PREVALENCE OF BURNOUT AMONG NURSES WORKING

AT A SELECTED PSYCHIATRIC HOSPITAL

IN WESTERN CAPE

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ABSTRACT

Background: Research studies allude to the escalation of work related stress, which leads to burnout among mental health nurses, internationally. Mental health nursing is stressful because it is a helping profession that involves close interpersonal working relationships and the burden of providing nursing care to mental health care users (MHCUs) with complex emotional demands. These stressful working conditions render mental health nurses susceptible to burnout. Globally, health care services share a concern about the effects of burnout on nurses. Although burnout is a personal experience for the nurses, the results impact negatively on the quality of care delivered to MHCUs, while increasing the cost of care of the hospitals, which employ these mental health nurses.

Aim and objectives: The aim of this study was to investigate the phenomenon of burnout in mental health nurses working at a selected psychiatric hospital in the Western Cape, South Africa. The objectives of this study were: to determine the prevalence of burnout among mental health nurses; and, to determine the correlation between the emotional exhaustion and the depersonalisation domains, depersonalisation and the lack of personal accomplishment domains, and the lack of personal accomplishment and emotional exhaustion domains.

Method: A descriptive, survey design, using simple random sampling was used to select 198 nurses employed at a psychiatric hospital in Western Cape, South Africa. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS), which is a 22 item, Likert type, structured questionnaire was used to collect the data with a response rate was 84 %(n= 167). The data were analysed using Statistical Package for Social Sciences (SPSS), version 24.

Findings: The results of this study revealed that the respondents experienced low emotional exhaustion, low depersonalisation, and a high lack of personal accomplishment, which concluded that they did not suffer from burnout. In addition, there was a positive correlation between the emotional exhaustion and depersonalisation domains, a negative correlation between the emotional exhaustion and personal accomplishment and a negative correlation between depersonalisation and personal accomplishment.

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Recommendations: Qualitative research studies on burnout in psychiatric hospitals should be conducted to obtain narratives of rich descriptions, to understand the essence of the burnout experience.

KEYWORDS

Burnout

Correlation

Depersonalisation

Emotional exhaustion

Nurses

Lack of personal accomplishment

Prevalence

Psychiatric hospital

ABBREVIATIONS

MBI- HSS   -   Maslach Burnout Inventory – Human Services Survey

MHCU   -   Mental Health Care User

SPSS   -   Statistical Package for Social Sciences

WHO   -   World Health Organization

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DECLARATION

I declare that the study, *Prevalence of burnout among nurses working at a selected psychiatric hospital in Western Cape,* is my original work; that it has not been submitted for any degree or examination at any other University, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

Full name: Anathi Faith Tununu

Date: March 2018

Signed: ………………… …………………………

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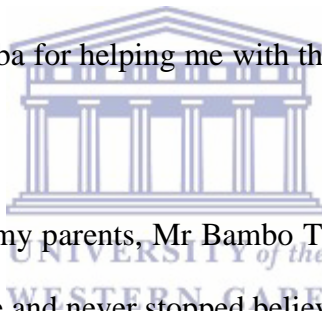
Thanks to my family, especially my parents, Mr Bambo Tununu and Mrs Nosandla Tununu, who were always praying with me and never stopped believing in me.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

Burnout in mental health nurses has been identified as a global phenomenon (Karanikola & Papathanassoglou, 2013). Burnout is a reaction to stress that is induced by work, and could be physical, emotional and psychological (Hamaideh, 2011). A physical response involves decreased energy levels and continuous exhaustion; an emotional response involves feeling depressed, helpless and hopeless; while a psychological response involves the loss of interest towards Mental Health Care Users (MHCUs), intellectualization of situations that are stressful, as well as isolation from MHCUs and co-workers (Hamaideh, 2011).
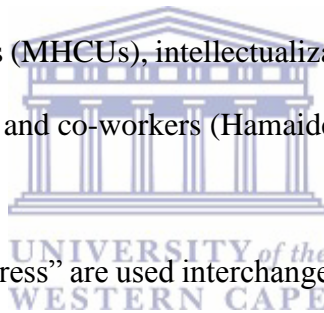
While the terms "burnout" and "stress" are used interchangeably, they have different meanings (Lambert, Altheimer & Hogan, 2010). Burnout is a product of prolonged exposure to stress, suggesting that stress takes place first, and burnout develops thereafter, which implies that stress is a risk factor, or a cause, of burnout (Lambert *et al.,* 2010). Burnout is defined as a state of physical, emotional and psychological exhaustion as a result of being exposed to workplace stressors for a long period of time, wherein coping strategies of "detached concern" and "dehumanisation in self-defence" may be deployed (Breen & Sweeney, 2013). Burnout is common in many professions, specifically nursing, these individuals engage in challenging interpersonal relationships with MHCUs as part of their duties (Karanikola & Papathanassoglou, 2013; Hamaideh, 2011; Sahraian, Fazelzadeh, Mehdizadeh & Toobaee, 2008).

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The nursing profession is stressful, particularly mental health nursing, and therefore, susceptible to burnout (Breen & Sweeney, 2013; Karanikola & Papathanassoglou, 2013; Sherring & Knight, 2009; Sahraian *et al.,* 2008). Mental health nurses are involved in the significant interpersonal burden of taking care of MHCUs with compound emotional demands (Breen & Sweeney, 2013). In addition, they engage in consistent communication and regular direct contact with MHCUs and their families (Hamaideh, 2011). They also fulfil the conflicting roles of caring for and controlling MHCUs (McTiernan & McDonald, 2015). Mental health nurses have intense relationships with the MHCUs and their families, they restrict MHCUs from harming themselves and face high instances of difficult behaviours, while the results are less tangible than other disciplines of nursing, as care mainly takes place by means of interaction (McTiernan & McDonald, 2015). They encounter comparable stressors as other helping professions do, and also undergo extra stressors, such as, the significant emotional demands of taking care of MHCUs with compound and difficult needs (Sherring & Knight, 2009), as well as MHCUs with severe and enduring mental health needs (Dickson & Wright, 2008).
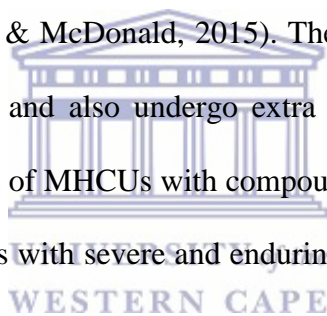
Burnout has consequences that are potentially very serious for the mental health nurses, as well as the MHCUs they care for. Burnout could affect the well-being of the mental health nurses, negatively (McTiernan & McDonald, 2015), and could also lead to increased absenteeism, reduced energy, diminished effectiveness (Sahebazzamani, Safavi & Farahani, 2009), increased staff turnover and low morale (Sherring & Knight, 2009), which, in turn, could lead to poor quality of care for the MHCUs (Breen & Sweeney, 2013; Hamaideh, 2011).

Burnout can also be measured by the following alternative instruments: Maslach Burnout Inventory, which is intended to assess emotional exhaustion, depersonalisation and personal

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accomplishment (Maslach, Jackson, Leiter, Schaufeli & Schwab, 2016); Burnout Measure, which is intended to assess physical, emotional and mental exhaustion (Bianchi, Schonfeld & Laurent, 2018); Shirom-Melamed Burnout Measure, which intended to assess physical fatigue, cognitive weariness and emotional exhaustion (Bianchi, Schonfeld & Laurent, 2018); Oldenburg Burnout Inventory, which is intended to assess exhaustion and disengagement (Bianchi, Schonfeld & Laurent, 2018); and Copenhagen Burnout Inventory, which is intended to assess personal burnout, work-related burnout and patient-related burnout (Bianchi, Schonfeld & Laurent, 2018). In this study, the researcher uses the Maslach Burnout Inventory (MBI), as it is known as the most common measure of burnout, and has been validated by extensive research conducted over more than 25 years, since its first publication (Maslach *et al.,* 2017). There are five types of MBI measures: Maslach Burnout Inventory-Human Services Survey (MBI-HSS); Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI-HSS[MP]), Maslach Burnout Inventory-Educators Survey (MBI-ES), Maslach Burnout Inventory-General Survey (MBI-GS) and Maslach Burnout Inventory-General Survey for Students (MBI-GS[S]) (Maslach *et al.,* 2017). Of these types of MBI measures, the researcher selected the MBI-HSS for this study, as it was conducted with nurses and nursing is a human services profession. MBI-HSS is the original and most widely used version of the MBI (Maslach *et al.,* 2017). It was invented for helping professions; therefore, it is suitable for respondents that work in various groups of the helping profession, including nurses, doctors, carers, social workers, health counsellors, therapists, police officers, correctional officers, priests, as well as other fields focused on helping people (Maslach *et al.,* 2017).

1.2. Background

The origin of the term "burnout" has been ascribed to a few researchers. In 1969, Harold Bradley invented descriptive term, "burnout", to refer to a psychological phenomenon in a study he conducted, entitled "Community-based treatment for young adult offenders", while working at the California Department of Corrections (Bährer-Kohler, 2012). Subsequently, burnout became as a significant term in the 1970s, and captured a critical element about experiences of people regarding their work (Schaufeli, Leiter & Maslach, 2009). In 1974, Herbert Freudenberger, an American psychiatrist, adopted the term burnout from the illicit drug scene, where it colloquially referred to the devastating effect of chronic drug abuse. He used the term to describe the gradual emotional depletion, loss of motivation and reduced commitment among volunteers of the St Mark's Free Clinic, in New York's East Village, whom he observed as a consulting psychiatrist (Schaufeli, Leiter & Maslach, 2009).

Independently and simultaneously, Christina Maslach, a social psychological researcher, together with her coworkers, came across the term in California, while they were conducting interviews among various helping professions (Schaufeli, Leiter & Maslach, 2009). Maslach was interested in how these health care workers, namely, doctors, nurses, psychiatrists and hospice counsellors, in stressful jobs, managed with their emotional arousal, by means of cognitive strategies, such as detached concern and dehumanization (Schaufeli, Leiter & Maslach, 2009). Maslach's interviews revealed that these professional were experiencing emotional exhaustion regularly, had negative perceptions and feelings about their MHCU's, and experienced crises in professional competence, due to the turmoil (Schaufeli, Leiter & Maslach, 2009). Subsequently, Maslach was advised that professionals call this syndrome burnout (Schaufeli, Leiter & Maslach, 2009). Once Maslach and her cowokers had adopted

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the term "burnout", they found that the metaphor was rapidly recognized by their respondents, and a new psychological notion was born (Schaufeli, Leiter & Maslach, 2009).

Breen and Sweeney (2013) state that burnout constitutes three domains, namely, emotional exhaustion, depersonalisation and the lack of personal accomplishment. Emotional exhaustion is manifested as a psychological exhaustion, as the professional experiences absence of energy left to perform at work (Karanikola & Papathanassoglou, 2013). Depersonalisation signified by being hostile to the MHCUs, as the professional becomes disconnected from the MHCUs (Karanikola & Papathanassoglou, 2013). Lack of personal accomplishment includes underperforming, as well as being withdrawn from effective duties to fulfil MHCU's needs (Karanikola & Papathanassoglou, 2013).
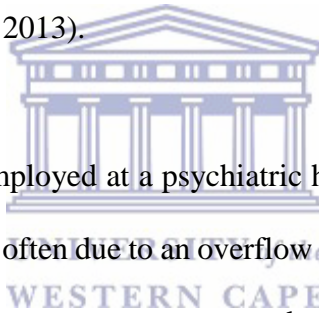
The researcher of this study, is employed at a psychiatric hospital, and has observed working environment as stressful, at times, often due to an overflow of MHCUs in the wards, a shortage of nursing staff, a shortage of resources, poor support and supervision from the managers, poor teamwork and poor relationships and conflicts among the staff. The situation is exacerbated by the involuntary admission of MHCUs, which implies that they do not consent to care, treatment and rehabilitation, and are, therefore, difficult to manage. These MHCUs also present with aggressive, violent and disruptive behaviour, while some are homicidal and suicidal. In the researcher's observation, nursing staff often appear demotivated, as they may have been working in the same wards for years, caring for the same MHCUs, who were admitted repeatedly. Nursing staff absenteeism is high, with some staff being habitual late comers. In addition, nursing staff often appeared to be insensitive to the MHCU's needs at times. According to the statistics of the Human Resource Department of the selected psychiatric hospital, there has been a high turnover of nursing staff, with the resignations of nurses reaching

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approximately 15.6% for the financial year of 01 April 2014 until 31 March 2015 (Annexure L), and approximately 5.4% for the financial year of 01 April 2015 until 31 March 2016 (Annexure M). Given the researcher's observations, as well as the literature reviewed, it became imperative to explore the phenomenon of burnout within this context.

The researcher could not locate any studies on burnout involving South African mental health nurses that was conducted within the last decade. Recent literature regarding burnout among mental health nurses was mostly conducted in countries of Europe (McTiernan & McDonald, 2015; Breen & Sweeney, 2013; Sherring & Knight, 2009; Schulz *et al.,* 2009), and Asia (Karanikola & Papathanassoglou, 2013; Mathew, Ram, Bhattacharjee & Sharma, 2013; Hamaideh, 2011; Sahraian *et al.,* 2008). Most of the literature on burnout focuses on general nurses and other mental health care practitioners, namely, social workers, psychologists and doctors; however, there is a paucity of literature on burnout among mental health nurses. Given the context and the paucity of burnout literature on mental health nurses, the need existed to conduct this study on nurses, working in a psychiatric hospital, in the Western Cape, South Africa.

1.3. Problem Statement

Various research studies (Karanikola & Papathanassoglou, 2013; Leka, Hassard & Yanagida 2012; Hamaideh 2012; Currid 2009; Lautizi, Laschinger & Ravazzolo, 2009) allude to the escalation of work related stress, which leads to burnout among mental health nurses, internationally. Mental health nursing is stressful because it is a helping profession that involves close interpersonal working relationships with, as well as a burden of providing nursing care to, MHCUs with complex emotional demands (Breen & Sweeney, 2013). These

stressful working conditions expose nurses working in psychiatric hospitals to burnout (Breen & Sweeney, 2013).

Internationally health care services have a common concern regarding the impact of burnout among nurses (Regis-Andrew, 2012). Even though nurses experience burnout individually, the effects has a negative impact on the quality of care rendered, whilst leading to an increase in costs of care for the hospitals, where these nurse are employed (Regis-Andrew, 2012). This study aims to investigate the prevalence of burnout among nurses working at the selected psychiatric hospital. Anecdotal evidence suggests that the nurses in the research setting may be experiencing burnout; however, given that a study of this nature has not been conducted in this setting, it is unknown whether this is the case.
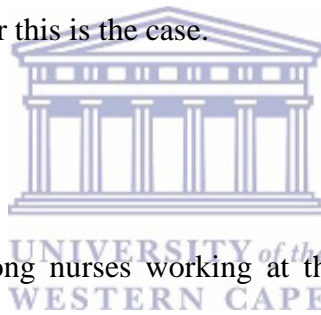
1.4. Hypotheses of the study

- Burnout is prevalent among nurses working at the selected psychiatric hospital in Western Cape; therefore, nurses of the selected psychiatric hospital experience high emotional exhaustion, high depersonalisation and low personal accomplishment.

- There is a positive correlation between emotional exhaustion and depersonalisation, a negative correlation between emotional exhaustion and personal accomplishment, and a negative correlation between depersonalisation and personal accomplishment among nurses working at the selected psychiatric hospital in Western Cape.

1.5. Research questions

- What is the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape?

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- What is the correlation between the domains of burnout among nurses working at the selected psychiatric hospital in Western Cape?

1.6. Aim of the study

The aim of this study was to investigate the phenomenon of burnout among nurses working at the selected psychiatric hospital in Western Cape.

1.7. Objectives of the study

The objectives of this study were:

- To determine the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape.

- To determine the correlation between the domains of burnout among nurses working at the selected psychiatric hospital in Western Cape.
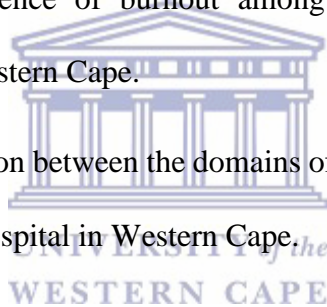
1.8. Significance of the study

This study could contribute to the literature on burnout among nurses working in psychiatric hospitals of South Africa. Awareness of burnout among nurses working in psychiatric hospitals could be raised, while the management of the selected psychiatric hospital could include supportive interventions for the nursing staff. This study could assist in educating students and other people about burnout among nurses; how to use MBI-HSS to assess burnout and how prevalent burnout is among nurses working in psychiatric hospitals. Findings from this study could also inform policy makers about the prevalence of burnout in employees, so they could be vigilant and adopt robust measures to address burnout among their employees.

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1.9 Research methodology

Quantitative research approach and descriptive survey design was selected in this study. MBI – HSS was used to collect data in this study. The research approach, design and instrument of this study will be discussed in details in chapter 3.

1.10. Definitions of key concepts

- **Burnout** is a feeling of being extremely tired, when an individual doubts the value of his/her work and his/her ability to continue with the occupation (Baumann, 2014).

  (Operational definition: Burnout is when a respondent scores 27 or more in the emotional exhaustion domain, 13 or more in depersonalisation domain and 31 or less in personal accomplishment domain as stipulated in the scoring key of MBI-HSS).

- **Correlation** is defined as the relationship among two variables (Brink, Van der Walt & Van Rensburg, 2012).

  (Operational definition: Correlation is a relationship between emotional exhaustion and depersonalisation, emotional exhaustion and personal accomplishment, depersonalisation and personal accomplishment, among nurses working at the selected psychiatric hospital).

- **Depersonalisation** is an undesirable, uncertain and disengaged approach to MHCUs (Baumann, 2014).

  (Operational definition: Depersonalisation is when a respondent scores 13 or more in the depersonalisation domain, as stipulated in the scoring key the scoring key of MBI-HSS).

- **Emotional exhaustion** occurs when someone feels extremely tired, emotionally (Baumann, 2014).

(Operational definition: Emotional exhaustion is highlighted when a respondent scores 27 or more in the emotional exhaustion domain as stipulated in the scoring key of MBI-HSS).

- **Lack personal accomplishment** is a feeling of ineffectiveness (Baumann, 2014).

  (Operational definition: Lack of personal accomplishment is highlighted when a respondent scores 31 or less in the personal accomplishment domain as stipulated in the scoring key of MBI-HSS).

- **MHCU** is a person getting care, treatment and rehabilitation services or utilising a health service at a health establishment meant to improve the mental health status of a user.

  (Operational definition: A MHCU is a patient that is admitted or was admitted at the selected psychiatric hospital),

- **Nurse** is defined as an individual that is registered to practice nursing or midwifery (Republic of South Africa [RSA], 2002).

  (Operational definition: A nurse is an advanced psychiatric professional nurse, a general professional nurse, an enrolled nurse and enrolled nursing assistant that provides nursing care to the MHCUs at the selected psychiatric hospital).

- **Prevalence** refers to a number of individuals, who had contracted a certain disease, in a certain population, in a specific period of time (Martin & McFerran, 2008).

  (Operational definition: Prevalence is the number of mental health nurses, who suffer from burnout in the selected psychiatric hospital in Western Cape).

- **Psychiatric hospital** is a hospital that offers care, treatment and rehabilitation to MHCUs (Republic of South Africa [RSA], 2002).

(*Operational definition*: A psychiatric hospital is the selected hospital in the Western Cape, which offers mental health care services to MHCUs, as well as the research setting of this research study).

1.11. Chapter outline

This introductory chapter provided a background for this research study. In addition, the problem statement, hypotheses, research questions, aim, objectives, significance, research methodology and the definitions of key concepts. The brief description of the research methodology was outlined.

The rest of the thesis will be presented as follows:

Chapter 2: Literature review- in this chapter, literature review, which supports the argument that culminated in the research aim and objectives. In addition, burnout the construct, the prevalence of burnout among mental health nurses, measures of burnout, as well as the correlations between the emotional exhaustion domain, depersonalisation domain, and the lack of personal accomplishment domain among mental health nurses and general nurses is discussed.

Chapter 3: Research methodology- in this chapter a detailed explanation of the research design and methodology used in this study is given.

Chapter 4: Research findings- in this chapter, the results obtained from the data analysis is presented in tables and graphs.

Chapter 5: Discussion of the findings- The findings of this study are interpreted and discussed within the body of empirical literature on burnout.

Chapter 6: Conclusion, limitations and recommendations- in this chapter the study is concluded by reflecting on the research objectives and the aim of the study and considering the findings in chapter 4. The limitations of the study areas were identified. Finally, the study concluded with possible areas for further research.

1.12. Summary

This chapter comprised an exposition of the orientation of the study, which was focused on an introduction, background, problem statement, hypotheses, research questions, aim, objectives, significance, research methodology and definitions of key concepts.

In the following chapter, Chapter 2, the researcher conducted a literature review on burnout among nurses working in mental health settings.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

A literature review is defined as a process of searching for and studying existing literature pertaining to the researcher's research problem, in order to come up with a theoretical and conceptual framework for the study, and to compare and contrast the results of the study with the literature accessed (Kumar, 2011). The aim of this literature review is to identify what is known, as well as unknown, about burnout among nurses working in mental health settings, select an appropriate instrument for the study, as well as compare and contrast the results of this study with the existing literature (Brink *et al.*, 2012).
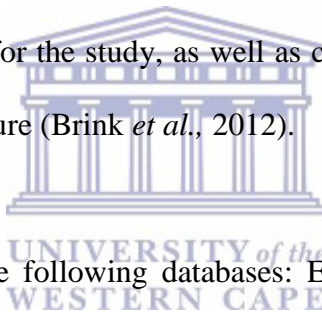
Literature was accessed from the following databases: EBSCOhost, MEDLINE, PubMed, Wiley Online Library, Science Direct, Elsevier, google scholar and MA Healthcare. The following terms were used to search for literature, to ensure that it was relevant to this study: prevalence, burnout, mental health or psychiatric, nurses or nursing, correlation or relationship, emotional exhaustion, depersonalisation and lack of personal accomplishment. The bulk of the information in this literature review was extracted from publications that were published between the years 2008 to 2017, as in the last 5 years there were scant publications on burnout among mental health nurses; therefore, the researcher used publications that were published in the last 10 years. In rare cases, the researcher also used articles that were published before 2007, because there were no recent publications that contained the information the researcher required.

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This literature review, therefore, provides an overview of burnout. The term "mental health nurses" and "psychiatric nurses", "mental health settings" and "psychiatric settings" as well as "mental health hospitals" and "psychiatric hospitals" was used interchangeably in previous studies; however, the researcher opted to use the term "mental health nurses", "mental health settings" and psychiatric hospitals. The literature review is structured as follows: the prevalence of burnout among nurses (known as mental health nurses) working in mental health settings, measures of burnout and the correlation between the domains of burnout among mental health nurses, as well as nurses working in general hospital/clinic settings.

2.2 Prevalence of burnout in nurses working in mental health settings

Studies conducted on burnout among nurses working in mental health settings have produced varied results. In the following literature, the prevalence of burnout among nurses working in on various continents, are discussed.
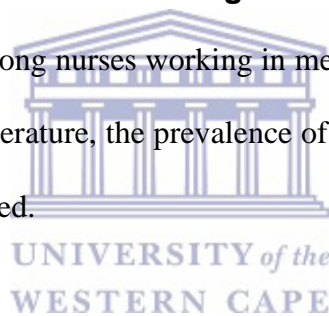
In Europe a cross-sectional, descriptive study was conducted by Breen and Sweeney (2013) to measure the level of burnout, according to the three burnout domains, namely, emotional exhaustion, depersonalisation and the lack of personal accomplishment, of 105 mental health nurses, working in three various mental health settings (acute admissions, forensic unit and community setting). This was accomplished by using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). The study results revealed a low level of emotional exhaustion, and depersonalisation, but a high level of personal accomplishment in the study respondents (Breen & Sweeney, 2013). These authors also aimed to explore the potential relationships between burnout, demographic variables and work environment. Years of experience, area of work and level of support were discovered to be contributors of burnout. The results of this study alluded to years of experience as being a predictor of emotional exhaustion and the lack

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of personal accomplishment, but not depersonalisation (Breen & Sweeney, 2013). Mental health nurses with more years of experience, suffered lower levels of emotional exhaustion, more than nurses that had fewer years of experience, because mental health nurses with more years of experience, could handle their emotions better in stressful situations, than those with fewer years of experience (Breen & Sweeney, 2013). Mental health nurses with fewer years of experience scored high in personal accomplishment, in comparison with nurses that had more years of experience (Breen & Sweeney, 2013). Mental health nurses, working in the forensic unit, scored lower in burnout, compared to nurses working in the acute unit and community setting. Mental health nurses, who felt supported experienced less burnout, than nurses who did not feel supported (Breen & Sweeney, 2013).
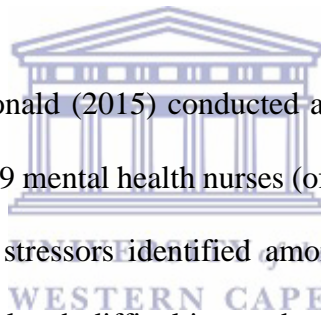
In Ireland, McTiernan and McDonald (2015) conducted a study to investigate the stressors, burnout and coping strategies of 69 mental health nurses (of which 36 were hospital-based and 33 were community-based. The stressors identified among the hospital-based group were insufficient resources, MHCU-related difficulties and organisational structures/processes; while the stressors identified among the community-based group were insufficient resources, organisational structures processes and workload. The results revealed that both groups of respondents experienced moderate emotional exhaustion, low depersonalisation and moderate personal accomplishment. Among the hospital-based group the mean score was 19.3 for emotional exhaustion, 6.26 for depersonalisation, and 34 for lack of personal accomplishment. Among the community-based group the mean score was 17.6 for emotional exhaustion, 3.0 for depersonalisation and 38.35 for lack of personal accomplishment. McTiernan and McDonald (2015) concluded that neither respondent-group suffered a high level of burnout, even though they were working under an environment that was slightly stressful and challenging economically. The MBI-HSS was used to measure burnout. The coping strategies of the two

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groups of the respondents were not different. The most used coping strategies were "looking forward to going home at the end of each day" and "having a stable home life that is separate from work life". The least used coping strategies were "having confidential one-to-one supervision" and "having team supervision".

Further afield, in the United Kingdom, a quantitative survey was conducted with 475 mental health nurses, to explore burnout among mental health nurses, working in a City Trust hospital (Sherring & Knight, 2009). The MBI-HSS was used to collect the burnout data. The results from the study stated moderate levels of emotional exhaustion, low levels of depersonalisation and moderate levels of personal accomplishment. For emotional exhaustion, 38.5% (n=183) had low scores, 20.5% (n=97) had average scores, and 41% (n=195) had high scores. For depersonalisation, 62% (n=295) had low scores, 17.5% (n=83) had average scores, and 20.5% (n=97) had high scores. For personal accomplishment 49.4% (n=235) had high scores, 28.9% (n=137) had average scores, and 21.7% (n=103) had low scores. An analysis of the associations between demographic and work related variables involved in burnout was also conducted by Sherring and Knight (2009). Work-related variables included clinical supervision, support, perceptions of feeling valued, and perceptions of involvement in the decision-making process, regarding changes and nursing issues. Results alluded to respondents, who received clinical supervision, experiencing less emotional exhaustion, than respondents, who did not receive clinical supervision (Sherring & Knight, 2009). The perception of feeling valued at work affected emotional exhaustion and the lack of personal accomplishment, as the respondents, who felt valued at work, experienced less emotional exhaustion, than respondents, who did not feel valued at work. In addition, the respondents, who felt valued at work, had more personal accomplishments, than respondents, who did not feel valued (Sherring & Knight, 2009). The perception of feeling involved in the decision-making process, regarding nursing issues, is a

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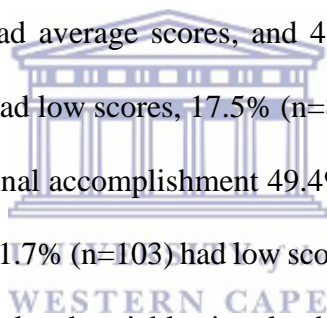
predictor of emotional exhaustion and depersonalisation, as the respondents, who felt involved in the decision-making process, experienced less emotional exhaustion, than respondents, who did not feel involved. In addition, the respondents, who felt involved in the decision-making process, experienced less depersonalisation, than respondents, who did not feel involved (Sherring & Knight, 2009). In addition, the perception of feeling involved in the decision-making process regarding changes was a factor of emotional exhaustion, as the respondents, who felt involved in the decision-making process, experienced less emotional exhaustion than respondents, who did not feel involved (Sherring & Knight, 2009). Perceived support at work had an influence in emotional exhaustion, as the respondents, who received support at their work, experienced less emotional exhaustion, than respondents, who did not feel supported (Sherring & Knight, 2009). Among the demographic variables of age, marital status, children, area of work and academic qualifications, only academic qualifications were deemed a predictor of burnout (Sherring & Knight, 2009). Academic qualifications were a predictor of emotional exhaustion, as the respondents with higher academic qualifications, experienced less emotional exhaustion, than respondents with less academic qualifications (Sherring & Knight, 2009).

Elsewhere in Germany, researchers Schulz *et al.* (2009) established different results. These authors conducted a cross-sectional survey design with 236 nurses, working in a general hospital, and 147 nurses, working in psychiatric hospitals. Two hospitals were psychiatric hospitals, one hospital was a medical hospital and one hospital consisted of both medical and psychiatric wards. The aim of their study was to investigate whether nurses' efforts and rewards, as well as the effort-reward imbalance and burnout, differed between nurses working in psychiatric versus medical hospitals, and between nurses that were receiving training, and nurses that were being examined, respectively (Schulz *et al.,* 2009). The MBI-HSS was used

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to collect data. Nurses working in the general hospital scored high in the emotional exhaustion domain, depersonalisation domain and the personal accomplishment domain, compared to nurses working in the psychiatric hospital (Schulz *et al.,* 2009). On emotional exhaustion, mental health nurses scored a mean of 22.0, while medical nurses scored a mean of 25.5, which is moderate emotional exhaustion for both groups (Schulz *et al.,* 2009). On depersonalisation, mental health nurses scored a mean of 8.7, while medical nurses scored a mean of 9.8, which is moderate depersonalisation for both groups (Schulz *et al.,* 2009). On the lack of personal accomplishment, mental health nurses scored a mean of 17.0, while medical nurses scored a mean of 19.1, which is a low personal accomplishment for both groups (Schulz *et al.,* 2009). Among nurses working in the medical hospital, the effort scores were high and the reward scores were low, in comparison with the nurses working in the psychiatric hospital (Schulz *et al.,* 2009). Among nurses under training, the effort scores were low, and the reward scores were high, in comparison with examined nurses (Schulz *et al.,* 2009).
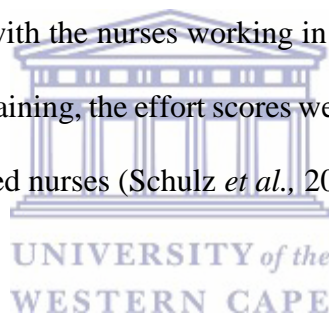
Similar results were obtained from a comparative cross-sectional study, conducted on India, with 30 mental health nurses, and 30 general nurses, to make a comparison of the levels of self-esteem, job satisfaction and burnout among mental health nurses and general nurses (Mathew, Ram, Bhattacharjee & Sharma, 2013). A different tool, the Copenhagen Burnout Inventory, was utilised to measure burnout in this study, and the results revealed that the general nurses suffered more burnout, in all three of the tool's burnout domains (personal burnout, work-related burnout and patient-related burnout), than mental health nurses. In addition, the general nurses had more dependents than the mental health nurses. A few general nurses were staying in the nurses' home or staying alone, and the salary paid to the mental health nurses was more than that of the general nurses. The mental health nurses had more years of experience than the general nurses, and majority of the mental health nurses owned their own cars, whereas no

general nurses owned cars. Finally, the general nurses travelled longer distances from their respective homes to reach their hospital, than the mental health nurses had to (Mathew *et al.,* 2013).

However, in Asia, Hamaideh (2011) observed high levels of emotional exhaustion, and moderate levels of depersonalisation and personal accomplishment, among 181 nurses, working in mental health care settings in Jordan. The aim of the study was to measure the levels of burnout, and identify the correlates of burnout among the respondents. Burnout was measured using the MBI-HSS. On emotional exhaustion, 54.7% (n=99) of the respondents scored high, 17.1% (n=31) scored moderate, and 28.2% (n=51) of the respondents scored low (Hamaideh, 2011). On depersonalisation, 34.2% (n=62) of the respondents scored high, 16.1% (n=29) scored moderate, and 49.7% (n=90) of the respondents scored low (Hamaideh, 2011). On personal accomplishment 38.7% (n=70) of the respondents scored high, 10.5% (n=19) scored moderate, and 50.8% (n=92) of the respondents scored low (Hamaideh, 2011). The results of this study also showed caseload, gender, marital status, ward, intention to leave the job, physical assault and stress levels, in general were contributing factors of emotional exhaustion (Hamaideh, 2011). Emotional exhaustion correlated negatively with job satisfaction, social support, gender, experiencing physical and verbal assault, as well as caseload, while correlating positively with depersonalisation, and stress levels, in general (Hamaideh, 2011). Depersonalisation correlated negatively with personal accomplishment, job satisfaction, social support, experiencing physical and verbal assault, as well as intending to leave the job, and correlated positively with stress levels, in general (Hamaideh, 2011). Personal accomplishment correlated positively with job satisfaction, social support, experiencing physical and verbal assault, as well as intending to leave the job, and correlated negatively with gender, caseload and stress levels, in general (Hamaideh, 2011).

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Karanikola & Papathanassoglou (2013) conducted a descriptive correlational design study in a sample of 226 in Greece. These authors explored the levels of burnout, as well as the relationships with anxiety and depressive symptoms among hospital and community mental health nurses. The findings indicated that the most of the respondents showed low levels of emotional exhaustion, moderate levels of depersonalisation and moderate to high levels of personal accomplishment on the MBI-HSS (Karanikola & Papathanassoglou, 2013). The results revealed that, on emotional exhaustion, 79.6% (n=180) of the respondents scored low, 15.7% (n=35) scored moderate, and 4.7% (n=11) of the respondents scored high. On depersonalisation, 48.4% (n=110) of the respondents scored low, 32.0% (n=72) scored moderate, and 19.6% (n=44) of the respondents scored high. On personal accomplishment, 21.8% (n=49) of the respondents scored high, 33.5% (n=76) scored moderate, and 44.7% (n=101) of the respondents scored low. A correlation was found between the burnout domains, depressive symptoms and anxiety symptoms. A statistically significant, positive and strong correlation was revealed between emotional exhaustion and depressive symptoms, as well as anxiety symptoms of the respondents. In addition, a statistically significant, positive and moderate correlation was revealed between burnout and depressive symptoms, as well as and anxiety symptoms, while a significant, negative, weak correlation was observed between the personal accomplishment and depressive symptoms (Karanikola & Papathanassoglou, 2013).

Different results were obtained in Asia. In Iran, a comparative, quantitative study (descriptive, cross-sectional design) was conducted by Sahraian *et al.* (2008), with 180 nurses, working in a medical ward, surgical ward, psychiatric ward and burns unit, to compare the levels of burnout among nurses, working in different nursing specialties. The aim of the study was addressed by the MBI-HSS, and the results revealed that nurses working in psychiatric wards had significantly higher levels of burnout, in comparison to nurses working in other wards

(Sahraian *et al.,* 2008). Less than half (46.7%, n=84) of the nurses working in the psychiatric wards experienced burnout, 28.9% (n=52) of the nurses working in burns wards experienced burnout, 17.4% (n=31) of the nurses working in surgical wards experienced burnout and 7% (n=13) of the nurses working in medical wards experienced burnout (Sahraian *et al.,* 2008). The findings revealed the following contributing factors of burnout among nurses working in the various wards. Nurses working in the burns unit reported that night shift and psychiatric morbidity contributed to high levels of emotional exhaustion, and male gender, history of organic disease and night shift were contributors of high levels of depersonalisation (Sahraian *et al.,* 2008). Single nurses (marital status), night shift and high levels of psychiatric morbidity contributed to high levels of emotional exhaustion in nurses working in psychiatric wards, while older nurses (age) and married nurses (marital status) contributed to high levels of personal accomplishment (Sahraian *et al.,* 2008). Among nurses working in surgical wards, high levels of psychiatric morbidity and the night shift contributed to high levels of emotional exhaustion, while male gender and the night shift contributed to high levels of depersonalisation, with older nurses (age) and the night shift contributing to high levels of personal accomplishment (Sahraian *et al.,* 2008). Among nurses working in medical wards, single nurses (marital status) and the night shift contributed to high levels of emotional exhaustion, male gender, the night shift and lower educational levels contributed to high levels of depersonalisation, and married nurses displayed high levels of personal accomplishment (Sahraian *et al.,* 2008).

In the studies conducted in Asia and Europe, the results revealed that, on these two continents, no mental health nurses suffered from high burnout, as they experienced low to moderate levels of burnout, even though they were different continents with different contexts.

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2.3. Correlations between domains of burnout among mental health nurses and general nurses

Studies conducted on the correlations between the domains of burnout among mental health nurses and general nurses, globally revealed different results (Hamaideh, 2011; Poghosyan, Aiken & Sloane, 2009). According to Hamaideh (2011), depersonalisation correlated negatively with personal accomplishment, and emotional exhaustion correlated positively with depersonalisation, while the correlation between emotional exhaustion and personal accomplishment was not discussed. A transcontinental study was conducted by Poghosyan *et al.* (2009) in eight countries, namely United States, Canada, United Kingdom, Germany, New Zealand, Japan, Russia and Armenia, with a sample of 54 738 direct care professional nurses from 646 hospitals. The aim of the study was to investigate the performance of the items and the domains of MBI, by validating its factorial structure and investigating the reliability of the domains in the eight countries, for which they had samples of nurses (Poghosyan *et al.,* 2009). The results of the study depicted that emotional exhaustion correlated negatively with personal accomplishment, emotional exhaustion correlated positively with depersonalisation, personal accomplishment correlated negatively with depersonalisation, among nurses in United States, Canada, United Kingdom, Germany, New Zealand and Russia. Different results were obtained from nurses of Japan and Armenia. A positive correlation between emotional exhaustion and personal accomplishment, a positive correlation between emotional exhaustion and depersonalisation and a negative correlation between personal accomplishment and depersonalisation, was observed with nurses from Japan. However, positive correlations were observed between emotional exhaustion and personal accomplishment, emotional exhaustion and depersonalisation, and personal accomplishment and depersonalisation, among nurses from Armenia (Poghosyan *et al.,* 2009).

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2.4. Summary

In this chapter, the literature on the prevalence of burnout among mental health nurses, burnout the construct, measures of burnout and correlations between the domains of burnout as defined by Maslach, among mental health nurses and general nurses was alluded to.

In Chapter 3, a detailed description of the methodology used is given.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

In this chapter, the research methodology that was followed to achieve the objectives of this study is described. A research methodology is defined as the process, or plan for conducting the specific steps of the study (Grove, Burns & Gray, 2012). The following elements of the research methodology are discussed: research approach, research design, setting, population, sampling and sample, inclusion and exclusion criteria, data collection instrument, validity and reliability of the data collection instrument, data collection process, data analysis and ethical considerations.

3.2. Research approach

A research approach refers to the procedure, which the researcher follows, when conducting a research study, and spans all decisions made, from broad assumptions, to detailed methods of data collection and analysis (Creswell, 2014).

A quantitative research approach was selected for this study. Quantitative research is defined as the investigation of phenomena that is responsive to precise measurement and quantification, often involving a rigorous and controlled design (Polit & Beck, 2012). The phenomenon of burnout can be measured and quantified; therefore, the quantitative research approach was employed, using questionnaires collect the data, which were analysed through the Statistical Package for Social Sciences (SPSS), version 24, a statistical programme.

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3.3. Research design

When conducting a research study, a research design is an outline, which maximizes control over determinants that could cause an interference with the validity of the results (Grove *et al.*, 2012).

A descriptive, survey study design was selected for this study. A descriptive study design refers to a variety of designs, developed to acquire more facts regarding the attributes in a specific study field, as well as to give a picture of situations, as they occur naturally (Grove *et al.,* 2012). In all case, descriptive research examines a situation the way it is (Selamat, 2013). It does not do any changes, or modification of the situation that is being investigated, nor is it meant to determine cause-and-effect relationships (Selamat, 2013). Descriptive research design yields quantitative data that can be analysed through statistical analysis (Selamat, 2013). Survey research is non-experimental research that acquires data regarding activities, beliefs, preferences and attitudes of people, by means of direct questioning (Grove *et al.,* 2012). Survey research is one of the descriptive research designs, that usually uses face-to-face interviews, telephonic interviews, or questionnaires (Selamat, 2013). Survey research involves obtaining data about one or more groups of people, regarding their characteristics, opinions, attitudes, or previous experiences (Selamat, 2013). The fundamental aim is to gain information concerning a population, by conducting surveys among a sample of that population (Selamat, 2013). Consequently, the descriptive survey design was used, as the researcher wanted to acquire information about the respondents' experiences of burnout, as well as how it occurs, naturally, by administering questionnaires, with the intention of summarizing the collected quantitative data through statistical analysis and generalizing the results.

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3.4. Setting

Setting refers to a place and circumstances, in which data collection occurs in a study (Polit & Beck, 2012).

This study was conducted in one of four psychiatric hospitals in Western Cape, South Africa. The selected psychiatric hospital, is the largest in Western Cape, is situated in the Cape Town suburb of Mitchells Plain, with a 722 bed capacity. This setting has four clinical functional business units (areas of psychiatry), which include, a child and adolescent psychiatry, a forensic psychiatry, an intellectual disability services and general adult psychiatry. The intellectual disability services unit is the largest functional business unit, followed by the general adult psychiatry, forensic psychiatry and the child and adolescent psychiatry units. MHCUs suffering from a range of mental illnesses and intellectual disorders are admitted voluntarily, involuntarily, or as assisted, in accordance with the Mental Health Care Act (No. 17 of 2002).
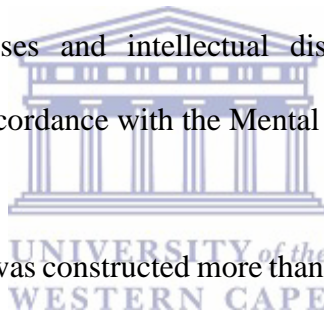
The selected psychiatric hospital was constructed more than two decades ago, covers about 104 hectares, with 44 buildings, 33 clinical wards and support facilities (Marinus, Parker & Rippon, 2011). The hospital employs 721 individuals in total (Marinus *et al.,* 2011). The hospital services the population of the surrounding areas (Annexure F), as well as rural areas (Annexure G). The area, in which the selected hospital is situated, is rife with the scourge of social ills, including, gangsterism, unemployment, crime, overpopulation (more than 300 000 people), domestic violence, poverty, and substance and alcohol abuse (Hamdulay & Mash, 2011). It is one of the largest townships in Cape Town, and South Africa (Durr Estates, 2017). According to WHO (2012), social ills, such as poverty, unemployment, violence, crime, alcohol abuse, substance abuse, poor housing and poor living conditions, are risk factors for mental illness. This setting was selected because it is the largest psychiatric hospital in the Western Cape, and has the most nursing staff. Given the geographical location and high MHCU population, the

expectation was that there would be a high risk of burnout for mental health nurses working in this setting.

3.5. Population and sample

In this section the population, sampling technique and sample, as well as the inclusion and exclusion criteria will be discussed.

3.5.1. Study population

Population is the whole set of people with common characteristics that are of interest to the investigator (Brink *et al.,* 2012). Polit and Beck (2012) defines the target population as the total population that the investigator has an interest in studying, and making generalization about, after obtaining the research results.

The target population for this study was all the nursing staff, including advanced psychiatric nurses, general professional nurses, enrolled nurses and enrolled nursing assistants, working at the selected psychiatric hospital. The different nursing ranks were represented as follows: advanced psychiatric nurses equalled 81, general professional nurses equalled 68, enrolled nurses equalled 76, and enrolled nursing assistants equalled 184. Therefore, the population size of mental health nurses working at the selected psychiatric hospital was 409.

3.5.2. Sampling and sample size

Polit and Beck (2012) defines sampling as a process of appointing a certain number of individuals in the population, from whom generalization about the total population will be made.

The researcher used simple random sampling as a sampling technique in this study. Simple random sampling is the selection of subjects, who will participate in the study,

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with each individual in the target population enjoying an equal opportunity of being selected (Kumar, 2011). A sample is a segment of the target population, comprising the subjects, who were selected to participate in the study (Pilot & Beck, 2012). An online sample size calculator was used to calculate the sample size of this study. To calculate the sample size the following parameters were used: confidence level = 95 %, confidence interval = 5%, and population size = 409. The researcher inserted the confidence level (95%), confidence interval (5%) and population size (409) to arrive at a sample size of 198 (Creative research systems, 2012). Mouton and Babbie (2011) define confidence level as the estimated probability that a population parameter lies within a given confidence interval, which these authors define as the range of values, within which a population parameter is estimated to lie.
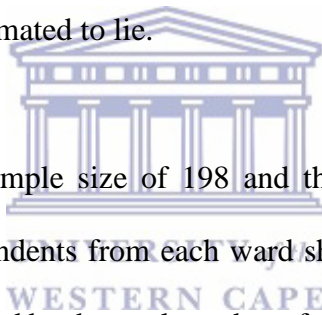
The researcher used the sample size of 198 and the total number of wards (33), to determine how many respondents from each ward should participate in the study. The sample size (198) was divided by the total number of wards (33) to determine the number of respondents per ward to participate in the study: $198 \div 33 = 6$ respondents per ward. In wards with nursing staff of less than 6, the researcher distributed questionnaires to the available number of nursing staff, while in wards with a greater number of nursing staff, the researcher distributed more than 6 questionnaires, in order to make up the 198 respondents.

3.5.3. Inclusion criteria

Inclusion criteria are the requirements, set by the researcher, which prospective subjects have to meet, in order to be part of the sample (Grove *et al.,* 2012).

All advanced psychiatric nurses, general professional nurses, enrolled nurses and enrolled nursing assistants, who were permanent staff of the selected psychiatric hospital,

and working in the wards with MHCUs, were included, as they were offering direct nursing care to the MHCUs.

3.5.4. Exclusion criteria

Exclusion criteria are requirements, set by the researcher, which exclude subjects from being part of the sample (Grove *et al.,* 2012).

The director of nursing, area managers, operational managers, occupational health and safety sister and the clinical coordinator, were excluded, as they were not involved in direct care of MHCUs. Community service practitioners and agency nurses were also excluded, as they were contract workers, and, therefore, had varied tenure at the selected hospital.

3.6. Data collection

Data collection is defined as a process of gathering information, to address a research problem (Grove *et al.,* 2012). The data collection instrument, validity and reliability of the instrument and data collection process, are discussed in this section.

3.6.1. Data collection instrument

A data collection instrument refers to a tool used to gather information in a research study (Brink *et al.,* 2012). The instrument used to collect data in this study was a structured questionnaire. A structured questionnaire is defined as a self-report tool where respondents respond to given questions (Brink *et al.,* 2012).

The instrument employed was a 28 item structured questionnaire, comprising two parts, Section A: 6 item demographic data tool and Section B: 22 items, 7-point Likert scale tool, MBI-HSS (Annexure I). The questionnaire required about 10 – 15 minutes to

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complete. The Likert scale is an attitude scale, named after its developer, Renis Likert, and usually contains five or seven responses for each item, ranging from "strongly agree" to "strongly disagree" (Brink *et al.,* 2012). For this study, the respondents were expected to select a response from the options provided, ranging from "never" to "everyday".

The MBI-HSS was developed by Christina Maslach and Susan Jackson in 1981 (Maslach & Jackson, 1981). Permission to use this MBI-HSS was granted by the publishers, Mind Garden (Annexure C), as the researcher purchased the MBI-HSS from Mind Garden (Annexure D). The researcher was expected not to use more than the 200 questionnaires that were purchased from Mind Garden. The 200 questionnaires bought were to be used by the researcher only, and not any other unauthorized researchers. In addition, the researcher had to use the questionnaire in not more than one year from the date of purchase, which was 26 March, 2017.
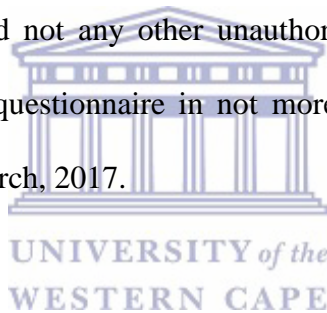
Section A: The demographic data in the questionnaire, included the following variables: age of the respondents; race of the respondents; gender of the respondents; the nursing rank of each respondent; years of experience of the respondents and functional business unit (area of psychiatry), in which each respondent worked. The respondents were expected to select a response from the options provided, or fill in the appropriate response in the space provided. According to Brink et al. (2012), demographic variables are defined as characteristics of the respondents such as age, educational level and marital status.

Section B: The MBI-HSS is divided into three domains to measure burnout (Maslach *et al.,* 1996). Domain A has 9 items, which assess emotional exhaustion, domain B has 5

items, which assess depersonalization, and domain C has 8 items, which assess the lack of personal accomplishment (Maslach *et al.,* 1996). The questions of the MBI-HSS tool were responded to, using the frequency of respondents' experiences of feelings, on a 7-point, fully anchored scale; where 0 equals "never", 1 equals "a few times per year", 2 equals "once a month", 3 equals " a few times per month", 4 equals "once a week", 5 equals "a few times per week", and 6 equals "everyday" (Maslach, Jackson, Leiter, Schaufeli & Schwab, 2017). Table 3.1 illustrates the burnout scoring key. For the emotional exhaustion and depersonalisation domains, high mean scores reflect high levels of burnout, and low mean scores reflect low levels of burnout, while for personal accomplishment domain, high mean scores reflect low levels of burnout, and low mean scores reflect high levels of burnout (Maslach *et al,* 2017). A respondent can be diagnosed with burnout syndrome, if the score is 27 or more in the emotional exhaustion domain, 13 or more in depersonalisation domain, and 31 or less in lack of personal accomplishment domain (Maslach *et al.,* 2017).
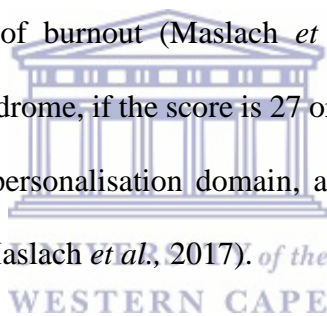
Table 3.1: Burnout scoring key

Levels of burnout	Domain A (Emotional exhaustion domain)	Domain B (Depersonalisation domain)	Domain C (Lack of personal accomplishment domain)
Low	0 – 16	0 – 6	0 – 31
Moderate	17 – 26	7 – 12	32 – 38
High	27 and over	13 and over	39 and over

In the emotional exhaustion domain, a score between 0 and 16 indicates low emotional exhaustion, a score between 17 and 26 indicates moderate emotional exhaustion, and a

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score of 27 and over indicates high emotional exhaustion. In the depersonalisation domain, a score between 0 and 6 indicate low depersonalisation, a score between 7 and 12 indicates moderate depersonalisation, and a score of 13 and over indicates high depersonalisation. In the personal accomplishment domain, a score between 0 and 31 indicates low personal accomplishment, a score between 32 and 38 indicates moderate personal accomplishment, and a score of 39 and over indicates high personal accomplishment.

3.6.2. Validity

According to Kumar (2011), validity is the capability of a tool to measure what it is intended to measure. Face validity and content validity were used to obtain the validity of the instrument used in this study. Face validity is substantiating the inclusion of an item, in a research tool by associating it with the objectives of the study, thereby giving substantiation for its inclusion (Kumar, 2011). Content validity is examining items of a research tool to establish the degree of coverage of areas under study (Kumar, 2011). Face validity was ensured by logically linking items of the tool (MBI-HSS) with the objectives of this study (see Table 3.2).

Table 3.2: Validity of the MBI - HSS

Objectives	Item
1. Determine the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape.	Item 1 – item 22
2. Determine the correlation between domains of burnout among nurses working at the selected psychiatric hospital in Western Cape.	Emotional exhaustion domain (items 1 - 9), depersonalisation domain (items 10 - 14) and lack of personal accomplishment domain (items 15 - 22).

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Table 3.2 illustrates that objective one was answered by items 1-22 of the questionnaire (Annexure I), and objective two was answered by the emotional exhaustion domain, depersonalisation domain and the lack of personal accomplishment domain of the questionnaire. Content validity was obtained by consulting the supervisor and experts in psychiatry.

3.6.3. Reliability

Reliability is achieved when a tool is utilised repeatedly under the same conditions, and delivers similar results (Kumar, 2011). Internal consistency reliability is the extensively utilised reliability approach among nursing researchers (Polit & Beck, 2010). Internal consistency is usually evaluated by calculating Cronbach's Alpha coefficient, which is also known as coefficient alpha (Polit & Beck, 2010).

In this study, Cronbach's Alpha was used to determine the reliability of the instrument. Cronbach's Alpha is an extensively utilised reliability index that calculates the internal consistency of a measure, made up of different sections (Polit & Beck, 2010). The normal range of values for coefficient alpha is between 0 and 1 (Polit & Beck, 2010). Higher reliability coefficient indicates that the measure is more accurate (Polit & Beck, 2010). Coefficients of 0.70 or higher are desirable (Polit & Beck, 2010).

Various studies (Hamaideh, 2011; McTiernan & McDonald, 2015; Karanikola & Papathanassoglou, 2013; Hanrahan, Aiken, McClaine & Hanlon, 2010), using the same instrument (MBI), had varying degrees of reliability, ranging from a 0.55 to 0.92 Cronbach's Alpha score. The Cronbach's Alpha score for this study was 0.794.

3.6.4. Data collection process

The data collection process is the formal procedure developed by investigators as guidance to the collection of data in a standardized manner (Grove *et al.* 2012).

Data was collected after ethics approval was obtained from the Research Ethics Committee of the University of the Western Cape [UWC] (Annexure A), and permission to conduct the study at the selected psychiatric hospital was obtained from the Western Cape Department of Health [WCDoH] (Annexure B). A pre-test was not conducted because the researcher used an existing tool with a Cronbach score of 0.90 for emotional exhaustion, 0.79 for depersonalisation and 0.71 for lack of personal accomplishment and that means the tool is reliable since it has Cronbach scores that are more than 0.7 for its domains. The researcher visited the different wards of the selected psychiatric hospital and requested permission from the sister in charge of each ward, for access to collect data. The researcher visited the wards when it was not busy, for example, during lunchtime or on weekends to avoid interfering with the routine of the wards because that might jeopardize care of the MHCUs. Subsequently, the researcher addressed all the nursing staff in the ward to establish a suitable time to explain the study and distribute questionnaires (Annexure I), information sheets (Annexure H) and consent forms (Annexure J). The nursing staff was addressed in the nurses' station or tea room or conference room of the ward depending which one will be convenient for the nursing staff.

Once the date, time and venue was agreed upon, the following information about the study was imparted: title of the study; aim of the study; potential benefits of the study; risks of the study; time commitment for participation; procedure that would be followed during data collection; anonymity of the questionnaires; confidentiality of the data

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gathered; offer to answer/clarify questions in the questionnaire; voluntary consent to participate in the study; option to withdraw from participation in the study, without providing reasons, or being penalized; approval of the study, obtained from the UWC ethics committee and the Western Cape DoH; as well as how to complete the questionnaire. The nursing staff members were given the opportunity to ask questions and decide whether or not to participate in the study. Nursing staff, who voluntarily decided to participate were provided with information sheets (Annexure H) to read, consent forms (Annexure J) to sign, and questionnaires (Annexure I) to complete. The information sheet explained what the study was about, the consent form confirmed that the respondent understood what the study was about and was willing to participate, and the questionnaire was the data collection tool. The researcher left the questionnaires, information sheets and consent forms with the respondents, to allow them enough time to read the information sheet, sign the consent forms and complete the questionnaires. Each respondent was provided with an envelope and a box with a slit was provided in each ward to insert the completed questionnaires and signed consent forms into, and subsequently, to ensure anonymity. The researcher collected the boxes from the various wards on the day, and at the time agreed upon by the respondents.

Data collection occurred from May until June 2017 for a period of four weeks.

3.7. Data analysis

Data analysis is an orderly organization and synthesis of research data, as well as the testing of hypotheses in quantitative studies, using this data (Polit & Beck, 2012).

After data collection, the questionnaires were numbered to identify each of them. A code book (Annexure K) was created so that data could be captured in SPSS, using codes. A codebook is

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a listing of a set of numbers that the researcher decided to appoint to responses acquired from the respondents, when they are responding to each item (Kumar, 2011).

Before data analysis, the data was checked for errors and cleaned. The errors were checked by searching for values that did not fall within the range of possible values of the variables. For categorical variables (gender, race, rank and functional business unit), the minimum and maximum values were checked to assess whether they fell within the range of possible values for a variable, and if not, were corrected. For continuous variables (age and years of experience), the minimum, maximum and mean were checked, and if there was an out of range value, a correction was done. The data were captured into SPSS, version 24. After capturing the data, a statistician was consulted to assist with the data analysis.
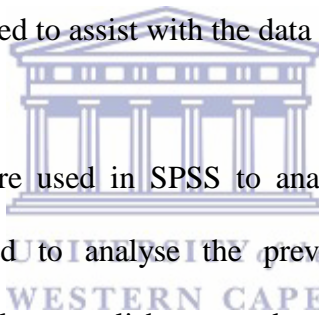
Frequencies and correlations were used in SPSS to analyse the data, with the help of a statistician. Frequency was used to analyse the prevalence of emotional exhaustion, depersonalisation, lack of personal accomplishment and overall burnout. Frequency is the rate at which something occurs, or is repeated (Hornby, 2010). Frequencies were used because the researcher wanted to determine how many respondents scored low, moderate and high on emotional exhaustion, depersonalisation and personal accomplishment, as well as the mean scores of emotional exhaustion, depersonalisation and lack of personal accomplishment.

Correlation is defined as the degree to which values of one variable (X) are related to the values of a second variable (Y) (Brink *et al.,* 2012). Correlation was used because the researcher wanted to analyse the association between emotional exhaustion and depersonalisation; depersonalisation and lack of personal accomplishment; as well as lack of personal accomplishment and emotional exhaustion, in terms of both the strength and direction of the

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relationship among mental health nurses of the selected psychiatric hospital (Pallant, 2011). Tables and pie charts were used to illustrate the data that were analysed.

3.8. Ethics

Ethics clearance to conduct this study was obtained from the Research Ethics Committees of UWC (Annexure A), while permission to conduct this study was obtained from the Western Cape Department of Health (Annexure B). The following ethical principles were adhered to in this study:

3.8.1. Principle of respect for persons

It was explained to the respondents that they had the right to self-determination, implying that they were allowed to make their own decisions regarding participation in this study, whether to participate or not, with a right to withdraw from the study at any time, without providing reasons or suffering any penalty. In addition, the researcher explained that they had the right to withhold any information, or request for clarity regarding the study, and that participation in the research study was entirely voluntary (Brink *et al.,* 2012).

3.8.2. Principle of beneficence

All research carries risk hence minimal risk during the study was anticipated. Contact details of the free service for government employees namely the Independent Counselling and Advisory Service (ICAS) was given to all the respondents. The researcher arranged with ICAS prior conduction of the study so that respondents that felt traumatised during or after completing the questionnaire can be referred. The name of the hospital was not identified in the study to avoid causing harm on the reputation or image of the hospital (Brink *et al.,* 2012). No participants reported feeling traumatised during and after the completion of the questionnaires.

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3.8.3. Principle of justice

In this study, the respondents were treated equally, as well as fairly, and no discrimination because of their age, race, gender, nursing ranks or level of education and/or years of experience, or any other variables, was tolerated. The respondents were selected randomly for reasons directly related to the research problem and achieving the aim and objectives of this study. The researcher respected the respondents' right to privacy, by making sure that their personal information is not given to unrelated individuals. Personal information regarding the respondents was only discussed with individuals, who were part of this study, namely the supervisor and the statistician, after the respondents were informed, and had agreed to participate regardless. The researcher respected all the agreements made with the respondents. The respondents' names did not appear on the questionnaires, instead, numbers were used to identify the respondents. After the questionnaires were completed, they were placed in an envelope and then a box with a slit. On collection the researcher placed all the questionnaires and consent forms in one box and locked the box in a lockable cupboard, to which only the researcher has access (Brink *et al.,* 2012).

3.9. Summary

In this chapter, the following topics were addressed: research approach, research design, setting, population, inclusion criteria, exclusion criteria, sampling and sample, data collection instrument, validity of the instrument, reliability of the instrument, data collection process, data analysis and ethics.

The following chapter comprises research findings of this study.

CHAPTER FOUR

RESEARCH FINDINGS

4.1. Introduction

In this chapter, the researcher presents research findings of the analysed data that was collected from the respondents. To reiterate, the aim of this study was to investigate the phenomenon of burnout among nurses working at the selected psychiatric hospital in Western Cape. To achieve the aim, the following objectives were formulated:

- to determine the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape;
- to determine the correlation between domains of burnout among nurses working at the selected psychiatric hospital in the Western Cape.
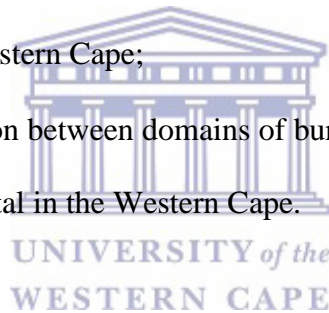
This chapter is structured as follows: demographic data of the respondents, prevalence of burnout among nurses working at the selected psychiatric hospital and the correlation between the domains of burnout among the respondents.

The researcher distributed 198 questionnaires, of which 167 questionnaires were valid and 31 were invalid. Therefore, the response rate was 84% (n=167).

4.2. Demographic data of the respondents

Descriptive statistics in the form of frequency tables and pie charts are used to describe the sample.

The demographic data of the respondents, with respect to age, race, gender, nursing ranking years of experience, and functional business unit will be presented. The following Tables, 4.1 and 4.2, as well as the pie charts, figures 4.1, 4.2, 4.3 and 4.4 illustrate the demographic data of nurses working at the selected psychiatric hospital. The age of the respondents and years of experience are illustrated in tables because they are numerical variables, while the gender, race, nursing rank and functional business unit of the respondents will be illustrated in pie charts, as they are categorical variables.

Table 4.1: Age of the respondents

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic
Age in years	193	22	63	41.70	10.426
Valid N (listwise)	193				

The minimum age of the respondents was 22 years and the maximum age was 63 years, with a mean of 41.7 years and a standard deviation of 10.426 years.
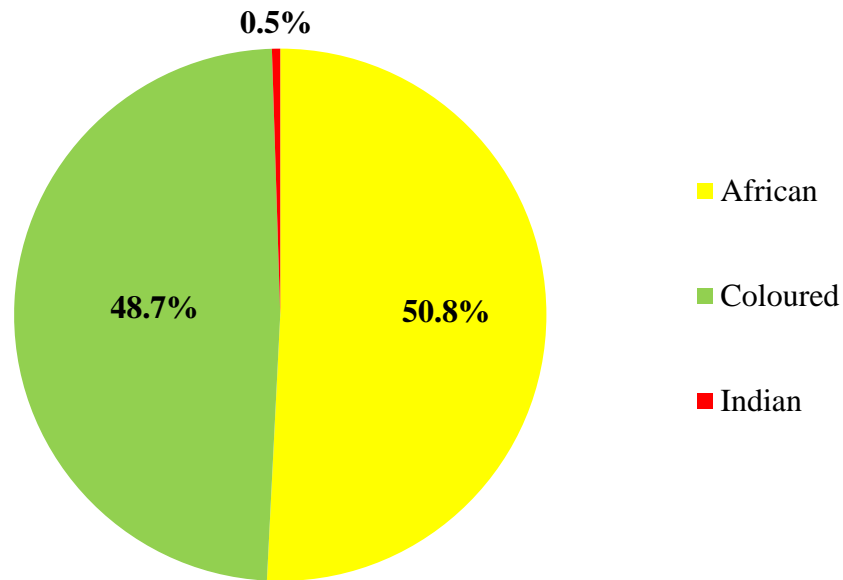
Figure 4.1: Race of the respondents

In Figure 4.1, of the total sample of respondents, 50.8% (n=100) of the respondents were African, 48.7% (n=96) were Coloured whilst 0.5% (n=1) was Indian.
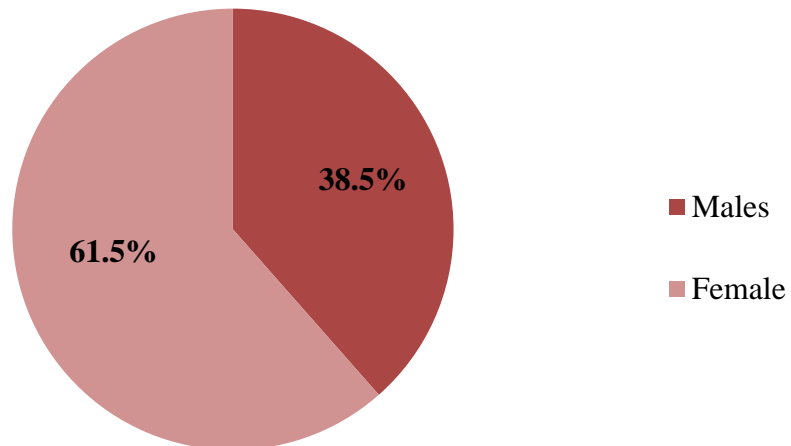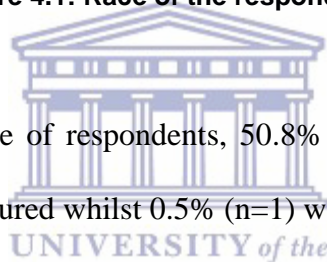
Figure 4.2: Gender of the respondents

In Figure 4.2, of the total sample of respondents, 61.5% (n=120) were female, and 38.5% (n=75) were male.

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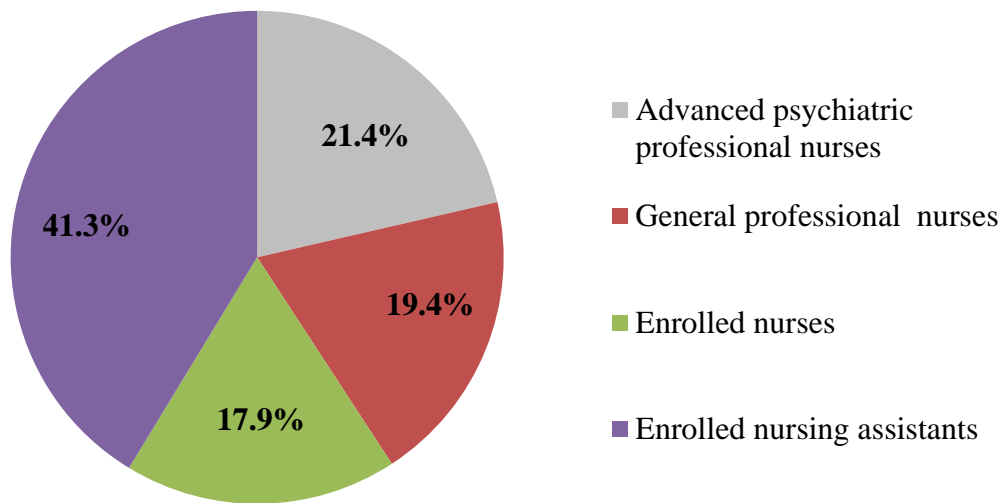
Figure 4.3: Nursing rank of the respondents

Almost a quarter (39.4 %, n=78) of the respondents were working in general adult psychiatry, 4.5 % (n=9) were working in child and adolescent psychiatry, 17.7 % (n=35) were working in forensic psychiatry and 38.4 % (n=76) were working in intellectual disability psychiatry.

Table 4.2: Years of experience of the respondents

	N Statistics	Minimum Statistics	Maximum Statistics	Mean Statistics	Std. Deviation Statistic
Years of experience	196	0	37	9.90	10.426
Valid N (listwise)	196				

The minimum years of experience was 0 years (respondents that worked for less than a year) and the maximum years of experience was 37 years, with a mean of 9.9 years and a standard deviation of 10.426 years of experience.

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In Figure 4.3, of the total sample of respondents, 21.4% (n=42) were advanced professional nurses, 19.4% (n=38) were general professional nurses, 17.9% (n=35) were enrolled nurses, and 41.3% (n=81) were enrolled nursing assistants.
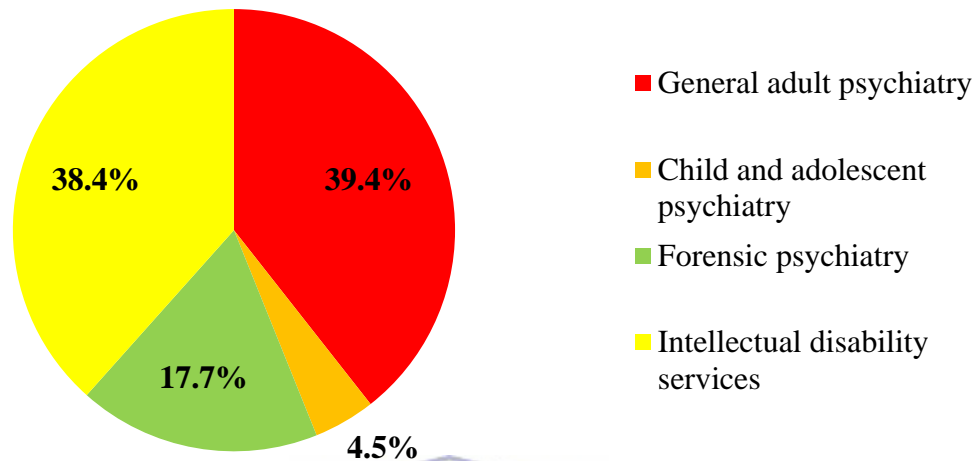
Figure 4.4: Functional business unit (area of psychiatry) of the respondents

In Figure 4.4, of the total sample of respondents, 39.4% (n=78) were employed in general adult psychiatry, 4.5% (n=9) in child and adolescent psychiatry, 17.7% (n=35) in forensic psychiatry, and 38.4% (n=76) in intellectual disability psychiatry.

4.3. Prevalence of burnout

The tables below illustrate the results of the prevalence of burnout among nurses working in the selected psychiatric hospital, and below each table follows a discussion of those results. Under the prevalence of the domains of burnout, the prevalence of emotional exhaustion domain, depersonalisation domain, lack of personal accomplishment domain and overall burnout are illustrated.

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4.3.1. Domains of burnout

The prevalence of the domains of burnout, namely emotional exhaustion, depersonalisation and lack of personal accomplishment will be presented as low, moderate and high.

4.3.1.1. Emotional exhaustion

Table 4.3 illustrates the prevalence of the emotional exhaustion domain frequency and percentage of respondents, who scored low, moderate and high on emotional exhaustion.

Table 4.3: Prevalence of emotional exhaustion

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid: Low	112	56.6	61.9	61.9
Moderate	39	19.7	21.5	83.4
High	30	15.2	16.6	100.0
Total	181	91.4	100.0	
Missing system	17	8.6		
Total	198	100.0		

The results of this study reveal that 61.9% (n=112) of the respondents scored low on emotional exhaustion, 21.5% (n=39) scored moderate on emotional exhaustion, and 16.6% (n=30) scored high on emotional exhaustion.

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Table 4.4 illustrates the prevalence of the depersonalisation domain frequency and percentage of respondents, who scored low, moderate and high on depersonalisation.

Table 4.4: Prevalence of depersonalisation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid: Low	161	81.3	83.0	83.0
Moderate	24	12.1	12.4	95.4
High	9	4.5	4.6	100.0
Total	194	98.0	100.0	
Missing system	4	2.0		
Total	198	100.0		

The results of this study reveal that 83% (n=161) of the respondents scored low on depersonalisation, 12.4% (n=24) scored moderate, and 4.6% (n=9) scored high on depersonalisation.

4.3.1.3. Lack of personal accomplishment

Table 4.5 illustrates the prevalence of the lack personal accomplishment domain frequency and percentage of respondents, who scored low, moderate and high in the personal accomplishment domain.

Table 4.5: Lack of personal accomplishment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid: Low	23	11.6	12.0	12.0
Moderate	37	18.7	19.3	31.2
High	132	66.7	68.8	100.0
Total	192	97.0	100.0	
Missing system	6	3.0		
Total	198	100.0		

The results of the study reveal that 12% (n=23) of the respondents scored low on personal accomplishment, 19.3% (n=37) scored moderate on personal accomplishment, and 68.8% (n=132) scored high on personal accomplishment.
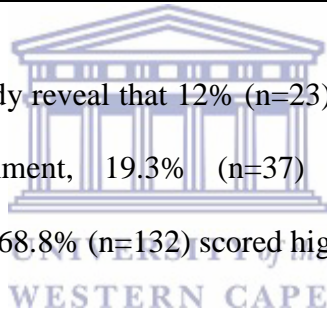
4.3.2. Overall burnout score

Table 4.6 illustrates the prevalence of overall burnout, with mean scores of the emotional exhaustion domain, depersonalisation domain and lack of personal accomplishment domain.

Table 4.6: Prevalence of overall burnout

	Mean	Std. Deviation	N
Emotional exhaustion score	15.01	11.342	181
Depersonalisation score	4.03	4.451	194
Lack of personal accomplishment score	40.11	8.537	192

The results of this study revealed a mean of 15.05 for emotional exhaustion. A mean score of 4.03 was reached for depersonalisation. Additionally, a mean score of 40.11 was reached for lack of personal accomplishment

4.4. Correlation between domains of burnout

Correlation between emotional exhaustion and depersonalisation, depersonalisation and lack of personal accomplishment and lack of personal accomplishment and emotional exhaustion domain will be discussed in details.

Table 4.7: Correlation between domains of burnout

		Emotional exhaustion score	Depersonalisation score	Lack of personal accomplishment score
Emotional exhaustion score	Pearson Correlation	1	.521**	-.105
	Sig. (2-tailed)		.000	.164
	N	181	178	176

Depersonalisation score	Pearson Correlation	.521**	1	-.091
	Sig. (2-tailed)	.000		
	N	178	194	
Lack of personal accomplishment score	Pearson Correlation	-.105	-.091	1
	Sig. (2-tailed)	.164	.216	
	N	176	188	192

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

4.4.1. Emotional exhaustion and depersonalisation

The Pearson correlation coefficient (r) was 0.521.

4.4.2. Correlation between emotional exhaustion and lack of personal accomplishment

The Pearson correlation coefficient (r) was -0.105.

4.4.3. Correlation between lack of personal accomplishment and depersonalisation

The Pearson correlation coefficient (r) was -0.091.

4.5. Summary

In this chapter, the researcher illustrated the prevalence of burnout among nurses, working at the selected psychiatric hospital, as well as the correlations between the domains of burnout among these nurses. The following chapter comprises the discussion of the findings of this study.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1. Introduction

This chapter is structured as follows: demographic data of the respondents, prevalence of burnout among nurses working at the selected psychiatric hospital and the correlation between the domains of burnout among the respondents. Finally, a discussion of the findings follows and the findings are placed in context of empirical literature.

5.2. Prevalence of burnout among nurses

5.3.1. Domains of burnout

The prevalence of emotional exhaustion, depersonalisation and lack of personal accomplishment will be discussed.

5.3.1.1. Emotional exhaustion

The results of this study reveal that mental health nurses at the selected psychiatric hospital do not suffer from emotional exhaustion, and their MHCUs receive quality nursing care. These results oppose the hypothesis of this study.

These findings are consistent with the findings rported by Breen and Sweeney (2013) who conducted a study on burnout amongst mental health nurses in Ireland. These authors revealed that the sample experienced a low level of emotional exhaustion. In a study, conducted by Karanikola and Papathanassoglou (2013), with mental health nurses in Cyprus, the authors observed that the majority of the

respondents reported low levels of emotional exhaustion. The results of these studies are similar to results of this study.

However, a study conducted with Jordanian mental health nurses revealed high levels of emotional exhaustion (Hamaideh, 2011). In Dublin, Ireland, a study conducted among hospital and community mental health nurses, revealed moderate emotional exhaustion (McTiernan & McDonald, 2015). Sherring and Knight (2009), in their study conducted with United Kingdom mental health nurses, observed moderate levels of emotional exhaustion. The results of these studies differ from results of this study.

5.3.1.2. Depersonalisation

In a study conducted with mental health nurses in Ireland, the results revealed low levels of depersonalisation (Breen & Sweeney, 2013). In Dublin, Ireland, a study conducted with hospital and community mental health nurses, revealed low depersonalisation (McTiernan & McDonald, 2015). Sherring and Knight (2009), in their study conducted in the United Kingdom with mental health nurses, observed that their sample experienced low levels of depersonalisation. The results of these studies are congruent with the results of this study.

A study conducted with Jordanian mental health nurses revealed moderate levels of depersonalisation (Hamaideh, 2011). In a study conducted with Cypriot mental health nurses, it was observed that the majority of the respondents reported moderate levels of depersonalisation (Karanikola & Papathanassoglou, 2013). The results of these studies are dissimilar to the results of this study.

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Therefore, the results of this study reveal that the mental health nurses at the selected psychiatric hospital do not suffer from depersonalisation, and their MHCUs receive quality nursing care. These results differ from the hypothesis of this study.

5.3.1.3. Lack of personal accomplishment
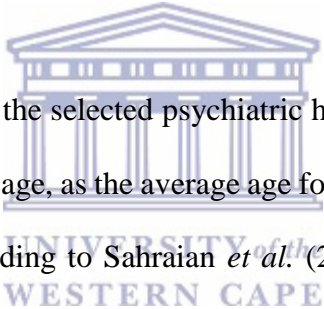
In a study conducted with mental health nurses in Ireland, the results revealed high levels of personal accomplishment (Breen & Sweeney, 2013). The results of this study are similar to the results of this study.

However, a study conducted with Jordanian mental health nurses revealed moderate levels of personal accomplishment (Hamaideh, 2011). In a study conducted with Cypriot mental health nurses, it was observed that the majority of the respondents reported moderate to high levels of perceived professional achievement (Karanikola & Papathanassoglou, 2013). In Dublin, Ireland, a study conducted with hospital and community mental health nurses observed moderate personal accomplishment scores (McTiernan & McDonald, 2015). Sherring and Knight (2009), in their study conducted in the United Kingdom with mental health nurses, observed that their sample experienced moderate levels of personal accomplishment. The results of these studies differ from results of this study.

Therefore, the results of this study reveal that the mental health nurses of this study did not experience a lack of personal accomplishment, and the MHCUs receive quality nursing care. These results differ with the hypothesis of this study.

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5.3.2. Overall burnout score

Results of the current study showed a mean of 15.05 for emotional exhaustion and according to Maslach et al. (2017) a mean score between 0 and 16 indicates low levels of emotional exhaustion, a mean score of 4.03 for depersonalisation and according to Maslach et al. (2017) a mean score between 0 and 6 indicates low levels of depersonalisation and a mean score for personal accomplishment was 40.11 and according to Maslach et al. (2017) a mean score of 39 and more is high indicate high personal accomplishment. The mental health nurses of the selected psychiatric hospital do not experience burnout because they scored low on emotional exhaustion, low on depersonalisation and high for personal accomplishment.

The mental health nurses of the selected psychiatric hospital might be experiencing low levels of burnout because of age, as the average age for the sample of this study was 41.7 years, which is high. According to Sahraian *et al.* (2008), older mental health nurses, experience less burnout than younger nurses. The average years of experience for the mental health nurses of the selected psychiatric hospital were 9.9 years. This is a high number for years of experience, which could be another reason for the low levels of burnout in this study's sample. Breen and Sweeney (2013) and Mathew *et al.,* (2013) states that more experienced mental health nurses also seem to experience less burnout than less experienced mental health nurses. In addition, very few nurses in this study's sample (12.6 %, n=25) worked the night shift, as most of them (87.4 %, n=122) worked the day shift and it is possible that the sample of this study might not be experiencing burnout because of that. According to Sahraian *et al.,* (2008) mental health nurses, on night duty, are more prone to burnout, than nurses on day duty. The sample of this study might not be experiencing high levels of burnout, because of the high number of females

(61.5 %), compared to males (38.5%). Sahraian *et al.,* (2008) states that gender is a predictor of burnout, as male nurses experience more burnout, compared to female nurses (Sahraian *et al.,* 2008). Therefore,

In a study conducted with mental health nurses (acute admissions, forensic unit and community clinic) in Ireland, the results revealed a low level of emotional exhaustion, a low level of depersonalisation, and a high level of personal accomplishment. Therefore, this sample did not experience overall burnout, as the three domains of burnout must be experienced by a respondent as high levels of emotional exhaustion and depersonalisation, as well as low levels of personal accomplishment, in order to be diagnosed with burnout (Breen & Sweeney, 2013). These results are similar to the results of this study.
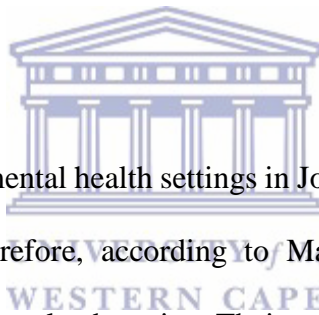
In a study conducted at all mental health settings in Jordan, the mean score for emotional exhaustion was 23.96; therefore, according to Maslach *et al.* (2017), this sample experienced moderate emotional exhaustion. Their mean score for depersonalisation was 6.98; therefore, according to Maslach *et al.* (2017), this sample experienced moderate depersonalisation. Finally, their mean score for personal lack of accomplishment was 31.58; therefore, according to Maslach *et al.* (2017), this sample experienced moderate personal accomplishment (Hamaideh, 2011). In a study conducted with Cypriot mental health nurses, the mean score for emotional exhaustion was 14.87, and according to Maslach *et al.* (2017), these nurses experienced low emotional exhaustion. Their mean score for depersonalisation was 6.53, and according to Maslach *et al.* (2017), these nurses experienced moderate depersonalisation. Finally, their mean score for lack of personal accomplishment was 34.49, and according to Maslach *et al.* (2017), these nurses experienced moderate personal accomplishment (Karanikola & Papathanassoglou,

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2013). In Dublin, Ireland, a study conducted with hospital and community mental health nurses revealed that both groups scored moderate for emotional exhaustion, moderate for depersonalisation and moderate for personal accomplishment (McTiernan & McDonald, 2015). However, in a study conducted with mental health nurses in the United Kingdom, the emotional exhaustion mean score was 19.7, which according to Maslach *et al.* (2017), if the mean score is between 16 and 26, it indicates moderate levels of emotional exhaustion. The depersonalisation mean score was 4.41, which according to Maslach *et al.* (2017), if the mean score is between 0 and 6, it indicates low levels of depersonalisation. Finally, the lack of personal accomplishment mean score was 33.78, which according to Maslach *et al.* (2017), if the mean score is between 32 and 38, it indicates moderate levels of personal accomplishment (Sherring & Knight, 2009).
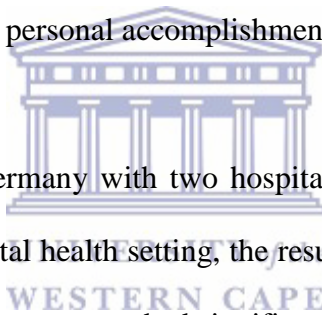
In a study conducted in Germany with two hospital sub-groups, nurses in a medical setting, and nurses in a mental health setting, the results revealed that, when comparing the two subgroups, medical nurses reached significantly higher mean scores in all MBI-HSS domains; emotional exhaustion, depersonalisation and lack of personal accomplishment, compared to mental health nurses (Schulz *et al.,* 2009). On emotional exhaustion, even though both mental health nurses, as well as medical nurses scored in the moderate range, mental health nurses scored a mean score of 25.5, while medical nurses scored a mean of 22, therefore, mental health nurses scored high in emotional exhaustion, compared to medical nurses (Schulz *et al.,* 2009). On depersonalisation, even though both mental health nurses, as well as medical nurses scored in the moderate range, mental health nurses scored a mean of 9.8, while medical nurses scored a mean of 8.7; therefore, mental health nurses scored high in depersonalisation, compared to medical nurses (Schulz *et al.,* 2009). On personal accomplishment, even though both mental

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health nurses and medical nurses scored in the low range, mental health nurses scored a mean score of 19.7, while medical nurses scored a mean score of 17; therefore, mental health nurses scored high on personal accomplishment compared to medical nurses (Schulz *et al.,* 2009). The results of all these studies differ from results of this study.

Therefore, the results of this study imply that mental health nurses at the selected psychiatric hospital do not suffer from burnout and they provide good quality nursing care to the MHCUs. These results oppose the hypothesis of this study.

5.4. Correlation between domains of burnout

Correlation between emotional exhaustion and depersonalisation, depersonalisation and lack of personal accomplishment and lack of personal accomplishment and emotional exhaustion domain will be discussed.
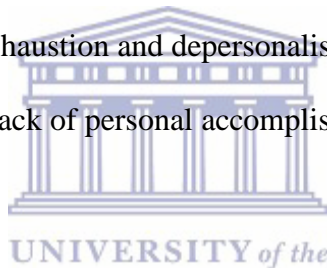
5.4.1. Emotional exhaustion and depersonalisation

The sign of the Pearson correlation coefficient value was positive, which indicates a positive correlation between emotional exhaustion and depersonalisation, and implies that, when emotional exhaustion scores increase, depersonalisation scores increase, and vice versa. The results of this study are congruent with the hypothesis of this study. The value of the Pearson correlation coefficient was between 0.5 and 1, which implies that the correlation between emotional exhaustion and depersonalisation is strong. The significance level of this correlation is below 0.01, which indicates that correlation between emotional exhaustion and depersonalisation is significant.

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In studies conducted with nurses in the United States, Canada, Russia, Japan, Armenia, New Zealand, United Kingdom and Germany, the results revealed that there was a positive correlation between emotional exhaustion and depersonalisation (Poghosyan, Aiken & Sloane, 2009). The results of these previous studies are congruent with the results of this study. The results of this study do not show any new results.

5.4.2. Emotional exhaustion and lack of personal accomplishment

The sign of the Pearson correlation coefficient was negative, which indicates a negative correlation between emotional exhaustion and personal accomplishment, and implies that as emotional exhaustion scores increase, the personal accomplishment scores decrease, and vice versa. These results are in line with the hypothesis of this study. The value of the Pearson correlation coefficient was between 0.1 and 0.29, which indicates a weak correlation between the emotional exhaustion and personal accomplishment score. The significance level is 0.164, which is greater than 0.01, and indicates that the correlation between emotional exhaustion and personal accomplishment is not significant.

In studies conducted with nurses in the United States, Canada, United Kingdom, Germany, New Zealand and Russia, the results revealed a negative correlation between emotional exhaustion and personal accomplishment (Poghosyan *et al.,* 2009), which are similar to the results of this study. The results of research conducted with nurses in Japan and Armenia revealed a positive correlation between emotional exhaustion and personal accomplishment (Poghosyan *et al.,* 2009). These studies' results differ from those of this study.

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5.4.3. Lack of personal accomplishment and depersonalisation

The sign of the Pearson correlation coefficient was negative, which indicates a negative correlation between personal accomplishment and depersonalisation and implies that as personal accomplishment scores increase, depersonalisation scores decrease, and vice versa. These results correspond with the hypothesis of this study. The value of the Pearson correlation coefficient was between 0.1 and 0.29, which indicates a weak correlation between personal accomplishment and depersonalisation. The significance level is 0.091, which is greater than 0.01, and indicates that the correlation between personal accomplishment and depersonalisation is not significant.

In studies conducted with nurses in the United States, Canada, United Kingdom, Germany, New Zealand, Japan and Russia, the results revealed a negative correlation between depersonalisation and personal accomplishment (Poghosyan *et al.,* 2009), which are similar to the results of this study. In a study conducted in Armenia, the results revealed a positive correlation between depersonalisation and personal accomplishment (Poghosyan *et al.,* 2009). These results differ from the results of this study

5.5. Summary

In this chapter, the researcher discussed the prevalence of burnout among nurses working at the selected psychiatric hospital, as well as the correlations between the domains of burnout among these nurses. The following chapter comprises the conclusion, recommendations and limitations of this study.

CHAPTER SIX

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1. Introduction

The aim of this study was to investigate burnout among nurses working at the selected psychiatric hospital in Western Cape. The objectives of this study were to: determine the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape; and to determine the correlation between the domains of burnout among nurses working at the selected psychiatric hospital in Western Cape. The findings of this study suggest that the Maslach Burnout Inventory – Human Services Survey (MBI – HSS) was useful in measuring burnout (emotional exhaustion, depersonalisation and lack of personal accomplishment) among nurses working at the selected psychiatric hospital in Western Cape. In this chapter, the researcher discusses how the objectives of this study were fulfilled, as a summary. The limitations and recommendations are also presented, based on the findings of the study.

6.2. Summary

The two objectives of the study were answered as follows:

6.2.1. Objective 1: Determine the prevalence of burnout among nurses working at the selected psychiatric hospital in Western Cape.

In this study, the nurses, working at the selected psychiatric hospital, were found not to be suffering from burnout, as the mean score of emotional exhaustion was 15.01, which indicates low emotional exhaustion, the mean score of depersonalisation was 4.03, which indicates low depersonalisation, and the mean score of lack of personal accomplishment was 40.11, which indicates high personal accomplishment.

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6.2.2. Objective 2: Determine the correlation between domains of burnout among nurses working at the selected psychiatric hospital in Western Cape

Firstly, the findings of this study suggest that there is a positive correlation between emotional exhaustion and depersonalisation, implying that, when emotional exhaustion increases, depersonalisation increases, and when emotional exhaustion decreases, depersonalisation decreases. Secondly, findings of this study suggest a negative correlation between depersonalisation and personal accomplishment, implying that, when depersonalisation increases, personal accomplishment decreases, and when depersonalisation decreases, personal accomplishment increases. Lastly, the findings of this study suggest a negative correlation between personal accomplishment and emotional exhaustion, implying that, when personal accomplishment increases, emotional exhaustion decreases, and when personal accomplishment decreases, emotional exhaustion increases.
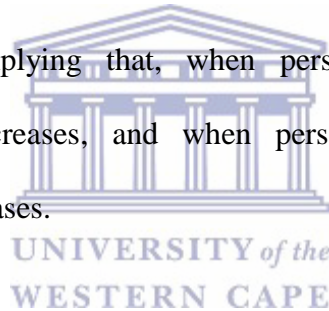
6.3. Limitations

This study was conducted at one of the four psychiatric hospitals in the Western Cape; therefore, the results cannot be generalized for all nurses working in psychiatric hospitals in the Western Cape.

There is a paucity of literature regarding the prevalence of burnout among mental health nurses, with recent research studies only being conducted in Asia and Europe. In addition, there is limited literature on the correlation between the domains of burnout among mental health nurses; therefore, the researcher also included literature on the correlation between the domains of burnout among general nurses.

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6.4. Recommendations

6.4.1. Clinical Practice

Burnout can be prevented by being cognizant of the following issues:

- maintain a safe working environment, in order to prevent incidents;

- employ adequate nursing staff to prevent work overload;

- provide resources to prevent stress caused by the shortage, or unavailability thereof;

- promote open communication to allow team work;

- rotate nursing staff to work in other wards for professional development, avoidance of boredom, as well as exposure to different environments and challenges, which will keep them interested to learn and perform productively; and

- managers should support, supervise, appreciate and value nursing staff to prevent burnout.
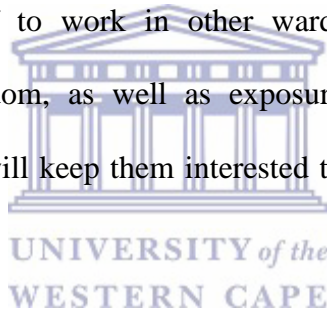
6.4.2. Nursing education

The nursing staff should attend in-service training programmes that deal with stress management, for the necessary skills to cope with work stress. In addition, the nursing staff should attend courses and in-service training that update their knowledge, in order to be competent health service providers.

6.4.3. Research

Qualitative research studies on burnout in psychiatric hospitals should be conducted to obtain narratives of rich descriptions, to understand the essence of the burnout

experience. This study should be replicated in other settings, to obtain an overview of the burnout profile of health care workers, working in health care institutions in South Africa.

6.5. Conclusion

The aim of this study was to investigate burnout among nurses working at the selected psychiatric hospital in Western Cape. According to the findings of this study, nurses working at the selected psychiatric hospital do not suffer from burnout. There is a positive correlation between emotional exhaustion and depersonalisation, a negative correlation between depersonalisation and personal accomplishment and a negative correlation between personal accomplishment and emotional exhaustion.

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ANNEXURES

Annexure A - Ethics clearance letter

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

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WESTERN CAPE

16 January 2017

Ms A Tumumu
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM/17/1/4

Project Title: Prevalence of burnout among nurses working at a selected psychiatric hospital in the Western Cape.

Approval Period: 15 December 2016 – 15 December 2017

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER -130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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Annexure B – Permission letter from Western Cape Department of Health

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 483 6871 fax: +27 21 483 9895
5th Floor, Norton Rose House, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za

REFERENCE: WC_2017RP39_594
ENQUIRIES: Ms Charlene Roderick

University of Western Cape

Robert Sobukwe Road

Bellville

Cape Town

7535

For attention: Ms Anathi Tununu. Dr Penelope Martin

Re: Prevalence of burnout among nurses working at a selected psychiatric hospital in Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact following people to assist you with any further enquiries in accessing the following sites:

Lentegeur Hospital	Mary Jacobs	021 370 1409

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers. providing that normal activities at requested facilities are not interrupted.

2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback [annexure 9] within six months of completion of research. This can be submitted to the provincial Research Co-ordinator [Health.Research@westerncape.gov.za].

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Annexure C – Letter from Mind Garden to grant permission to use MBI-HSS

mind garden

www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument: *Maslach Burnout Inventory, Forms: General Survey, Human Services Survey & Educators Survey*

Copyrights:

MBI-General Survey (MBI-GS): Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-General Survey - Students (MBI-GS (S)): Copyright ©1996, 2016 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Human Services Survey (MBI-HSS): Copyright ©1981 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Educators Survey (MBI-ES): Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

Three sample items from a single form of this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

Robert Most
Mind Garden, Inc.,
www.mindgarden.com

Annexure D – Proof of payment (Mind Garden)

P PayPal

You made a payment to Mind Garden, Inc..

26 Mar 2017 03:07:37 PDT
Receipt No:4823-8018-6087-7776

Hello

This charge will appear on your credit card statement as payment to PAYPAL *MINDGARDEN.

Pay faster next time - create a PayPal account

Paying with PayPal is safer and faster. All you need is the email and password to your PayPal account the next time you shop online.

Sign Up Now

Shop with convenience
Buy in a few clicks. Just enter your email and password when you pay with PayPal.

Shop more securely
Merchants won't see your financial details because we securely store them for you.

Shop with confidence
Get your money back for purchases that didn't arrive or turned out differently. Learn more

Merchant information:
Mind Garden, Inc
info@mindgarden.com
http://www.mindgarden.com

Instructions to merchant:
None provided

Shipping information:
Anathi Faith Tununu
Lentegeur hospital, highlands drive,
Mitchell's plain, 7785
Cape Town 7785
United States

Shipping method:
Not specified

Description	Unit price	Qty	Amount
Your order	$280.00 USD	1	$280.00 USD

Discount: -$0.00 USD
Total: $280.00 USD
Exchange rate: 1 ZAR = 0.0772288 USD
Amount you'll pay (transaction currency): R3,625.59 ZAR

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Annexure E – Bed capacity sheet

Ward	Actual beds	bedtotals	male	female	Totals	Pre-Ad	VL	Free beds
W100	30	30	24	0	24	0	0	6
W101	28	29	27	0	0	0	0	2
W102	29	29	0	28	0	0	0	1
W103	0	0	0	0	0	0	0	0
W104	10	10	4	1	0	0	0	5
W105	29	29	11	5	0	0	0	3
W106	29	29	26	0	0	0	0	3
W107	29	29	28	0	0	0	0	1
W108	29	29	19	7	0	0	0	3
W109	0	0	0	0	0	0	0	0
W16A	0	10	0	10	0	0	0	0
W16 - ECT	0	0	0	0	0	0	0	0
W17A	10	10	0	10	0	0	1	0
W17BA	6	6	0	0	0	0	0	6
W05B	30	30	36	0	0	0	0	-6
W06	30	30	30	0	0	0	0	0
W07	30	30	29	0	0	0	2	1
W08	25	25	0	14	0	0	1	11
W09	30	30	24	0	0	0	0	6
W10	30	30	24	0	0	0	1	6
W11	30	30	23	0	0	0	1	7
W12	20	20	21	0	0	0	0	-1
W13	30	30	21	0	0	0	0	9
W15	15	15	2	8	0	0	0	5
W16B	30	30	0	31	0	0	0	-1
W17	20	20	0	7	0	0	2	3
W18	0	0	17	0	0	0	0	-17
W04	20	30	19	0	0	0	0	11
W04B	0	0	0	0	0	0	0	0
W05A	10	10	10	0	0	0	0	0
W78	7	7	0	3	0	0	0	1
WC7A	10	0	0	0	0	0	0	0
W80- Clos	0	0	0	0	0	0	0	0
W83 - Clos	0	0	0	0	0	0	0	0
W84 - Clos	0	0	0	0	0	0	0	0
W85- Clos	0	0	0	0	0	0	0	0
W96	30	30	0	25	0	6	0	3
W97	0	0	0	0	0	0	0	0
W98	30	30	0	24	0	0	0	6
W99	30	30	13	11	0	0	0	6
W01-Close	0	0	0	0	0	0	0	0
LAPRU	13	13	9	3	0	0	0	1
WLAU	12	12	2	2	0	0	0	6
	722	722	422	211	24	0	7	66

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Annexure F – Catchment area map (Local)
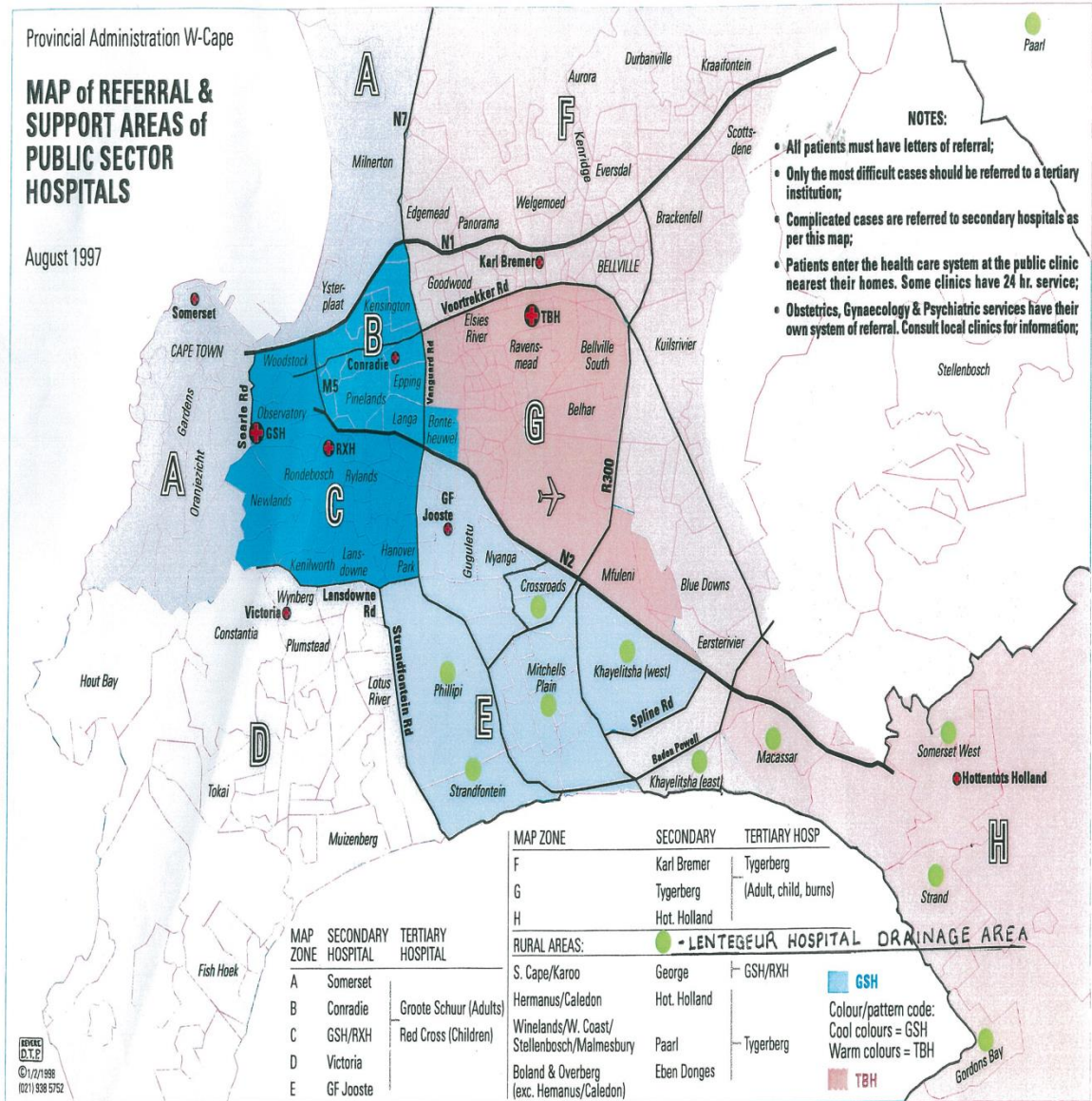
Annexure G – Catchment area (Upcountry)
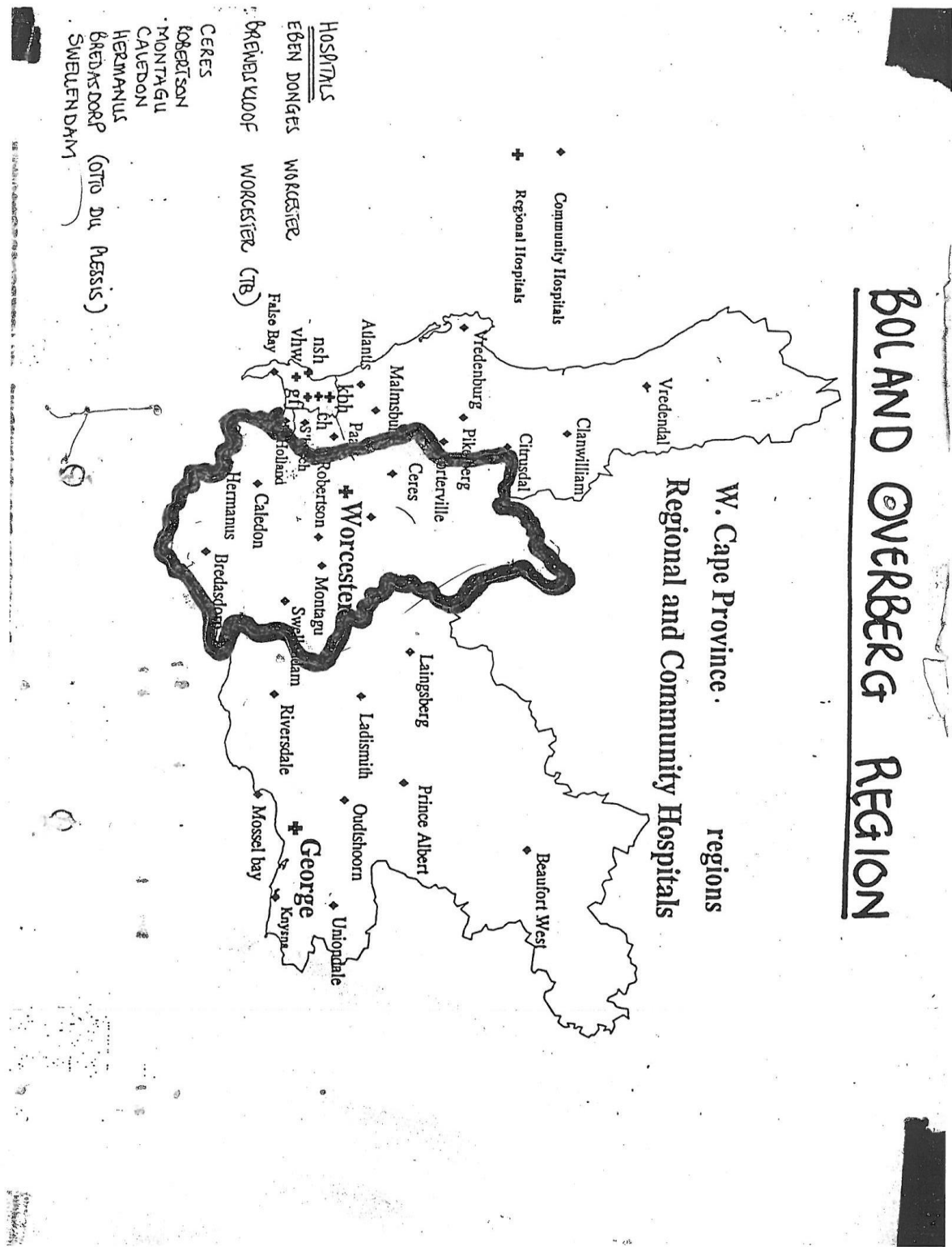
UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9345 Fax: 27 21-959 2679

E-mail: 2917685@myuwc.ac.za

<u>**INFORMATION SHEET**</u>

Project Title: Prevalence of burnout among nurses working at a selected psychiatric hospital in Western Cape.

What is this study about?

This is a research project being conducted by Anathi Faith Tununu at the University of the Western Cape. We are inviting you to participate in this research project because you meet the inclusion criteria for the study. The person reading this spends considerable time in contact with MHCU's. The purpose of this research project is to investigate burnout among nurses working at a selected psychiatric hospital in Western Cape. The investigator is interested in studying burnout at this hospital because literature about burnout shows that it is prevalent among nurses working at psychiatric hospitals.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. The investigator will introduce herself, explain what is the study about (burnout), choice to participate or not, the choice to withdraw from the study without giving any reason, gave advice to contact ICAS if a respondent is traumatised and how to complete the questionnaire. Consent forms, questionnaires and information sheets will be handed out and after completion consent forms and questionnaires will be collected. The study will be conducted at Lentegeur psychiatric hospital. The overall duration will be approximately 30 minutes, approximately 10-15 to explain the study and approximately 10-15

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minutes to complete the questionnaire. The questionnaire will be about emotional exhaustion, depersonalisation and personal accomplishment.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaires will not have names but codes instead of names.

(1) Your name will not be included on the surveys and other collected data;

(2) A code will be placed on the survey and other collected data;

(3) Through the use of an identification key, the researcher will be able to link your survey to your identity; and

(4) Only the researcher will have access to the identification key.

To ensure your confidentiality, the questionnaires will be stored in a locked filing cabinet using identification codes only on data forms.

If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. This study might involve questions that might make the respondent uncomfortable. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about burnout in nurses working among psychiatric hospitals. We hope that, in the future, other people might benefit from this study through improved understanding of burnout among nurses working in psychiatric hospitals.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Anathi Faith Tununu, department of nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Anathi Faith Tununu at: contact number: 083 3880816, *email address: 2917685@myuwc.ac.za*

Should you have any questions regarding this study and your rights as a research respondent or if you wish to report any problems you have experienced related to the study, please contact:

Prof J Chipps

University of the Western Cape

Private Bag X17

Bellville 7535

jchipps@uwc.ac.za

Prof Anthea Rhode

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Research Ethics Committee. (REFERENCE NUMBER: BM/17/1/4)

Annexure I – Data collection tool

Please tick (✔) or write the appropriate answer

Demographic data

Age (in years): _____

Race: African   Coloured   White   Indian   other _____

Gender: Male   Female

Nursing rank: PNB   PNA   EN   ENA

Years of experience in this hospital   _____

Functional Business Unit: GAP   CAP   Forensic   IDS

BURNOUT INVENTORY TOOL

Section A (Emotional exhaustion)

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**
1. I feel emotionally drained by my work.							
2. I am at the end of my patience at the end of my work day.							
3. I feel tired when I get up in the morning and have to face another day at work.							
4. Working with people all day long requires a great deal of effort.							
5. I feel like my work is breaking me down.							
6. I feel frustrated by my work.							
7. I feel I work too hard at my job.							
8. It stresses me too much to work in direct contact with people.							
9. I feel like I'm at the end of my rope.							
Total score – SECTION A							

Section B (Depersonalisation)

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**
10. I feel I look after certain MHCU's/clients impersonally, as if they are objects.							
11. I have become more insensitive to people since I've been working.							
12. I'm afraid that this job is making me uncaring.							
13. I really don't care about what happens to some of my MHCU's/clients.							
14. I have the impression that my MHCU's/clients make me responsible for some of their problems.							
Total score – SECTION B							
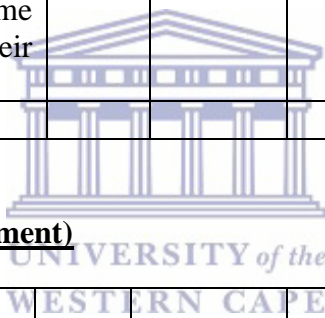
Section C (Personal accomplishment)

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**
15. I am easily able to understand what my MHCU's/clients feel.							
16. I look after my MHCU's'/clients' problems very effectively.							
17. Through my work, I feel that I have a positive influence on people.							
18. I feel full of energy.							
19 I am easily able to create a relaxed atmosphere with my MHCU's/clients.							
20. I feel refreshed when I have been close to my MHCU's/clients at work.							

21. I accomplish many worthwhile things in this job.						
22. In my work, I handle emotional problems very calmly.						
Total score – SECTION C						

Thank you for your participation ☺

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Annexure J – Consent form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9345 Fax: 27 21-959 2679

E-mail: 2917685@myuwc.ac.za

CONSENT FORM

Title of Research Project: Prevalence of burnout among nurses working at a selected psychiatric hospital in Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Respondent's name: …………………………….

Respondent's signature…………………………...

Date: …………………………………………….

Annexure K – Codebook

<u>**Code book**</u>

Variable	SPSS variable name	Coding instruction
Number of each questionnaire assigned to identify it.	ID	Number assigned to each questionnaire
Age in years	Age	Age in years
Ethnicity	Race	1= African 2= Coloured 3= White 4= Indian 5= Other
Sex	Gender	1= Male 2= Female
Nursing rank	Category	1= PNB 2= PNA 3= EN 4= ENA
Years of experience	Experience	Experience in years
Functional Business Wards	FBU	1= General adult psychiatry 2= Child and adolescent psychiatry 3= Forensic psychiatry

		4= Intellectual disability services
1. I feel emotionally drained by my work.	Item 1-Item 22	0= Never
2. I am at the end of my patience at the end of my work day.		1= A few times per year
3. I feel tired when I get up in the morning and have to face another day at work.		2= Once a month
		3= A few times per month
4. Working with people all day long requires a great deal of effort.		4= Once a week
		5= A few times per week
5. I feel like my work is breaking me down.		6=everyday
6. I feel frustrated by my work.		
7. I feel I work too hard at my job.		
8. It stresses me too much to work in direct contact with people.		
9. I feel like I'm at the end of my rope.		
10. I feel I have become more insensitive to people since I've been working.		
11. I look after certain MHCU's/clients impersonally, as if they are objects.		
12. I'm afraid that this job is making me uncaring.		
13. I really don't care about what happens to some of my MHCU's/clients.		

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14. I have the impression that my MHCU's/clients make me responsible for some of their problems.		
15. I am easily able to understand what my MHCU's/clients feel.		
16. I look after my MHCU's'/clients' problems very effectively.		
17. Through my work, I feel that I have a positive influence on people.		
18. I feel full of energy.		
19. I am easily able to create a relaxed atmosphere with my MHCU's/clients.		
20. I feel refreshed when I have been close to my MHCU's/clients at work.		
21. I accomplish many worthwhile things in this job.		
22. In my work, I handle emotional problems very calmly.		
Emotional exhaustion score (sum of item 1 to 9)	Score_A	Item 1+ item 2+ item 3 + item 4 + item 5+ item 6 + item 7 + item 8 + item 9
Depersonalisation score (sum of item 10-14)	Score_B	Item 10 + item 11 + item 12 + item 13 + item 14 +
Personal accomplishment score (sum of item 15-22)	Score_C	Item 15 + item 16 + item 17 + item 18 + item 19 +

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		item 20 + item 21 + item 22
Emotional exhaustion scoring (0-16 = low, 17-26 = moderate & 27 or over =high)	Score_AA	1 = Low 2 = Moderate 3 = High
Depersonalisation scoring (0-6 = low, 7-12 = moderate & 13 or over = high)	Score_BB	1 = Low 2 = Moderate 3 = High
Personal accomplishment scoring (0-31 = low, 32-38 = moderate & 39 or over = high)	Score_CC	1 = Low 2 = Moderate 3 = High
Overall burnout	Score_ABC	1 = Low 2 = Moderate 3 = High

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Annexure L – Nursing staff resignations for 2014-2015

INSTITUTION: LENTEGEUR HOSPITAL
Nursing Staff Exits(Resignations) 01 April 2014 till 31 March 2015

	Surname	Initials	Persal no.	Type of service termination	Last working
1				RESIGNATION	4/30/2014
2				RESIGNATION	4/30/2014
3				RESIGNATION	4/30/2014
4				RESIGNATION	5/31/2014
5				RESIGNATION	6/30/2014
6				RESIGNATION	6/30/2014
7				RESIGNATION	6/30/2014
8				RESIGNATION	6/30/2014
9				RESIGNATION	6/30/2014
10				RESIGNATION	7/31/2014
11				RESIGNATION	7/31/2014
12				RESIGNATION	7/31/2014
13				RESIGNATION	7/31/2014
14				RESIGNATION	8/31/2014
15				RESIGNATION	8/31/2014
16				RESIGNATION	8/31/2014
17				RESIGNATION	8/31/2014
18				RESIGNATION	9/30/2014
19				RESIGNATION	9/30/2014
20				RESIGNATION	9/30/2014
21				RESIGNATION	9/30/2014
22				RESIGNATION	10/31/2014
23				RESIGNATION	10/31/2014
24				RESIGNATION	10/31/2014
25				RESIGNATION	10/31/2014
26				RESIGNATION	10/31/2014
27				RESIGNATION	11/30/2014
28				RESIGNATION	11/30/2014
29				RESIGNATION	11/30/2014
30				RESIGNATION	11/30/2014
31				RESIGNATION	11/30/2014
32				RESIGNATION	11/30/2014
33				RESIGNATION	11/30/2014
34				RESIGNATION	12/31/2014
35				RESIGNATION	12/31/2014
36				RESIGNATION	12/31/2014
37				RESIGNATION	12/31/2014
38				RESIGNATION	12/31/2014
39				RESIGNATION	12/31/2014
40				RESIGNATION	12/31/2014
41				RESIGNATION	12/31/2014
42				RESIGNATION	12/31/2014
43				RESIGNATION	12/31/2014
44				RESIGNATION	12/31/2014
45				RESIGNATION	1/31/2015
46				RESIGNATION	1/31/2015
47				RESIGNATION	1/31/2015
48				RESIGNATION	1/31/2015
49				RESIGNATION	1/31/2015
50				RESIGNATION	1/31/2015
51				RESIGNATION	2/10/2015
52				RESIGNATION	2/28/2015
53				RESIGNATION	2/28/2015
54				RESIGNATION	2/28/2015
55				RESIGNATION	2/28/2015
56				RESIGNATION	2/28/2015
57				RESIGNATION	2/28/2015
58				RESIGNATION	2/28/2015
59				RESIGNATION	3/31/2015
60				RESIGNATION	3/31/2015
61				RESIGNATION	3/31/2015
62				RESIGNATION	3/31/2015
63				RESIGNATION	3/31/2015
64				RESIGNATION	3/31/2015

Annexure M – Nursing staff resignations for 2015-2016

INSTITUTION: LENTEGEUR HOSPITAL

Nursing Staff Exits (Resignations for period 01 April 2015 till 31 March 2016)

	Surname	Ini	Persal no.	Type of service termination	Last working day - dd/mm/yyyy to be used
1				RESIGNATION	4/30/2015
2				RESIGNATION	4/30/2015
3				RESIGNATION	5/31/2015
4				RESIGNATION	5/31/2015
5				RESIGNATION	5/31/2015
6				RESIGNATION	5/31/2015
7				RESIGNATION	7/11/2015
8				RESIGNATION	7/31/2015
9				RESIGNATION	8/31/2015
10				RESIGNATION	8/31/2015
11				RESIGNATION	9/30/2015
12				RESIGNATION	11/30/2015
13				RESIGNATION	12/31/2015
14				RESIGNATION	1/31/2016
15				RESIGNATION	1/31/2016
16				RESIGNATION	2/29/2016
17				RESIGNATION	2/29/2016
18				RESIGNATION	2/29/2016
19				RESIGNATION	2/29/2016
20				RESIGNATION	2/29/2016
21				RESIGNATION	3/31/2016
22				RESIGNATION	3/31/2016

Annexure N – Editorial certificate

Idea Corporation t/a

AQUARIAN PUBLICATIONS

13 March 2018

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

PREVALENCE OF BURNOUT AMONG NURSES WORKING AT A SELECTED PSYCHIATRIC HOSPITAL IN WESTERN CAPE
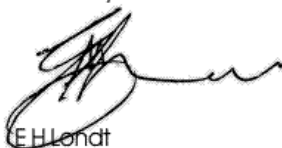
Author

Anathi Faith Tununu

The research content, or the author's intentions, were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly

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