BURNOUT AND NURSES’ PERSONAL AND PROFESSIONAL VALUES

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Key words: nurses’ burnout; nursing values; self-awareness

The research described in this article was a descriptive study for determining the relationship between the degree of burnout experienced by nurses working in Kocaeli (Turkey), and their personal and professional values. A questionnaire was developed by using information gained from the literature on this subject and from the Maslach Burnout Inventory. The questionnaire was delivered to nurses working in two different hospitals (State Hospital of İzmit and the Gölçük Sea Hospital) in Kocaeli. The sample group was formed from all nurses working in the two hospitals, of whom 160 participated in the study during December 1999 and January 2000.

The results showed that nurses’ personal and professional values play an important role in the degree of burnout they experience. Equality, altruism and aesthetics were ranked first by those experiencing high levels of emotional exhaustion, and freedom was a priority value for those with a low degree of emotional exhaustion. Freedom, altruism and truth were ranked first by those with prominent feelings of personal accomplishment, and equality and aesthetics were priority values for those with less feeling of personal accomplishment. All nurses, therefore, need to identify and clarify their own personal values, beliefs and assumptions about basic truths.

Introduction

Nurses may sometimes feel stressed when carrying out their basic tasks of promoting and maintaining the health of individuals, families and the public, preventing illness, helping patients with their recovery process, relieving pain, and so on.1–3 This state is generally referred to as ‘burnout’ in the literature.4–9 Nurses should not experience burnout because it destroys creativity, decreases productivity, lowers the quality of job performance, and increases opportunities for mistakes or acts of poor judgement. The feeling of having to do better adds further strain because ‘falling short’ in a stressful workplace adds to the degree of burnout.4–9

Burnout in health care workers is the construct used to describe the psychological state resulting from a prolonged period of high stress levels in their professional lives. It is characterized by physical and emotional exhaustion, feelings

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of depersonalization and low productivity. Burnout is understood to be a pattern of responses to stressors at work. It is a phenomenon that is of interest to both individuals and organizations, and is characterized by decreasing energy, power and resources in the presence of excessive demands. Maslach and Jackson defined burnout ‘as being a syndrome including emotional exhaustion, feelings of depersonalization and feelings of low personal accomplishment’, as noted by Çam.\textsuperscript{10} Emotional exhaustion is experienced when excessive physical and psychological fatigue is present. A feeling of depersonalization is present when there is an insensitive attitude towards others. This often shows in negative and derisive behaviour. Feelings of low personal accomplishment progress to negative evaluation of self, leading to loss of satisfaction. Burnout is most likely to occur in people who feel overworked and unappreciated. It often occurs in members of the caring professions such as nursing. If being idealistic and working with people puts a person at risk of developing burnout, nurses are clearly vulnerable. Those who enter the nursing profession tend to be idealistic and altruistic.\textsuperscript{4–9,11} Burnout is not a symptom of work stress; it is the end result of unmanaged work stress. When work-loads are too heavy, demands are too great, nursing care suffers and ideals clash head on with reality. The resulting disappointment and failed personal expectations are a breeding ground for burnout in nurses. It is a debilitating psychological condition brought about by unrelieved work stress, which results in depleted energy reserves, lowered resistance to illness, increased dissatisfaction and pessimism, increased absenteeism and inefficiency at work. The symptoms can include: exhaustion, both mental and physical; feelings of hopelessness and helplessness; low morale and self-esteem; and frequent illness. It is one of the factors that influence the effectiveness and productivity of workers and staff in every field.

When a person is burnt out, mental and physical weakness, lack of information, conflict, excessive work-loads, boredom, inadequate feedback, punishment, job dissatisfaction, having no rewards, excessive stress and conflict of values all play a major role.

Values that are important in burnout may influence a person’s behaviour, both consciously and unconsciously. Values are ideals and beliefs that individuals and groups uphold. Individuals thus think, feel, make choices and act from within well-known values, which are a person’s own moral judgement about his or her morality. Others also reflect their beliefs and their acts. Individual values influence choices, behaviours and actions, often serving as motivators. Beliefs are the basic ingredients of values; personal values are reflected in individual attitudes. Moreover, the values that a person holds may determine his or her personal needs, social and cultural influences and interactions with important others.\textsuperscript{12–16} Most people observe only a few prominent values in their lives. They may also be unaware of the values that influence their behaviours. Some of these values are less significant, depending on the person’s choice or a value’s priority. A well-formed value system helps to reduce conflict in the decision-making process. For this reason, individuals should be aware of the values that influence their behaviours, when they may well change their values in accordance with their needs and choices. The desire to change indicates both a favourable attitude towards life and having the ability to adapt to new experiences. People change their behaviours and attitudes as a result of changing values.
On one hand, nurses should try to understand the concept of self-awareness in order to perceive their attitudes, emotions and behaviours, because they hold and act on significant values. Once nurses are aware of the values that motivate them, they are more capable of accepting patients’ attitudes and behaviours, and their ability to solve problems and make decisions will become enhanced. On the other hand, if nurses are not aware of their professional and personal values, they will have difficulty in perceiving their professional role. Nurses who deal with values effectively are more likely to be promoted and achieve personal satisfaction. It is therefore crucial to determine what are the essential values for nurses when burnout develops.

The prevailing values in nursing today are: aesthetics (qualities of objects, events and persons that provide satisfaction), altruism (regardless for the welfare of others), equality (having the same rights and privileges), freedom (the ability to exercise choice or action), human dignity (the inherent worth of an individual), justice (fair treatment through the upholding of moral and legal principles), and truth (faithfulness to fact or reality). These values are reflected in individual attitudes; they influence choices, behaviours and actions, at the same time serving as motivators.12–14 Aesthetics embraces personal qualities such as imagination, appreciation, sensitivity and creativity. Altruism includes personal qualities such as commitment, compassion, generosity, perseverance, benevolence and sympathy. Equality encompasses personal qualities such as fairness, and having the same rights, privileges or status. Truth has to do with personal qualities such as knowledge, realism, curiosity, rationality, inquisitiveness, responsibility and self-confidence. Human dignity relates to personal qualities such as kindness, respect, honesty, trust, promise keeping and empathy. Justice embodies personal qualities such as morality, courage, objectivity, upholding morality and legal principles. Freedom involves personal qualities such as self-direction, self-discipline, independence and the capacity to exercise choice.12–14,17–19

An awareness of personal beliefs, values, cultural differences and biases helps to avoid ineffective communication in stressful situations. Preventing burnout requires many of the same coping skills that we use to combat reactions to any stressor. Recognition of the problem is a first step. This research study was therefore designed in order to make suggestions and to determine which values are of significance if and when nurses experience burnout. In view of the results obtained, suggestions can be made concerning self-help measures and the provision of professional counselling, and the teaching of ethics and values in present-day nurse education.

**Method**

This research was designed as a descriptive study to assess the degree of burnout experienced by nurses working in Kocaeli district (an industrial region near Istanbul) and its relationship to their personal and professional values, for which purpose a questionnaire was developed in the light of published data. The first part of the questionnaire sought demographic data about nurses’ age, level of education, marital and family status, duration of occupation, and place of work. The second part concerned seven professional values and attitudes that are
considered to be essential to the practice of professional nursing by the American Association of Colleges of Nursing. Nurses were asked to prioritize the values they uphold and which influence their behaviours. The third part included questions about the definitions relating to Maslach’s Burnout Inventory.

The reliability and validity of Maslach’s Burnout Inventory were studied by Çam. The Inventory, which was originally in English, was translated into Turkish by a group of 10 nursing experts. In order to test language validity, the Turkish version was translated back into English by another group of 10 experts. Then the Turkish version was reviewed and, having applied this version to a sample group of 20 nurses as a pilot study, it was concluded that the Turkish version was suitable for use. Reliability and validity testing of the results indicated that the measurement model was highly valid.

The Maslach Burnout Inventory consists of 38 items and has three subscales: emotional exhaustion, depersonalization and personal achievement. The emotional exhaustion subscale consists of nine items measuring the perception of being used up, frustrated, tired or stressed. The depersonalization subscale contains five items pertaining to perceptions of treating others impersonally, and becoming callous and/or hardened emotionally. The personal achievement subscale consists of eight items measuring the perception of having an influence on others, working well with others, and dealing well with patients and with problems. A high degree of emotional exhaustion, evidence of depersonalization, and low personal achievement are considered to indicate burnout. Each item referred to a 5-point rating scale (0 = never; 1 = a few times a year; 2 = a few times a month; 3 = a few times a week; 4 = every day).

The present study was carried out in Kocaeli State Hospital and the Gölçük Sea Hospital between December 1999 and January 2000. The sample group was 160 nurses who had volunteered to take part in the study. Ninety-five per cent of the nurses working in these two hospitals responded to the questionnaire. The data were subjected to an analysis of variance (a statistical test for comparing sample means) using the SPSS program.

Findings

One hundred and sixty nurses completed the questionnaire. Most of the nurses (83.8%) were aged between 20 and 30 years and had 1–5 years’ experience. More than half (52.5%) were two-year diploma (registered) nurses; the rest were vocational high-school graduates (practical nurses). More than half (57.5%) were married and most (66.3%) worked overtime in Kocaeli State Hospital.

The mean scores and standard deviations (SD) obtained from the components of the Burnout Inventory were: emotional exhaustion (physical, but especially emotional) 17.27 ± 7.66; depersonalization (especially from clients and staff) 4.56 ± 4.25; and personal achievement (loss of satisfaction or sense of accomplishment) 22.76 ± 5.85 (Table 1). When these results were compared with the nurses’ personal characteristics, no statistically significant relationships were demonstrated.

The results of the nurses’ priority rating of professional values showed that altruism was first, followed by human dignity, equality, truth and aesthetics, with justice and freedom equal last (Table 2).
<table>
<thead>
<tr>
<th>Subscale</th>
<th>Range of subscale values</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>1–35</td>
<td>17.27 ± 7.66</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>0–19</td>
<td>4.56 ± 4.25</td>
</tr>
<tr>
<td>Personal achievement</td>
<td>8–32</td>
<td>22.76 ± 5.85</td>
</tr>
</tbody>
</table>

Table 2  Statistical assessment and distribution of mean scores on the components of the burnout scale on which the nurses’ prior attitudes and professional priority values were measured (n = 160)

<table>
<thead>
<tr>
<th>Professional values: attitudes</th>
<th>No. (%)</th>
<th>Emotional exhaustion (mean ± SD)</th>
<th>Depersonalization (mean ± SD)</th>
<th>Personal accomplishment (mean ± SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altruism: commitment, compassion, generosity, perseverance, benevolence, sympathy</td>
<td>43 (26.9)</td>
<td>17.15 ± 6.48</td>
<td>4.06 ± 4.28</td>
<td>24.62 ± 5.29</td>
</tr>
<tr>
<td>Human dignity: kindness, respect, honesty, trust, promise keeping, empathy</td>
<td>40 (25.0)</td>
<td>15.73 ± 7.48</td>
<td>4.24 ± 3.41</td>
<td>23.12 ± 4.70</td>
</tr>
<tr>
<td>Equality: fairness, having the same rights, privileges or status</td>
<td>25 (15.6)</td>
<td>19.48 ± 9.27</td>
<td>5.26 ± 4.84</td>
<td>21.30 ± 6.23</td>
</tr>
<tr>
<td>Truth: knowledge, realism, curiosity, rationality, inquisitiveness, responsibility, self-confidence</td>
<td>15 (9.4)</td>
<td>15.36 ± 8.46</td>
<td>4.57 ± 5.26</td>
<td>24.11 ± 7.00</td>
</tr>
<tr>
<td>Aesthetics: imagination, appreciation, sensitivity, creativity</td>
<td>13 (8.1)</td>
<td>17.89 ± 7.25</td>
<td>5.86 ± 3.83</td>
<td>19.53 ± 5.96</td>
</tr>
<tr>
<td>Justice: morality, courage, objectivity, upholding morality and legal principles</td>
<td>9 (5.6)</td>
<td>15.55 ± 6.06</td>
<td>3.64 ± 4.52</td>
<td>22.36 ± 4.39</td>
</tr>
<tr>
<td>Freedom: self-direction, self-discipline, independence, capacity to exercise choice</td>
<td>9 (5.6)</td>
<td>13.25 ± 7.27</td>
<td>2.95 ± 2.17</td>
<td>24.64 ± 5.85</td>
</tr>
<tr>
<td>No statement value</td>
<td>6 (3.8)</td>
<td>18.33 ± 6.77</td>
<td>3.16 ± 4.11</td>
<td>23.50 ± 7.84</td>
</tr>
<tr>
<td>Total</td>
<td>160 (100.0)</td>
<td>F = 17.142</td>
<td>F = 10.639</td>
<td>F = 30.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p = 0.000</td>
<td>p = 0.000</td>
<td>p = 0.000</td>
</tr>
</tbody>
</table>
On considering the mean scores for both nursing values and the burnout subscale emotional exhaustion, the nurses having the highest scores for exhaustion had equality (mean score 19.48 ± SD 9.27), altruism (17.15 ± 6.48) and aesthetics (17.89 ± 7.25) among their highest priority values, followed by truth (15.36 ± 8.46), justice (15.55 ± 6.06) and human dignity (15.73 ± 7.48). Freedom (13.25 ± 7.27) was the least frequently held value. When the nurses’ priority values were compared with their exhaustion scores, the results were statistically significant (F = 17.142, p = 0.000) (Table 2).

The mean scores for priority values and the burnout subscale depersonalization were assessed, revealing that equality (5.26 ± 4.84) and aesthetics (5.86 ± 3.83) were ranked first by those having high depersonalization scores; these were followed by truth (4.57 ± 5.26), altruism (4.06 ± 4.28) and human dignity (4.24 ± 3.41). Justice (3.64 ± 4.52) and freedom (2.95 ± 2.17) were of low value to those with high depersonalization scores. A comparison was made between priority values and nurses’ feelings of depersonalization, which showed a statistically significant relationship (F = 10.639, p = 0.000) (Table 2).

The nurses’ high priority values and their burnout subscale personal accomplishment level were evaluated, which showed that those with the highest personal achievement exhibited the following results: freedom (24.64 ± 5.85), altruism (24.62 ± 5.29), truth (24.11 ± 7.00), human dignity (23.12 ± 4.70) and justice (22.36 ± 4.39) were highly ranked; equality (21.30 ± 6.23) and aesthetics (19.53 ± 5.96) were ranked as having low priority. When the nurses’ priority values were compared with their personal accomplishment scores, the results were statistically significant (F = 30.44, p = 0.000) (Table 2).

Discussion

The purpose of this research study was to determine which values are the most significant in nurses’ levels of burnout and to use the results to make recommendations. Burnout was defined as a high level of emotional exhaustion, a high degree of depersonalization, or low personal accomplishment. Emotional exhaustion is considered to be the first stage in the burnout syndrome and is central to the experience of burnout.4–9 When the levels of emotional exhaustion of these nurses were compared with similar studies performed in Turkey,6–8 it was shown that the mean levels for the nurses in the sample studied were relatively low.

Feelings of depersonalization increase when there is an insensitive attitude towards others; this is often shown as negative and derisive behaviour. Depersonalization is most likely to occur in people who feel overworked and unappreciated. High stress levels, combined with a sense of loss of control over one’s life and business, most certainly contribute to burnout.4,11 Low levels of feelings of depersonalization were demonstrated in this study (Table 1). When these were compared with similar studies, they were rather lower than those found in research performed by Sever,6 Erci et al.8 and Aslan et al.7

The results obtained for the components of the Burnout Inventory showed low levels for personal achievement (loss of satisfaction or sense of accomplishment) (Table 1). When these were compared with similar studies, differences were found.
The levels were found to be lower than those in Erci et al.’s study, but higher than those in Sever’s and Aslan et al.’s studies respectively.

The valuing process promotes critical thinking, feeling, communicating and acting with others. The nurses with the highest levels of emotional exhaustion had equality, altruism and aesthetics as their priority values; freedom was their least frequently held value. There was a statistically significant relationship between the nurses’ priority values and their level of exhaustion. Equality and aesthetics were ranked first by those having high levels of feelings of depersonalization, and justice and freedom were priority values to those with low levels of feelings of depersonalization. There was a statistically significant relationship between the nurses’ priority values and their level of feelings of depersonalization. Those nurses who experienced high personal achievement ranked freedom, altruism and truth in this order. Equality and aesthetics were ranked as having low priority. There was a statistically significant relationship between the nurses’ priority values and their level of personal achievement.

Values

Altruism
When analysing the personal and professional values of the nurses who participated in this study, the following was mentioned under the heading of altruism: caring, commitment, compassion, generosity, perseverance, benevolence, sympathy. These nurses held the traditional commitment to the profession as one of the most defining values. The nurses who scored high altruistic values (26.9%) indicated that they were likely to make personal efforts for patients who need to receive health care. In a study conducted on the same topic, it was shown that nurses who ranked altruism highly were on intimate terms with patients in order to be able to help them. In the present study, the nurses having high levels of emotional exhaustion and high feelings of personal achievement had altruism as their priority value (Table 2).

Human dignity
The human dignity value, characterized by consideration, uniqueness of the individual, empathy, humane treatment, kindness, respect and trust, was noted as the second priority value (25%). This indicated that nurses tend to have an attitude that treats patients with consideration for individuals’ right to privacy and with respect, regardless of their background. It has been suggested that this value should be held by nurses. Another study conducted by the present author has shown that nurses demonstrating the high human dignity value also have high self-esteem. In the current study, nurses with low levels of emotional exhaustion and high feelings of personal achievement had human dignity as their priority value (Table 2).

Equality
It was shown that 15.6% of the nurses in the study held the value of equality. This is characterized by having the same rights, privileges, or status. These nurses provide nursing care based on individuals’ needs irrespective of personal
characteristics. Other studies have indicated that nurses require a nondiscriminatory manner in order to allocate health care resources.\textsuperscript{12–16} This study showed that nurses with high levels of emotional exhaustion and feelings of depersonalization also had low feelings of personal achievement and held equality as their priority value (Table 2).

**Truth**
The value of truth was characterized by the nurses by such qualities as accountability, rationality and inquisitiveness. Rationality was the most highly rated value. This is shown by documenting nursing care accurately and also in participating in professional efforts to protect the public by giving information about nursing. Nurses who give priority to this value assess themselves and their performance positively.\textsuperscript{12–16} Likewise a similar study found that nurses who rank truth highly also value self-esteem highly and are successful in problem solving. It has also been shown that those who value truth also have a low quality of self-care.\textsuperscript{18} In this study, the nurses with low levels of emotional exhaustion and high feelings of personal achievement had truth as their priority value (Table 2).

**Aesthetics**
The aesthetics value was characterized by 8.1% of nurses by such attitudes and personal qualities as caring, kindness and self-discipline. Those who have these qualities adapt the environment so that it is pleasing to clients and create a pleasant work environment for themselves and others; they present themselves in a manner that promotes a positive image of nursing.\textsuperscript{12–16} Again, in a similar study, those holding the aesthetic value were seen to have high self-caring abilities. Consequently it has been suggested that they function as change agents in health care.\textsuperscript{18} The nurses in the present study who had high levels of emotional exhaustion, high levels of feelings of depersonalization, and low feelings of personal achievement held aesthetics as their priority value (Table 2).

**Justice**
Only 5.6% of the nurses were seen to regard justice as a priority value, determined by upholding the moral and legal values of: courage, integrity, morality and objectivity. Nurses who engage in this value act as health care advocates, allocate resources fairly and report incompetent, unethical, and illegal practices objectively and factually. It was shown in this study that the nurses with low levels of feelings of depersonalization held justice as their priority value (Table 2).

**Freedom**
The freedom value, displaying the capacity to exercise choice, was characterized by such personal qualities as confidence, hope, independence, openness, self-direction and self-discipline. Those who hold this value honour individuals’ right to refuse treatment and support the rights of other providers to suggest alternatives to the plan of care.\textsuperscript{12–16} Studies on similar aspects have indicated that the freedom value has not yet developed adequately among our country’s nurses.\textsuperscript{19} On the other hand, another study has shown that nurses who give high priority to the value of freedom also have firm self-caring abilities.\textsuperscript{18} In the present study, the nurses with low levels of emotional exhaustion, low levels of feelings of deper-
sonalization, and high feelings of personal achievement had freedom as their priority value (Table 2).

Conclusion

This study consisted of a survey to determine the impact of nurses’ values on their level of burnout. Personal values are reflected in individual attitudes. The results showed that values play an important role in the level of burnout. Personal beliefs, values and biases serve as the point of origin for many of our internal conflicts. When these covert, or hidden, sources of conflict combine with negative workplace patterns, such as ineffective or missed communications, destructive conflict is likely. Nurses must maintain a high level of self-awareness, which begins with personal reflection and understanding of their own values and beliefs. As students, nurses usually receive instruction to help them to identify and clarify personal values and beliefs. Based on these findings, several recommendations can be made. The values of freedom, human dignity, justice and truth should be promoted to help to reduce levels of emotional exhaustion; and, to reduce feelings of depersonalization, the values of freedom and justice should be upheld. To promote personal accomplishment, the values of altruism, truth and freedom should be given priority. An awareness of personal beliefs, values, cultural differences and biases help to avoid ineffective communication in stressful situations, also reducing behaviours that others perceive as insensitive.

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