

**FACTORS INFLUENCING WORK-BURN OUT AMONG NURSES ON MEDICAL AND
SURGICAL WARD. A CASE STUDY OF MULAGO NATIONAL REFERRAL
HOSPITAL**

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DECLARATION

I Ntege Sharon Agatha do declare that no portion of the work refered to in the dissertation has been submitted in support of the application for a degree or qualification of this or another institution of high learning

Sign.....

Date.....

Ntege Sharon Agatha

Student

APPROVAL

This research has been submitted for examination with approval of academic supervisor.

Sign.....

Date.....

Madam Situma Elizabeth.

Supervisor

DEDICATION

I would like to dedicate this research to International Health Sciences University.

ACKNOWLEDGEMENT

Many people helped make the completion of this research.

First and foremost, I would like to thank Madam Situma Elizabeth, my supervisor for her contribution of expert knowledge towards the completion of this research.

I extend my deepest gratitude to the nurses who I had the pleasure of speaking with throughout my research. Thank you to the participants, without them this study would not have been completed.

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OPERATIONAL DEFINITIONS

Work: An activity involving mental or physical effort done in order to achieve a purpose or result.

Work burnout: This is the exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.

Health workers: This is a group of people engaged in the promotion, protection or improvement of health of the population.

Work load: This is the amount of work expected to be done by someone (health worker).

Motivation: This are internal and external factors that stimulate desire and energy in someone to be continually interested and committed to a particular type of work.

LIST OF ACRONYMS

HRH	Human Resource for health
ILO	International Labour Organization
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry Of Health
NGO'S	Non-Governmental organizations
UDHS	Uganda Demographic Health Survey
UNBS	Uganda National Bureau of Statistics
UNHS	Uganda National House Hold Survey
UNICEF	United Nations Children's Funds
WHO	World Health Organization

ABSTRACT

This research topic of study was to establish the factors influencing work burnout among nurses on medical surgical wards. A case study at Mulago National Referral Hospital. The main objective of this study was to determine the factors influencing work burnout among nurses at Mulago National Referral Hospital during the month of July 2015.

The study population comprised of nurses working on medical and surgical wards at Mulago National Referral Hospital. The study design was a descriptive cross sectional study involving qualitative and quantitative methods of data collection. Data was collected using pretested self administered questionnaires distributed to 353 respondents.

The research established that 314(89%) of the nurses involved in the sample population reported to experience work burnout in the course of their duties at the health facility. Only 39(11%) reported not to have experienced work burnout during this study. Both studies indicated that the majority of the proportion of nurses involved in this study experienced work burnout.

CHAPTER ONE

1.1 Introduction

This chapter presents the background of the study, the statement of the problem, objectives of the study, research questions, significance of the study and the conceptual framework.

1.2 Background of the study

Nursing burnout is the main characteristic of job stress that is a delayed reaction to chronic stressful situations in the workplace which could affect nurses who do not have sufficient emotional energy to cope and communicate with different types of patients. There is also sometimes this belief that they do not have the required capabilities for their jobs. Burnout is a problem in many places of work around the world due to practice in a complex organizational setting with multiple and, most of the time, conflicting goals (Sundin O, 2011).

Health care facilities around the world employ over 59 million workers who are exposed to a complex variety of health and safety hazards every day. Burnout is a global concern has the potential to negatively affect the individual's psychological and physical health, as well as an organization's effectiveness. Therefore, it is recognized worldwide as a major challenge to workers' health and the functioning of their organizations. In the last decade, several epidemiological studies have found a high prevalence of the professional stress syndrome of burnout in western and developing countries (Maslach et al.2001).

According to a study done by Rashaun et al (2012) in the United States of America, indicated that more than 40% of all nurses experienced work burn out and 43.2% of nurses reported high levels of emotional exhaustion. In another study conducted in Iran by Jaefar et al (2013) indicated that 34.6% had emotional exhaustion, 28.8% had high depersonalization and 95.7% had highly reduced personal accomplishments. This indicates that the issue of work burn out among nurses occurs in different parts of the world.

Around Africa, in a study conducted in Nigeria among nurses from tertiary institutions, high level of work burn out were indicated in 42.9% (emotional exhaustion) of among the nurses involved in the study; 47.6% in the area of depersonalization and 53.8% in the area of reduced personal accomplishment while 44.1% scored positive in the GHQ-12 indicating presence of psychological distress.

In Uganda; according to the study done by Bakibinga among nurses indicated that 63% of all nurses were stressed and not satisfied with their jobs. The nursing profession has been acknowledged as stressful and all nurses bear a significant burden of stress in the course of their duties. Although no study has been done to indicate the level of work burn out in Mulago Hospital among medical and surgical nurses; different sources of information including the media and the ministry of health have reported the existence of work burn out among the nurses. Such stress exposes them to work burn out and has contributed to limited human resources for health in the country (Bakibinga, 2012). Therefore, this study seeks to determine the factors influencing work-place burn out among general nurses in Mulago National Referral Hospital.

1.3 Statement of the problem

The occurrence of work place burn out among nurses in Uganda remains high at 63% among all nurses (Bakibinga, 2012). The work burn out among the nurses is manifested in different forms including emotional exhaustion, depersonalization, limited personal accomplishments and psychological distress. If this problem is not mitigated such that nurses remain motivated to perform their duties as well as refreshed; there is likely to be increased nurse absenteeism among nurses, reduced productivity at work, reduced patient care from nurses, ineffective communication and poor public image of the nursing profession.

Despite government efforts to provide conducive working environment for all health workers including nurses in health facilities as well as ensuring substantial remuneration scales for nurses, the level of work burn out among nurses remains high at 63% among nurses (Bakibinga, 2012). There is a knowledge gap on the factors contributing to the occurrence of work burn out among nurses given the measures put in place to ensure that nurses remain motivated at their work place. Therefore, this study seeks to determine the factors contributing to work burn out among nurses so as to generate mitigations to the occurrence of work burn out.

1.4 Objectives of the study

1.4.1 General objective

To determine the factors contributing to work burnout among nurses at Mulago National Referral Hospital during the month of July, 2015.

1.4.2 Specific objectives of the study

- i. To identify the prevalence of work burnout among general nurses at Mulago National Referral Hospital.
- ii. To establish the socio-demographic factors influencing work burnouts among nurses at Mulago National Referral Hospital.
- iii. To establish the health facility factors influencing work burnouts among nurses at Mulago National Referral Hospital.

1.5 Research questions

- i. What is the prevalence work burnout among general nurses at Mulago National Referral Hospital?
- ii. Which socio-demographic factors influence work burnout among nurses at Mulago National Referral Hospital?
- iii. Which health facility factors influence work burnout among nurses at Mulago National Referral Hospital?

1.6 Justification of the study

This study will help the research identify the factors that contribute to work burn out among nurses not only at Mulago National Referral Hospital but also in other health facilities.

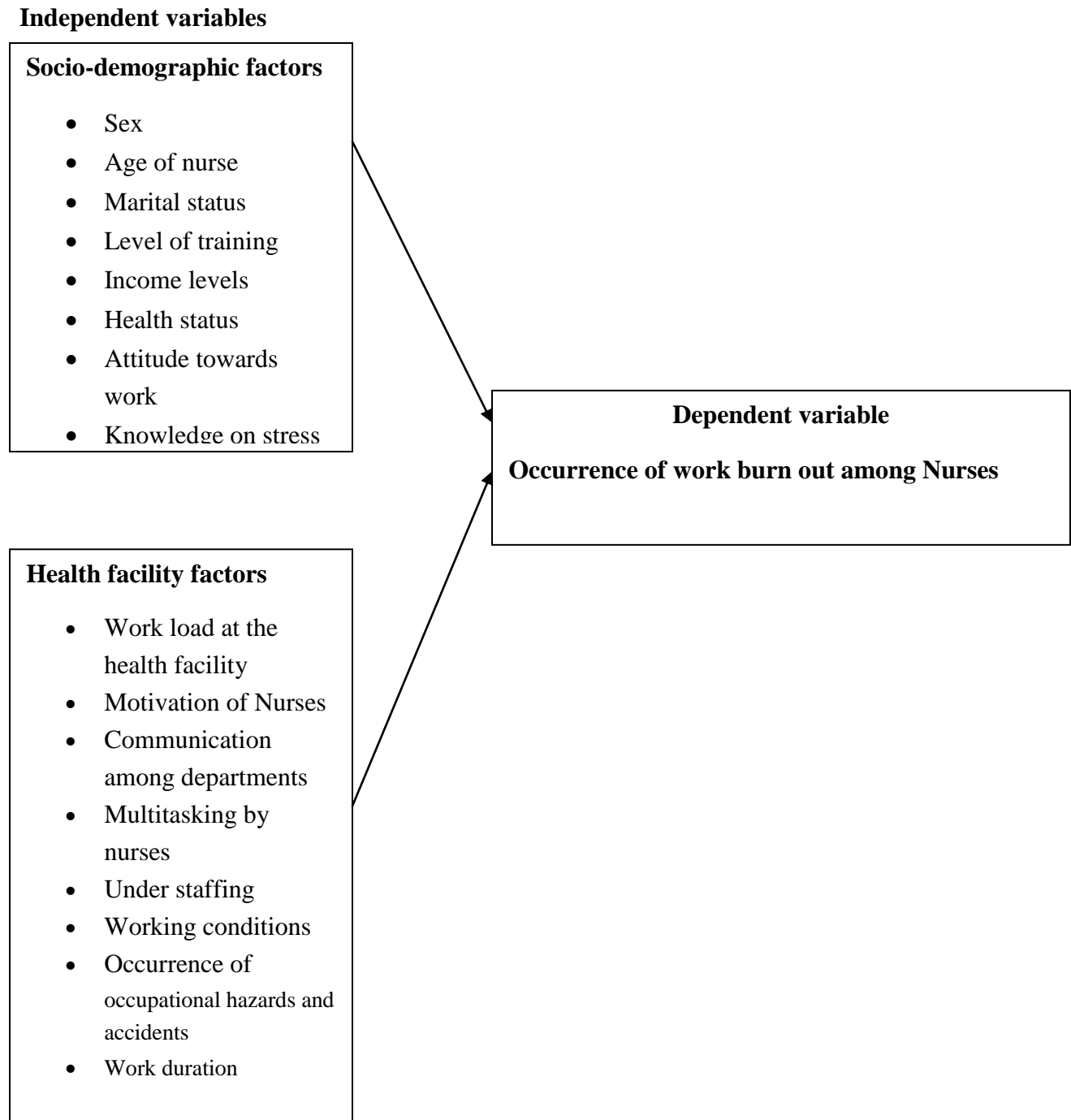
The study will benefit nurses by generating useful information especially on the factors that contribute to work burn out which will help them create solutions so as to avoid work burnout. This will in turn increase the nurses' effectiveness and efficiency.

The study will contribute information that can be used by policy makers to create policies that will guide the work of nurses in health facilities so as to avoid work burn out as well as ensure that nurses are motivated at all times in the course of their duties.

The study will contribute to academic knowledge to enhance learning and further research studies in the field of human resource for health especially on the working environment of health workers.

1.7 Conceptual framework of the study

Figure 1: Conceptual frame work of the study



1.7.1 Description of the conceptual framework

Figure 1 above shows the conceptual frame work of the study indicating both the dependent and the independent variables of the study. The dependent variable is the occurrence of work burn out among nurses mainly focusing on the prevalence work burn out among general nurses. The independent variables include the socio-economic and health facility factors that could contribute towards work burn out among nurses. Other factors such as individual and patient factors can also influence work burn out among the nurses. Therefore, the independent variables have a direct influence on the dependent variable so as to generate the outcomes.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents the review of literature by different authors who have written about work-burn out among health workers as well as prior studies that have been conducted on similar subjects. The literature review is presented in accordance with the specific objectives of the study.

2.2 Prevalence of work-burnout among nurses

Burnout, defined as a work-related stress syndrome comprising symptoms of exhaustion and distant attitudes toward work, has been studied in diverse occupational settings during the past three decades (Peterson et al, 2011). Actually burnout has been conceptualized as a psychological syndrome with emotional exhaustion (EE), a tendency to depersonalize client encounters, and a reduced sense of accomplishment (Maslach and Leiter, 2009). Burnout influences the job performance of the professionals working with other people in challenging situations. Investigations of burnout among nurses are highly relevant given the international shortage of nurses in roles of clinical care. In addition, burnout has been associated with dissatisfaction of patients and other measures of inadequate quality of care. The Maslach Burnout Inventory (MBI) is the most commonly used instrument to measure burnout (Peterson, 2011) and will also be incorporated in this study.

According to a study done by Rashaun et al (2012) in the United States of America, indicated that more than 40% of all nurses experienced work burn out and 43.2% of nurses reported high levels of emotional exhaustion. In another study conducted in Iran by Jaefar et al (2013) indicated that 34.6% had emotional exhaustion, 28.8% had high depersonalization and 95.7% had highly reduced personal accomplishments. This indicates that the issue of work burn out among nurses occurs in different parts of the world.

Around Africa, in a study conducted in Nigeria among nurses from tertiary institutions, high level of work burn out were indicated in 42.9% (emotional exhaustion) of among the nurses involved in the study; 47.6% in the area of depersonalization and 53.8% in the area of reduced personal accomplishment while 44.1% scored positive in the GHQ-12 indicating presence of psychological distress.

In Uganda; according to the study done by Bakibinga (2012) among nurses indicated that 63% of all nurses were stressed and not satisfied with their jobs. Stress in the workplace is globally considered a risk factor for workers' health and safety (WHO, 2010). More specifically, the health care sector is a constantly changing environment, and the working conditions in hospitals are increasingly becoming demanding and stressful. According to the World Health Organization (WHO), “a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of workplace (WHO, 2010). Particularly, in the past 35 years, the prevalence of stress-related illnesses such as burnout has increased significantly, affecting 19–30% of employees in the general working population globally (Finney et al, 2013). Burnout among health care workers, mainly medical staff, was becoming an occupational hazard, with its rate reaching between 25% and 75% in some clinical specialties (Laschinger et al, 2006). Furthermore, it was reported that among the sources of occupational illnesses, burnout represents 8% of the cases of occupational illnesses (Sundin et al, 2011).

Across several studies done by Siebert (2005), it appears that 21-67% of mental health workers may be experiencing high levels of burnout. In his a study of 151 community mental health workers in Northern California, found that 54% had high emotional exhaustion and 38% reported high depersonalization rates, but most reported high levels of personal accomplishment as well. In another study with a sample of 29 directors of community mental health centers in Iowa, over two-thirds reported high emotional exhaustion and low personal accomplishment. Further, almost half reported high levels of depersonalization. Siebert (2005) surveyed a state chapter of social workers, and of the 751 respondents, 36% scored in the high range of emotional exhaustion. The investigator also used a single item burnout measure and 18% of the sample endorsed the statement: “I currently have problems with burnout.” examined 71 forensic mental health workers in the UK, and 54% reported high rates of emotional exhaustion. Prior United Kingdom studies also reported a range of 21% to 48% of general mental health workers as having high emotional exhaustion (Peterson, 2011).

2.3 Socio-demographic factors influencing work burnout

In a study conducted in Taiwan by Li ping et al (2014) shows that women had significantly higher burnout scores than men in personal and work-related burnout but not in the client-related

burnout. Older staff had significantly lower burnout scores than younger staff on the three dimensions of burnout. Participants who graduated from a college had lower burnout scores than those who graduated from high school or graduate school. Among medical professions, nurses and physician assistants had the top two highest burnout scores among the three dimensions. With regard to job strain, active and high strain perception was characterized by a significantly higher degree of burnout than was the case for those who perceived their level of strain as passive or low (Li Ping, 2014). Frequency of over commitment was positively correlated with the score of all three dimensions of burnout. Finally, lower social support was negatively correlated with the three burnout scores (Li Ping, 2014).

The results of multiple regression analysis of predicting variables to work-related burnout were shown in three different models (Maslach and Leiter, 2009). The 3 models were designed to study the factors associated work burn out. Model 1 demonstrated that gender and age, but not level of education or marital status, had a significant correlation to burnout. In model 2, working overtime and working in shifts had additional effects with regard to burnout. When allocating medical professions to model 3, it was indicated that nurses and physician assistants had significantly higher burnout than the other three medical professions, and the gender effects were thus insignificant (Maslach and Leiter, 2009). In the full model (model 4), those who perceived high or active job strain had a much higher prevalence of burnout than those with low and passive strain (Maslach and Leiter, 2009). Professionals who sometimes/often overcommit were demonstrated to have higher levels of burnout than those who indicated that they never or seldom overcommit (Maslach and Leiter, 2009). Finally, professionals with low social support had a significantly higher burnout. Among these factors, job strain, over-commitment and social support demonstrated remarkable association with work-related burnout, which could explain 30.1% of variance in burnout (Maslach and Leiter, 2009).

In another study by Wang et al (2012) compared with the other professions, nurses as a group had the characteristics of youngest age, were mostly women (99.5%), were mostly engaged in shift work (74%), as well as had the highest percentage (27.9%) perceiving high strain. Physician assistants as a group had the highest over-commitment (44.1%) and lowest support (60.3%). They were also characterized as having a high percentage of women (91.2%), long work hours and the second highest percentage (27.2%) experiencing high strain. Physicians as a group had

the features of being the oldest on average and had the highest percentage of longer work hours (48.5%), but very few perceived high strain (2%). Medical technicians and administrative staff had a similar percentage of female members, social support, longer work hours and those testing for high strain (14.4%, 14.7%). Therefore, the socio-economic characteristics of different nurse population contribute the work burnout.

2.4 Health facility factors influencing work burnout

Regarding the prevalence of burnout, researchers have mainly focused on the role played by an occupational context. Maslach and Leiter (2009) provided a more comprehensive perspective by identifying six general areas of work life considered as the most important antecedents of burnout: a manageable workload, job control, rewards, community, fairness, and values. According to this model, a mismatch between one's expectations and the structure or process within the occupational environment contributes toward burnout. These six areas have different relationships with the three dimensions of burnout (Maslach and Leiter, 2009). Mainly building on the demand-control theory of job stress described by Karasek and Theorell (Maslach and Leiter, 2009).

Maslach and Leiter assert that mismatches in workload and job control may aggravate exhaustion through excessive demands, by generating a general condition of anxiety. By contrast, a manageable workload sustains energy, thus contrasting the risk of burnout. A mismatch in workload implies that workers feel overworked and do not have enough time to perform the job. Work overload is a major source of exhaustion that, in turn, is at the root of burnout (Jaefar M et al, 2013) representing the basic individual stress component of burnout.

In addition, a lack of job control means that employees' sense of autonomy and discretion are limited. As a result, their sense of control over what they do is limited or undermined, which also means that they do not have much of a say in what goes on in their work environments. By contrast, job control enables workers to take decisions regarding their work (Maslach and Leiter, 2009) As described by Leiter and Maslach, job control plays an important role in influencing, either directly or indirectly, workload and burnout among employees. In this sense, more control gives workers the opportunity to shape their work environment, such as reducing their workload accordingly. This is in line with the buffer hypothesis of job stress, where high job demands

(mainly, a high workload) coupled with low job control lead to job strain. In this sense, it is central to clarify and control the variables involved in the job burnout process (Laschiner et al, 2006). This will enable the development of strategies aimed at protecting health care professionals from the risk of burnout.

A great deal of research has indicated that long-term exposure to job-related stress can lead to burnout (WHO, 2010) Freudemberger (Marine et al, 2006) first used the term 'burnout' to describe the gradual emotional depletion, loss of motivation and reduced commitment among volunteers who worked for a drug misuser. After three decades, burnout has been defined as a psychological syndrome that may emerge when employees are exposed to a stressful working environment with high job demands and low resources (Marine et al, 2006). At the outset, burnout was reported most predominantly among human service workers. In the modern society, job stress and burnout are important issues for healthcare professionals. Burnout not only endangers their health and well-being, but also is associated with higher medical errors and suboptimal quality of care (Finney et al, 2013).

There has been a lot of research on burnout in nurses, presumably because of the intense nature of their contact with patients or clients. Gray-Toft and Anderson (Laschinger et al, 2006) indicated seven fundamental stressors among nursing staff. These included the death and suffering of patients, conflict with physicians, inadequate training, lack of social support, conflicts with other nurses, excessive workload and uncertainty about a treatment given. Similarly, a high prevalence of burnout among physicians has also been reported from various countries, for different specialists (Sundin et al, 2011). The potential sources of physician burnout are time pressure, delayed gratification, limited control and a loss of autonomy, conflict between career and family, feelings of isolation, as well as research and teaching activities (Finney et al, 2013).

Although many studies have discussed the stress and burnout situation for physicians and nurses, there has been no research on other medical professions, such as physician assistants, medical technicians and administrative staff, who work together as a team in hospitals. In particular, physician assistants have been recruited in most hospitals in countries such as Taiwan. They work together with physicians for direct patient care but their stress and burnout situation have

not been reported yet (Li Ping, et al, 2014). Nurses are shown to have the highest prevalence of high burnout among medical professions (Li Ping, et al, 2014). The next highest were the physician assistants, with a severity of burnout very similar to that of nurses (Li Ping, et al, 2014). However, physicians, medical technicians and administrative staff had similar burnout conditions on the personal and work-related dimensions, but physicians had more severity of client-related burnout than the other professions, with the exception of nurses (Li Ping, et al, 2014). All these prior studies done by different researchers indicate that the factors contributing to work burn out among the health worker are normally within the cycle of their working environment, administration system and mechanism of work within the health facility.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents the methodology of the study which includes the research design, the study population and the area of study, sampling procedures, sample size calculation, study variables, data collection technique, pre-testing source of data, selection of respondents, data management and analysis methods, quality control, study limitations and ethical considerations.

3.2 The study design

This research study was is a descriptive cross-sectional study involving the use of quantitative and qualitative methods of data collection. This is because it aimed at obtaining data on a representative sample of nurses at a specific time at Mulago National Referral Hospital.

3.3 The area of study

The study was conducted at Mulago National Referral Hospital. Mulago National Referral Hospital is a major government hospital which attracts a large number of patients and health workers from many different places across Uganda. Therefore, this diversity among health workers especially nurses enabled the researcher to collect data and opinion from a diverse group of nurses.

3.4 Source of data

The major source of data was primary data which was collected from the nurses working at Mulago National Referral Hospital. Other sources of data included secondary data from literature from previous studies and other publications on work burn out among nurses.

3.5 Study variables

The study was guided by 2 independent variables which included; individual and health system factors. These independent factors directly influence the dependent variable which is the occurrence of work burn out among the nurses.

3.6 Study population

The population under this study included all medical and surgical nurses working at Mulago National Referral Hospital in the medical and surgical wards.

3.7 Inclusion and exclusion criteria

3.7.1 Inclusion criteria

All participants met the following criteria which were included in the study:

Must be Nurses working at Mulago National Referral Hospital. Also study participants consented to voluntarily participate in the study.

3.7.2 Exclusion criteria

Nurses who were not voluntarily participate and those who were found to have communication hindrances such as being very busy as well as those who were not be available for the study were be excluded from the study.

3.8 Sample design

The study used simple random sampling in the selection of the nurses to participate in the study in that nurses who were found at the hospital at the time of the study were randomly selected such that all nurses have an equal chance of participating in the study. However, cluster sampling was also be used to group the nurses into two clusters namely; medical and surgical nurses. This helped to ease the data collection among the nurses since the researcher chose from only two clusters rather than the general nurse population at the hospital.

3.9 The sample size determination

This study adopted the Taro Yamane formula of sample size determination.

$$n= N/(1+Ne^2)$$

Where n is the sample size

N is the total population of nurses at Mulago National Referral Hospital (3,000 nurses; MoH, 2014)

e is the standard error at 95% confidence interval calculated as 0.05.

Therefore, substituting in the formula, n can be calculated.

$$n = 3,000 / (1 + 3,000 \times 0.05^2)$$

n = 353 respondents: The study will involve 353 respondents

3.10 Data collection tool

The data collection tool that was used for this study was a researcher-administered questionnaire with both open and close ended questions which were pre-coded for easy data entry and analysis.

3.11 Quality control

A pre-test of the questionnaires was done in another area with similar characteristics like Mulago such as Kisugu Health Center III so as to check and ensure the suitability, reliability and validity of the data collection tool. Questions that were identified as not clear or irrelevant to the study were edited or omitted respectively. The research assistants were also trained prior to data collection. The questionnaires that were collected were kept under lock and key immediately after the research assistants have handed them to the researcher upon returning from the research center. The researcher later on cleaned the data by checking for errors and any other inconsistencies in the collected data and thereafter entered it into the computer.

3.12 Data analysis

The researcher entered the data collected from the nurses and analyzed it using a computer software-SPSS version 16.0 and the findings were presented using charts, graphs and tables.

3.13 Ethical consideration

The researcher followed the guidelines provided by International Health Sciences University by seeking legal acceptance from the university in form of a letter of authorization from both the university and authorities at Mulago National Referral Hospital. Also, all participants were given informed consent prior to their participation in the study and all information collected was confidential and only used for academic purposes. 3

3.14 Anticipated challenges / limitations

The researcher anticipates challenges such as low transparency among nurses in answering the questions. Language barrier and time management in case some nurses took a lot of time to complete the questionnaire.

3.15 Mitigation of the anticipated challenges

The researcher described the study to the research participants as well as assured them that the information which was collected was confidential and purely used for academic purposes. Also no names were mentioned in the study. The questionnaire was designed in the most appropriate language for easy communication with the respondents.

3.16 Dissemination of results

The results of the study were disseminated to International Health Sciences University and the authorities at Mulago National Referral Hospital.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the results of the findings from the study and the analysis of these results. The results are presented in accordance with the specific objectives of the study using tables, graphs, charts. Pearson's Chi-Square test is used to show the level of association among the factors under the study.

4.2 Demographic characteristics of the sample population

Table 1: Demographic characteristics of the sample population (N=353)

VARIABLE		FREQUENCY (N)	PERCENTAGE (%)
Sex	Male	74	21.0
	Female	279	79.0
	Total	353	100.0
Age (Years)	18-25	85	24.1
	26-35	134	38.0
	36-45	53	15.0
	46-55	49	13.9
	>55	32	9.0
	Total	353	100.0
Level of education	Certificate	68	19.3
	Diploma	173	49.0
	Degree	102	28.9
	Post-graduate	10	2.8
	Total	1353	100.0
Religion	Catholic	127	36.0
	Protestant	109	30.9
	Muslim	38	10.8
	Pentecostal	62	17.6
	Seventh day Adventists	18	4.7
	Total	353	100.0
Marital status	Single	181	51.3
	Married	155	43.9
	Widowed	4	1.1
	Divorced/ separated	13	3.7
	Total	353	100.0
Average monthly income	<200,000	11	3.1
	200,000-300,000	56	15.9
	301,000-400,000	169	47.9
	>400,000	117	33.1
	Total	353	100.0

Table 1 above shows the demographic characteristics of the study population. Majority of the respondents, 279 (79%) were female while 74 (21%) were male. The highest proportion of the respondents, 134 (38%) were within the age group of 26-35 years of age followed by 85 (24.1%) who were 18-25 years. Only 32 (9.0%) were above 55 years.

The highest proportion of the respondents, 173 (49.0%) had diploma level of education followed by 102 (28.9%) who had degree education and only 10 (2.8%) had post-graduate education.

The highest proportion of the respondents, 127 (36.0%) were Catholics followed by 109 (30.9%) who were Protestants. Only 18 (4.7%) were Seventh Day Adventists. However, there were more Christians than Muslims 38 (10.8%).

Majority of the respondents, 181 (51.3%) were single compared to 155 (43.9%) who were married. Only 4 (1.1%) had been Widowed.

The highest proportion of the respondents, 169 (47.9%) had an average monthly income of 301,000-400,000 followed by 117 (33.1%) who had more the 400,000 and only 11 (3.1%) had less than 200,000.

4.3 The prevalence of work burn out among general nurses

Figure 2: Prevalence of work burn out among general nurses

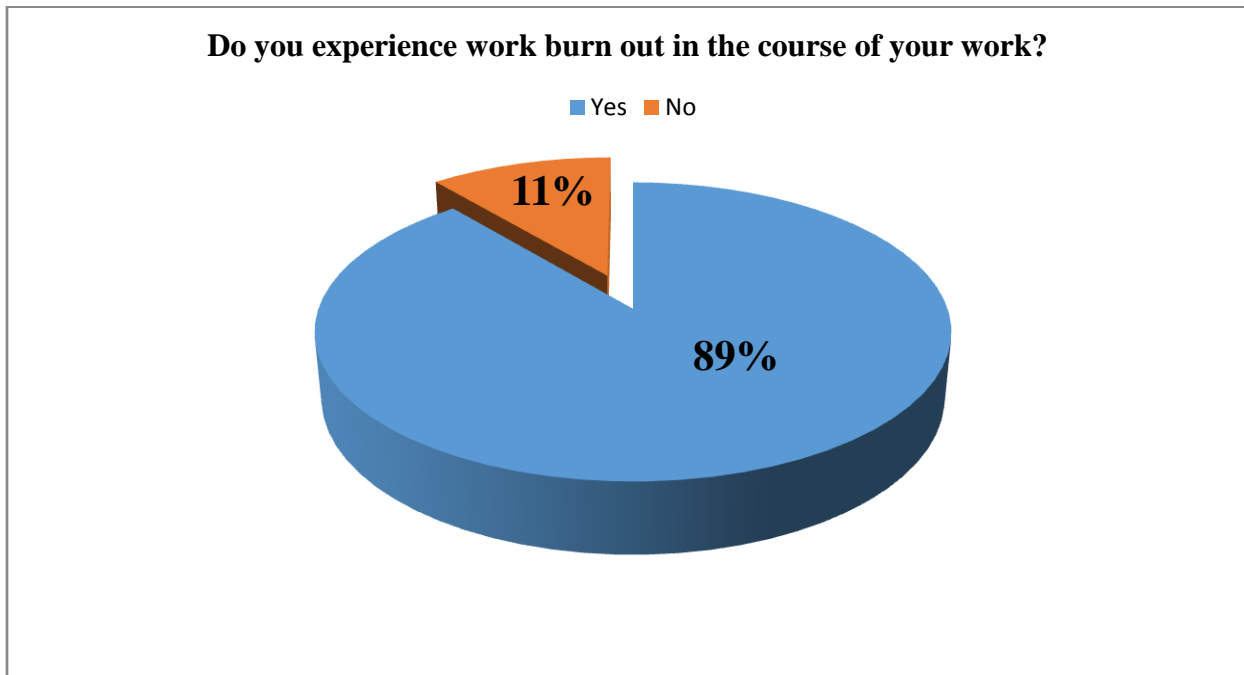


Figure 2 above shows the prevalence of work burn out among the sample population of general nurses. Majority of the nurses, 314 (89%) reported to experience work burnout in the course of their work at Mulago National Referral Hospital while only 39 (11%) reported not to experience work burn out.

Table 2: The prevalence of work burnout among the respondents

VARIABLE		YES	NO
Emotional exhaustion (Measure of being emotionally over-extended and exhausted)	1. Feel enthusiastic about work as a nurse	285 (80.7%)	68 (19.3%)
	2. Work emotionally frustrates and exhausts you	240 (68.0%)	113 (32.0%)
	3. Experience emotional break-down at work	183 (51.8%)	170 (48.2%)
Depersonalization (impersonal response to patients' needs)	4. Value patients who come to utilize services	250 (70.8%)	103 (29.2%)
	5. Value the quality of health care services	169 (47.9%)	184 (52.1%)
	6. Conversant with work guidelines and regulations	300 (85.0%)	53 (15.0%)
	7. Motivated to follow instructions from supervisors	144 (40.8%)	209 (59.2%)
Personal accomplishment (Measures competence and personal achievements)	8. Perform duties effectively	243 (68.8%)	110 (31.2%)
	9. Work helps you accomplish personal objectives	127 (36.0%)	226 (64.0%)

Table 2 above shows the different components of work burnout that were used to determine the occurrence of work burnout among the respondents. The study looked at the emotional exhaustion, depersonalization and personal accomplishment as a measure of work burnout among the respondents. Majority of the respondents reported to be emotionally exhausted. A high proportion of respondents had a good response towards patients' needs. Majority of the respondents reported to perform their duties effectively but majority of the respondents reported that their work did not help them to accomplish personal objectives.

The prevalence of work burnout was further classified into four categories according to a scale of 0-18 using coding and back-coding whereby (0=No work burnout; 1-8=high burnout; 8-12=moderate burnout; 12-18= low burn out).

Figure 3: Levels of work burn out among the respondents

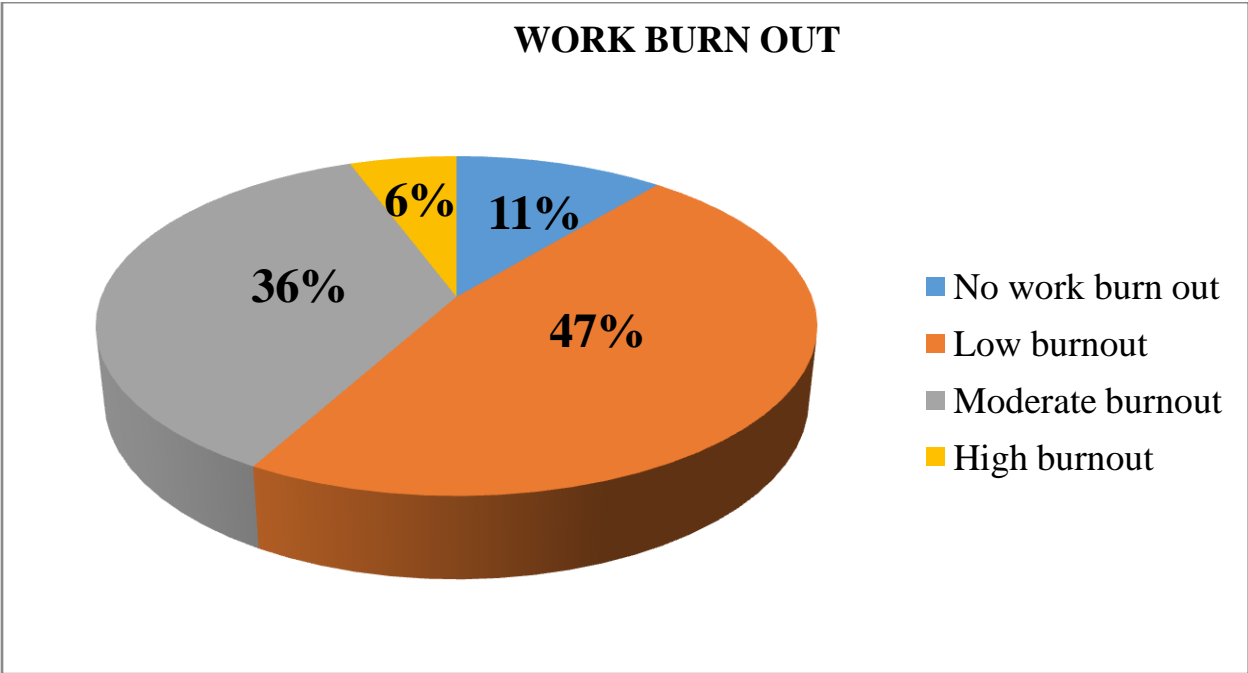


Figure 3 above shows the levels work burnout among the respondents. The highest proportion of the respondents, 166 (47%) had low work burnout followed by 128 (36%) with moderate burnout. There were only 20 (6%) of the respondents with high work burnout while 39 (11%) had no work burnout at all.

4.4 The socio-demographic factors influencing work burnouts among nurses at Mulago National Referral Hospital

Table 3: A cross-tabulation between socio-demographic factors and prevalence of work burn out

VARIABLE		Do you experience work burn out?			
		Yes	No	X ²	p-value
Sex	Male	11	63	9.912	0.001*
	Female	28	251		
Age (years)	18-25	10	75	6.648	0.021*
	26-35	13	121		
	36-45	5	48		
	46-55	6	43		
	>55	5	27		
Level of education	Certificate	8	60	12.819	0.000*
	Diploma	14	159		
	Degree	12	90		
	Post-graduate	5	5		
Marital status	Single	19	162	0.363	0.491
	Married	12	143		
	Widowed	2	2		
	Divorced/ Separated	6	7		
Religion	Catholics	15	112	0.526	0.101
	Protestants	9	100		
	Muslims	4	34		
	Pentecostals	8	54		
	Seventh day advents	3	15		
Average monthly income	<200,000	4	7	1.184	0.082
	200,000-300,000	9	47		
	301,000-400,000	14	155		
	>400,000	12	105		

(*statistically significant variable; p<0.05)

Table 3 shows the cross-tabulation between socio-demographic factors and the prevalence of work burn out among the respondents. Socio-demographic such as sex ($p=0.001$); age ($p=0.021$) and level of education ($p=0.000$) indicated a statistically significant association ($p<0.05$) with the prevalence of work burn out among nurses. Other factors such as marital status, religion and average monthly income did not indicate a statistically significant association ($p>0.05$) with work burn out among the nurses.

4.5 The health facility factors influencing work burnouts among nurses at Mulago National Referral Hospital

Table 4: A cross-tabulation between health facility factors and the prevalence work burn out

VARIABLE		Do you experience work burn out?			
		Yes	No	X ²	p-value
Work load	Light	6	29	14.555	0.002*
	Moderate	11	84		
	Heavy	16	126		
	Very heavy	6	75		
Do working conditions motivate you to perform effectively	Yes	19	150	1.449	0.485
	No	20	164		
Level of communication among workers at all levels	Good	8	29	0.610	0.202
	Average	5	72		
	Poor	14	120		
	Very poor	12	93		
Do you multi-task	Yes	15	159	16.705	0.000*
	No	24	155		
Are there enough workers to manage work load	Yes	16	109	8.307	0.006*
	No	23	205		
Working conditions	Good	6	88	1.396	0.498
	Average	9	96		
	Poor	10	108		
	Very poor	14	22		
Occurrence of occupational hazards	Always	11	69	0.955	0.175
	Occasionally	15	128		
	Rarely	13	117		
Duration of work-shift	<6 hours	5	56	9.932	0.019*
	6-8 hours	9	74		
	8-12 hours	15	90		
	>12 hours	10	94		
Is work very exhausting	Yes	21	180	2.745	0.601
	No	18	134		

(*statistically significant variable; p<0.05)

Table 4 shows a cross-tabulation between health facility factors and the prevalence of work burn out among nurses. Health facility factors such as work load ($p=0.002$); multi-tasking ($p=0.000$); presence of enough health workers (0.006) and the duration of working shifts ($p=0.019$) were found to have a statistically significant association with work burn out. Other health facility factors such as duration of working shift, communication, working condition, occurrence of occupational hazards and exhausting work did not indicate a statistically significant association ($p>0.05$) with prevalence of work burn out among the nurses.

4.6 The suggestions of the respondents to mitigate burn out at the work place

Figure 4: Suggestions of the respondents to mitigate burn out at the work place

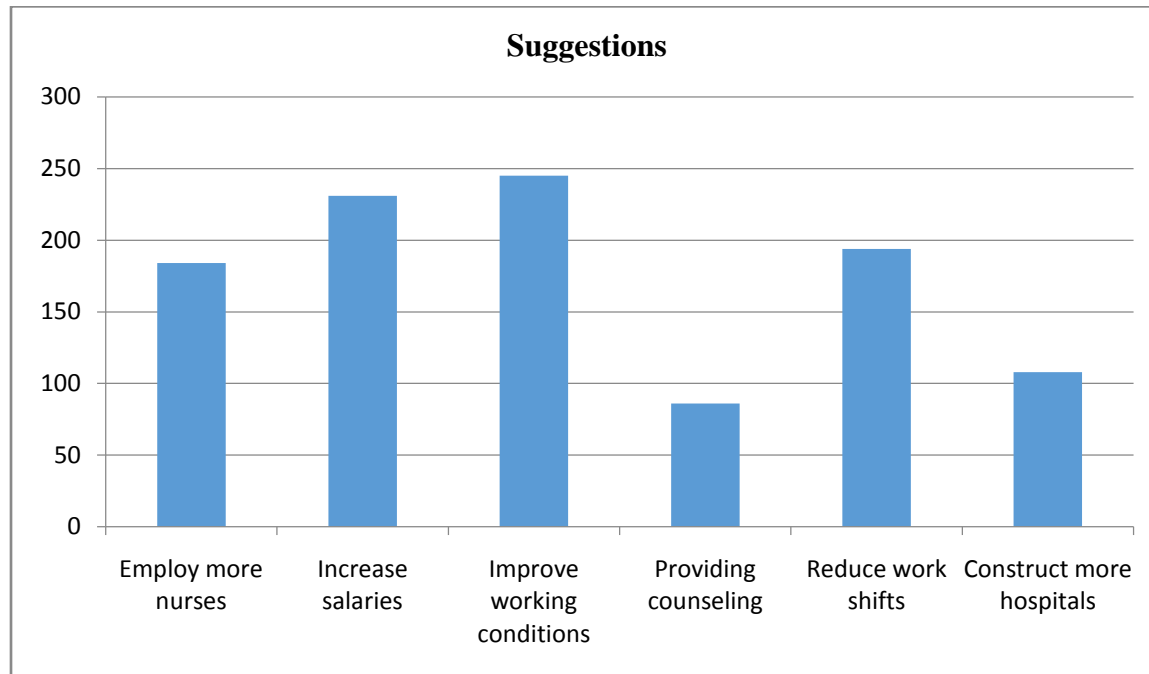


Figure 4 above shows the suggestions of the respondents on how to mitigate work burn out among nurses. The suggestions included employing more nurses, increasing salaries to motivate nurses, improving working conditions, providing counseling, reducing work shift duration and constructing more hospitals to decongest Mulago National Referral Hospital.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.1 Introduction

This chapter presents the discussion of the findings of the study in comparison with other similar studies and support of relevant literature.

5.2 The prevalence of work burnout among general nurses at Mulago National Referral Hospital

The prevalence of work burn out among the nurses was high with 314 (89%) of all the general nurses involved in the sample population reporting to experience work burn out in the course of their duties at the health facility. Only 39 (11%) of the nurses reported not to have experienced work burn out during work at the time of the study. The findings of the study were consistent with prior studies by Rashaun et al (2012) in the United States of America who indicated that more than 40% of all nurses involved in the study experienced work burn out. Both studies indicated that the proportion of nurses who experienced work burn out in the course of their duties was high. Although this study indicated a higher proportion of nurses who experienced work burn out than prior studies, both studies point out that a significant proportion of nurse experience work burn out. However, the difference between the two studies could be due to the sample sizes involved in the separate studies or the working conditions contributing to work related burn out in different places since this study was conducted in Uganda at Mulago National Referral Hospital where the working conditions of health workers have been known to be poor (Bakibinga et al, 2012) as compared to those of American nurses that are far much better than those in Uganda (Rashaun et al, 2012).

Majority (over 70%) of the nurses had emotional exhaustion as a component of work burn out with most of the nurses losing enthusiasm about their work, being emotionally frustrated and exhausted as well as getting emotional break-down at work. These findings are in agreement with Bakibinga et al (2012) who indicated that 63% of all nurses in Uganda had some sort of emotional exhaustion and work related stress and not satisfied with their jobs. Stress among health workers is a major risk factor for emotional breakdown. This is mainly because of the health care sector is a constantly changing environment yet the working conditions and patients are increasingly becoming demanding and more stressful. On the other hand, the heavy work

load of health workers especially in Uganda with very few nurses and a high nurse to patient ratio of 1:5,000 increases work load and stress among nurses and therefore contributing the work burn out among the nurses.

5.3 The socio-demographic factors influencing with work burnouts among nurses at Mulago National Referral Hospital

The sex of the nurse was significant in influencing work burn out among nurses. Female nurses were more likely to suffer work burn out than male nurses. This is in agreement with another similar study by Li Ping et al (2014), who indicate that women had a significantly higher burn out scores than men. This can be attributed to the fact that most nurses have a double burden of work both at home and the hospital. Women have to work double in most Ugandan communities since they have to do household chores including all domestic work and looking after the children yet also have to work professionally as nurses at the health facility. This increases work burden and stress on the women contributing to increased likelihood of women to experience work burn out. On the other hand, although men might find professional work such as being a nurse at the health facility stressful and are exposed to work burn out, when they go back home they are likely to have enough rest and return to work the following day when they are refreshed. Therefore, women are more likely to suffer higher levels of work burn out than men.

Age of the nurse was found to be a contributing factor to work burn out among nurses at Mulago National Referral Hospital. Younger nurses within the age groups of 18-25 years and 26-35 years had a higher likelihood of work burn out than their older counterparts. According to a prior study by Li Ping (2014) older staff had a significantly lower burnout scores than younger staff. The higher levels of work burn out among younger nurses can be associated with lack of work-experience and limited stress management skills as compared to older staff who could have accumulated many years of work experience and have better stress and work management skills. Many young nurses after school join the nursing profession with limited work experience as a result; they find work very stress due to the heavy work load in most health facilities thus the high levels of work burn out.

The level of education of the nurse was found to be significantly associated with work burn out. Nurses with diploma level of education had an increased likelihood of work burn out as

compared to others with degree and post graduate qualifications. The findings of the study were in agreement with those of Li Ping (2014) who also indicated that nurses who had high levels of education and had graduated from college had lower burn out scores than those who had graduated in high school. This is can be mainly linked to the fact that with higher education and qualifications, nurses gain more knowledge on how to conduct their duties as well as manage stressful environments at the health centers. Such knowledge influences the actions and attitude of the nurses towards work and therefore are less likely to find work stressful despite the heavy work load. However, less educated nurses lack the practical knowledge and skills to have a positive attitude and effectively and efficiently conduct their duties, as a result they find work stressful and are prone to work burn out.

5.4 The health facility factors influencing work burnouts among nurses at Mulago National Referral Hospital

The work load at the health facility was significantly associated with work burn out among the nurses. The heavy work load at the health facility contributes to work burn out among the nurses. Due to the very many patients at Mulago National Referral Hospital yet the number of nurses are few, the nurses are exposed to a very heavy work force. This is consistent with World Health Organization report (2010) that indicated that the proportion of health workers in most African countries remains low with approximately only 3% of the total number of health workers living in Africa yet Africa is home to 25% of the world's population. Furthermore, the nurse to patient ratio in Uganda is very low at 1:5,000 yet that of doctors is 1:15,000 (MoH, 2014) which is very low as compared to the recommended ratios by WHO at 1:10,000 for the African region. This small proportion of health workers working on a large population of patients increases the work load of nurses hence increasing their exposure to burn out in the due course of their duties at the work place.

The duration of the working shifts for nurses was also found to be significantly associated with work burn out among the nurses. Long working shifts for nurses increase their likelihood to work burnout. According to Finney et al (2013), the longer a particular nurse stays on duty the higher their chances of experiencing work burn out. This can be attributed to the fact that Mulago hospital has a limited human resource for health work force and nurses are forced to work longer shifts doing a combination of tasks and multi-tasking, as a result nurses are bound to be

exhausted in the shortest possible time because of multi-tasking to meet the patients' needs. However, if nurses had shorter working shifts and specialized at a particular task, their work would not be very exhausting as when they work longer and are multi-tasking with different activities. Therefore, longer working shifts contribute to work exhaustion of nurses and burn out which has negative consequences on the health care service delivery by nurses such as poor patient care at the health facility, negligence of duty, poor quality service delivery and limited effectiveness and efficiency in the health care delivery at the health facility.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions resulting from the study in respect to the objectives of the study and the feasible recommendations to policy makers, health workers and the government as regards the prevalence of work burn out among general nurses at Mulago National Referral Hospital.

6.2 Conclusions

The prevalence of work burn out among the general nurses in the sample population was high with majority of the respondents reporting to experience work burn out in the course of their duties.

The most common form of work burn out among the nurses was emotional exhaustion. Most of the nurses had suffered emotional exhaustion at work through reduced enthusiasm about work as a nurse, being emotionally frustrated and exhausted as well as experiencing emotional break down at work.

On the component of depersonalization, the nurses had better outcomes such as value for patients who came at the health facility to utilize health care services; the nurses also valued the quality of the health services; nurses were conversant with guidelines and regulations at work and were motivated to follow instructions.

On the aspect of personal accomplishment nurses had better performance in their duties but indicated that their work did not help them to accomplish their personal objectives.

The socio-demographic factors influencing work burn out among the nurses were sex of the nurse, age and the level of education which influenced work burn out among the nurses.

The health facility factors that influenced the prevalence of work burn out among the nurses included the work load of the nurses, multi-tasking, presence of enough health workers and the duration of the working shifts at the health facility.

6.3 Recommendations

Mulago National Referral Hospital should conduct regular and continuous training sessions for general nurses to enable gain knowledge and skills on effective management of their duties to prevent work burn out.

The health facility should encourage team work among nurses where both male and female nurses collaborate to accomplish the assigned tasks and management of their duties.

Also both the youthful and elderly nurses should cooperate in the course of their duties and supervisors need to allocate roles and duties appropriately in consideration of the effect of age on work related burn out.

The government and health officials should encourage nurses to go for further studies so as to gain more experience and skills in the management of their duties.

The health facility should recruit more nurses to distribute appropriate work load among the nurses so as to reduce on the heavy work load borne by the nurses.

The administration of Mulago Hospital should ensure that there are enough nurses and that each nurse specializes in a specific task assigned to them to avoid multi-tasking which contributes to work burn out.

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APPENDIX I: CONSENT

TITLE

Factors influencing work burn out among nurses on medical and surgical wards; a case study of Mulago National Referral Hospital

SPONSOR

Ntege Sharon Agatha

WHY THE PARTICULAR PARTICIPANT WAS CHOSEN

The participant is a nurse at Mulago National Referral Hospital. He/ she can fill the questionnaire which will help me to determine the factors influencing work burn out among nurses on medical and surgical wards at Mulago National Referral Hospital

RATIONALE OF STUDY

To determine the factors influencing work burn out among nurses on medical and surgical wards at Mulago National Referral Hospital

OBJECTIVES OF STUDY

General objective

To determine the factors contributing to work burnout among nurses at Mulago National Referral Hospital during the month of July, 2015.

Specific objectives of the study.

To identify the prevalence of work burnout among nurses at Mulago National Referral Hospital.

To establish the socio-demographic factors influencing work burnouts among nurses at Mulago National Referral Hospital.

To establish the health facility factors influencing work burnouts among nurses at Mulago National Referral Hospital

RISKS AND HOW I INTEND TO MINIMISE THEM

Nurses may not have the time to fill questionnaires

I intend to go to the nurses stations when they are having their breaks and also when they are leaving after there shifts

NAME OF CONTACT PERSON ON STUDY TEAM WITH PHONE (PI)

NAME: Ntege Sharon Agatha

NUMBER: 0701595283

SIGNATURE:

NAME OF CONTACT PERSON (USUALLY CHAIR)

NAME: Dr. Nakwagala Fredrick Nelson

NUMBER: 0772325869

PARTICIPANT CONSENT

I agree to participate in this research willingly. The subject of the research has been fully explained to me and I fully understand it.

Signature.....

Date.....

APPENDIX II: QUESTIONNAIRE

INTERNATIONAL HEALTH SCIENCES UNIVERSITY

Please tick appropriately and give your honest opinion where needed.

Section A: Socio-demographic characteristics

1. Sex: Male [] Female []
2. Age (Yrs): 1. 18-25 [] 2. 26-35 [] 3. 36-45 [] 4. 46-55 [] 5. >55
3. Level of education: 1. Certificate [] 2. Diploma [] 3. Degree [] 4. Post-graduate []
4. Religion: 1. Catholic [] 2. Protestant [] 3. Pentecostal [] 4. Seventh Day Advent [] 5. Muslim [] 6. Others specify
5. Marital status: 1. Single [] 2. Married [] 3. Widowed [] 4. Separated []
6. What is your estimated average monthly income (UgX)? 1. < 200,000 [] 2. 200,000-300,000 [] 3. 301,000-400,000 [] 4. >400,000 []

Section B: The prevalence of work burnout among general nurses at Mulago National Referral Hospital

7. Have you experienced work burn out at your work place? 1. Yes [] 2. No []

Subsection I: Emotional exhaustion (Measures feelings of being emotionally overextended and exhausted by one's work)

8. Do you feel enthusiastic about your work as a nurse in this health facility?

1. Yes [] 2. No []

9. Does your work at this health facility emotionally frustrates or exhausts you?

1. Yes [] 2 No []

10. Do you experience emotional break down at your work place? 1. Yes [] 2. No []

Subsection II: Depersonalization (Measures an unfeeling and impersonal response towards recipients of one's service, care treatment or instruction)

11. Do you value the patients who come at this health facility to utilize your services?

1. Yes [] 2. No []

12. Do you value the quality of health care you render to the patients in your department?

1, Yes [] 2. No []

13. Are you conversant to follow the guidelines and regulations of your profession?

1. Yes [] 2. No []

14. Are you motivated to follow instructions from your supervisors and seniors?

1. Yes [] 2. No []

Subsection III: Personal accomplishment (Measures feelings of competence and successful achievement in one's work)

15. Do you perform your duties to the best of your ability effectively? 1. Yes [] 2. No []

16. Do you feel that this work you do here has helped you accomplish your personal objectives in this work place? 1. Yes [] 2. No []

17. Do you experience work-burnout in the course of your work in this health facility?

1. Yes [] 2. No []

Section C: The health facility factors influencing with work burnouts among nurses at Mulago National Referral Hospital

18. How much is the work load in the department in which you work?

1. Light [] 2. Moderate [] 3. Heavy [] 4. Very heavy []

19. Do the working conditions in this work place motivate you to perform effectively?

1. Yes [] 2. No []

20. How would you rate the level of communication among workers at all levels?

1. Good [] 2. Average [] 3. Poor [] 4. Very poor []

21. Do you multi-task or involved in many different tasks that you feel are not part of your professional duties? 1. Yes [] 2. No []

22. Are there enough workers to manage the work load in your work place? 1. Yes [] 2. No []

23. How would you rate the working conditions in this work place?

1. Good [] 2. Average [] 3. Poor [] 4. Very poor []

24. How often do you experience occupational hazards and accidents?

1. Always [] 2. Occasionally 3. Rarely []

25. How long is your work-shift per day?

1. <6 hours [] 2. 6-8 hours [] 3. 8-12 hours [] 4. >12 hours []

26. Do you consider your work-shift to be exhausting? 1. Yes [] 2. No []

27. Suggest any possible mechanism to be put in place at your work place to mitigate the occurrence of work place burn out among nurses?

.....
.....

Thank you so much for your time and participation in this study

APPENDIX III: INTRODUCTORY LETTER



making a difference in health care

Office of the Dean, School of Nursing

Kampala, 15th September 2015

TO THE CHAIRMAN,
MULAGO RESEARCH AND ETHICS COMMITTEE,
MULAGO, KAMPALA

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.


This is to introduce to you **Ntege Sharon Agatha** Registration No. **2011-BNS-FT-031** who is a student of our University. As part of the requirements for the award of a Bachelors degree in Nursing of our University, the student is required to carry out research in partial fulfillment of her award.

Her topic of research is: **Factors influencing work burn out among nurses on Medical and Surgical Wards; A case study of Mulago National Referral Hospital**

This therefore is to kindly request you to render the student assistance as may be necessary for her research.

I, and indeed the entire University are grateful in advance for all assistance that will be accorded to our student.

Sincerely Yours,


19 SEP 2015
Mrs. Wafula Elizabeth
Dean, P.O. Box 7782, Kampala - Uganda

The International Health Sciences University
P.O. Box 7782 Kampala - Uganda
(+256) 0312 307400 email: ewafula@ihsu.ac.ug
web: www.ihsu.ac.ug

APPENDIX IV: CORRESPONDENCE

TELEPHONE: +256-41554008/1
FAX: +256-414-5325591
E-mail: admin@mulago.or.ug
Website: www.mulago.or.ug



THE REPUBLIC OF UGANDA

MULAGO NATIONAL REFERRAL HOSPITAL
P.O. Box 7051
KAMPALA, UGANDA

IN ANY CORRESPONDENCE ON THIS
SUBJECT PLEASE QUOTES NO...

27th Oct, 2015.

Ntege Sharon Agatha
Principal Investigator
International Health Sciences

Dear Ntege,

Re: Approval of Protocol MREC: 870: "Factors influencing work burn out among nurses on Medical and Surgical Wards; A case study of Mulago National Referral Hospital."

The Mulago Hospital Research and Ethics Committee reviewed your proposal referenced above and hereby grant approval for the conduct of this study for a period of (1) year from 27th Oct, 2015 to 26th Oct, 2016.

This approval covers the protocol and the accompanying documents listed below;

- Consent form
- Questionnaire

This approval is subjected to the following conditions:

1. That the study site may be monitored by the Mulago research and ethics committee at any time.
2. That you will abide by the regulations governing research in the country as set by the Ugandan National Council for Science and Technology including abiding to all reporting requirements for serious adverse events, unanticipated events and protocol violations.
3. That no changes to the protocol and study documents will be implemented until they are reviewed and approved by the Mulago Research and Ethics Committee.
4. That you provide annual progressive reports and request for renewal of approval at least 60 days before expiry of the current approval.
5. That you provide an end of study report upon completion of the study including a summary of the results and any publications.
6. That you will include Mulago hospital in your acknowledgements in all your publications.

I wish you the best in this Endeavour.

DR. NAKWAGALA FREDERICK NELSON
CHAIRMAN- MULAGO RESEARCH & ETHICS COMMITTEE.



Vision: "To be the leading centre of Health Care Services"