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Examining the psychological and social predictors of burnout among nurses employed by the government: A study of nurses at Gweru Provincial Hospital

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Abstract: *The study sought to examine the psychological and social predictors of burnout among nurses employed at the public hospital in Gweru, Zimbabwe. The primary aim was to determine the relationship between occupational and demographic stress factors and burnout levels among nurses. The study population consisted of 126 male and female nurses from Gweru General Hospital. A disproportionate stratified random sampling procedure was used to meet the sample required. Data was gathered through structured questionnaires. Linear regression analysis was used to determine the predictors of burnout. The result of the findings indicated organizational constraints, death and dying related stress, and age as significant predictors of burnout among nurses. Workload, nurse intention to leave and working experience were not found to significantly predict burnout among nurses. To reduce the level of burnout, it was recommended to make fundamental improvements to the hospital organizational climate and increase leadership support.*

Keywords – Psychological; social; predictors, burnout; nurses
Research Area: Social Science
Paper Type: Research Paper

1. INTRODUCTION

Burnout is described as a state of physical and emotional depletion, thus it is the end result of prolonged exposure to stressful working environment (Khamisa et al., 2015). It is mostly found in helping professions where people work closely with others in an emotionally charged atmosphere. Some of the factors that cause burnout include high workload, organizational constraints factors, death and dying issues, duties that do not correspond with pay, and being underappreciated.

Burnout has a long history among human professions such as nursing. Nursing is generally a stressful and emotionally demanding profession which deals with human aspects of health and illness. The career is physically and psychologically challenging, as it involves dealing with people who are suffering from major or minor health problems and life threatening issues (Bakker et al., 2002). Due to this continuous exposure to work stressors, nurses become vulnerable to burnout due to their direct contact with patients with critical health diseases, loneliness, grief, pain, incapacity and death. All these situations are emotionally demanding and can result in stress. Everyday nursing staff are exposed to situations that are unpleasant, some even disgusting, shameful and frightening. All these daily life complications are very stressful, making nurses susceptible to burnout.

Numerous studies done internationally report that burnout among nurses is associated with many things like the time spent with patients, poor support, high workload, shortage of nursing staff, lack of resources, and death and dying among others. In Africa several studies indicated that inadequate nursing personnel and frequent night duties, poor wages, excess workload, and lack of support were predictors of burnout among nurses especially in the emotional exhaustion subscale of the MBI (Lasebikan & Oyetunde, 2012). For example, in South Africa existing data indicates that high levels of burnout have been associated with shortage of nurses, which places additional pressure on the already struggling public health system characterized by shortage of nurses (Steenkamp, 2014). Researches showed that shortage of nurses in South Africa badly influences the general quality of patient care (Oosthuizen, 2012).Research indicated that there is shortage of about 3,000 professional nurses in the public health sector in South Africa with a nurse to patient ratio of 1:18 to 1:44 (Steenkamp, 2014). This provides pressure to the nurse who is already stressed with the work itself, hence predicts burnout levels.

However in Zimbabwe burnout among nurses might even be worse with a number of observable things currently happening especially in our public hospitals. Public hospitals in Zimbabwe are failing to provide health care that is consistent and of high enough quality to compete with other international hospitals. Issues of high death rate of patients in hospitals increase every day, yet we have qualified and experienced nurses. Zimbabwe generally is known for producing top quality graduates globally. Nurses in Zimbabwe get the same training, yet those working in private hospitals perform better than the ones in public hospitals. Most people prefer to get medical attention from private hospitals over public hospitals because. Even those nurses that migrate to work in other countries from Zimbabwe are well known for producing quality care but yet in Zimbabwe they are failing to do so. Patients are dying every-day of natural causes, and some due to medical errors. Nurses are being accused of being callous, rude and arrogant to patients by the general public (Chitura & Chitura, 2014). According to the Sunday Mail of 19 April (2015), long queues have become the order of the day in public hospitals in Zimbabwe, where patients have to wait for long hours before being attended to. Patients sometimes spend the whole day in a queue before being given medical attention. To make matters worse some patients that are seriously ill, especially those suffering from AIDS-related illnesses and cancer, are being released from hospitals in conditions so bad that they die upon arrival at their homes. All these issues shows that nurses to some point are experiencing burnout which is affecting their service delivery, yet little is known about the psychological and social predictors of burnout among nurses in public hospitals, which is the current focus of this study.

No researches have been found in Zimbabwe about the predictors of burnout among nurses. The only qualitative study about burnout is the one conducted by Chitura and Chitura (2014) which emphasized more on the signs and symptoms of burnout particularly among the Intensive Care Nurses, but little is known about the factors that predict burnout levels among nurses in general. Therefore because of this gap in research in Zimbabwe, the current study intends to add more knowledge to the existing literature about burnout among nurses particularly in the public hospitals, identifying the predictors of burnout among nurses in the public hospitals so that appropriate intervention strategies to alleviate burnout among nurses can be developed, thus improving the quality of the health care in Zimbabwe.

2. AIM OF THE STUDY

The main aim of the research was to examine the psychological and social predictors of burnout among nurses employed by the Government of Zimbabwe, particularly the experiences of those nurses at Gweru General Hospital, and to recommend intervention strategies that can be put in place to alleviate burnout among nurses.

3. STUDY HYPOTHESES

There are one main hypothesis and 4 sub hypotheses developed as follows:

3.1 Main Hypothesis

H0*:* There is a significant relationship between occupational and demographic variables and burnout among nurses employed by the government hospital in Gweru, Zimbabwe.

***H1*:**There is a significant relationship between organizational constraints and burnout levels among nurses employed by the government of Zimbabwe.

***H2*:** There is a significant relationship between workload and burnout among nurses employed by the government of Zimbabwe.

***H3*:** There is a significant relationship between death and dying related stress and burnout levels among nurses employed by the government of Zimbabwe.

***H4*:** There is a significant relationship between nurses' sociodemographic characteristics i.e. age, working experience, and intention to leave, and burnout among nurses employed by the government of Zimbabwe.

4. LITERATURE REVIEW

4.1 Conceptualizing Burnout

Literally, burnout means, "…the smothering of a fire or the extinguishing of a candle", and this acts as a metaphor for the draining of employees' energy (Schaufeli et al., 2009, p. 205). Burnout concept firstly emerged in the USA during the 1970's to express the state of occupational depression experienced by people employed in customer services. According to Serin and Balkan (2014), the concept emerged in 1961 in the novel titled, "Burn Out Case", by Greene which depicts the story of a spiritually tormented and cynical architect who quit his job and withdrew to the African jungle as he was plagued by extreme fatigue and loss of idealism and passion in his job (Maslach, Schaufeli & Leiter, 2001).

Freudenberger (1974) borrowed the term to describe ongoing emotional depletion, loss of motivation and reduced commitment (Schaefeli et al., 2009, p. 205). The concept was then furthered by the American social psychologist Maslach, who defined burnout as a psychological response to chronic emotions and interpersonal contact (Hurkin & Melby, 2014). In the 1980's the concept was then expanded by Maslach and Jackson (1981) through the development of the Maslach Burnout Inventory (MBI), an instrument used to measure burnout. Currently, as a result, many researchers now favor the multidimensional and standardized definition of burnout by Maslach (1982). He defined burnout as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do "people work" of some kind. (Maslach, 1982, p. 2). According to his definition, the concept of burnout includes three aspects that are, emotional exhaustion, depersonalization and reduced personal accomplishment perceived by those interacting extensively with other people (Maslach, 1982).

To understand burnout as a concept, the three aspects of burnout according to Maslach's definition will be discussed in this literature review.

Emotional exhaustion: It entails the feeling of being emotionally overstretched, overused, and depleted of emotional resources, which individuals experience either during or after work (Maslach, 1992). It is also viewed as one's effort to distance oneself emotionally or cognitively from one's work and it is a central element of burnout and the most obvious manifestation of the syndrome (Harkin &Melby, 2014). Workers feel that they are no longer able to give of themselves at a psychological level (Maslach& Jackson, 1981, p.99). On this dimension, higher levels of burnout are characterized by high scores on the EE (emotional exhaustion) subscale.

Depersonalization: It is the second dimension of burnout. According to Serin and Balkan (2014), it refers to an individual's apathetic feeling towards work in general and the feelings leading to one's loss of interest in work and the development of the feeling that work has lost its attraction. It is the individual's feeling that they cannot enjoy work any longer and at times it includes a loss of idealism (Maslach & Goldberg, 1998). High scores in the DP (depersonalization) subscale indicate high levels of burnout.

Personal Accomplishment: Signifies the self-evaluation element of burnout. Personal accomplishment by definition refers to the feeling of competence and successful achievement. Contrarily, reduced personal accomplishment refers to an individual's feeling of decrease in competence and successful achievement at the workplace (Maslach & Golberg, 1998). Individuals with this feeling assess themselves negatively with regards to their work with clients when they fail to succeed in their personal goals at work. This feeling hinders progress in an individual's work and hence it's frustrating leading to burnout (Serin& Balkan, 2014).

4.2 Burnout and Nursing Profession

According to Kaytal (2013), burnout pervades every occupation but however it is more predominant among those professions that offer human service in response to the needs of the society. Nurses comprise the largest segment of employees in the global health care industry and they are more exposed to stressful events which eventually lead to burnout. Yavello (2014) indicated that nursing is a very stressful profession as it deals with human aspects of health and illness which can ultimately lead to job dissatisfaction and burnout. In their daily work, nurses are exposed to many stressors ranging from organizational stressors, the nature of work itself, workload, exposure to death and dying issues, inadequate pay, environmental stressors, and long working hours (McVicar, 2003). Despite the fact that get paid for the job, the care and concern they exhibit at times goes beyond any monetary remuneration (Gulavan&Shinde, 2014) which eventually leads to the development of burnout. It is therefore essential to identify the predictors of burnout in nursing so that proper intervention strategies can be developed to reduce burnout among nurses.

Zimbabwe like many other countries has the dilemma of finding the best way to address the health needs of its citizens and economically develop the country to provide its population with satisfactory quality health care. From 1990, partly due to the lack of economic growth and economic stagnation, government resources have increasingly become inadequate to match and satisfy the population's health needs (Mudyarabikwa, 2000). Available evidence in Zimbabwe indicates that there is presence of burnout among the nurses especially those in the public hospitals as measured by the Maslach Burnout Inventory (MBI).

Evidence from the study conducted by Chitura and Chitura (2014) shows that burnout syndrome was prevalent among the intensive care nurses in Zimbabwean's hospitals. Using a sample of 23 participants, the study found out that, emotional exhaustion has been a contributory factor to burnout with 78% of the ICU nurses caring for the dying and 43% involved in the life end decisions. The findings of the study revealed that spending prolonged time in the ICU contributed to burnout with 40% score in the emotional exhaustion subscale indicating severe feelings of emotional exhaustion and also 46% in depersonalization score which indicates a moderate level of burnout among ICU nurses as measured by the MBI (Chitura & Chitura, 2014). This indeed calls for concern in the field of burnout among nurses but however as a limitation, it was discovered that it was not defined in this study what exactly constituted high levels of emotional exhaustion and depersonalization among these nurses. Therefore because of this gap, this present study intends to expand the existing literature about burnout among nurses in Zimbabwe by investigating the psychological and social predictors of burnout so that appropriate intervention strategies to alleviate burnout among nurses can be put in place.

Organizational constraints in the nursing profession have been reported in many developed and developing countries as a predictor of burnout. Burnout at an organizational level is characterized by reduced effectiveness, poor performance and less productivity. Nevertheless not only the quantity of work is affected but also the quality of service offered is also affected. According to Glazer and Gyurak (2008), several studies reported shortage of material resources such as hospital beds, medical equipment, poor infrastructure, medical supplies and absence of workplace support from supervisors to have an influence on burnout. Inadequate resources, such as lack of funds, lack of supplies, lack of equipment or broken equipment as well as unavailability of resources, were identified by five countries to be among the top 10 workplace stressors in each country. Among a sample of 333 Turkish nurses, 52% of the respondents reported that lack of hospital equipment affected them negatively (Steekamp, 2008), 24 Ugandan nurses indicated that they were morally distressed by not being able to provide care among HIV patients due to lack of resources and poor infrastructure (Steekamp, 2008), 50% of the 1.702 South African healthcare workers (including nurses), were dissatisfied with both workplace infrastructure and unavailability of medical supplies (Pendleton et al, 2007). All these organizational constraints have a great influence on the level of burnout and job dissatisfaction.

In Zimbabwe at Gweru Provincial Hospital, speaking at the commissioning of a new Casualty Department at this hospital, Dr. Parirenyatwa acknowledged lack of resources and poor infrastructure as organizational constraints affecting the quality of health care (Sunday Mail of 19 April, 2015). The Midlands Governor, Cephas Msipa, also speaking on behalf of the Midlands Province Affairs Minister on the same occasion, indicated that there was need for necessary facilities such as adequate remuneration for nurses to perform at their best and reduce pressure among nurses. The hospital suffers from lack of resources such as medication running outand there is need for more to ensure quality of service and reduce mistakes as a result of stress and burnout. However the documented evidence on the extent to which all these factors predict burnout among nurses is not known in Zimbabwe which is the focus of this current study.

Lack of workplace support among the nursing profession is also another organizational constraint associated with burnout. Glazer and Gyrak (2008), in a study of nurses from five countries, indicated inadequate support from management as one of the top 10 organizational stress factors. Singaporean nurses also testified a lack of supervisory

support as well as lack of recognition as the daily hassles they experienced (Lim et al., 2011).Nurses revealed that supervisors expect nurses to assist them in their work daily but they themselves do not offer support in return when needed. Participants from Turkish nurses according to Steenkamp (2014) indicated that they come to work every day and overwork but there is no appreciation. "Nobody says 'thank you', rather supervisors continuously ask why we did not do this and that" (Steenkamp, 2014).In Zimbabwe according to the study by Chitura and Chitura (2014) on ICU nurses, participants indicated that lack of enough support from supervisors or administration lead to intense stress that results in burnout. Thus it appears there is a correlation between organizational constraints and burnout but no research has been documented in Zimbabwe to show that indeed there is a significant relationship between organizational constraints and burnout, which is the current focus of this study.

Internationally and regionally, workload has been found to be a leading occupational stressor within the nursing profession. According to Glazer and Gyuruk (2008), a study among 5 countries identified workload in relation to certain types of task such as working shifts to have an influence on burnout among nurses. Steenkamp (2014) in a Spanish study of 473 nurses found workload as the most significant predictor of Emotional Exhaustion among all predictors of burnout in the study. Aiken et al. (2008) among 10.184 nurses in Pennsylvania, found higher levels of burnout due to workload increase by approximately 20%, and heavy workload has been associated with shortages of nurses in hospitals. Kruse et al. (2009), among a study of Zambian health care providers found that of the 483 active clinical and hospital staff who completed the questionnaire, 84% testified to occupational burnout and they described it as a feeling of being overworked, stressed and tired with risk factors of intending to leave the profession.

Death and dying related stress was also found to be associated with burnout levels among nurses. In most cases nurses experience death and dying cases and other ethical dilemmas at a regular basis. Therefore due to the continuous exposure to these situations, their attitudes towards death and dying may become more complex and in turn can affect personal attitude towards death which often leads to burnout (Chitura & Chiitura, 2014). The emotional issues related to death and dying of patients can be extremely stressful and mentally draining as nurses are expected to take care of the next patient even if they are still mourning the previous patient's death. This is distressing not only because of the loss of patients, but also having to witness the prolonged suffering and death of patients (Steenkamp, 2014).Among a sample of 174 nurses caring for people living with HIV in the Limpopo Province, 90% of the respondents found it difficult to see their patients suffer and die (Steenkamp, 2014). Smit (2005) also reported that nurses try to leave their work at the hospital when they go home, but emotions are not that easy to control and easily forget. They continue being worried about their patients whom they know are dying and cannot help them. It leaves them with heavy feelings inside which often results in burnout and job dissatisfaction among nurses (Smit, 2005).

Demographic variables of age and working experience have been identified to have an association with burnout syndrome. Higher levels of burnout were strongly associated with age. Age was reported to be the strongest predictor of emotional exhaustion and depersonalization. Harkin and Melby (2014), reported high levels of burnout as associated with young nurses as compared to those over 30 or 40 years old, because they have high expectations yet they lack adequate skills needed in the nursing profession.

Literature review has shown that many studies about burnout in the nursing profession have been conducted internationally and regionally. However, the conditions applied there

are different from what we have in Zimbabwe. Therefore their conclusions cannot be generalized in the Zimbabwean context considering the differences in culture, ethnicity, economy and even difference in conditions of health care systems. In Zimbabwe only one study about burnout has been conducted so far among ICU nurses, and findings indicated that 95% of the respondents indicated high levels of emotional exhaustion and depersonalization on the MBI subscale (Chitura & Chitura, 2014). This indicates that there is presence of burnout among ICU nurses. However as a limitation the study did not go on to ascertain what exactly contributed to burnout among nurses in Zimbabwean hospitals considering the economic situation Zimbabwe is facing currently and the challenges bedeviling the health sector. Thus because of this gap, the researcher finds it necessary to increase the literature about nursing burnout in Zimbabwe, particularly investigating the predictors of burn out among nurses such that the findings of this study would be recognized when designing intervention strategies for burnout among nurses working in the public hospitals in Zimbabwe.

5. METHODOLOGY

5.1 Research Design

The research design used in this study was a cross sectional correlational study design.

5.2 Population of the Study

The population of the study consisted of all nurses at Gweru General Hospital. The number of these nurses therefore referred to the two hundred and ten (210) nurses currently employed at the Gweru General hospital working in different wards.

5.3 Sample of the Study

The sample of this study consisted of one hundred and thirty (130) nurses both males and females from eight different wards randomly selected for this study. These wards include: Casualty, Outpatients, Maternity, Psychiatric, Pediatric, Medical, Surgical and Private Wards. Among the 130 nurses who were given questionnaires only 126 responded, 39 males and 87 females who work either on day shift, night shift or both shifts.

5.4 Sampling Technique

Disproportionate stratified sampling technique was used to randomly select participants.

5.5 Research Instrumentation

The research instrument used for data collection in this study is a questionnaire. Three different types of questionnaires titled, "Maslach Burnout Inventory", "Organizational Constraints Scale" and the "Nursing Stress Scale" which were adopted from Maslach (1982), Spector & Jex (1998) and Gray-Toft and Anderson (1981) respectively were used. The questionnaire was divided into four sections: section 1 of the questionnaire was designed to elicit personal information about the respondents. Such information includes: age, gender, experience, level of education, work area, marital status, working experience, duty shift, level of education and their intention to leave the career within the next twelve months.

Section 2 focused on items designed to measure the level of burnout using the **Maslach Burnout Inventory- Human Services Scale (MBI-HSS)** adopted from Maslach (1982). The MBI-HSS is an instrument comprising of 22 items across three subscales of

Emotional Exhaustion (7 items), Depersonalization (7 items) and Personal Accomplishment (8 items). Responses to scale items range from never =0 to everyday= 6.

Section 3 of the questionnaire was the **Organizational Constraints Scale (OCS)** adopted from Spector and Jex (1998) which was administered to participants to measure their perceived stress levels in relation to organizational constraints as well as workload which predict burnout among nurses. Last section of the questionnaire was the **Nursing Stress Scale (NSS)** adopted from Gray-Toft and Anderson (1981) which was used to assess the level of stress related to death and dying of patients among nurses. It measures the frequency at which certain situations at work are regarded as stressful by nurses.

5.6 Reliability of the Instrument

To ensure that the instrument adopted was valid and reliable, the reliability reports of other previous studies used the same questionnaires were considered. The researcher also calculated Cronbach's alpha (α) of the instrument using SPSS to measure the internal consistency of the instrument and the acceptable level of consistency one the one exceeds 0.70. The MBI reported Cronbach Alpha value of (α =0,78), the OCS reported (α=0.72) an the NSS reported (α=0.74) showing that the instrument was valid and reliable.

5.7 Data Collection Procedure

The data for this study was obtained from the use of the questionnaire, which was administered in each of the nurses from the different wards. Permission was sought from the Gweru General Hospital authorities (Human Resources Department). An arrangement was made with some sisters in charge and matrons through the HR department to assist in administering and collection of the questionnaires from the different wards. Participants were instructed on the questionnaire to respond to all items included in the questionnaire but were asked not to include their names on the questionnaire to ensure anonymity and promote confidentiality.

5.8 Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 20 was used the analyze data using linear regression analysis to find the significant predictors of burnout. Data was presented using frequency tables and descriptive statistical tables, pie charts and graphs.

5.9 Ethical Considerations

Participating in this study was voluntary to those nurses who were available and willing. Confidentiality was guaranteed, anonymity, and the right to withdraw at whatsoever time they felt that they could no longer complete the questionnaire. The consent was implied in the completion of the anonymous questionnaires. Names and other identifying data of participants were removed throughout the study process to maintain confidentiality.

6. RESULTS

The main aim of the study was to investigate the psychological and social predictors of burnout among nurses employed by the government in Gweru, Zimbabwe. Therefore to find these predictors, three separate regression analyses were carried out on the dependent variables for Emotional Exhaustion, Depersonalization and Personal Accomplishment aspects of burnout. The five predictor variables (organizational constraints, workload, death and dying related stress, nurse's intention to leave profession, working experience and age) were

entered in a single step in each regression model to predict burnout among nurses. The results found were as follows:

Table 1

Results of the linear regression analysis for predicting Emotional Exhaustion

Predictors	Unstandardized Coefficients		Standardized Coefficients	T	Sig. (p)
	B	Std. Error	Beta		
Constant	.331	7.875		.042	.967
Death and dying related stress	.525	.245	.204	2.142	.034*
Organizational constraints	.294	.112	.239	2.636	.009**
Workload	.050	.221	.021	.229	.820
Experience as a nurse	4.787	2.231	.192	2.146	.033*
Age group	-1.432	1.851	-.066	-.774	.041*
Intention to leave nursing	.045	.251	.196	335	.644

Note N= 126
**** P < .05. ** p< .01***

The model explained 10.9% (Adjusted R^2 = 0.109) of the variance in Emotional Exhaustion, and was significant at 5% level of significance (p =0.002) in predicting emotional exhaustion.Results shows that, of the five aforementioned variables entered in the predicting for emotional exhaustion, only three variables were statistically significant. Death and dying related stress was significant at 5% level of significance (p=0.034), Organizational constraints was significant at 1% level of significance (p=0.009),Working experience as a nurse was significantly at 5% level of significance (p=0.034).

Results for linear regression analysis for predicting Depersonalization

Predictors	Unstandardized Coefficients		Standardized Coefficients	T	Sig (p)
	B	Std. Error	Beta		
(Constant)	1.184	7.112		.166	.868
Death and dying related stress	.561	.221	.236	2.532	.013*
Organizational constraints	.353	.101	.311	3.505	.001**
Workload	-.140	.199	-.063	-.702	.484
Experience as a nurse	.322	2.015	.014	.160	.873
Age group	1.414	2.193	.055	.645	.447
Nurse's intention to leave	.424	3.522	.056	.180	.834

N=126
**** p< 0.05 **p < 0.01***

The regression model explained 14.1% (Adjusted R^2 =0.146) of the variance in depersonalization and was statistically significant at 1% level of significance (P =0.000).Of the five aforementioned predictor variables of depersonalization, only two were found to be statistically significant. Death and dying related stress was a statistically significant predictor of depersonalization at 5% significance level (p=0.013), Organizational constraints was significant at 1% level of significance (p=0.001).Working experience, age, intention to leave and workload were not significant predictors of depersonalization dimension of burnout.

Table 2

Linear regression analysis results for predicting Personal Accomplishment

Predictors	**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig (p)**
	B	Std. Error	Beta		
Constant	29.637	9.330		3.177	.002
Death and dying related stress	-.182	.290	-.062	-.627	.532
Organizational constraints	-.254	.132	-.182	-1.923	.047*
Workload	.143	.262	.052	.547	.586
Experience as a nurse	3.272	2.643	.116	1.238	.218
Age group	-1.041	1.671	-.052	-.632	.044*
Intention to leave nursing	1.432	.210	-.053	-.728	.412

Note N= 126

*** *P* < .05. ** *P* < .01**

The model explained 2.6% (Adjusted R^2= 0.026) of the variance in personal accomplishment, and was significant at 5% significance level. Organizational constraints significantly predict reduced personal accomplishment at 5% level of significance (p=0.047). Results shows that, as the level of organizational constraints increases, the level of personal accomplishment decreases (reduced personal accomplishment), thus leading to higher levels of burnout. Age was also a predictor at 5% (p=0.044) level of significance. Thus, as age increases, the level of personal accomplishment decreases which leads to burnout. Death and dying related issues, workload, intention to leave and working experience as a nurse were not significant predictors of personal accomplishment.

7. DISCUSSION

Results obtained show that the stress factor of organizational constraints significantly predicts emotional exhaustion, depersonalization and reduced personal accomplishment aspects of burnout. 85.5% of the nurses in the sample indicated that they often feel it

impossible to do their job due to the stress as a result of organizational constraints. The results found are in line with those found internationally by Van Bogaert et al. (2009), who indicated that lack of organizational support as well as supervisory support from the hospital management influenced levels of emotional exhaustion as well as personal accomplishment. Coetzee et al. (2013) in the study of South African nurses found similar results, saying that nurses from hospitals with favorable practice environments, enough equipment, and good leadership from nursing supervisors as well as sufficient resources were less likely to report levels of emotional exhaustion, depersonalization and reduced personal accomplishment. These constraints of lack of supervisory support, lack of equipment, lack of resources were included in this present study in the 10 organizational constraint factors measured by the Organizational Constraint Scale (Spector & Jex, 1997). All these findings from previous studies therefore concur with the present findings that there is a significant relationship between organizational constraints and burnout levels among nurses. Therefore the hypothesis that there is a significant relationship between organizational constraints and burnout among nurses employed at the public hospital in Zimbabwe is therefore accepted.

Higher workload has been indicated by many studies as a significant predictor of burnout among nurses. However this study is an exception. Despite the large percentage (96.8%) of nurses in the sample indicating high levels of workload, workload was however not found to be a statistically significant predictor of burnout among nurses. The results of this study are therefore inconsistent with previous findings. Steenkamp (2014) among his study of South African nurses found out that workload was directly associated with burnout at 1% significance level. Aiken et al. (2008) also found a relationship between workload and emotional exhaustion aspect of burnout. Garrossa et al. (2008) among his study of Spanish nurses revealed that, workload together with experience with pain, death and conflicting interaction predicted depersonalization and emotional exhaustion with the variance of 26% and 23% respectively. However this is not the case with nurses employed by the government in Gweru, Zimbabwe. Workload was not a predictor of burnout, maybe because the current economic conditions and levels of unemployment in Zimbabwe leave nurses with jobs grateful to have employment and a source of income. Thus according to this present study results and other support from previous studies, the hypothesis that workload is a significant predictor of burnout is therefore rejected.

Death and dying related stress was found to significantly predict emotional exhaustion and depersonalization aspects of burnout but however did not predict personal accomplishment. These results were found among the sample; 70.6% of the nurses had high levels of stress related to death and dying of patients. Results concur with previous studies done internationally by Garrossa et al. (2008), where a significant relationship between burnout and death and dying related stress was found. Steenkamp (2014) in his study among South African nurses indicated that, nurses' experience with pain and death of their patients predicted emotional exhaustion, depersonalization and reduced personal accomplishment aspects of burnout at 1% significance level. Smit (2005), in his study of nurses caring for PWLH in Gauteng Province, also show that 90% of the nurses find it difficult to deal with the death and dying of patients. Locally the study done by Chitura and Chitura (2014) also concur with the present study indicating a positive correlation between death and dying issues, other ethical dilemmas and burnout with 78% of ICU nurses reporting high levels of stress as a result of death and dying issues. Thus because of this evidence from the present study, the hypothesis that there is a significant relationship between death and dying related stress and burnout is accepted.

Age was found to significantly predict emotional exhaustion and reduced personal accomplishment aspects of burnout, but however did not predict depersonalization. The age range of the participants was from 22 to 65 years. Results from this study show that as age increases the level of emotional exhaustion among the nurses' decreases, thus leading to lower levels of burnout. Conversely, on depersonalization aspect of burnout, as age increases the level of personal accomplishment decreases which contributes to burnout. The results are consistent with Hurkin and Melby (2014) in his French study among Critical Care nurses, a strong association between age and the three aspects of burnout syndrome was found. High levels of burnout were associated with those nurses over 30 to 40 years old and the reason was that they have high expectations yet they lack adequate skills required in the nursing profession (Hurkin & Melby, 2014). Okwaraji and Aguwa (2014)'s findings among the nurses in Nigerian public hospitals, revealed that nurses aged less than 35 years significantly experienced higher levels of burnout more than elderly nurses aged 35 years and more because younger nurses might not have acquired enough psychological resilience to cope and deal with the challenges associated with the nursing profession unlike the older nurses. Therefore the researcher accepts the hypothesis that, there is a significant relationship between the socio demographic characteristic of age and burnout.

However nurses working experience and intention to leave where not found to significantly predict burnout among nurses at Gweru Provincial Hospital in Zimbabwe.

8. CONCLUSIONS

In conclusion, out of the six identified predictor variables of burnout, only three were found to significantly predict levels of burnout among nurses at Gweru Provincial Hospital in Zimbabwe. These were death and dying related stress, organizational constraints and age. These results are supported by other literature studies cited in the discussion of the results above. Therefore, since the three major occupational variables were found to have strong relationship with the three aspects of burnout, the main hypothesis of the study which says there is a significant relationship between occupational stress factors (that is, organizational constraints, workload, death and dying related stress, working experience, age and intention to leave) and burnout is therefore accepted in this study.

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