Research Article

Nurse burnout: The effect of the gap between personal values and their implementation in the workplace

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Abstract

Background & Aim: Burnout is caused by a variety of environmental and personal factors and it affects the well-being of the nursing staff. The aim of this study is to examine the gap between the importance nurses ascribe to individual and professional values as against the actual implementation of these values in their work, and the impact of this gap on nurses' burnout.

Methods: A quantitative and descriptive study deploys a four-part questionnaire combining the Shorter Schwartz Value Survey and the Pines Burnout Measure on a 425-strong sample of Israeli nurses at hospitals and medical centers.

Results: Burnout is especially evident in hospital departments where the demands on nursing staff are more intensive. Not only does the demanding work increase burnout, it also affects the ability to nurses' three most important values—*security, achievement* and *satisfaction*. Gaps between value importance and actual realisation on these values contributed significantly to increased burnout.

Conclusions: Nurses' work environment is critical to shaping both the level their practice and their feelings of job satisfaction and is a direct and indirect factor in the development or prevention of burnout. Healthcare managers must recognize the negative impacts of the gap between nurses' personal values and the values actually applied in their organization, and act to reduce this gap.

Key Words: Nurses; Burnout; Professional values; Schwartz theory; Workplace.

Introduction

"Workplaces are considered healthy when employees and managers collaborate to continually improve and protect the health, safety and well-being of all employees and the sustainability of the workplace"[1]. Staff wellbeing can be affected by negative experiences such as burnout, resulting from a variety of work stressors [2]. Within the last decade, burnout has increased significantly in the western world [3].

Pines has described three components of burn-out: (a) Physical exhaustion is expressed in complaints of weakness, chronic fatigue, pain in various organs, heaviness and lack of energy; (b) Emotional exhaustion may be expressed as complaints of depression, helplessness, hopelessness and reduced energy; (c) Mental exhaustion is expressed in a staffer's negative attitudes towards themselves, their work and their life [4]. As well as staff well-being, these effects of burnout threaten patient welfare, staff functioning and the professionalism of hospital care [5].

Studies into burnout have looked at both its environmental causes and the role of personality factors [6-8]. One of the theories dealing with the effects of personality factors on human behaviour is that of Schwarz and it is this theory, which the present study will use to investigate nurse burnout [9].

A value system, argues Schwartz, may be universal in that it is based on universal existential needs but particular values can be of high importance to one person and unimportant to another. They can also be very important to persons in particular lines of work [10]. An examination into values can identify transformational processes and the motives behind behaviour [11].

Schwartz cites 10 values: *self-direction* values thinking, choosing and behaving independently, openness to change and creativity; *stimulation* values constant change, excitement and facing challenges; *hedonism/satisfaction* values one's own pleasure and sensory gratification; *achievement* values personal success, excel-

lence, and the display of high skill; power values social status, prestige and ability to control people and resources; *security* values safety, harmony and stability in both society and one's own life; *conformity* accepts social norms and expectations; *tradition* yearns to maintain the status quo and avoid change or the unknown; *benevolence* displays concern for the well-being of others important to us; and *universality* values understanding, empathy, tolerance and concern for human welfare [9].

Each nurse enters the profession with their own value system. The degree to which he or she can apply those values in clinical work will differ between staffers and across clinical fields. There are work situations whose constraints restrict the application of staffer values [12]. The better the fit between personal values and the opportunity to apply them, the greater will be job satisfaction and vice versa [13,7,12]. The present study was designed to investigate both how much this degree of fit and individual personality factors determine nurse burnout.

Methods
Study design: This study is both descriptive and quantitative. Data were collected in 2015-2016 by asking third-year nursing students at Zefat Academic College who had attended a regular course on professional issues in nursing, and which included the issue of nurses' individual values, to get nurses at three hospitals in northern Israel and public health clinics to complete a questionnaire on the topic.

Ethical considerations were met by giving the nurses the choice to participate or not after hearing an explanation of the study's purposes and by having the study approved by the college's ethics committee (approval number 7(49/2017).

Participants: The participants comprised 425 nurses. Their mean age was 39.2 years (SD = 10.25). 289 (70.1%) were women and 127 (29.9%) men, of whom 78.6%were married. Almost half of the participants were Jewish (44.9%), almost a third Muslim 127 (29.9%); 67 (15.80%) were Christian, and 35 (8.20%) Druze. 85.40% were regular nurses and the remainder held managerial positions. Mean seniority in nursing was 14.80 years (SD = 10.50) and 10.90 years (SD = 9.20) in the current workplace. Just over half had either a BA or BNS degree, 22.80% were registered nurses, and the remainder had an MA or MS degree. About half (194, 45.6%) had completed an advanced nursing course.

Research tool: A four-parts questionnaire

Part 1 was the Shorter Schwartz Value Survey (SSVS) which comprised 21 items from the full 56-item Schwartz Value Survey. The SSVS was developed for the European Social Survey and asks two questions on each of the 10 values [14]. Schwartz and Bardi claim that the SSVS represents a full operationalization of the Schwartz theory of human values [15]

The present study tested the SSVS for validity and reliability on all ten values, the resulting Cronbach α scores ranging from .65 to .88. The SSVS asks participants to indicate the degree of importance of each statement on a scale of 1-6, where 1 = Not important at all to me and 6= Very important to me. The mean of each pair of scores gives the degree of importance attached to each value.

Part 2 was a questionnaire adapted by the author from the SSVS to examine the second research question—the degree of implementation of each value in clinical practice. Participants were asked to indicate the extent to which they applied each value in their hospital work by scoring the degree of their agreement with statements on a scale of 1-6, from 1= strongly disagree to 6 = strongly agree. Internal reliability was high (Cronbach's α =.93). Again, the mean of each pair of scores gave the degree to which each value was applied in the respondent's workplace.

Part 3 was a socio-demographic questionnaire, asking for gender, age, marital status, religious affiliation, position, academic degree and professional seniority.

Part 4 was the Pines Burnout Measure Short Version (BMS), which comprises 10 self-reported items on physical, emotional, and mental exhaustion ranked on a 7-point frequency scale [4]. The BMS has been found to be a reliable and valid research tool with an internal consistency reliability coefficient of .90 [16].

Data analysis: The study population was described by frequencies, means and standard deviations). SPSS quantitative statistical analysis included correlations, analysis of variance and regression.

Results
Table 1 shows that the two burnout dimensions ranked highest were tiredness followed by *disappointment with people*. Pearson correlations displayed a significant positive correlation between age and *difficulty sleeping* (r = 0.12, p <0.05) and a significant difference between men and women with respect to the three parameters of *hopelessness* ($F_{(1.423)}$ = 7.90, P <0.05), a *trapped feeling* ($F_{(1,423)}$= 17.97, p <0.001) and *depression* ($F_{(1,423)}$= 6.20, p <0.05), with men ranking all three dimensions higher than women.

Table 1: Means and standard deviations for the 10 dimensions of burnout (Questionnaire, Part 4) N = 425.

Dimensions of burn-out	Mean	SD
Tiredness	4.45	1.42
Disappointment with people	3.70	1.26
Hopelessness	2.67	1.45
A trapped feeling	2.79	1.50
Helplessness	2.63	1.41
Depression	1.86	1.21
Physical weakness	2.61	1.43
Worthlessness	1.81	1.27
Difficulty sleeping	2.83	1.66
"I've had it"	2.83	1.58
General burn-out	2.82	0.98

On *general burn-out* there was no significant difference by gender but there was by educational qualification level ($F_{(2,412)}$= 3.65, p <0.05) — nurses with M.A. or PhD degrees reported the highest levels of general burn-out (M = 2.99, SD = 1.03). General burn-

out levels also differed by hospital department ($F(7,150)= 2.01$, p <0.05). Scores were highest in departments where patients were in a chronic and/or deteriorating condition or in intensive care ($M = 3.08$, SD = 1.14), and in acute and maternity care ($M = 2.47$, SD = 0.82).

Table 2 shows that nurses ranked the values of *universality and conformity highest* and *stimulation* and *tradition* lowest. *Stimulation* is also the value scored lowest on its realisation on the ward. The widest gap between importance and realisation is for the value of *self-direction.*

Table 2: The importance of ten values to participants (Questionnaire Part 1), those values' realisation in the workplace (Questionnaire Part 2) and the gap between the two (N = 425).

	Importance of value		Realisation of the value at work		Gap between mean importance and mean realisation	
Value	M	SD	M	SD	M	SD
Benevolence	5.39	67	5.32	69	07	81
Universality	5.64	60	5.33	87	31	94
Self-direction	5.35	57	4.51	96	84	1.02
Stimulation	4.32	97	4.27	89	04	1.10
Hedonism	5.24	86	4.46	1.14	78	1.23
Achievement	5.41	70	4.76	98	64	1.09
Power	4.87	1.03	4.43	1.09	44	1.24
Security	5.58	47	5.32	82	53	84
Conformity	5.57	54	5.33	65	29	74
Tradition	4.55	1.25	4.51	1.13	18	1.36

A linear regression analysis was performed to ascertain which of the gaps between importance and realisation made the most significant contribution to the development of burnout. The results show that three gaps—on *security, achievement,* and *hedonism/satisfaction*— contributed significantly to the increase in burnout (Table 3).

The question is whether the association between, on the one hand, the gap between value importance and value realisation and, on the other hand, the degree of burn-out is affected by socio-demographic variables, such as age, gender, religious affiliation, professional seniority, position and place of work. For this purpose, a regression analysis was carried out in which each socio-demographic variable was introduced at the first stage. At the second stage, the three variables where the gap between importance and realisation made a significant contribution to explaining the degree of burnout were introduced, and at the third stage the interaction between the socio-demographic variables and the three gap variables (*security, achievement and hedonism/satisfaction were introduced*).

The analysis showed that the only socio-demographic variable which made a difference to the association between the value importance and value realisation gap and degree of burn-out was the type of department in which the respondent worked (there was a significant main effect for the interactions ($F (7,150) = 11.96$, $p <0.001$) on the explained variance ($R^2 = 0.37$, $p <0.05$).

In a more thorough regression analysis, we examined which of the differences between value importance and realisation contributed most to the development of burnout in each department. Table 4 shows that the only hospital departments in which there was a statistically significant difference between the value importance and value realisation gap and degree of burnout were internal medicine, maternity and pediatrics.

Table 3: Regression analysis of the effect of the gap between value importance and realisation on burnout, N = 425.

Values	F	R2adj	R2	R	t	SE	beta	B	df
Security difference	98.30	0.19	0.19	0.43	**9.91	0.05	0.43	0.51	1,423
Achievement difference	67.50	0.24	0.24	0.49	**5.47	0.04	0.25	0.23	2,422
Hedonism difference	48.50	0.25	0.26	0.51	**2.88	0.03	0.13	0.10	3,421

**P<0.001

Table 4: In which department did the gap between value importance and realisation contribute most to the development of burnout? Regression analysis results.

		B	BETA	SE	t	R²
Internal	Security difference	0.13	0.09	0.26	0.50	0.56**
	Achievement difference	0.74	0.65	0.19	**3.99	
	Hedonism difference	0.08	0.08	0.12	0.60	
Surgical	Security difference	0.39	0.70	0.17	0.56	0.80
	Achievement difference	0.23	0.45	0.16	0.51	

Department	Value					
	Hedonism difference	0.30	0.72	0.03	0.11	
Intensive care	Security difference	0.72	0.44	0.68	1.61	0.44
	Achievement difference	0.19	0.29	0.20	0.64	
	Hedonism difference	-0.19	0.30	-0.23	0.23	
Pediatric	Security difference	0.33	0.23	0.31	1.42	0.48*
	Achievement difference	0.39	0.17	0.51	*2.32	
	Hedonism difference	-0.60	0.16	-0.07	-0.37	
Maternity	Security difference	-0.13	0.24	-0.12	-0.52	0.36*
	Achievement difference	0.26	0.13	0.44	*2.06	
	Hedonism difference	0.25	0.13	0.40	1.94	
Psychiatric	Security difference	0.46	0.35	0.52	1.32	0.53
	Achievement difference	0.87	0.47	0.62	1.85	
	Hedonism difference	0.91	0.44	0.82	2.04	
Community	Security difference	0.42	0.23	0.37	1.81	0.14
	Achievement difference	-0.29	0.20	-0.28	-1.42	
	Hedonism difference	-0.04	0.13	-0.06	-0.94	
Geriatric	Security difference	-0.002	0.84	-0.001	-0.002	0.60
	Achievement difference	0.63	0.34	0.81	1.85	
	Hedonism difference	-0.02	0.51	-0.03	0.04	

*P<0.05 **P<0.001

Discussion

This study is based on the hypothesis that the positive alignment of the professional values of staffers and employing organization will enable staff to realise their individual values in the workplace. Such a realisation has important effects on employee wellbeing, burnout and their ability to provide high-quality care [17,13].

The present study finds a degree of burnout among nursing personnel, expressed in all the forms documented by other researchers but that differing personality traits have led to variability in the expression of burnout [2]. It has shown that staff in the one institution can express burnout at different intensities, which reinforces the further hypothesis that personal and personality characteristics have impact on the extent of burnout [18]. Male nurses, for example, suffer more than female ones from feelings of hopelessness, depression and being trapped, maybe because of the public perception that nursing is a profession for women and a similar perception among professional colleagues. The present study has further found that higher qualified nurses suffer more from burnout and feelings of hopelessness than lower-qualified nurses do [19]. The explanation here may be inconsistency between the higher educational and training investment the former group has made and the roles accorded them by their workplace.

Burnout of nursing personnel appears to especially evident in departments where the demands on nursing staff are more intensive, such as internal medicine and intensive care. It would seem that the very hard work these departments impose makes it less possible for nursing staff to realise personal values. We see from our findings that not only does the nature of the demanding work in these departments affect the level of burn-out, but it also affects the ability to implement the three main values that are most important to nursing personnel in these clinical fields—*security, achieve-ment and hedonism/satisfaction.* This reinforces the argument that a combination of demanding physical and mental work and a lack of job satisfaction, security, and promotion opportunities is a main predictor of burnout and all that it entails. Other studies have also found higher levels of emotional exhaustion and burnout in intensive care and geriatric departments [18,20].

The findings of the present study reinforce the claim that value systems are individual, complex and dynamic. This is reflected in two aspects—the differing priority individuals attach to values and how these priorities are influenced by personality traits. Our results show that the value of *stimulation* is ranked relatively low, a finding consistent with other studies [21]. On the other hand, the value of universality is rated highest, presumably because *universality* is one of the nursing profession's core ethical principles [22].

Altun argues that individual professional values play a significant part in determining the degree of burnout among nurses. Enabling nurses to realise their own values in the workplace is the main challenge for a management whose own priority is to maintain a workforce that is highly efficient and professional [6,23]. According to the present study's findings, (a) nurses cannot realise their values to the level of the importance they attribute to them, and (b) the gap between value importance and value realisation is not uniform but is influenced by various factors, such as nurses' age, gender and educational level. A study done by Warshawski and others on the importance staff which attribute to institutional values, such as innovation, power, leadership and marketing, found that different age groups definitely had different perceptions [24]. The present study finds that the three main values whose lack of realisation contributes significantly to an increased level of burnout are *security, stimulation and pleasure (hedonism).* These same three goals have been found to be key motivators in the choice

of nursing as a profession—aspirants want it to ensure economic and employment security, offer opportunities for professional and academic advancement, and afford the satisfaction of humanitarian caring [25]. The value of *achievement*, the desire to excel, to advance and gain professional status recognition, has also been found to have a strong influence on the degree of nurse burn-out, to the extent that that not enjoying a sense of achievement significantly contributes to burn-out and leaving the profession. Cohen has found that personal advancement and achievement is positively correlated with commitment to work and affects the level of both performance and dropout [26].

Incongruence between the values staff hold and their workplace realisation can be the result of normative, organizational, social, and economic pressures [10]. Other studies show that job satisfaction is associated with being appreciated, a sense of mission and professional commitment, and self-fulfilment [6,23]. The present study shows that the greater the gap between the desire of nurses to enjoy their work and the actual possibilities of their doing so, the greater the degree of their burnout.

Conclusions and Recommendations

Nurses' work environment is critical to shaping both their practice and feelings of job satisfaction and is a direct and indirect factor in the development or prevention of burnout. This environment includes not only physical conditions but also the organizational culture, which can either enable or obstruct fulfilment of personal and professional potential and the realisation of individual professional principles. Healthcare managements must learn to recognize the negative impact of this gap between personal values and their application and act to reduce it. Such interventions may indirectly contribute to higher levels of professional and humane treatment, to a more supportive and stable work environment, and to strengthening the sense of professional belonging that leads to the formation of a satisfying professional identity.

The findings of the present study can help provide a basis for intervention to reduce burnout, focusing on specific groups where the risk of burnout is high and making ward practice more conducive to nurse values, primarily *satisfaction, security* and *achievement.* Such planned interventions can have positive results in reducing burnout [27,28].

Conflict of interests
No conflict of interest has been declared by the authors.

Authors' contributions
All authors have contributed in designing the study, analyzing and interpreting the data. They all agreed on the final version of the article.

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