** and **helpful co-workers**. The sub topic that was most negatively referred to by the nurses was **courses on burnout**. The sub topic that had the most mixed results was *help from head nurse or administration*, both of the nurses who had suffered a burnout felt that this was an area where their work place had failed them whereas the other four nurses had positive or indifferent views on this area.

Antonovsky's theory includes support as part of the way in which people cope with adverse situations, it stands to reason then that support can come in different forms, but some form of basic understanding is necessary from the work place. (Antonovsky, 1988) (Henderson, 2015)

Additional staff can be very helpful in stressful situations and has an effect on the working atmosphere as well as the individual stress levels of nurses working in care settings, lowered stress levels are important for preventing burnout. The reverse is also true, higher levels of stress will cause increased levels of burnout and lack of needed additional staff will increase the stress in a care setting. (Jennings, 2008)

7.1.2 Personal resources

Nurses utilize a wide range of personal resources to help deal with stress and knowingly or unknowingly help to prevent burnout, the most often cited personal resources from the interviews are friends and some form of alone time either in nature or at home these answers were grouped into the sub them **Extroversion or introversion**. A point that should be mentioned here is that nurses from the same country seemed to use similar personal resources compared to nurses from different countries. This may be due to culture or climate reasons. Another note that deserves mention, is that one of the nurses mentioned religion as a source of help for stress and relaxation,

the interviewer did not ask specifically if the nurses were religious or if religion was a personal resource to them, it is the opinion of the author that some nurses may not have mentioned this resource due to the potentially negative cultural stigma surrounding this topic.

According to Antovonsky (1988) the motivation of a person has a great impact on their ability to cope with difficulty. Nurses that see a benefit to their actions may have an easier time dealing with the stress caused by their work, in general those who have healthy personal coping habits such as spending time in nature and talking with friends are less likely to develop burnout.

7.1.3 What resources do nurses have available to prevent burnout

This sample of nurses provide a picture of what resources nurses may have available to prevent burnout in many different care settings and in their personal lives. While six nurses may be too small a sample to make concrete conclusions, it seems clear that the pattern in care settings is to provide very little support that is targeted at preventing burnout among nurses. The support that is received from the work place seems to mostly come from general good working atmospheres where co-workers discuss situations together and help each other out when they see there is a need. It may be the case that some of the work places offer more resources for burnout prevention but have not successfully informed their employees of these resources. While this may be the case the point still stands that many nurses are not receiving these potential resources and as one nurse pointed out.

"I guess if you're not asking about it you're not informed." D4

The majority of the resources nurses have to prevent burnout are personal, often healthy lifestyle habits and most of the nurses did not seem to recognize that they were helping themselves prevent burnout by utilizing these personal resources instead they used the resources to relax and calm down after work. In so doing they helped reduce their stress levels and for most of them successfully helped themselves avoid burnout.

7.1.4 Formal learning

The third main theme to be discussed is formal learning, this falls under the second research question and had the sub themes of **knowledge from nursing school** and **knowledge from work education**. The results gathered from the interviews showed that as a whole the nurses believed that there had been little or no education about burnout, its symptoms and prevention during their

nursing education. One nurse of the six identified nursing school as the first place where burnout and its symptoms were taught. The other five nurses did not refer to nursing school as a place that sufficiently taught about burnout and how to prevent it.

Under the sub topic of **knowledge from work education** there was also only one nurse who identified work education as a place from which they had learned about burnout. A detail of importance about the one exception is that the nurse was receiving education to be the head nurse of a ward and the education was not available to the average nurse working in the ward.

As stated in the background, formal learning about burnout has been shown to greatly reduce burnout among nurses. Ideally nurses would learn about burnout during nursing school and again in their work places. (Henderson, 2015)

7.1.5 Informal learning

The main source of the six nurses knowledge about burnout was the fourth main theme, informal learning. The two sub themes are **knowledge from experience** and **knowledge from co-workers**. This main theme is found under the second research question and provides an important insight into the way nurses learn about burnout.

The first sub theme **knowledge from experience** is by far the largest sub theme identified in this study with almost every nurse citing personal experience as the primary way in which they learned about burnout. Some learned by experiencing burnout for themselves while others learned from seeing friends and co-workers burnout. The newer nurses understandably had not learned as much from personal experience working as nurses but even the newest nurse cited personal experience in nursing school and in a previous job as the primary source of knowledge about burnout.

The second sub theme **knowledge from co-workers**, referred to knowledge gained by speaking with co-workers in non-formal settings, not by just observing burnout in them. Surprisingly only one nurse identified this as one of the main ways that they learned about burnout. It is possible that this lack of knowledge being passed on from more mature nurses is indicative of working environments that do not promote openness and trust among co-workers, culture may also play a role in this but without further study it is unclear as to how. It is possible that the environments are not positive and so discourages co-operation and communication that would help promote burnout prevention. (Henderson, 2015) (Pereira et al, 2012)

7.1.6 What is the level of knowledge possessed by nurses concerning burnout

From this study of six nurses the researcher can confidently conclude that the level of information nurses have greatly varies between individual nurses. As an example, in one country three different nurses had completely different levels of knowledge of burnout, one reported having worked for ten years before learning about burnout and how to prevent it, though suffering a burnout. Another after working for twenty years believed they had gained enough knowledge of the topic during their first years in nursing school. And a newly graduated nurse had almost no knowledge of the topic. The finding of interest to the author is where the nurses' knowledge of burnout came from. It can be reasonably stated that this study indicates nursing schools do not provide sufficient knowledge about burnout and how to prevent it for the average graduating nurse. The author believes that the results of this study indicate that many work places do not provide adequate information, whether formally or informally, to their nursing employees about the topic of burnout and specifically how to avoid it.

7.2 Discussion of methods

In this section of the discussion the methods used in the study will be discussed along with the background and theoretical framework of the study. The methods used for this study were semi-structured interviews, qualitative content analysis, and the inductive method.

A great deal of thought has gone into what would have been the best way of proceeding with this study, whether to have focused on past research and analysis of other studies or to have gathered new information. It was tempting to build upon the works of others and re-examine the studies of the past and in so doing attempt to uncover something new, but instead this study opted to gather original data and attempt the harder, possibly, more rewarding option of interpreting untouched data to bring something truly new to light.

7.2.1 Semi-structured interviews

As previously discussed under Methods, the researcher chose to use interviews as the primary way of gathering the data for the study, due to time and resource restrictions it was decided that the study should be a qualitative one and so it was of great importance that the interviews be conducted

in a way that would yield the most qualitative of data. For these reasons the interviews were carried out in a semi-structured way which allowed for flexibility during the individual interviews. This way of interviewing had a positive effect on the outcomes of the study in that the researcher was able to gain the most data possible from each interview, even when the primary questions of the interview did not yield a flowing discussion. The interviewer was able to adapt to unexpected topics that the nurses brought up in the interviews and follow up with appropriate questions to best seize the new information. It is possible that more set questions would have benefited the study, as at times during the interviews it was challenging for the interviewer to think of the best follow up questions to the interviewee's responses.

The selection of the interviewees was mainly convenience based in that after meeting the basic set criteria the nurses that were chosen for the interviews were nurses that were either known to the interviewer or were suggested by friends. The other aspect of why the nurses were chosen was that the interviewer wanted to gain a general picture of the level of burnout possessed by nurses and the resources available to them. This seemed hard to do by restricting the search for nurses to interview to one country or care setting. The downside of this approach is that with conducting only six interviews it is difficult to know how representative the data is of the general state of burnout among nursing. It is the researchers hope that this study may inspire further research on a greater scale into this topic.

7.2.2 Qualitative content analysis

For analyzing the content of the interviews a qualitative content analysis was used in this study. The strengths of this approach became apparent to the researcher when attempting to sort through the large quantity of data provided by the interviews. The qualitative content analysis added structure and direction for the researcher to best find the sub themes and the main themes that lead to answering the research questions posed by the thesis.

7.2.3 The inductive method

The inductive method was used in this study mainly to help reduce the potential for researcher bias. Another reason the inductive method was used was due to the authors familiarity with this form of research and lack of familiarity with the deductive method. The relative lack of

existing knowledge available on the specific aspects of burnout among nurses that the study focused on also helped the researcher choose the inductive method as it is best suited to areas where the knowledge is scarce. (Maxwell, 2008) (Elo & Kyngäs, 2008)

7.2.4 Background

Clear links were found between aspects in the background section of the study and the sub themes that were identified from the interviews. The coping methods that nurses utilized to reduce stress in many cases matched the recommended ways to reduce the risk of developing burnout. For the nurses that had burned out from their description of the situations surrounding their burnouts it was clear that they were working in the sort of negative environments mentioned in the background that are likely to lead to burnout. As stated before there is a lack of research done specifically into the level of knowledge possessed by nurses concerning burnout and the resources that nurses have available to prevent it, this made it difficult to write extensively in the background about these topics. The background was also useful in comparing what nurses said about burnout with what burnout has been defined as and the symptoms by which it is defined.

7.2.5 Theoretical framework

It was difficult for the author to select an appropriate set of theoretical framework for this study as the study did not aim to discover what burnout is or how to prevent it but instead to assess the level of knowledge possessed by nurses concerning burnout and what resources nurses actually had available to prevent it. To help with assessing the resources nurses have available to prevent burnout the Stage theory of organizational change was selected as it was hoped that it would assist the researcher in identifying if the recommended burnout prevention resources were actually being implemented into the work place for nurses to use. Using this theory, it was clear that in many of the work places of the interviewed nurses burnout prevention measures never made it beyond the first stage, awareness, and were definitely not in the fourth stage, implementation. In this way the stage theory of organizational change was useful to the study.

The second theoretical framework used was Antonovsky's sense of coherence concept. This theory was useful in helping understand what personal characteristics helped people cope with difficulties as well as what traits in people made them more vulnerable to becoming negatively impacted by

adversity. Antonovsky's sense of coherence concept was used in a way of giving the researcher more understanding of why some people burned out and others in similar external circumstances avoided being negatively impacted. This theory was not essential to the study and so is not greatly discussed.

7.3 Trustworthiness

Cambridge dictionary (2019) defines trustworthy as "able to be trusted". The Merriam-Webster dictionary (2019) similarly defines trustworthy as "worthy of confidence: dependable" and the Oxford dictionary (2019) gives this definition of trustworthiness "The ability to be relied on as honest or truthful". During this study the author has strived to meet these definitions of trustworthiness in every aspect of the research. Reporting honestly the findings of the interviews, communicating with those being interviewed in a clear truthful way, and to the best of the researcher's ability doing quality research so as to be worthy of the readers confidence.

8 Conclusion

Burnout is a condition that negatively impacts many nurses working in care settings, it can cause major mental health issues and is seen as one of the main occupational hazards of nursing. In spite of this the information given to nurses about how to recognize and prevent burnout is scarce at best. One nurse summed up how many nurses who have not been taught about burnout may view the topic "It's kind of like you have a flu, yah she has the flu, she has a burnout." D5

This study aimed to answer the questions What resources do nurses have available to prevent burnout? and What is the level of knowledge possessed by nurses concerning burnout? The resources that were identified that nurses had access to from their work places were limited, the study found that most nurses used personal resources such as friends and exercise in nature as their main way of reducing stress. This showed that there seems to be a gap between burnout prevention research and the implementation of that research by the nursing care settings to help those who are most at risk of developing burnout.

The level of knowledge possessed by nurses unsurprisingly varied with each nurse interviewed, more surprising is the sources of the nurses' knowledge of burnout. Very few of the nurses identified nursing school or work education as a source for their knowledge of burnout, almost every nurse in

the study identified personal experience with burnout or watching others burnout as the primary way that they learned about burnout. It is the opinion of the author, based on this study and the previous studies conducted, that much of the negative effects caused by burnout in nursing may be avoided with proper education from nursing schools and work places. Without being informed about burnout it is impossible for nurses to actively try to avoid it.

The sample size of this study was small and so it is difficult to know how representative it is to Nursing as a whole, this being the case further studies with larger sample sizes would be ideal. One potential study that could be conducted would be a quantitative study of nurses in the form of a survey, focusing on identifying where their knowledge of burnout came from and how well they felt they were informed about burnout. A similar study could also be done on a larger scale to establish what resources nurses have provided by their work places to help them prevent burnout.

Reference list

Antonovsky, A. (1988). *Unraveling the mystery of health* (1st ed., p. Preface). San Francisco: Jossey-Bass Publ.

Antonovsky, A. (1988). *Unraveling the mystery of health* (1st ed., p.15-32). San Francisco: Jossey-Bass Publ.

Blache, J., Borza, A., De Angelis, K., Frankus, E., Gabbianelli, G., Korunka, C., & Zdrehus, C. (2011). *Burnout intervention training for managers and team leaders: a practice report*. Wien: Die Berater.

Cambridge University Press. (2019). Trustworthy. Cambridge dictionary. Retrieved from <https://dictionary.cambridge.org/dictionary/english/trustworthy>

ELLIS, P. (2017). Language of research (part 12) -- research methodologies: grounded theory. *Wounds UK*, 13(1), 102-103.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing*, 62(1), 107-115.

Ethical Guidelines of Nursing - Sairaanhoitajat. (2014).

Retrieved from <https://sairaanhoitajat.fi/artikkeli/ethical-guidelines-nursing/>

Ethical Practice: NCLEX-RN. (2018). Retrieved from <https://www.registerednursing.org/nclex/ethical-practice/>

Freudenberger, H.J. (1974). Staff burnout. *J Soc Issues.*; 30: 159–165

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: theory, research, and practice*. (4th ed., p.338-340). John Wiley & Sons. San Francisco: Jossey-Bass Publ.

Heinen, M. M., van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Kózka, M., ... & Schoonhoven, L. (2013). Nurses' intention to leave their profession: a cross sectional observational study in 10 European countries. *International Journal of Nursing Studies*, 50(2), 174-184.

Henderson, J. (2015). The Effect of Hardiness Education On Hardiness and Burnout On Registered Nurses. *Nursing Economics*, 33(4), 204-209.

Heinemann, L. V., & Heinemann, T. (2017). Burnout Research: Emergence and scientific investigation of a contested diagnosis. *Sage Open*, 7(1), 2158244017697154.

Ingham-Broomfield, R. (2017). A nurses' guide to ethical considerations and the process for ethical approval of nursing research. *Australian Journal Of Advanced Nursing*, 35(1), 40-47.

Jennings BM. (2008). Work Stress and Burnout Among Nurses: Role of the Work Environment and Working Conditions. In: Hughes RG, editor. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville (MD): Agency for Healthcare Research and Quality (US); Chapter 26. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2668/>

Koivula, M., Paunonen, M., & Laippala, P. (2000). Burnout among nursing staff in two Finnish hospitals. *Journal of nursing management*, 8(3), 149-158.

Kimura, H., Tamoto, T., Kanzaki, N., & Shinchu, K. (2011). Burnout and Characteristics of Mental Health of Caregivers of Elderly Dementia Patients. *Journal of Rural Medicine : JRM*, 6(2), 47-53. <http://doi.org/10.2185/jrm.6.47>

Kaluzny, A. D., & Hernandez, S. R. (1988). *Organizational change and innovation. Health care management: a text in organization theory and behavior*. 2nd ed. New York: John Wiley and Sons.

Li, X., Guan, L., Chang, H., & Zhang, B. (2014). Core Self-Evaluation and Burnout among Nurses: The Mediating Role of Coping Styles. *Plos ONE*, 9(12), 1-12.

doi:10.1371/journal.pone.0115799

Louise Barriball, K., & While, A. (1994). Collecting Data using a semi-structured interview: a discussion paper. *Journal of advanced nursing*, 19(2), 328-335.

Maslach, C. (2015). Maslach Burnout Inventory-Self Test [Image]. Retrieved from <https://execusensoryandneuropedagogy.files.wordpress.com/2015/04/burnouttest1.jpg>

Maslach, C. (1982). *Burnout: The cost of caring*. Prentice Hall, Englewood Cliffs, NJ.

Maslach, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (1986). Maslach burnout inventory (Vol. 21, pp. 3463-3464). Palo Alto, CA: Consulting Psychologists Press.

Masoudi Alavi, N. (2014). Occupational Hazards in Nursing. *Nursing and Midwifery Studies*, 3(3), e22357.

Matveev, A. V. (2002). The advantages of employing quantitative and qualitative methods in intercultural research: Practical implications from the study of the perceptions of intercultural communication competence by American and Russian managers. *Theory of communication and applied communication*, 1(1), 59-67.

Maxwell, J. A. (2008). Designing a qualitative study. *The SAGE handbook of applied social research methods*, 2, 214-253.

Merriam-Webster Inc. (2019). Trustworthy. Merriam-Webster. Retrieved from <https://www.merriam-webster.com/dictionary/trustworthy>

Oxford University Press. (2019). Trustworthiness. Oxford dictionary. Oxford. Retrieved from <https://en.oxforddictionaries.com/definition/trustworthiness>

Pereira, S. M., Fonseca, A. M., & Carvalho, A. S. (2012). Burnout in nurses working in Portuguese palliative care teams: a mixed methods study. *International Journal Of Palliative Nursing*, 18(8), 373-381.

Russell, K. (2016). Perceptions of Burnout, Its Prevention, and Its Effect on Patient Care as Described by Oncology Nurses in the Hospital Setting. *Oncology Nursing Forum*, 43(1), 103-109. doi:10.1188/16.ONF.103-109

Strauss A, Corbin J (1990) *Basics of Qualitative Research*. Sage, Thousand Oaks, CA

Taylor, B., & Barling, J. (2004). Identifying sources and effects of career fatigue and burnout for mental health nurses: a qualitative approach. *International Journal of Mental Health Nursing*, 13(2), 117–125. <https://doi.org/10.1111/j.1445-8330.2004.imntaylorb.doc.x>

Viotti, S., Gilardi, S., Guglielmetti, C., & Converso, D. (2015). Verbal Aggression from Care Recipients as a Risk Factor among Nursing Staff: A Study on Burnout in the JD-R Model Perspective. *Biomed Research International*, 20151-17. doi:10.1155/201

Appendix

1. Informed consent form



Student: Jeremy A. Church

Title of Thesis: Burnout among Nurses*

I am asking for your voluntary participation in my study for my thesis that I am currently writing at Novia University of Applied Science. Please read the following information about the study. If you would like to participate, please sign at the bottom of the page and return this form to me.

Purpose of the study: This study will identify what resources and information nurses have access to concerning burnout in order to see how effectively burnout prevention measures have been implemented into the nursing work place.

What will be required of the participant: The study will be conducted via one 15-25min semi-formal interview where the participant will be asked to answer/discuss a series of questions to do with their experience as a nurse and with the issue of burnout. The interview will be recorded and transcribed by the researcher.

Potential risk of the study: This study deals with burnout which may be a sensitive topic for someone who has experienced burnout or knows someone who has. It is possible that discussing burnout may cause unpleasant memories or feelings to arise.

Confidentiality: This study will maintain the confidentiality of the participant, the only person that will know the identity of the participant will be the researcher unless the participant informs another person. The recording of the interview may be viewed by the researcher's supervisor and the reviewers of the study but the identity of the participant will remain anonymous as the recordings will be audio only and the participant's name will not be spoken. the recording and transcript of the recording will be stored on the researcher's private electronic devices and not shared unless required by the supervisor.

This study is completely voluntary, meaning you have no obligation to continue if for any reason you feel uncomfortable or would like to discontinue participation in the study.

If you have any questions, please contact me at: jeremychurch@edu.novia.fi

By signing this form, I confirm that I have read and understand the information above and willingly agree to participate in this study and allow the researcher to use my interview for his study.

Printed name of research participant: _____

Date and signature of research participant: _____

*It is possible that the title of the thesis will be changed before completion, the aim will remain the same however.

2. Interview questions

Semi structured interview about burnout in nursing.

Conducted by Jeremy A. Church

Estimated time for completion: 15-20min

Research questions:

1. What resources do nurses have available to prevent burnout?
2. What is the level of knowledge possessed by nurses concerning burnout?

-How many years have you worked as a nurse?

-Why did you become a nurse?

-Are you currently working as a nurse?

-What do you do to deal with stress?

-What do you know about burnout?

-How did you learn about burnout?

-Have you suffered from burnout? -If so, would you be willing to describe your experience?

-If not, do you currently feel, or have you ever felt like you were beginning to develop burnout?

-What did you do?

-Did/does your work offer any resources to help you prevent burnout? If so, which ones, and did/do you use them?

-Is there anything else you would like to add to do with burnout?

Thank you, for you time.

3. Data analysis table excerpt

Quotation	Sub theme	Theme	Research question
“We would often ask for another nurse to alleviate the load, but expenses were too high, so they would say sorry we don’t have any one for you.” A3	Help from the Head nurse or administration	Resources provided by places	What resources do nurses have available to prevent burnout?
“More nurses should maybe have been at work because it was a very tough situation. We have had patients in very bad shape.” F8			
“I would ask other nurses, and some were supportive, there were some that were mentoring and some that were not.” A3			
“They were very good about sending in more support if the kids were more critical” A4			
“it was way less stressful cause I knew that I had the support of the team and in general the supervising staff were really supportive” A4			
“We make sure those people don’t need to work to many extra hours” B3			
“I was asking from one of the other head nurses, is it able to get day time work, but there was not any places available” F7			
“I don’t remember any particular resources being given towards it, no.” A3			

<p>“I guess that if I started to feel like I was getting a burnout I could go and talk with the head nurse see what to do about it and if there is a plan for it somewhere. But I guess if you’re not asking about it you’re not informed.” D4</p>			
<p>“I feel that I have needed more support from my head nurse in planning my own working days, and I have been by myself very active afterwards, after my burnout I was at, I took by myself contact with her for example once a month and knocked her door and said can I come and discuss, and I was discussing with her for about once a months about my working situation, but that was on my own initiative.” F10</p>			
<p>“I was discussing with my head nurse and she, she gave it us as a, she, she suggested it and it has been during this, in this working place. In the organization. So I had to pay for it.” F4</p>			
<p>“They didn’t talk about burnout, and I’ve had a feeling afterwards then that even if I work in psychiatric care they, I don’t think they... what is it in English? The boss, the nearest boss...the head nurse... I don’t think they had so much experience.” F3</p>			
<p>“We make sure that we switch things we consider difficult, and not everyone considers the same things as difficult. That means that if someone has a patient with whom he has a hard time,</p>			

<p>we will see if someone else can take care of that patient.” B3</p>			
<p>“I don’t think the ward did much, he got medication and rest at home of course and he got through it that way.” C4</p>			
<p>“They offer many opportunities that you, ehm, where you can, how you can deal maybe a little bit better with the stress. Because they offer some yoga courses, or they give you the opportunity, so especially now sport, etcetera. That you get the skiing card for the whole year from the ski area close by for a little bit cheaper.” E7</p>			
<p>“I had to learn it by myself the borders. No one told me how to do it. It was quite a tough process.” F3</p>			
<p>“We have the possibility of supervision.” B3</p>			
<p>“I don’t remember any classes on burnout” A3</p>	<p>Courses on burnout</p>		
<p>“Our employer has not provided anything specifically to the topic of burnout” B2</p>			

<p>“We have the group like discussions, stuff like that, so that everybody gets to say stuff that they think we should do to cope with the situation if it is really bad.” C2</p>	<p>Discussion with co-workers</p>			
<p>“We usually go and ask if like “can I help you with something?” Especially towards the end of the shift if you are done with all of your things and this one still has a pile of papers a lot to do.” D5</p>	<p>Helpful co-workers</p>			
<p>“When I was doing my 30 yearly continuing education credits that you need to do to maintain your license in the states, and so I think there might have been a course on there, it was an optional course though and they have thousands of ones you can electively choose.” A3</p>	<p>Continuing optional education</p>	<p>Personal resources</p>		
<p>“You can participate in further education if you find something.” B2</p>				
<p>“I needed the time in nature, to move.” B1</p>	<p>Exercise in nature</p>			
<p>“I think that’s the best thing that I can do when I am just out, and see the nature and the animals” E3</p>				
<p>“I have learned during my spare time to be more outdoors” F1</p>				

<p>“I have a little dog and I like to go for walks, walking, with it” F1</p>			
<p>“I can just go with my bicycle and when I make sport I can forget everything around me.” E3</p>			
<p>“I just went for a walk and that was so good for me to come down, to relax a little bit” E3</p>			
<p>“I needed to talk with others, best with people who understood the situation” B1</p>	<p>Extroversion or introversion</p>		
<p>“If I can, having quiet time really helps” A1</p>			
<p>“I get the time for myself” F2</p>			
<p>“When I leave the work place I try not to at all think about what happened during the day, about patients or anything like that because that way I can relax at my home environment.” C1</p>	<p>Compartmentalization</p>		
<p>“I leave work at work and keep work and home separate” D2</p>			
<p>“In school” B2</p>	<p>Knowledge from nursing school</p>	<p>Formal learning</p>	<p>What is the level of knowledge possessed by nurses concerning burnout?</p>
<p>“During my nursing studies and when I was reading psychiatric nursing, they didn’t talk about burnout and the symptoms of it.” F2</p>			

<p>“It’s when people have that many stress, a lot of stress, when they cannot deal with stress anymore. That it get too much and they get burned out, so they, they yah, so they can do nothing more.” E4</p>			
<p>“We didn’t learn that much in school. Ehm, we spoke about this in the communication classes. And ehm, also we had a thing when we learned about psychological problems.” E4</p>			
<p>“no one has told me straight `this is how you prevent burnout’.” D3</p>			
<p>“I know it’s a bad thing and you don’t want it” D2</p>			
<p>“I think that at school we probably talked a bit about it, but I just remember that it is really common in this profession, but not so much the details” D2</p>			
<p>“It was in school that I read about burnout first, and the symptoms you can get you should keep an eye out for and stuff like that.” C2</p>			
<p>“I don’t remember the topic, maybe it was vaguely talked about in nursing school, I don’t remember it as such.” A2</p>			
<p>“I have heard a lot about it again during my education as head nurse of the ward.” B2</p>	Knowledge from work education		
<p>“I don’t remember any classes on burnout” A3</p>			

<p>“Ehm, no, there, no not nothing that I know.” E4</p>			
<p>“Overly tired, depression, there is all kinds of things that goes along with burnout. I think that when nurses don’t recognize it, it’s easy to take it out on your patients. I think some nurses can’t handle it and need to quit and move on to get better. Burnout I think is from being over worked and over stressed, long hours you know, there’s a lot of pressures on the job.” A2</p>	<p>Knowledge from experience</p>	<p>Informal learning</p>	
<p>“In some way when you get a burnout then you are not in contact with your feelings and your own needs.” F5</p>			
<p>“It is very important that you sleep well during the nights.” F5</p>			
<p>“It’s kind of like you have a flu, yah she has the flu, she has a burnout.” D5</p>			
<p>“I’ve seen people with burnout.” C2</p>			
<p>“They can have said something like sleeping problems insomnia, stuff like that, but they haven’t connected it with burnout, they just tried to go through the motions and then they just go into the so-called wall.” C1</p>			
<p>“When you go through burnout you become more stressed, often easily irritated, you can miss things or take things for granted</p>			

<p>at the work place and at home” A1</p>			
<p>“I think burnout is not just from being tired, not just from the stress and long hours, but I think it is also an emotional thing because you are not able to do the job that you want to do and you know you are not giving the best to your patients because you just can’t and so I think that’s a huge part for a lot of nurses.” A4</p>			
<p>“Burnout is something that probably most if not every nurse deals with” A1</p>			
<p>“If someone has a difficult situation in their private life, that person is also a lot more likely to develop burnout at work than a person who is doing really well at home.” B2</p>			
<p>“Another thing, and that has been confirmed many times, only someone who burns can burnout. That means that someone who never cared about his job is not going to burnout.” B2</p>			
<p>“I think that the men here feel more responsible for handling the aggressive patients and if something happens to one of the women they feel responsible for not preventing it. It might cause more stress for them.” C5</p>			

<p>“I learned about burnout through other nurses and maybe some of the more mature nurses talking to us about feeling burned out. It was mostly from older nurses and other stressed out young nurses.” A2</p>	<p>Knowledge from co-workers</p>		
<p>“I guess they do but we haven’t really like talked about it.” D4</p>			

4. Maslach burnout index (MBI)

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION B	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

(Maslach, 2015)

5. Table of themes

Main Themes			
Resources provided by work places	Personal resources	Formal learning	Informal learning
Sub Themes			
Help from the Head nurse or administration	Continuing optional education	Knowledge from nursing school	Knowledge from experience
Courses on burnout	Exercise in nature	Knowledge from work education	Knowledge from co-workers
Discussion with co-workers	Extroversion or introversion		
Helpful co-workers			
	Compartmentalization		