

## Staff Nurses Burn Out To Improve The Quality Of Nurses And To Improve The Quality Of Patient Care

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**Abstract:** The aim of this study was to assess the effect of poly herbal powder in different doses under condition gastric ulcer induced by aspirin. Aspirin administration caused ulceration that was manifested by the increase in gastric volume secretion, ulcer index and total acidity. Co-administration of polyherbal powder and standard drug cimitidine influenced the gastric ulcer, as was evidenced decreasing gastric volume and ulcer index as well as histopathological changes. The results suggested that poly herbal powder do have significant role in alleviating gastric ulcer in the aspirine-induced gastric ulcer in rats. It might conclude that polyherbal powder could protect the gastric mucosa against aspirin induced gastric ulcer. *Terminalia chebula* and *Cassia angostifolia*, *Solanum surattense* and *Withania somnifera* as ethanomedicinally to treat gastric ulcer.

**Keywords:** Cimitidine, ulcer, *Solanum surattense*, aspirine.

### Introduction

Nursing burnout remain significant concerns in nursing, affecting both individuals and organizations and can lead to serious physical and emotional symptoms as well as patient dissatisfaction. With a shortage of nurses expected to increase to 30% across by the year 2018, it is imperative we prevent further loss due to burnout. Burnout is often defined as a syndrome primarily characterized by emotional exhaustion and cynicism arising from continued exposure to excessive demands placed on mental energy levels during continuous contact with other people, and is a condition associated with lack of pride in self, aversion to work, and a loss of interest, sympathy, etc. Following the recent trends of an increase in the population of elderly patients, sophistication of healthcare technology, and changes in patients' needs, the roles expected of healthcare professionals are becoming more diverse than ever. Nurses have been working under chronic manpower shortage because of the high rate of premature retirement of nurses, and have therefore been facing increasing physical and mental stress. It is reported that one out of every 5 hospitals nurses answered that they intended to leave their current jobs within a year and that their job dissatisfaction is 4 times greater than the average for all workers. As a result of these conditions, the rate of burnout in nurses has also been increasing. Burnout in nurses is regarded as a serious problem not only because it is potentially hazardous to their health, resulting in problems such as physical exhaustion or insomnia, but also because it influences patients' satisfaction and safety. Therefore, prevention of burnout in nurses is essential to the provision of high quality health care.

The findings of this research can inform the provision of appropriate education for nurse managers, leading to reduced burnout in staff nurses, a reduction in the nursing shortage, and improved quality of patient care.

However, Folk man & Lazarus stressed the necessity of examining coping in stress research and defined coping as the cognitive and behavioral efforts made to master, tolerate, or reduce demands and conflicts among them. Subsequently, some investigators conducted job stress research by linking the said model to coping behaviors of subjects. Emptying reported that reactions to stress can vary depending on the adaptability of individuals or on the coping strategies employed by them, and are therefore quite personal in nature. According to this view, exposure to the same stressors may cause burnout in some subjects but not in others. Personality is another important factor to be considered. It has been reported to be related to burnout, mental illness, and morality. In longitudinal studies, even when situational variables were controlled for, personality continued to account for a significant portion of the variance in burnout scores, thus,

Burnout features may differ depending on personality characteristics of individual subjects. Therefore, when examining the factors involved in the burnout of nurses, it is necessary to analyze not only the relationship between the stressors and the stress reactions, but also to take into account the personality characteristics and coping behaviors of the subjects as factors modifying the stress reactions. The present study was undertaken to analyze burnout in nurses, which is currently gaining recognition as a serious clinical problem, in relation

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to their personality characteristics and coping behaviors, with the goal of obtaining informative results to devise valid measures to prevent such burnout.

It is well documented in the literature that nursing work results in significant amounts of stress leading to a variety of work-related problems such as absenteeism, staff conflict, staff turnover, decreased morale, and decreased practice effectiveness<sup>1-5</sup>.

The relationship between nursing work stress and related outcomes emphasizing the impact on work and performance. In an early study, the psychological responses of 34 RNs working in various intensive care units (ICU) and non-ICU settings within a Medical Center–Veterans Administration hospital (VAH) complex<sup>6</sup>. A battery of standardized psychological test measures was used. Medical Center ICU (MC-ICU) nurses reported more depression, hostility, and anxiety than did non-ICU nurses and nurses in the VAH critical care Units (CCU).

The MC-ICU settings produced more complaints and ones concerned with an overwhelming workload, limited facilities and space, inadequate help for proper patient care, too much responsibility, too little continuing education, poor organization, excessive paperwork, inadequate communication with physicians, transition of personnel, and intra staff members.

The authors contend that the finding that MC- and VAH-CCU nurses differed rather markedly both in their levels of affect and their likes / dislikes about their work was indeed interesting, since both groups perform essentially the same duties with the same type of patients in virtually identical physical surroundings. What it suggests is that the CCU setting as such is not intrinsically stressful, but rather becomes so when adequate help is not available to care for the patients properly, when nurses are not provided with Necessary continuing education, and when a deliberate effort is not made to instill a feeling of pride and "team spirit" within the staff as a whole.

<sup>7</sup>Packard and Motowidlo (1987) conducted a survey study for 5 hospitals to assess the relationship between subjective stress, job satisfaction, and job performance in 366 hospital RNs and LPNs. A second survey instrument was sent to the supervisor and a coworker of the primary nurse subject (n = 165 and 139, respectively) asking about the nurse's work performance. Increased stress encounters diminished both job satisfaction and job performance and increased episodes of depression. Job satisfaction was not depressed and

hostile nurses had lower job performances than did nurses with little or no depression or personal hostility.

Early studies have purported that critical care and intensive care nurses experience more stress than nurses in other areas. Research has not consistently validated this concept. However, MacNeil and Weisz (1987) measured the level of psychological distress experienced by critical care nurses (n = 80) and non-critical-care nurses (n = 106) employed in a large acute care hospital, and its relationship to absenteeism<sup>8</sup>. Non-critical-care nurses reported significantly higher psychological distress scores than did the critical nursing group and nearly twice the rate of absenteeism. These results may indicate better staffing or orientation in critical care nursing. Alterations in the work environment and conditions and stress management programs are needed to reduce nurses' distress.

<sup>9</sup>Foxall and colleagues (1990) surveyed 138 nurses including 35 ICU nurses, 30 hospice nurses, and 73 medical-surgical nurses to determine differences in stress levels among the groups. While there were no overall significant differences among the groups with respect to stress levels, significant differences did occur for subscales: ICU and hospice nurses perceived significantly more stress related to death and dying than did medical-surgical nurses; ICU and medical-surgical nurses perceived significantly more stress related to floating than did hospice nurses; and medical-surgical nurses perceived significantly more stress related to work-overload and staffing than did ICU and hospice nurses. While the effects of job stress on the quality of patient and family care were not specifically addressed, stress management programs were encouraged particularly in the area of death and dying, to alleviate burnout and facilitate more effective care. In addition, work environment issues such as increased staffing levels and decreased floating were encouraged to minimize work overload and the potential for reduced quality of care. Similar findings were reported by Boumans and Landeweerd (1994)<sup>10</sup>.

WHO studies 561 ICU and non-ICU nurses from 36 units in 16 hospitals. Non-ICU nurses had more work pressure, absenteeism, and health complaints than did the ICU nurses. <sup>11</sup>Yu and colleagues (1989) surveyed a random sample of 952 RNs obtained through a statewide nurse's association membership list to identify specific job stressors across 10 clinical specialties. Results indicated that stress seems to arise from the overall complexity of nurse's work rather than specific tasks. Stressors were uniform across specialty areas, with the greatest levels reported in administration,

cardiology, medical-surgical, and emergency room nursing.

Several studies have examined stress in other types of nursing fields. <sup>12</sup>Jennings (1990) found that among 300 U.S. Army head nurses in 37 different army hospitals, stress resulted in psychological symptoms as measured by the Brief Symptom Inventory. Of particular importance is the notion that managers bear the responsibility for attenuating the stress experienced by staff. The question raised is: Can managers who are experiencing psychological distress themselves intercede to reduce staff stress, as well as manage their units efficiently and effectively?

Using several instruments, Power and Sharp (1988) compared stress and job satisfaction among 181 nurses at a mentally handicapped hospital and 24-hospice nurses<sup>13</sup>. Hospice nurses characteristically reported stress as primarily associated with death and dying and with inadequate preparation to meet the emotional needs of patients and families, but did not report significantly high workload stress as had been observed in other studies. This may be due partly to the relatively high staff-to-patient ratio in a hospice setting. Conversely, nurses working with mental handicapped patients reported significantly more stress associated with workload, conflict with other nurses, and the nursing environment.

In a study of neurosurgical nurses, the authors interviewed several nurses about aspects of neurosurgical nursing that were perceived as stressful by staff. Findings suggest that being exposed to life-and-death situations among young children, being short of essential resources, being on duty with too few staff, and dealing with aggressive relatives constituted major stressful events. Comments made by staff suggested that performance at work is adversely influenced by stress (Snape and Cavanagh, 1993)<sup>14</sup>. These findings were echoed in a study of dialysis nurses who also indicated that work load is a major contributing factor not only to overall stress and work performance, but to burnout as well (Lewis et al., 1992)<sup>15</sup>.

In addition, a sample of 155 members of the Association of Pediatric Oncology Nurses reported that the relapse or sudden death of a favorite patient was their greatest source of stress. The second most common stressor was a workload perceived as too great to give quality patient care Emery 1993<sup>16</sup>.

Burnout was originally observed among those who work in the human services and health care (Maslach et al., 1996)<sup>17</sup>, but research of the past

decade has shown that burnout can be observed in virtually any occupational group (Bakker et al., 2008; Demerouti et al., 2001a; Leiter & Schaufeli, 1996)<sup>18-20</sup>. <sup>21</sup>Maslach and Goldberg (1998b) described burnout from a multi-dimensional model, and defined it as "a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment". Later definition of burnout was formulated by Maslach, Schaufeli & Leiter (2001a)<sup>22</sup> "a psychological syndrome in response to chronic interpersonal stressors on the job. The three key dimensions of this response are overwhelming exhaustion feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment". These three key dimensions also constitute the three subscales of the Maslach Burnout Inventory (MBI), which is the most frequently used instrument to assess burnout (Schaufeli & Enzmann, 1998)<sup>23</sup>. Burnout is cause of loss of nurses, which also can lead to decreased patient and staff satisfaction.

Significantly, Laschinger's (2004) Work Empowerment Theory suggests that empowering nurses can produce not only work effectiveness, but also low burnout<sup>24</sup>. According to the world health organization report in Indian Nursing and midwifery personnel per 10000 populations 16.0, Hospital beds per 10000 populations 13.3, Primary health care units and centers 2.0.(WHO:2004).This bad environmental, political and the work overload which contain very stressful work conditions produce many psychological discomfort state among nurses , the most obvious problem is the burnout. The burnout among nurses is not only in India but also all over the world; with decreased stress, less staff will be lost to burnout. Sufficient staffing helps to decrease the loss of staff and increase job satisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002)<sup>25</sup> and gives nurses the ability to provide better patient care (American Association of Critical-Care Nurses, AACN), 2005<sup>26</sup>, Denney, 2003<sup>27</sup>, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 2002<sup>28</sup> and Pendry, 2007<sup>29</sup>.

### Materials and Methods

A Self-administered questionnaire regarding burnout (the Copenhagen Burnout Inventory), work-related stressors (the Nursing Job Stressor Scale), personality characteristics (Short-Form Eysenck Personality Questionnaire-Revised), and coping behaviors was used. The selected Nursing work fields like Neonatal intensive care unit, the artificial kidney unit, the cancer unit, the female medical department, chest unit department, emergency department, burn intensive care unit, obstetric department, medical child departments, ophthalmology hospital were included in my study.

### **Ethical consideration**

Ethical clearance was sought from the Panel of Ethical Committee members in the concerned district after receiving approval to conduct the study from the University. Permission was also sought from the necessary authorities of private the public hospitals in various places of the same district. Once this initial permission was obtained, the researcher then approached potential participants at a convenient time. All participants were presented with a written English information document explaining the purpose and significance of the study. Thereafter written permission was obtained from all participants and participants were also made aware that participation was voluntary and that they had the right to withdraw from the study at any time. The interviews were carried out in a place of choice by the participants, thus ensuring their privacy. Family members were considered vulnerable participants due to the sensitive nature of the data collected. Upon interviewing, if family members required counseling or debriefing, the researcher ensured that a social worker or psychologist was available to provide this service.

### **Setting and participants**

The selected nursing fields are Neonatal intensive care unit, the artificial kidney unit, the cancer unit, the female medical unit, cardiac unit department, burn intensive care unit, obstetric department, pediatric medical unit, ophthalmology hospital nurses.

Within the context of this several tools were used in this study:

1. Maslach Burnout Inventory survey. (christinamaslach)
2. Work Stress checklist. (Developed by the researcher)
3. Social Support Questionnaire. (kyoko fujiwara & others:2003)
4. Questionnaire to measure the other variables like age, sex, educational level, experience.

### **Sampling**

13.3% from the sample working in Neonatal intensive care unit, 1.7 from the sample work in artificial kidney unit, 10.8% from the sample work in cancer unit 8.3% from the sample work in female medical department, 5.0% from the sample work in chest unit department, 7.5% from the sample work in emergency department, 3.3% from the sample work in burn intensive care unit, 9.2% from the sample work in obstetric department, 28.3% from the sample work in medical child departments, 6.7% from the sample work in supersensible, and 5.8% from the sample work in ophthalmology hospital. 122 staff nurses were selected randomly among 650 nurses working in various hospitals (distributed in 5 hospitals)

### **Data collection and analysis**

The questionnaire was provided with a covering letter, which explained the purpose of the study, the way of responding, the aim of the research and the security of the information in order to encourage high response.

The questionnaires design was composed of four tools to accomplish the aim of the research, as demographic data, Burnout checklist, work stress checklist, and social support checklist. Open coding was followed by axial coding by looking at the full list of categories produced at the end of open coding. Labeled categories were grouped together under the same headings. The labeled categories were further analyzed by assessing them individually in terms of their dimensions and properties. This allowed sub-categories to emerge on the basis of how they related to the category in question. Categories were also assessed by discovering and relating categories to each other. Samples (122) were selected randomly among 650 nurses working in various hospitals (distributed in 5 hospitals)

The following specific questions emerge from the main question:

1. What's the relation between burnout and stress among the nurses?
2. What's the relation between burnout and social support of the nurses?
3. What's the relation between burnout and educational level of the nurses?
4. What's the relation between burnout and the nurses' experiences?
5. What's the relation between burnout and the sex of the nurses?
6. What's the relation between burnout and the age of the nurses?
7. What's the relation between burnout and the working place of the nurses?
8. What are the factors that cause burnout among nurses?

The following tools were used in the study: Burnout inventory checklist, Work stress checklist, Social support checklist, Personal data sheet (sex, age, years of experience, place of work). Statistical methods which followed in the study were: Frequencies and Percentile, Alpha-Cronbach Test for measuring reliability of the items of the questionnaires, Person correlation coefficients for measuring validity of the items of the questionnaires, Spearman –Brown Coefficient, One sample t test Independent samples t test, One way ANOVA were also used in my study.

Burnout check list consist of three subsection as Emotional Exhaustion / Depersonalization (EE+DP), Personal Accomplishment (PA), Physical

Exhaustion (PE); Work stress checklist is divided into six subsections such as, stressors due to poor management of the nursing profession, stressors due to the work environment, stressors caused by others in the work environment, stressors caused by supervisors and managers, stressors caused by other factors and the stressors caused by the nurse himself or herself. Social support checklist consists of the questions related to the social support by supervisor, coworkers, friends and by family.

### Results

The total score of burnout percentage is 50%, the work stress was 72%, the social support was 70%, the did total score of burnout percentage did not affected by the variables like sex, age, educational level, place of work, nurses experience at significant level( 0.05 ).

The study aims to assess the psychological factors associated with Burnout among nurses.

1. The researcher predicts higher rates in total score of burnout at Significant level (0.05) among the Nurses.
2. The researcher predicts higher rates of stressed nurses with significant Statistical level at (0.05) that positively related to the total score.
3. The researcher predicts higher rates of social support that positively related with the total score of burnout level at significant level (0.05).
4. The researcher predicts no significant statistical differences at level (0.05) in the burnout total score due to the sex of the nurse.
5. The researcher predicts no significant statistical differences at Significant level (0.05) in the burnout total score due to the age.
6. The researcher predicts no significant statistical differences at Significant level (0.05) in the burnout total score due to the educational level of the nurse.
7. The researcher predict no significant statistical differences at significant level Nurses' experiences.0.05) in the burnout total score due to the
8. The researcher predicts no significant statistical differences at significant level (0.05) in the burnout total score due to the working place (hospitals) of the nurses.

To test the hypotheses the independent sample t test was used which shows the P-Value for each field Burnout, work stress and social support in which all statement results are greater than 0.05 and the absolute value of T less than the T critical value (=1.98).

The prevalence of Nurses total score of burnout percentage is 50.2%. We apply a one sample t test and the results shows that for all

statements of the field the average mean equal 2.51 and the weight mean equal 50.1% which is less than" 60%" which interprets respondent of the sample agree that there exist a moderate rates of burnout with significant level (0.05)

### **Emotional Exhaustion / Depersonalization (EE+DP)**

The respondent agree that" I've become more callous toward people since I took this job" with weight mean equal"37.3%", and that" I worry that this job is hardening me emotionally" with weight mean"40.7%", and that" I feel frustrated by my job" with weight mean" 57.6%", and that" I feel burned out from my work." with weight mean" 63.2%", and that" I feel patients blame me for some of their problems" with weight mean" 51.4%", and that" Working with people directly puts too much stress on me. Working with people all day is really a strain for me" with weight mean" 69.2%", and that" I feel like I'm at the end of my rope" with weight mean" 41.7%", and that" I feel I treat some patients as if they were impersonal 'objects'" with weight mean" 32.9%", and that" I don't really care what happens to some patients" with weight mean" 30.8%".

### **Personal Accomplishment (PA)**

The respondent agree that" I have accomplished many worthwhile things in this job" with weight mean equal"79.83%", and that" I can easily create a relaxed atmosphere with my patients" with weight mean" 77.17%", and that" I deal very effectively with the problems of my patients" with weight mean" 75.00%", and that" I feel I'm positively influencing other people's lives through my work" with weight mean" 75.08%", and that" In my work, I deal with emotional problems very calmly" with weight mean" 70.26%", and that" I can easily understand how my patients feel about things" with weight mean"74.02%", and that" I have accomplished many worthwhile things in this job" with weight mean" 74.59%".

### **Physical Exhaustion (PE)**

The respondent agree that" I feel emotionally drained from my work" with weight mean equal" 45.6%", and that" I feel fatigued when I get up in the morning and have to face another day on the job" with weight mean" 65.1%", and that" I feel I'm working too hard on my job" with weight mean" 84.4%"

### **Work Stress**

The prevalence of Nurses suffering from work stress is 71.9% from the sample. We apply a one sample t test and the results show that for all statements of the field the average mean equal 3.59 and the weight mean equal 71.90% which is greater than" 60%"and the value of t test equal 11.39, so respondent of the sample agree that there exist

higher rates of stressed nurses that positively related to burnout with significant level (0.05)

### Social support

The presence of Nurses social support is 69.8% from the sample. The respondent of the sample agree that there exist social support that positively related with the decrease of burnout level with significant level (0.05) and that due to many. The nature of trauma that we all live in increase the social support, because its known that in case of danger all people become together. The variables age, sex, work place, experience & educational level did not affect in the burnout total score.

### Recommendations & Implications

1. Better time management.
2. Building good social support from friends and family.
3. The recommendation for this study are that if nurses and other healthcare professionals are able to determine stressors and burnout in the work environment then they may be better able to handle problems when, and even before, they arise.
4. The identification of effective coping skills may be useful to deal with the work stress and the burnout symptoms.

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