

**FACTORS INFLUENCING BURNOUT AMONG HEALTHCARE  
PROFESSIONALS AT SELECTED HOSPITALS IN THE EHLANZENI DISTRICT,  
SOUTH AFRICA**

**BY**

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**A mini-dissertation submitted to the School of Health Sciences in partial fulfilment for  
the degree of Master of Public Health.**

**At the University of Venda**

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**2018**

## DECLARATION

I, Mmathabo Nnana Mashego, Student Number 11606369, hereby declare that this proposal titled “Factors influencing burnout among healthcare professionals at selected hospitals in Ehlanzeni District, South Africa” submitted to the University of Venda, School of Health Sciences, has not been submitted before for any degree or examination at this or any other University; and that it is my own work in design and execution and that all materials or sources used have been dully acknowledged.

Signature .....

Date .....

## DEDICATION

This mini-dissertation is devotedly dedicated to my family. Their love and support is what kept me going. To my supervisors Prof S.S. Babalola and Prof A.K. Tugli, I appreciate your efforts and words of encouragement throughout. Last but not least, to my daughter Dintle, She is the reason I always feel encouraged to better myself.

## ACKNOWLEDGEMENT

First and foremost, I would like to thank the Almighty God for his undying love and strength, without him I am nothing.

I would like to thank the following people who had a great contribution to my study:

- My supervisor Prof S.S. Babalola. Thank you for your guidance towards the completion of the study. Thank you for your continuous words of encouragement. God bless you in abundance.
- My co-supervisor Prof A.K. Tugli, thank you for your contribution, it is much appreciated.
- My beautiful family, thank you for all the sacrifices you made in ensuring that my study becomes a success
- My daughter Dintle, you are my motivation.
- My life partner Obrien Mthetwa for his patience, love and support throughout.
- My spiritual father Mr. Collins Makgoba, thank you for your spiritual guidance which kept me focused

## **ABSTRACT**

The healthcare profession has emerged as one of the professions that is mostly prone to burnout. Burnout is a major problem affecting healthcare professionals nationwide and abroad. When employees experience burnout, it becomes difficult to remain productive at work since this starts to impact negatively on their occupational functioning. Although studies have been done on burnout, very little is known about factors that influence burnout among healthcare professionals. Knowledge around the concept of burnout and accompanying risk factors is vital for early detection and intervention. The study aimed to explore on the factors that influence burnout among healthcare professionals at selected hospitals in Ehlanzeni District, South Africa.

A qualitative research approach using phenomenological research design was used for the study. A sample was chosen from the target population by means of convenient sampling. The total number of participants was determined by a rapid assessment test which was used to screen burnout among the professionals. Data were collected through a semi-structured interview guide. The data collected was analyzed using thematic content analysis. The findings show that burnout is influenced by a number of different factors (workload, financial problems, emotional exhaustion, poor working relationships, lack of social support, and experience/number of years working at the hospital and personality type. In addition, most healthcare professionals are vulnerable to burnout while some are experiencing it. Also, there are currently no adequate strategies/initiatives put in place to prevent burnout.

The study recommends that hospitals should come up with initiatives/strategies specifically aimed at preventing burnout syndrome among the healthcare professionals. This can be done through debriefing sessions held at least twice a week for just an hour, hosting Movie days, and Tea parties etc.

**Keywords:** Burnout, healthcare professionals, hospitals, work-related factors

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## LIST OF ACRONYMS/ABBREVIATIONS

<b>A/E MODEL</b>	: Attribution/ Environmental model of burnout
<b>DoH</b>	: Department of Health
<b>DSM IV-TR</b>	: Diagnostic Statistical Manual of Mental Disorders
<b>HIV/AIDS</b>	: Human immunodeficiency virus /Acquired immunodeficiency syndrome
<b>HPCSA</b>	: Health Professions Council of South Africa
<b>MDD</b>	: Major Depressive Disorder
<b>MDOHAPP</b>	: Mpumalanga Department of Health Annual performance Plan
<b>MP</b>	: Mpumalanga Province
<b>RAT</b>	: Rapid Assessment Test
<b>USA</b>	: United States of America
<b>WHO</b>	: World Health Organization

# CHAPTER 1

## INTRODUCTION

### *1.1. Background of the study*

Healthcare professionals provide preventative, curative, promotional or rehabilitative healthcare services. These professionals can be classified under different categories such as nurses, doctors, pharmacists, psychologists, registered counsellors, social workers, dieticians, physiotherapists etc. Healthcare professionals share a goal of ensuring that society receives the best healthcare services as possible regardless of the challenges they face at the workplace. The challenges they face may sometimes put a strain on their health as they may end up experiencing problems which may eventually lead to burnout (Shaufeli, Leiter & Maslach, 2009). Burnout was first discovered by Freudenberger (1990), who described it as a situation wherein the healthcare worker appears to be detached from his/her work and work is perceived as worthless. This researcher uses the analogy of a huge building which was once strong and has now collapsed to explain the experience of burnout. It means healthcare professionals can be very enthusiastic about their work at first and suddenly lose energy, drive and interest in their work.

Shaufeli et al. (2009) described the term burnout as an umbrella term which explains the condition arising from the extreme emotional exhaustion because of job demands. Maslach, Leiter and Jackson (2012) refined the definition of burnout as a prolonged response to chronic emotional and interpersonal work stressors. Burnout is often confused with job stress. However, job stress refers to a common and more general term that describes a short-term adaption problem happening to an individual within the working environment (Maslach et al., 2012). This condition includes symptoms which can be both physical and psychological. On the other hand, burnout syndrome is the consequence of the persistent stress that arises in the working environment. According to Shaufeli et al. (2009), burnout was found to still remain an issue of great concern among healthcare professionals globally. When healthcare professionals experience burnout, it becomes difficult to remain productive at work since this starts to impact negatively on their occupational and personal functioning. This is supported by a study conducted in the United States by Yoder (2010) in which it was evident that the level of emotional exhaustion faced by healthcare professionals on a global scale is very high. This in turn leads to most of the healthcare professionals detaching themselves from this nature of job. Van Bogaert (2010) found that unit-level variation in rates of burnout was a significant factor in relation to the outcome of turnover of professionals in Europe. Burnout was found to be a predictive factor for intent to leave the position. From

these studies there is an indication of an association between the stress and intent to leave the workplace.

Africa is not immune to the worldwide prevalence of burnout among health care professionals. Research undertaken in Kenya reported a high level of emotional exhaustion in healthcare professions. Research also reveals cases and instances of how health-care professionals, nurses were refusing to work with patients who were affected by HIV/AIDS. A similar study conducted in Zambia by Kruse et al. (2009) indicated that 62% of the healthcare workers reported moderate to high levels of emotional exhaustion. Furthermore, a study conducted in Nigeria with the focus on all healthcare professionals, revealed that nurses, doctors and mental health professionals are more prone to the development of burnout. This is because they reported the highest scores on all measures of burnout when compared with other healthcare professionals

It is reported that 82% of the South African population rely on the public health services as compared to the private sector that only provides health services to 18% of the population (Stats S.A, 2011). This clearly shows that the public healthcare sector is overworked, and healthcare professionals are vulnerable to the burnout syndrome. In a study conducted in South Africa by Craig and Sprang (2010) focusing on healthcare providers in a trauma unit, it was discovered that almost half of all the workers in that unit reported a high degree of occupational burnout. This is mainly because they were being exposed to traumatic experiences and some healthcare professionals found it hard to cope and this leads to burnout. A similar study was conducted in South Africa in Bushbuckridge by Khoza (2014) which revealed that 26s% of healthcare professionals felt emotionally drained every day. Twenty two percent felt emotionally drained once a week, 18% once a month, 16% a few times per month, 8% once a year, 4% a few times a year. This indicates that a lot of healthcare professionals are having high reports of emotional exhaustion and potential to burnout.

## ***1.2. Problem statement***

Burnout remains an issue of great concern amongst healthcare professionals. It impacts negatively on their job performance as well as the patients they are supposed to care for (Maslack et al., 2012). Studies done in the United States and United Kingdom linked burnout to shortages of healthcare employees resulting in professional burnout. For instance, Ray, Wong, White and Heaslip (2013) reported that 76% of the 115 mental healthcare professionals conformed to their criteria for burnout, while Shaufeli (2015) revealed that 47% of the medical doctors in Europe reported to experiencing emotional exhaustion and they scored high on the burnout inventory test.

According to WHO (2016), most developing countries have only one psychologist to more than a million people. Generally, South Africa has a shortage of healthcare professionals occupying public hospitals, only half of public hospitals in Mpumalanga provide psychological services (MDOHAPP, 2016). This leaves the professionals with a huge workload and occupational stress which literature reveals to be the primary source of burnout observed in this profession (Khoza, 2014). Most healthcare professionals that experience burnout find it difficult to seek professional help (Morse, 2012). Till to date, few research studies have been conducted on factors influencing burnout among healthcare professionals, specifically on registered counsellors and psychologists. There was therefore, need to pursue a study on the factors that influence burnout among these healthcare professionals at their institutions.

### ***1.3. Significance of the study***

The study is important in that it investigated more of the work that was left out by previous researchers on the same phenomena (Burnout). Many of the studies done on the concept of burnout seemed to be more based on professional nurses. Little has been written about burnout on registered counselors and psychologists. This is expected to enhance knowledge for the healthcare professionals in that they will be able to know more about the concept of burnout and find ways to prevent it. This may assist the community in that they will receive the best healthcare services from the healthcare professionals who are not affected by the burnout syndrome. The Department of Health (DoH) may also benefit from this study in that its findings may assist with regards to burnout interventions. The study may also serve as a relevant source for future researchers who will be conducting a similar study.

### ***1.4. Rationale of the study***

While there are a wide range of studies that were conducted on the concept of burnout, their focus was only on measuring the degree/intensity of burnout. However not much has been written about factors that are influence burnout among healthcare professionals here in South Africa, specifically on registered counsellors and psychologists. A similar study was done by Craig and Sprang (2010), however, the study only focused mainly on assessing the degree of burnout among the professionals. The researcher identified a gap in knowledge. Hence the study was necessary to bridge the gap by exploring on the factors that influence burnout among the healthcare professionals.

### ***1.5. The aim of the study***

To explore factors contributing to burnout amongst healthcare professionals at selected hospitals in the Ehlanzeni District.

## *1.6. Objectives of the study*

**The following were the specific objectives of the study:**

1.6.1. To explore work-related factors that contribute to burnout among healthcare professionals.

1.6.2. To identify personal factors that contribute to burnout among healthcare professionals.

1.6.3. To identify the initiatives/ coping strategies used to manage burnout.

## *1.7. Research questions.*

**The following were the specific questions of the study:**

1.7.1. What are the work- related factors that contribute to burnout among healthcare professionals?

1.7.2. What are the personal factors that contribute to burnout among healthcare professionals?

1.7.3. What are the initiatives used to manage burnout?

## *1.8. Definition of key terms*

### **1. 8.1. Burnout**

Burnout is a prolonged reaction to long-lasting emotional and relational stressors that an employee comes across at work (Maslach, 2011). It is referred to as an adjustment disorder in the unspecified subtype, which is used for maladaptive response to stressors (DSM -5, 2013). In this study, burnout means the response that occurs as a result of a prolonged experience to high levels of work-related stress that comes as emotional exhaustion, depersonalization and reduced levels of personal achievement.

### **1.8.2. Healthcare professionals**

This refers to persons including a student, registered with a council in a profession registerable in terms of Health Professions Council of South Africa (HPCSA Act No 56 of 1974). In this study, healthcare professionals refer to professionals working as psychologists and registered counsellors at hospitals in the Ehlanzeni District.

### **1.8.3. Work-related factors**

Salyers et al. (2013) describe work related factors as situations arising from a job that contributes to or has an influence on the outcome of something. Similarly, Sheir et al. (2016) refers work-related factors as conditions, facts or influences at work that contribute to a

result. Factors in this study, refers to circumstances that have the potential to result in the development of burnout among healthcare professionals.

#### 1.8.4. Hospitals

According to WHO (2016), hospitals refers to institutions which receive referrals from lower levels of care, including district hospitals. For this study hospitals refers to institutions wherein the majority of people residing in Ehlanzeni District consult at when they have been referred from the nearest clinics in order to acquire an advanced type of health/medical intervention.

### *1.9 Structure of the study*

**The study has five chapters and they are structured as follows:**

#### 1.9.1. Chapter 1: Introduction

Chapter one mainly focuses on the background of the study and on factors that influence burnout among healthcare professionals. The background of the study helped the researcher to get a clear viewpoint of the study. In this chapter, the rationale, significance, and problem statement are discussed. The aim of the study was put in place to keep the researcher focused on what the study is all about. This chapter ends by an outline of the structure of the study.

#### 1.9.2. Chapter 2: Literature review

This chapter focuses on the review of previous work on the same phenomena, which is burnout. The review of literature helped the researcher to acquaint herself with factors that influence burnout among healthcare professionals. The themes identified were: personal factors, work-related factors, psychological factors and financial factors. The chapter ends by discussing the strategies or initiatives used to prevent or deal with burnout.

#### 1.9.3. Chapter 3: Research Methodology

This chapter gives details of the methodology used in this research. The study is qualitative in nature and the researcher sought to explore factors that influence burnout among healthcare professionals. Semi-structured interviews were used and data were analyzed through thematic content analysis. This chapter also provides details on the type of sampling method used and the ethics considered in this research.

#### 1.9.4. Chapter 4: Results and discussion of findings

This chapter comprises of data obtained from participants which was analyzed using thematic content analysis.

### 1.9.5. Chapter 5: Summary, limitations, conclusions and recommendations

This chapter provides the summary, conclusion, limitations, as well as recommendations made. The conclusion and recommendations were based entirely on the data obtained from participants. The chapter also provides a research direction for future researchers.

## Chapter 2

# Literature Review

### *2.1 Introduction*

This section comprises of conceptual literature and data-based literature. The conceptual literature will review analysis and theory that have already been done on the burnout syndrome. Data based literature will review the data, research analysis and scientific analysis existing on the burnout syndrome. This section provides a theoretical overview on the description of burnout and factors contributing towards its development among healthcare professionals. The section will critically examine, analyze and review studies conducted by other researchers from different countries with regards to factors contributing towards burnout among healthcare professionals. The section will also present a suitable model addressing burnout.

### *2.2. Theory of burnout syndrome: A response to occupational stress*

Freudenberger (1990) viewed burnout as the condition of experiencing fatigue and frustrations because of impracticable and excessive strains on the personal resources of health service employees. Furthermore, Maslach and Jackson (1981) explained that when a person tries to achieve idealistic demands, whether they are imposed openly or within, that person will become exhausted both physically and mentally. Maslach and colleagues originally defined burnout as a syndrome of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes, and loss of concern and positive feeling toward clients.

Several researchers (e.g., Bennett et al., 1991; Visintini & Campanini, 1996; Miller, 1995) have cited numerous models proposed to define the syndrome, its state or process. The most influential was Maslach and Jackson's (1981) attributional/environmental model of burnout. This model focused on burnout being the result of the relationship between individual and environmental factors. It is a response to the chronic emotional strain of dealing extensively with other people, more especially ones presenting with extreme cases.

The Maslach and Jackson (1981) Attributional/environmental model applies to this study in that it states that burnout occurs to healthcare professionals because they are involved in an emotionally draining occupations. Since healthcare professionals are in a profession of this nature, they deal with various patients with different cases that require their full attention. Burnout is regarded as an outcome of stressful working conditions or the prolonged process of attempting to cope with occupational demands (Maslach & Jackson, 1981). According to

Maslach and Jackson's (1981) Attributional/environmental conceptual model as cited in Tanner (2011), as shown in **(Figure 2.2)** personal traits/characteristics of an individual and work characteristics cannot be separated. They need to be combined in order to give rise to the burnout syndrome.

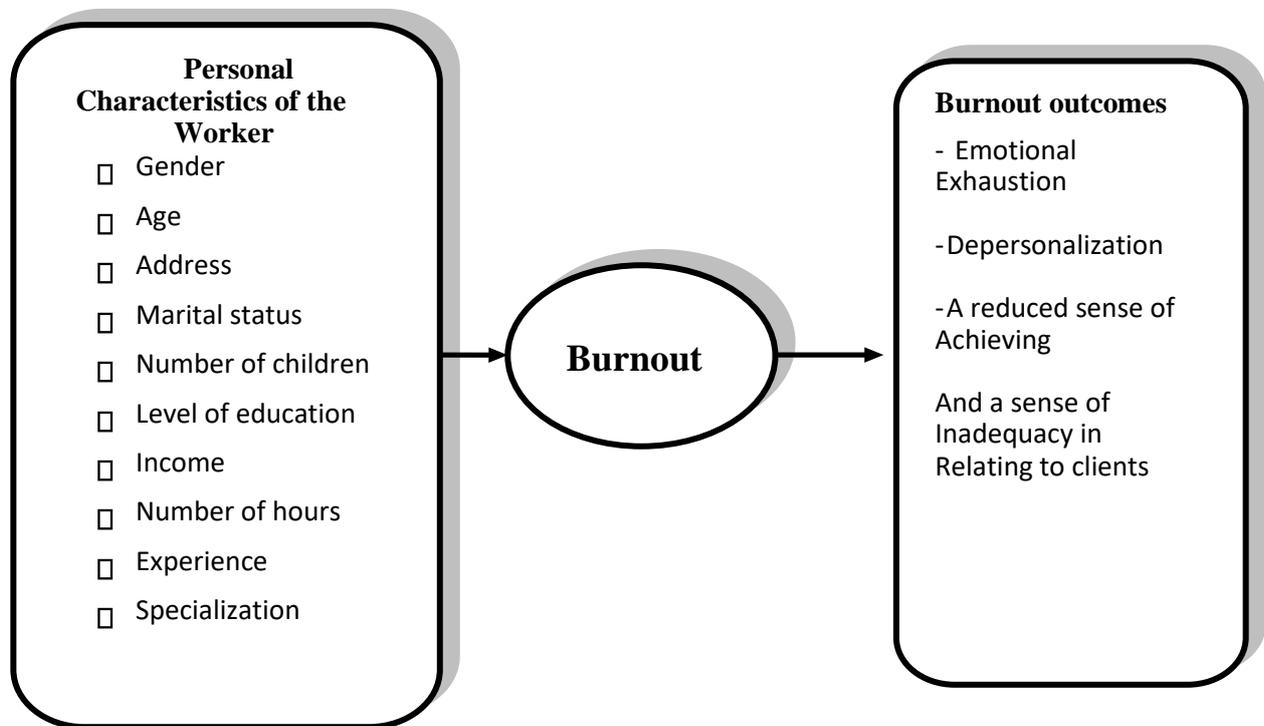


Figure 2.2.: Proposed conceptual model (A/E Model): Adopted from Maslach & Jackson (1981)

### 2.2.1. Stages /phases of burnout

According to Fruge (2009), burnout is characterized by a sustained response to the chronic work stress comprising of three components: the experience of being emotionally exhausted (emotional exhaustion), negative feelings and attitudes towards the recipients of the service (depersonalization) and feelings of low accomplishment and professional failure (lack of personal accomplishment). Bahrer-Kohler (2013) stated that burnout is known to progress in stages that run into one another so unexpectedly that a person might not realize what is happening until they are in a condition of misery and can physically and emotionally collapse. A person might start a new profession with an endless drive but might ultimately find oneself in a state of disappointment and frustration. Van Bogart (2010) reported that this stage is characterized by feeling of confusion; the person cannot really put a finger on what is really the problem. This goes on until burnout symptoms start to set in. Feelings of frustration and irritability eventually give way to full-scale exhaustion and fatigue.

Furthermore, Schaufeli et al. (2009) indicated that the important fact about burnout is that it is a process that happens in a sequence form. It develops through stages although it can discontinue at any point. This process provides the individual with the chance to identify the symptoms and take the appropriate steps to prevent burnout from occurring. According to Girdin (1996) as cited by Bahrer-Kohler (2013), the following, with their symptoms, were identified as the three stages of burnout:

### **Stage 1: Stress Arousal**

Stress arousal comprises of physiological and psychological reactions. Often it may contain symptoms such as persistent irritability, anxiety, episodes of high blood pressure, insomnia, and lack of memory (Kowaiskiet, 2010). Furthermore, the individual can experience heart palpitations, uncommon heart arrhythmia and difficulties in focusing. If the individual exhibits any of these two, it can be concluded that the individual is experiencing stage 1 stress arousal (Bahrer-Kohler, 2013).

### **Stage 2: Energy Conservation.**

Bahrer-Kohler (2013) stated that at this stage the individual tries to make up for worry or stress. The problem arises when the defence mechanisms do not work out. The results may involve extreme unpunctuality, postponement, unnecessary time off, sexual dysfunction, and poor performance. This can also involve symptoms such as persistent weariness, isolation from friends and family, increased doubt, bitterness, and extreme substance abuse.

### **Stage 3: Exhaustion.**

At this stage the individual now realises that something is not right. The symptoms associated with this stage include severe sadness or depression, prolonged stomach or bowel complications and chronic mental and bodily fatigue. The person will now feel the need to "drop out" of society and the urge to be far away from close people like family, friends, and partner. The individual has constant suicidal thoughts (Bahrer-Kohler, 2013).

## ***2.3. IMPACTS OF BURNOUT AT THE WORKPLACE***

### **2.3.1. Absenteeism**

According to Issakson (2010) burnout usually manifests itself through absenteeism. Healthcare professionals would often avoid going to work at every chance they get. Similarly, Van Bogart (2010) reported that the professional may start making unnecessary excuses as to why they cannot report to work. Some would report being sick and seek a doctor's note whereas in actual fact they would be at home and merely avoiding going to work. The worker experiences a sense of reduced professional efficacy and he or she may

feel useless and lack a sense of achievement and productivity. Some usually develop a lack of interest to report to work, and this might have a negative impact on the institution. Furthermore, Hyman et al. (2011) reported that job condition with long-lasting, overwhelming burdens that contribute to fatigue or cynicism is expected to weaken one's sense of effectiveness and interest in that particular job. This therefore, results in the institution experiencing poor job performance, high rates of absenteeism which in turn affects healthcare service delivery and productivity.

### 2.3.2. High staff turnover

Shaufeli et al. (2009) reported that healthcare professional turnover is a very crucial matter in that it does not only affect the institution where they are based but it also affects the quality, reliability, and stability of patient's services. Equally, Isakson (2010) reported that employees leave their jobs in large numbers especially in the healthcare profession. Moreover, Hyman et al. (2011) indicated that work turnover not only results in psychological misery on the remaining staff, or the newly appointed staff, but also results in client mistrust and financial difficulties for the institution. This indicates that the consequences of burnout affect not only the professional, but also his surroundings.

### 2.3.3. Reduction in the quality of patient care

Whenever there is a reduction in the quality of how the healthcare professionals perform their duties, it is a clear sign that burnout has possibly set in. The practitioner would start mistreating patients and they would come out of the consultation room feeling unaided (Isakson, 2010). In support of Isakson (2010), Hyman et al. (2011) indicated that healthcare professionals undertake cases of patients while they are distressed or overworked. In this case the healthcare service is not likely to be patient centered and professional. The healthcare professional's lack of humanity and exhaustion begins to be transparent even to the patients that they are supposed to care for.

## 2.4. *Personal factors influencing burnout among healthcare professionals*

Different personal factors that influence burnout among healthcare professionals have been identified. Morse, Slayers and Rollins (2012) explained that people are unique individuals and each person has their own way of dealing with stress as well as work conditions. This explains the reason why some may be more vulnerable to burnout than others. For this reason, personal factors contribute much. For example, the age, gender and personality traits of an individual are significant as individual factors leading to the burnout syndrome.

#### 2.4.1. Personality factors/traits

According to Shaufeli et al. (2009), gender and age is found to be a contributory variable causing burnout. Also, Morse et al. (2012) stated that burnout is more prevalent amongst female healthcare professionals aged between 30 and 45 years. The distinction found is that men score highly on the cynicism index whereas women score highly on indices of emotional exhaustion. This shows that women are more prone to developing the burnout syndrome as opposed to men. The distinction is also shown through the gender role differences. These differences are displayed by culture or traditions wherein women are viewed as emotional creatures. Women are more sensitively oriented, friendlier and more emotional as compared to men. Men are viewed as being more sensible, strong and not emotional in nature.

Furthermore, Maslack (2011) explained that burnout is more common in healthcare professionals with a 'soft' type of personality or the type of people who have poor self-esteem, avoidant personality and a non-confronting managing style. An individual that can be prone to the burnout syndrome is generally weak in nature. This kind of an individual usually finds it very hard to be assertive with people. Morse et al. (2012) stated that some patients can be very manipulative, and the healthcare professional can end up being sympathetic towards them. When the healthcare professional is submissive he/she can have problems with sticking to their set of boundaries. It becomes very easy for a professional of this 'softy' personality type to become overstrained emotionally which often leads to emotional exhaustion and the risk of acquiring the burnout syndrome.

#### 2.4.2 Lack of social support

Hyman et al. (2011) reported that healthcare professional's measurement level of burnout is closely linked to absence of social support. When healthcare professionals lack a strong support system, this impacts on their ability to perform their job effectively. This is supported by Morse et al. (2012) who indicated that healthcare professionals with high self-efficacy and strong social support stand a very good chance of approaching difficulties in a positive manner. They put great efforts on the opportunities worth achieving and make use of more adaptive coping tactics. According to Maslack (2010), social support is not only limited to colleagues and supervisors, but also stretches to family and friends as well as the patients they care for. Healthcare professionals who do not have friends and family support and who do not get positive feedback from patients tend to feel unappreciated and inadequate and this may result in burnout. It is indicated that healthcare professionals who have marital problems tend to perform poorly at work. They spend too much time thinking about their

problems and pay no attention to the patients they are supposed to care for. This then results in what is called poor service delivery. (Hyman et al. 2011)

#### 2.4.3. Psychological distress

Maslack et al. (2012) indicated the link between the job stress on individual professionals and turnover. Psychological distress is a factor associated with job stress, although there may be other factors, besides ones' work, which are associated with this form of distress. Some healthcare professionals, especially nurses, experience chronic interpersonal stressors. This can eventually lead to major depressive disorder (MDD). This prolonged response to chronic stress can result in a psychological syndrome called burnout. Shaufeli et al. (2011) reported that healthcare providers are faced with a very demanding job as opposed to the other professionals in other professions. A work of this nature imposes a great deal of distress for the kind of practitioners. Most healthcare professionals are very aware of the fact that unlike other professions they have a very demanding job. Some often make time to get enough rest and consult to avoid issues of extreme fatigue, occupational stress and MDD. Failure to consult can result in the development of major depressive disorders and burnout. However, Khoza (2014) argued that while occupational stress may cause burnout, it is not everyone who has stress that will experience burnout. Burnout occurs to people who were once on 'fire'. This explains that it is easy for people to burnout from their jobs if they started off with a very fast pace without getting any rest or breaks from the job. In the long run these people end up extremely depressed and exhausted and this results in burnout.

#### 2.4.4. Family status

The status of one's family has a very significant effect on the individual's potential to burnout. Morse et al. (2012) explained that married healthcare professionals who have kids are less prone to develop the burnout syndrome as opposed to those that are not married and also without kids. Furthermore Maslack (2011) found that married healthcare professionals reported lower levels of emotional exhaustion as opposed to professionals who were not married.

#### 2.4.5. Educational qualifications

In a study conducted by Maslach (2011) it was found that participants who are very learned and who hold higher qualifications were more prone to experience the burnout as opposed to those who do not have higher qualifications. Khoza (2014) in support of Maslach (2011) explained that healthcare professionals such as nurses who were trained in universities were found to experience high levels of emotional exhaustion at work. This is as opposed to those trained within the hospital settings.

## *2.5. Work-related factors contributing to burnout among healthcare professionals*

Work-related factors refer to fundamental factors at the workplace surrounding the individual. Different work-related factors that influence burnout among healthcare professionals have been identified. Maslach (2011) described these kinds of factors as occupational or organizational traits. Occupational traits refer to the job expectations within that organization.

### 2.5.1. Workload

According to Maslack (2010), workload is directly associated with extreme tiredness resulting in burnout. Extreme workload exhausts the individual and affects their energy drive. Most healthcare professionals are facing insufficient staff problems. This leaves them to do all the work on their own without any assistance and this adds to their exhaustion levels. Burnout has a higher possibility of affecting healthcare professionals placed at critical care units of hospitals as there is a high level of work-related stress (Shaufeli et al. 2009). Morse et al. (2012) also reported that it is considered normal for healthcare professionals to experience high levels of work-related stress. They work on a daily basis for the welfare of their patients. Some of the patients are in a very terminal state. This explains that a healthcare professional needs to be both emotionally and physically ready to work in such working conditions to avoid burnout. Pharmacists and doctors are also in danger of experiencing burnout. They are sometimes required to do calls or night duty. This implies that they will have to work day and night in that given period. If they are not able to cope, they can end up with the burnout syndrome (Morse et al., 2012). Spending long hours at work can have significant effects on the healthcare professional. Furthermore, Hall et al. (2016) explained that the monetary pressures on the National Health Insurance are affecting staffing levels. This is triggering uncontrollable workloads and consequently impacting professional's morale and stress levels.

### 2.5.2. Role ambiguity

Fruge (2009) stated that an individual's insecurities and role ambiguity propel the burnout syndrome to occur. This is caused by several factors such as the intimidation caused by seeing the client one on one in the office, the fear to find professional help because they would be thought of as incompetent and the fear of the possibility of messing up during sessions. Also, the fear of being compared to other healthcare practitioners. All this significantly adds to sustained emotional exhaustion and burnout (Fruge, 2009). According to Lin (2012), job demands and individual resources such as role uncertainty, role clash, burden of events, work burden are the most common factors influencing burnout.

Role ambiguity will drop job fulfillment when the healthcare professional fails to conduct the standards and ethical conduct of the occupation in the organization's activity (Tang & Chang,

2010). Lin (2012) revealed that role conflict and role ambiguity can affect job performance. Research associated with role conflict and role ambiguity such as the one conducted by Bandette and Swading (2014) found that role conflict and role ambiguity have a relationship with the dysfunctional job outcome and attitude related to the job as well as the intention to leave.

### 2.5.3 Job security

Literature gathered from several authors (Khoza, 2014; Hall, Johnson, Watt et al., 2016) indicated that burnout is caused by multiple factors apart from the common one of extreme fatigue. Job security is considered one of those factors. Klassen (2013) stated that in some cases it becomes the anxiety over employment security rather than job demands or personal issues. Khoza (2014) explained that a majority of healthcare professionals holding part-time, and casual jobs do not have the same benefits and job security as those who are employed in full-time positions. This eventually makes them to leave the profession.

### 2.5.4. Financial factors

According to Slayers et al. (2013) workload is not sufficient to cause burnout of healthcare professionals. Little income as well as the nature of work, possible risks associated with occupational risks and infections is part of the reason why a healthcare employee would develop burnout syndrome. This explains why workload will not be sufficient to cause burnout if the salary given to the professional was very satisfactory. Low salary discourages healthcare professionals and eventually forces them to leave the profession from the public sector to private sectors. Malack et al. (2012) argued that financial challenges can trigger the burnout syndrome. Burnout can strike anyone who was once on 'fire' and suddenly hits emotional exhaustion. Healthcare professionals like doctors, psychologist, psychiatrists, physiotherapists, psychometrics, pharmacists etc. receive very comfortable packages plus added benefits. However, that does not make them immune from acquiring the burnout syndrome.

### 2.5.5. Interpersonal relationships

Shaufeli, et al. (2011) believed that the working environment is to blame, and it requires close teamwork between the professionals in different disciplines. This relationship often provokes a certain amount of stress which leads to the burnout syndrome. Bernett and McCormik (2010) as cited in Khoza (2014) believed that occupational stress and the potential to burnout depends mainly on how the individual responds to the environment. This means that if the individual is failing to adapt to situations and the people at the workplace, then there's high chance of burning out from the profession. Similarly, Shaufeli et al. (2011) explains that one of the most significant relations in clinical sites is when all healthcare

professionals have a very close relationship. When healthcare professionals work together to set objectives for their patients and plan suitable care and treatment, the result is a healthy and effective working relationship. Both the healthcare professionals feel valued, acknowledged and cherished.

Many professionals, however, feel that other healthcare professionals do not value them for their exclusive knowledge and skills. This without doubt results in relationships in which healthcare professionals are forced to endure varying degrees of unprofessional rudeness and shame. This eventually affects not only their personal well-being and professional accomplishment, but also the quality of care that patients receive. Additionally, Pillay (2009) found that there are a lot of reports for poor patient care in the healthcare facilities in South Africa and this brings the national healthcare system into disrepute. Maslack (2010) indicated that there is clear evidence that links lack of support from supervisors and burnout. Many healthcare professionals, more especially the newly appointed have an unpleasant experience with their colleagues and assigned supervisors. They do not receive good motivation from these 'significant others'. Some are emotionally abused by their supervisors and this could make them lose the zeal to achieve and enjoy work. Eventually they can end up experiencing burnout.

#### 2.5.6. Emotional labor

In a review of office stress, Klassen (2013) found that 'emotional labor' and workload were some of the main foundations of healthcare professionals' distress over the years. This 'emotional labor' was defined as how they coped with sick patients and their families. It was evident that stress levels of healthcare professionals such as nurses were increasing in intensity or being added to annually. This leads to recruitment and retention challenges. Furthermore, among persons in the helping occupations, occupational stress can be damaging to clinical effectiveness. It "decreases attention, impinges on decision-making skills and reduces providers' abilities to establish strong relationships with patients, clients and families (Bernett & McCormic, 2010). Psychologists, counsellors and social workers are not untouched by this syndrome. Many of them are faced with emotional exhaustion since they engage with various clients' problems at work and usually take the problems home with them. It is very important for them to consult and debrief so as to protect themselves from acquiring the syndrome (Früge, 2009). The link between stress and burnout can be best comprehended with confirmation that while one is in distress, that particular individual often has extreme emotional response. Since their mind is occupied by discursive cognitive thoughts that are grounded in the past or future therefore they lack the ability to think well. They cannot listen and respond correctly to any extra external stimulation. In the long run

this type of reactions leads to lack of creativity, and mental blockage and eventually burnout (Bernett & McCormic, 2010).

Besides, Bernett and McCormic (2010) reported that dealing with client contributes towards burnout. Clients with severe illnesses, recurrent symptoms of stress, multiple episodes attacks and a poor progress pace can make it hard for the healthcare professional to endure. This ends up emotionally straining the professional and thus leads to burnout. However, Maslach et al. (2012) argued that contact with patients is emotionally draining for the healthcare professional. If a healthcare professional received adequate training as claimed, then it becomes a lot easier to deal with emotional demands because of the interaction with the patient. It becomes easy for the healthcare professional to perform effectively as they may adopt detachment techniques.

#### 2.5.7. Conflict in values

According to Maslach (2010), the incompatibility between the healthcare worker's own values and ambitions of his/her profession can be in conflict with the ones from the working environment. This was also revealed in a study conducted by (Bernett & McCormic, 2010) with the main focus of researching whether healthcare professionals in the United States as well as other countries take pride in the characteristics of the institution. This was done to check also whether this favors their professional practice. The kind of values which the healthcare professionals valued comprised of professional autonomy, control within their working environment and their relationships with their colleagues.

#### 2.5.8. Lack of Autonomy

Autonomy is a very significant contributory factor to burnout. Morse et al. (2012) found that lack of autonomy, a sense of control and discretion are both linked to the burnout syndrome. These are factors such as hierarchical organizational structures and minimal participation in terms of decision making within the institution. The fact that the healthcare professional feels excluded when decisions are taken is what usually makes them lose interest in their profession. This is supported by Fruge (2009) who postulated that whenever workers are allowed to exercise autonomy they feel satisfied with their jobs. This, therefore, increases job productivity in the workplace. On the contrary, if workers are not given the platform to exercise autonomy and discretion they can feel demotivated and unhappy with their jobs.

#### 2.5.9. Moral distress

Healthcare professionals are frequently exposed to death and the process of dying, especially nurses who work in critical care settings (Hyman et al., 2011). The aim of nurses who work in critical care unit is to provide appropriate and reassuring expert care for all

patients – even in situations where there is little hope that a patient will recover or even survive. While this is the case the healthcare professional is forced to sacrifice his/her own values and beliefs when faced with ethical decisions which always is dominant. This leads to the development of moral distress and eventually leads to the burnout syndrome as described by (Hyman et al., 2011).

## *2.6. Ways of preventing and coping with burnout among healthcare professionals*

### 2.6.1. Communication

Khoza (2014) recommended that communication and relationships need to be improved. Bad communication, if not resolved could lead to conflicts within the working environment. It was further stated that employees need to receive feedback on their performance. Encouraging good communication among healthcare professionals in their working environment can contribute positively towards minimizing or rather preventing burnout. Frudge, (2009) similarly stated that prevention strategies are considered the most effective approach for dressing burnout in the workplace. Maintaining good working relationships may also reduce the level of stress and burnout. This means that healthcare professionals should meet and debrief. Also, they should be able to confide in one another when they are going through difficult times. They can also seek professional help so that they do not end up bottling their problems inside but rather share with someone else they confide in.

### 2.6.2. Setting personal boundaries

According to Hall et al. (2016), healthcare workers have to set personal boundaries and not get too emotionally attached in the client's problems. Being too emotionally involved and failure to maintain strict personal boundaries ends up putting a strain on the healthcare professional and leads to the burnout syndrome. In the process of assisting a client, professionals need to be very careful so as not to become too emotionally involved and lose oneself in the client's world. According to Hall et al., (2016), the following tips help reduce stress that could eventually become chronic and lead to burnout:

- Start each day with a habit of relaxation;
- Have a healthy balanced diet everyday;
- Have regular exercise
- Engage in something that brings relaxation to the mind and the body';
- Maintain good relationships with family and friends;
- Create personal boundaries and maintain them;

## CHAPTER 3

# RESEARCH METHODOLOGY

### *3.1. Introduction*

Research methodology is a way in which a researcher attempts to solve the research problem in a systematic way. It explains how a research is conducted scientifically. It helps in bringing the understanding of the steps that the researcher used in studying their research problem along with the logic behind these steps. It is very important for the researcher to have a very good understanding of the methodology (Kotharl, 2009). De Vos, Strydom, Fouch, and Delpot (2010) describe research methodology as various dimensions that include research methods that form part of research methodology. Research is not only about the research methods used in the study, but also the logic behind the methods or techniques used in the context of the study. For this study a qualitative research methodology was adopted. It enabled a greater understanding of the healthcare professional's experiences with regards to the challenges they face due to burnout. The researcher was initially interested in an in-depth understanding of burnout as experienced by the healthcare professionals.

This section comprises of the research design, population and setting, sampling, research instrument, pilot study, data collection, data analysis, ethical considerations, limitations of the study, dissemination, time frame and as well as the estimated budget for the study.

### *3.2. Research design*

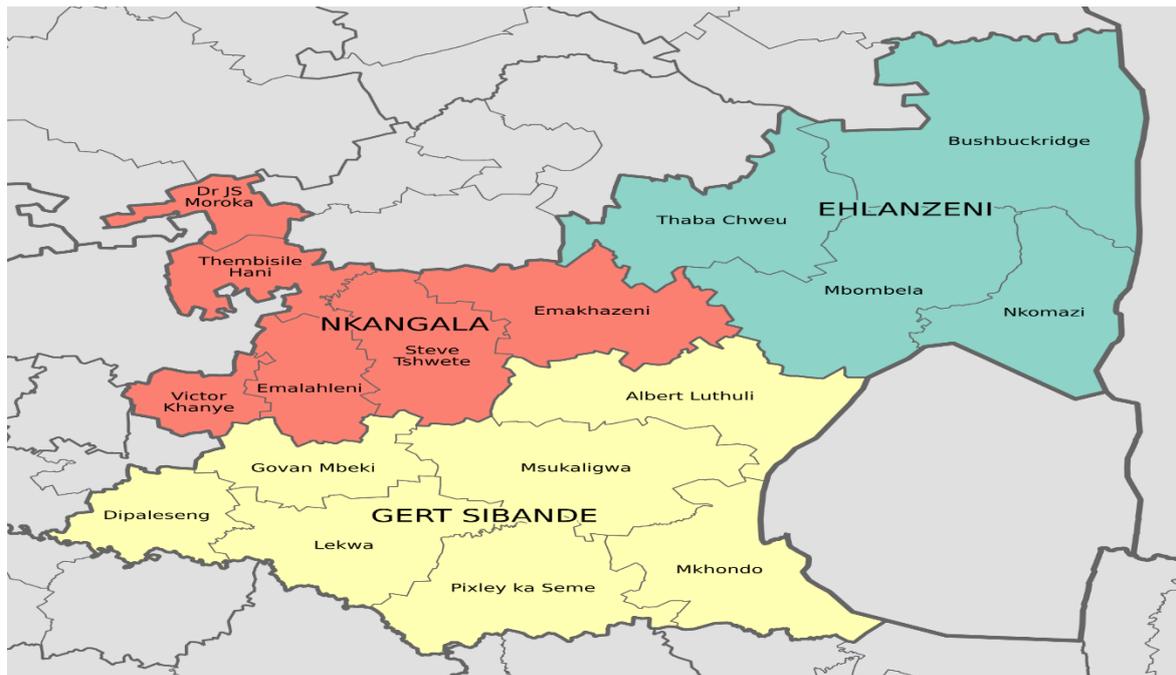
A research design can be defined as a written plan for a study that contains information of what the researcher intends to do. This is the logical and systematic plan that helps when conducting research and this guides the data collection and analysis of the study (De Vos et al., 2010). The study employed a qualitative, phenomenological design approach. The advantage of using qualitative research method is that it allows for an in-depth and insight and understanding of the healthcare professionals' perspectives with regards to their experiences and how they perceive burnout. The phenomenological research approach was suitable for this study because it tries to comprehend people's insights, viewpoints as well as an understanding of burnout. Phenomenological research approach helps the researcher to explore on the burnout syndrome and its contributory factors.

### *3.3. Study Population*

Population is the set of elements that the researcher focuses upon to which obtained results should be generalized. Neuman (2011) defines a population as the totality of a person, events, organization units, case records or other sampling units, which the research problem is concerned about. The study targeted healthcare professionals working as psychologists /registered counsellors in the psychology section/unit of the selected hospitals in Ehlanzeni district.

### *3.4. Study setting*

Ehlanzeni District under the Mpumalanga Province was the chosen area to conduct the study. Ehlanzeni District is one of the three districts that form part of the Mpumalanga province (**see Figure 3.1.**). The seat of Ehlanzeni district is Nelspruit, currently known as Mbombela. It has a total population of (944 665) people. The majority of the people in this district speak SiSwati. Mbombela is the capital city of the province and is located along the Maputo Development Corrido. These districts cover a combined area of approximately 27,895.47 km<sup>2</sup> with an estimated population of 1 688 616 (Statistics South Africa, 2011). Ehlanzeni District has a total of eleven hospitals from which only 9 hospitals offer psychological services. The selected hospitals where the study took place were Barberton, Lydenburg, Mapulaneng, Sabie, Themba, Tintswalo, Rob Ferreira, Kwamhlanga and Witbank. The hospitals in the Ehlanzeni District have a total of 29 healthcare professionals employed as registered counselors and clinical psychologists. This means that in some hospital areas where there is no psychologist, the people needing psychological services have to be transferred to another hospital that offers such services and as a result may increase the workload of such institutions.



**Figure 3.1. Mpumalanga Map**

### *3.5. Sampling*

Sampling is a process of selecting a few cases out of some larger grouping which are relevant for the study (De Vos et al., 2010). The researcher used a convenient sampling which is a type of non-probability sampling. The advantage of the convenient sampling method is that there are often less resources needed to find specific targets (Neuman, 2011). The researcher chose the sample on the basis of accessibility and availability. The study participants were from all the (9) hospitals that provide psychological services in Ehlanzeni District. The hospitals in Ehlanzeni District which offer psychological services are very close to each other as compared to hospitals in other districts in the MP. Since the researcher is based in the Ehlanzeni District, this means that the researcher was able to easily travel from one hospital to another to collect data. This simplified the data collection process and was less time consuming.

The researcher intended to interview (20) healthcare professionals from a total of (29) healthcare professionals at the selected hospitals, with a provision that it will depend on their (RAT) score which will then determine the final number of participants for the study. The researcher administered a rapid assessment test to the healthcare professionals, which was adapted from Maslack and Jackson's MBI-HSS (1981). The MBI-HSS is a standardized screening tool commonly used for assessing burnout syndrome among professionals in the helping professions. It assesses burnout in three dimensions, which are: emotional exhaustion, depersonalization and reduced personal accomplishment (Maslack et al., 2012).

Numerous studies including those conducted in South Africa such as those by (Beckstead, 2002; Ross & Fridjhon, 2003; Hastings et al.2004; Richardsen & Martinussen, 2004; Tang 1998) have supported and used the tool to measure burnout across diverse professional categories. The reliability of the MBI has been demonstrated in several studies such as (Jackson et al., 1987; Sethi et al., 1999; Yashwant et al., 2005; Kanste et al. 2006; Onder & Basim, 2008). Maslach et al. (2012) found the reliability of each of the subscales to be satisfactory, with Cronbach's alpha reliability coefficients of .89 for emotional exhaustion, .74 for professional efficacy, and .72 for depersonalization. Since the validity and reliability of the MBI-HSS have been clearly proven the MBI-HSS tool the researcher has adapted for the rapid assessment test was used to screen burnout among the healthcare professionals before they could be interviewed

This test was administered to all the healthcare professionals shortly prior to the actual interviews. This means that only those who scored high on the test were selected as study participants. This RAT assisted greatly in identifying healthcare professionals who were vulnerable to the burnout syndrome or who were experiencing burnout. This was done to avoid interviewing irrelevant candidates. Only candidates who scored high on the RAT and met the inclusion criteria were considered for the study. Collection of data discontinued at data saturation point. This was a point wherein the researcher realized that there was no more new information coming from the participants.

### 3. 5.1. Inclusion criteria

- Healthcare professionals who would have scored high on the Rapid Assessment Test (RAT) used for screening burnout;
- Healthcare professionals working in the psychology section/unit of the hospital as psychologists or registered counsellors;
- Healthcare professionals working for over a year at the selected hospitals;
- Healthcare professionals, despite their gender, marital status and age.

### 3.5.2 Exclusion criteria

- Healthcare professionals who are working in other sections of the hospital other than the psychology Unit;
- Professionals working as student registered counsellors or student psychologists;
- Healthcare professionals who would have obtained a low score on the rapid assessment;

### ***3.6. Research instrument.***

Data was collected using an in-depth semi-structured interview guide. The advantage of using interviews is that they allow the researcher to be in direct contact with the participants during the process of the interview. Also, they enable the researcher to obtain detailed information about personal feelings and perceptions and a higher rate of response can be achieved and the respondents' own words can be recorded. Ambiguity can be clarified, and incomplete answers can be followed up. The researcher gets to personally know the people being studied (De Vos et al., 2010).

In this study semi-structured interviews allowed the researcher to have a set of predetermined questions to ask thereby allowing probing which helped cover the objectives of the study. Having a set of predetermined questions discouraged the issue of deviating from the main topic. This kind of interview allowed for follow-ups on the questions and probing where necessary to get clarity or in-depth understanding of what the healthcare professionals had to say. The set of questions for which the researcher asked the healthcare professionals were about the factors that contribute to burnout, and the preventative measures or initiatives that they had in place to deal or manage burnout.

### ***3.7. Pilot Study***

A Pilot study was conducted on three (3) healthcare professionals who were not working at a hospital under Ehlanzeni district. However, the professionals were from another hospital (Kwamhlanga) in another district (Nkangala District) of MP. The researcher chose Nkangala district because it is closer to Ehlanzeni district compared to Gert Sibande. The researcher first communicated telephonically and set appointment dates with the participants for the pilot study. The main purpose for doing pilot study was to check if there were no flaws in the components of the study as well as to validate the methods and measures used in the study. Conducting a pilot study helps to assess the feasibility of the full-scale study which then helps in making the necessary modification to the components of the study so that it becomes a success (Babbie and Mouton,2010). The healthcare professionals who were used for piloting did not form part of the actual data collection. The professionals scored high on the rapid assessment test and were working for over a year at that hospital.

### ***3.8. Data collection***

According to Rajendar (2011), data collection is described as the methods through which information can be obtained. This can be done through interview sessions with the participants, observation as well as other sources of information. De Vos et al. (2010) states that data collection method is a study process which is adopted to gather new information.

Prior to data collection, a rapid assessment test adapted from Maslack and Jackson's MBI-HSS (1981) was first administered for screening purposes to identify those at risk and those experiencing burnout so that they can be interviewed.

In-depth interviews were used as a method of collecting data. The researcher was guided by a semi-structured interview guide. Data was collected in English since the participants are educated and could articulate well in English. The researcher was more interested in acquiring information directly from the participants. This allowed the researcher to probe on certain questions for comprehensive data. Since the researcher had the contacts of the healthcare professionals, the researcher first communicated telephonically and set appointment dates with the professionals to find a suitable time for which they can be interviewed. This helped the researcher not to distract their work at the hospital for data collection. Throughout the interview process, the researcher was approachable and friendly while at the same time remained professional. This made the participants feel comfortable. The researcher made use of an audio tape recorder, observation and field note-taking during the interview process. The estimated time for which the researcher interviewed participants was determined by the pilot study and it was approximately 45 minutes for each participant. The researcher asked for a room at the hospital which was conducive for conducting the interviews so that privacy could be maintained.

### ***3.9. Data analysis***

Data analysis is referred to as the revealer of information hidden in the raw data and transforming it into something useful and meaningful. De Vos et al. (2010) states that data analysis brings order, structure and meaning to the mass of collected data. Qualitative data analysis is a search for general statements about the relationship categories of data which builds theory. Large amount of textual information were obtained in order to ascertain the trends and patterns of words used, their frequency, their relationships and the structures and discourses of communication. In this study, thematic content analysis was used to analyze the data. The researcher analyzed the data by combining all related patterns into sub themes. The themes were identified by bringing together ideas that had a link with one another. The researcher discussed the data that was accepted from the participants. This helped the researcher in discovering content of a large material that might otherwise have gone unnoticed. The following steps adopted from (Neuman, 2011) were followed during the data analysis:

#### **3.9.1 Becoming familiar with the data**

The researcher thoroughly familiarized herself with the content. The researcher read through the data set at least once before coding and proceeded to go through the research and then

formulated a list of key issues as they came to mind in order to get a sense of various topics that are found in the data.

### 3.9.2. Transcription of verbal data

Transcription of verbal data informs the early stages of analysis, and the researcher gained a more in-depth understanding of the data during the process of transcription. Furthermore, the researcher carefully read and examined the text, word by word and this promoted open coding which identified any new information by contextualizing some of the data embedded within the primary data.

### 3.9.3. Generating initial codes

The data was coded and organized, and there was a long list of the different codes the researcher identified within the data set. At this phase, the researcher sorted the different codes into potential themes, and ordered all the important coded data extracted within the identified themes. In this step the researcher started to organize items that were related topics into categories.

### 3.9.4. Reviewing themes

In this step the researcher examined the text carefully for relevant incidents of data for each proto- theme. The researcher developed a set of themes, and these were refined. During this stage, some themes collapsed into each other, while others needed to be broken down into separate themes.

### 3.9.5. Defining and naming themes

The researcher had a satisfactory thematic plan of the data. At this stage, the researcher therefore described and further refined the themes analyzed. By 'describe and refine', it means the researcher identified the 'essence' of what each theme was about and determined what aspect of the data each theme captured.

### 3.9.6. Producing the report

This is the last step in thematic analysis, the researcher finalized the names of themes, wrote their description and therefore illustrated it with a few quotations that were extracted from the original text to help communicate their meaning to the reader. It is important that the analysis provides a brief, comprehensible, logical, non-repetitive, and interesting explanation illustrated by the data within and across themes.

### ***3.10 Trustworthiness of the study***

Trustworthiness of the study means that the researcher himself or herself needs to be trustworthy in carrying out the study in as ethical manner as possible (De Vos, 2010). In addressing the trustworthiness researchers an attempt must be made to demonstrate a true picture of the phenomenon. In ensuring trustworthiness, the researcher conducted the study in an ethical manner in line with standardized measures used in research. The researcher adopted the following measures developed by Guba (1985) as cited by Babbie and Mouton (2010).

#### **3.10.1. Dependability**

Dependability often addresses the issue of reliability. Positivists usually come up with techniques which can ensure that if the work was to be repeated in the same manner, it will yield the same results (Babbie & Mouton, 2010). To address the dependability issue in a more comprehensive manner, the researcher gave a clear description on the process on how the study on burnout was conducted. This enables another researcher to repeat the same process and thereby obtain the same results. In assuring dependability, the researcher also conducted a pilot study to ensure that the methods adopted in the study are feasible and questions on the instrument (interview guide) are clear and not ambiguous.

#### **3.10.2. Confirmability**

The concept of Confirmability refers to the qualitative researcher's similar concern to objectivity. This means that there must be techniques employed to ensure that indeed the findings of the work are the same results which the participants have given and not the preferences of the researcher (De Vos et al, 2010). To ensure confirmability, the researcher made use of an independent coder to ensure that the results are objective and not biased. The researcher ensured that while collecting data at the hospital field notes were taken which greatly assist in ensuring a genuine transcription of the data. The researcher also did a thorough review of the literature in relation to burnout so as to compare and contrast and make a confirmation on whether or not the literature was in line with the findings.

#### **3.10.3. Credibility**

Credibility is described by Babbie and Mouton (2010) as the extent to which the results of the study can be trusted or believed. This is to say that the results are not based on quantity but on quality. The data gathered should be able to showcase richness within, rather than the amount of the data obtained. In ensuring credibility, the researcher gave a detailed description of the study on burnout as this assists greatly in conveying the real situations that are being investigated. This was done by providing an accurate description of the healthcare

professionals' experiences, and the experiences were presented in a way that people who share similar experiences would be able to relate to the description. Furthermore, to guarantee credibility the researcher first familiarized with the hospital to which data is to be collected before the actual collection of data takes place. This was done through preliminary visits to the hospital. The researcher also had an active involvement during collection of data. The researcher had prolonged engagements with the participants and took field notes.

### ***3.11. Ethical considerations***

Ethical consideration is very much important when a research is being done in order to protect the researcher as well as the participants. Research ethics are typically associated with morality and both deal with matters of right and wrong (De Vos et al., 2010). Ethics are there to avoid the violation of the participants' rights and below are some of the ethics which were considered in this study

#### **3.11.1. Ethical clearance and Permission**

Presentation of research proposal was done first at the Department of Public Health seminar and thereafter to the School Higher Degrees Committee and University Higher Degrees Committee for approval and for quality control. Ethical clearance was approved by the University of Venda, Health, Safety and Research Ethics Committee. The researcher required written permission to collect data from the Mpumalanga Provincial Department of Health. Verbal consent to collect data from respective hospital CEO's was given. An informed consent was obtained from the healthcare professionals who were the participants of the study and the informed consent form was signed prior to data collection.

#### **3.11.2 Confidentiality and anonymity**

Anonymity means that people's identity remains unknown. A research is known to guarantee anonymity when a given response cannot be identified with a given respondent (De Vos et al., 2010). The researcher kept the identity of the participants unknown. In this study anonymity was done by making sure that the names of the healthcare professionals are protected in such a manner that the researcher carried out false names for the participants and referred to them as 'participant A', 'B', 'C', 'D' AND 'E'. As a result, the data will not by any means be linked to their real names/identity. This will help to keep it secret from the public. Also, the information will not be released in any way that it will be linked to specific healthcare professional's' responses.

### 3.11.3 Informed consent

Informed consent means that participants must be fully informed about voluntary participation in the study (Rajendar, 2011). The participant information sheet given to participants provided all available information about the study including the risks involved. It also explained that the information received will be kept confidential and it contained information such as the title of the study, purpose of the study as well as the rights of the participants. Participants were given the chance to make rational and informed decisions as to whether to take part in the study without any coercion. The researcher first obtained a written informed consent from the healthcare professionals, and permission from the CEO of the hospital prior to collection of data.

### 3.11.4 Avoidance of harm

In the process of research subjects can be physically or emotionally harmed. (De Vos et al. 2010). A researcher should never injure participants in any way possible. It is in the hands of the researcher to ensure that no harm is involved. The researcher ensured that the healthcare professionals were not harmed in any way when they were participating in the research project. This was done by respecting them and interviewing them in a very polite manner as opposed to being interrogative during interviews. Probing was also done in a good and respectful manner and not in such a way that it could make them uncomfortable.

### *3.12 Scope of the study*

The study focused on healthcare professionals from selected hospitals in the Ehlanzeni District of the Mpumalanga Province because of the nature of the study and its objective. Only registered counsellors/ Clinical Psychologists were included in this study

### *3.13. Dissemination of results*

The study findings and recommendations made will be made available to the University of Venda library for referencing by other fellow students. A copy will be submitted to the Mpumalanga Department of Health. The findings from the study will be published in peer-reviewed and accredited national and international journals and will be presented at seminars and conferences.

## CHAPTER 4

# RESULTS AND DISCUSSIONS OF FINDINGS

This chapter presents the findings of the study. Thematic content analysis was used to analyse the data. The findings are organised in terms of themes, sub-themes and categories originating from data analysis. This chapter elucidates the findings from the in-depth interviews that were conducted with 12 healthcare professionals. Table 4.2 summarises the main themes, sub-themes and categories developed. The purpose of the study was to explore the factors influencing burnout among healthcare professionals at selected hospitals in the Ehlanzeni district in Mpumalanga Province, South Africa, and the objectives were:

- To investigate factors that influence burnout among the healthcare professionals;
- To determine the coping strategies used to prevent or deal with burnout among the healthcare professionals.

### *4.1. Presentation of findings*

Twelve healthcare professionals from selected hospitals in the Ehlanzeni district participated in the in-depth interviews. The results are presented in themes, sub-themes and categories (See table 4.2.)

### *4.2. Participant's socio-demographic information*

A total of 12 healthcare professionals participated in the study. A summary of the demographic information of participants is provided in Table 4.1 below. A total of 12 healthcare professionals participated in the study. A summary of the demographic information of participants is provided in Table 4.1 below. Nine (n=9) of the twelve participants were registered counsellors while three (n=3) of them were clinical psychologists. Six (n=6) of the 12 participants were single, while 5 (n=5) were married and only 1 (n=1) was divorced. As presented, ages of participants ranged from 25 -35 years, wherein the majority were between ages 36 – 45 years (n=5). The number of years working at the hospital ranged from 2-5 years whereas the majority have worked between 2-5 years (n=5)

**Table 4.1: The demographic information of the participants (n=12)**

<i>Characteristics</i>	<i>Category</i>	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Age</i>	25-35	3	25
	36-45	5	42
	46 and above	4	33
<i>Working experience (years at the hospital)</i>	2 -5	5	42
	6-10	3	25
	11 and above	4	33
<i>Marital status</i>	Single	6	50
	Married	5	42
	Divorced	1	08
<i>Occupation</i>	Registered counsellor	9	75
	Clinical psychologist	3	25
<i>Gender</i>	Female	10	83
	Male	2	17

**Table 4.2. Factors influencing burnout among healthcare professionals**

Themes	Sub-themes	Categories
<b>Factors influencing burnout</b>	<b>Work-related factors</b>	Workload
		Financial factors
		Interpersonal relationships
		Emotional labour
	Lack of Autonomy	
	<b>Personal factors</b>	Personal traits
		Personality type
Lack of social support		
<b>Coping/preventative</b>	<b>Coping strategies</b>	Boundaries
		Communication
		Healthy lifestyle

### 4.3. Theme 1: Factors influencing burnout among healthcare professionals

Under this theme, the following sub-themes developed: work-related factors as well as personal factors

#### 4.3.1. Sub-theme 1: work-related factors

Work-related factors which emerged from the healthcare professionals include workload, financial factors, emotional labour, moral distress, lack of autonomy, interpersonal relationships. These categories are discussed below:

##### 4.3.1.1. Category 1: Workload

Participants were asked about the challenges that they face while working at the hospital. Workload emerged as one of the challenges they face. To support this, the following excerpts were recorded:

*“Another challenge is that I’m the only counsellor at this hospital, the nearby hospital does not offer psychological services, so you find most of the patients are being referred to me and I end up dealing with many different cases of patients and it can be very exhausting. Also, in cases of emergency I handle cases that are actually meant for a psychologist, this can be a bit disturbing”.* [Participant C]

*“The challenges that I mostly come across in this hospital is having to see many patients as I am only the only registered counsellor at this hospital. You find that the psychologist would be busy with patients that I would have already referred to her once they present with cases that are beyond my scope of practice”* [Participant D]

*“The first challenge is that of seeing too many patients coming for psychological services. We get referrals from nearby hospitals and schools. I am the only psychologist here and it becomes just too much”.*  
[Participant F]

The findings of the study revealed that the healthcare professionals are faced with too much work which in turn can either make them more vulnerable to burnout or make them experience burnout. These findings correlate with the findings of Maslack (2010) who explained that workload is directly associated with the extreme tiredness resulting in burnout. Extreme workload exhausts the individual and affects their energy drive. Most healthcare

professionals are facing insufficient staff problems. This leaves them to do all the work on their own without any assistance and this adds to their exhaustion levels. This research is in line with a study conducted by Morse et al. (2012) who stated that it is considered normal for healthcare professionals to experience high levels of work-related stress. They work daily for the welfare of their patients. Some of the patients are in a very terminal state. This explains that a healthcare professional needs to be both emotionally and physically ready to work in such working conditions to avoid burnout.

#### **4.3.1.2. Category 2: Financial Factors**

Findings of the study revealed financial factors as a contributory factor to burnout among healthcare professionals. The majority of participants reported that they were not satisfied with the salary they were getting. This is illustrated by the following excerpts:

*“No, I’m not satisfied with my salary (little laugh), I guess one can never really get satisfied with whatever money they get as their income even if it seems satisfactory in the eyes of the other person. I feel like if it can be more than this (laughs again)” [Participant A]*

*“No, I think I’m doing too much and earning less, after deductions I’m left with little.” [Participant B]*

*“I am not completely satisfied with the salary seeing that things are now expensive, (laughs) but then again show me a person who is completely satisfied with whatever income they get.” [Participant E]*

*(Laughs) Not really, it will mean a lot if it can be increased a little. The cost of living is too high” [Participant F]*

Findings of the study revealed that the majority of the participants were not satisfied with the salaries they were getting. This is a contributory factor to burnout. This is in line with what was reported by Slayers et al. (2013) who explained that workload is not sufficient to cause burnout among healthcare professionals. Little income as well as the nature of work, possible risks associated with occupational risks and infections is part of the reason why a healthcare employee would develop burnout syndrome. This explains why workload will not

be sufficient to cause burnout if the salary given to the professional was satisfactory. Low salary discourages healthcare professionals and eventually forces them to leave the profession from the public sector to private sectors.

#### **4.3.1.3. Category 3: interpersonal relationships**

Few of the participants reported not having good relations with their co-workers and this can contribute greatly to burnout. The following quotes were recorded:

*“I can say that the relationship is volatile, sometimes is good and sometimes is bad, u know we are people and others can even go to an extent of not talking to each other, my supervisor and I had a feud and it was difficult for me to even communicate with her regarding patients, I’m just glad we are now in cool state.”* [Participant B]

*“I would say it’s just a working relationship and often the time we do have arguments that often lead us not to talk to each other and this becomes a problem because we are a team and we have to work together. I don’t like having a beef with my colleagues because when I do I cannot even sleep well at night and I will not be productive in my work, so I try to avoid that, but it just happens hey, you cannot stop someone from picking a fight with you and the problem is I always fight back.”* [Participant G]

*“I can say it’s not that bad, we do have some fights, but we make sure we fix things and work goes on, because if we don’t, our patients suffer the most since we are a multidisciplinary team and we need to work well together for the good of our patients.”* [Participant E].

Participant F said:

*“Uhhh...there are some colleagues that I don’t have a problem with, then there are some who would make me not to look forward to another day at work, I have now identified those that I want to associate myself with and the rest I ignore. Unfortunately, it’s even harder when it is someone I report to.”*  
*Sigh.*

This finding is similar to observations by Maslack (2010) who indicated that there is clear evidence that links lack of support from supervisors and burnout. Many healthcare professionals, more especially the newly appointed have a bad experience with their

colleagues and assigned supervisors. They do not receive good motivation from these 'significant others'. Some are emotionally abused by their supervisors/colleagues and this could make them lose the zeal to achieve and enjoy work. Eventually they can end up experiencing burnout. Also, this research finding is in line with the findings from Shaufeli, et al. (2011) who stated that the working environment is to blame, and it requires close teamwork between the professionals in different disciplines. These relationships often provoke a certain amount of stress which leads to the burnout syndrome.

#### **4.3.1.4. Category 4: Emotional labour**

This study found that most of the participants reported experiencing emotional exhaustion because of the cases of patients they deal with. Emotional exhaustion forms part of the development of burnout syndrome. The following statements were recorded:

*"Honestly, it depends on the kind of patients I see because they have different presenting problems. For those that their story really touched me, it happens I feel so emotionally drained after the counselling. Sometimes I even postpone my lunch break because what I just heard takes away my appetite. For an example, I once saw a 15-year-old girl who was sexually assaulted by her biological father and Uncle, this really hit me hard because I also have a girl child. It was really sad". [Participant A].*

*"Mixed emotions cannot really explain, some cases I literally breakdown and cry after seeing patients because some of the things they go through are just beyond' it's emotionally draining, it's like you have become this sponge that everyone pours their hurt and pains unto and it is sometimes difficult to go home and be happy because you carry it all with you everywhere you go." [Participant C].*

*"It depends on the kind of cases the patient brings, at times I come across cases that trigger my past and get me emotionally involved which also set me back a bit but work still needs to go on." [Participant D]*

*"Yoh! Sometimes feel so emotionally exhausted to an extent that I skip meals when I get home, but I think it just depends on the cases that patients present with because some really puts me off mood." [Participant E]*

*“Some patients do get me both emotionally and physically tired. I get some unexplained headaches, thing is when you deal with patients who have gone through sexual abuse, it can make you feel powerless after seeing them to an extend that I lack the energy to drive and would even call my daughter to come drive me home after work but at least I manage not to show it during counselling.” [Participant F].*

This research found that emotional labor often leads to emotional exhaustion which is a contributory factor of burnout. This is in line with what was revealed in Bernett and McCormic (2010), which found that among persons in the helping occupations, occupational stress can be damaging to clinical effectiveness. It “decreases attention, impinges on decision-making skills and reduces providers’ abilities to establish strong relationships with patients, clients and families, Also, Frudge (2009) explained that psychologists, counsellors and social workers are not untouched by this syndrome. Many of them are faced with emotional exhaustion since they engage with various clients’ problems at work and usually take the problems home with them. It is very important for them to consult and debrief to protect themselves from acquiring the syndrome

#### **4.1.3.5. Category 5: Lack of autonomy**

Some of the participants expressed lack of right to autonomy and this negatively impact on them and can result in burnout. The following statements are illustrative:

*“I work under supervision, so this means that I cannot see patients without first reporting and I have to present all the cases that I see to the psychologist, so I am always nervous about doing something wrong.”*  
[Participant A]

*“I’m doing a lot of work and every time I have to present my cases to the psychologist so that she checks them to see if I’m on the right track, and this adds too much work and time”* [Participant H]

This study found that participants are faced with lack of autonomy which can often results in burnout. This finding is in line with findings by Fruge (2009) who postulates that whenever workers can exercise autonomy, they feel satisfied with their jobs. This increases job productivity in the workplace. On the contrary, if workers are not given the platform to exercise autonomy and discretion they can feel demotivated and unhappy with their jobs. Also, Morse et al. (2012) stated that the lack of autonomy, a sense of control and discretion are both linked to the burnout syndrome.

#### 4.3.2. Sub-theme 2: Personal factors

Personal factors which emerged from the healthcare professionals include personal traits, type of personality and lack of social support. This will be discussed in the categories below:

##### 4.3.2.1. Category 1: Personal traits

Unique individual traits such as gender and age may explain why some people are vulnerable to burnout syndrome than others. This research found that out of a total of 12 participants interviewed, only 17 percent of the male participants were found to be either vulnerable or experiencing burnout. Females are far more vulnerable than males, with 83 percent of females being vulnerable or experiencing burnout. Forty two percent of the participants (N=12) were between the ages of 36 and 45 years. This becomes clear that gender and age plays a significant role in the susceptibility of the burnout syndrome.

This finding is in line with Shaufeli et al. (2009) in which it was revealed that gender and age were found to be contributory variables causing burnout. Morse et al. (2012) also stated that burnout is more prevalent amongst female healthcare professionals aged from 30 to 45 years of age. Morse et al. (2012) also indicated that the distinction found is that men score highly on the cynicism index whereas women score highly on indices of emotional exhaustion. This shows that women are more prone to developing the burnout syndrome as opposed to men. The distinction is also shown through the gender role differences. These differences are displayed by culture or traditions wherein women are viewed as emotional creatures. Women are more sensitively oriented, friendlier and more emotional as compared to men. Men are viewed as being more sensible, strong and not emotional in nature.

##### 4.3.2.2. Category 2: Type of personality

This research found that some of the participants expressed soft personality types. The following excerpts were recorded:

*"I am a quiet person, very approachable and I love helping people, more especially those in need. I think that contributed to my choosing of the profession" [Participant B].*

*"I am patient, caring and very supportive even to my patients. Sometimes this make patients to think they can manipulate me and get away with it, but I try hard not to fall for it". [Participant C]*

*"I am an open, friendly and accommodative person. This makes people think that they can take advantage of me. Even some patients try to take me on a ride and then I will remember my boundaries. There is one patient who once*

*asked for transport money from me and I ended up giving it to her and she came back again to ask for more and that's when I told myself that it had to stop". [Participant D]*

The findings reveal that participants with a soft personality can easily get manipulated by patients, hence they get overwhelmed by work which in turn makes them vulnerable to burnout. The findings of the study are in line with observations by Maslack (2011) who explained that burnout is more common in healthcare professionals with a 'soft' type of personality. Such people have poor self-esteem, avoidant personality and a non-confronting managing style. An individual that can be prone to the burnout syndrome is generally weak in nature. This kind of an individual usually finds it very hard to be assertive with people. Likewise, Morse et al. (2012) stated that some patients can be very manipulative, and the healthcare professional can end up being sympathetic towards them. When the healthcare professional is submissive he/she can have problems with sticking to their set of boundaries. It becomes very easy for a professional of this 'softy' personality type to become overstrained emotionally which often leads to emotional exhaustion and the risk of burnout.

#### **4.3.2.3 Category 3: Lack of social support**

The study revealed that most participants expressed lack of social support which is a contributory factor to burnout. The following excerpts were recorded:

*"Uhm' (sighs) well, I can say I don't really have a good relationship with some of my friends, they gossip a lot and I choose to distance myself from them, same goes with my family members, some of them we are not in good terms with each other. I tried to get us to fix things and now I gave up."*  
[Participant A]

*"it is not good, and some have told me on numerous occasions that I treat them like they are my patients and that they miss the person I was before I started working in this field. I would say the relationship is tainted".*  
[Participant C].

*"I get along with my mom but we do have some differences with my sisters, they badmouth me to our mother and she would get angry and not talk to me for a while until I go home and fix things so in the meantime I would really be heartbroken and a bit stressed but I try by all means not to make my patients see that I'm not well at that time".* [Participant E].

*“I really don’t have much time to go see my family and let alone friends. My friends are also very busy people. I work far from home, but I do talk to them over the phone when I get time. I sometimes go home during weekends. It’s not easy to work far from home especially when one is married. It happens we have fights and we can’t resolve them very well over the phone. Yes, I get stressed out and would even avoid seeing pts when I’m not in my right state.” [Participant F]*

*“I’m not sure if I still got real friends. The two friends I had both betrayed me, but I think I’m better off without people I call friends in my life. My family is full of pretentious people. The ones who really cared for me have passed on. I’m now on my own.” [Participant I].*

*“I feel bad you know. I think I have gotten so much focused on my work that I hardly ever get time for friends or family. Many of my friends have now cut contact with me because they complain that I don’t keep in touch. I think the work that I do can strain you emotionally and unaware.” [Participant K].*

This finding is in line with Hyman et al. (2011) who reported that healthcare professionals’ measurement level of burnout is closely linked to absence of social support. When healthcare professionals lack a strong support system, this impacts on their ability to perform their job effectively.

#### **4.4. Initiatives/strategies used to prevent or deal with burnout**

The findings of the study revealed that most participants did not have adequate strategies or initiatives used to prevent or deal with burnout at the hospitals. As a result, this places healthcare professionals at a risk of experiencing burnout syndrome. This is evident through the following excerpts:

*“There’s sports day event where we get to train and just have fun but people never attend such and they are always working because pts are always there.” [Participant A]*

*“No, I don’t know of any programmes for such here. I’m always doing work as normal.” [Participant B].*

*“No, not that I know of hay.” [Participant C].*

*“The only one I know is taking leave, I’m just not sure if that’s good for preventing burnout.” [Participant D].*

*“I would be lying if I said I knew of any. I haven’t heard anything about measures put in place to prevent ordeal with burnout”. [Participant E].*

*“Unfortunately, no, that’s why I go to meet with other external professionals to get debriefing because that’s very important.” [Participant F].*

*“I am not sure if I know of any measures specifically aimed at preventing burnout. I only know that Wednesday is a sports day whereby staff engage in sporting activities, but I haven’t taken part in that because I’m always busy and by the time I come back I will be having a pile of work.” [Participant G].*

*“I don’t think there is and even if there is, it would then mean such programs aren’t well implemented” [Participant H].*

Findings of the study revealed that there are currently very few if any initiatives /strategies put in place at the hospitals to prevent burnout. Frudge (2009) stated that prevention strategies are considered the most effective approach for addressing burnout in the workplace. Maintaining good working relationships may also reduce the level of stress and burnout. This means that healthcare professionals should meet and debrief and be able to confide in one another when they are going through challenging times. They can also seek professional help so that they do not end up bottling their problems inside but rather share with someone else they confide in. Also, Khoza (2014) reported that encouraging good communication among healthcare professionals in their working environment can contribute positively towards minimizing or rather preventing burnout.

#### ***4.5. Summary of the chapter***

This chapter analyzed data collected from healthcare professionals working at the selected hospitals in Ehlanzeni district of Mpumalanga Province. The results were discussed with literature control. The chapter discussed factors that contribute to burnout among healthcare professionals such as workload, financial factors, emotional labor, and personal factors. The chapter concluded by highlighting the strategies/initiatives that prevent or help cope with burnout among the healthcare professionals.

## CHAPTER 5

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### *5.1. Introduction*

This chapter presents the summary of the findings of the study, limitations of the study, conclusions and recommendations based on the data analyzed in the previous chapter.

### *5.2. Summary of the study*

The purpose of the study was to explore factors influencing burnout among healthcare professionals at selected hospitals in the Ehlanzeni district. The objectives were:

- To investigate factors that influence burnout among the healthcare professionals;
- To determine the coping strategies used to prevent or deal with burnout among the healthcare professionals.

The study was in qualitative in nature. The population was healthcare professionals at selected hospitals in Ehlanzeni district. The study adopted a convenience type of sampling technique to select healthcare professionals. A rapid assessment test was used to screen burnout among the professionals and only those who were vulnerable or experiencing burnout took part in the study. Fifteen healthcare professions were supposed to be interviewed, however due to data saturation only 12 were interviewed. The study involved twelve healthcare professionals. Semi structured interviews were used a means of data collection. The data were analyzed through thematic content analysis.

### *5.3. Limitations of the study*

Since this was a qualitative study, its results, therefore cannot be easily generalized to other populations. This is because it was only limited to healthcare professionals specifically registered counsellors and clinical psychologists who were working at selected hospitals in the Ehlanzeni district.

### *5.4. Conclusion*

The following were the conclusions of this study:

- Most healthcare professionals are vulnerable to burnout while some are experiencing it;
- Burnout is influenced by a number of different factors (workload, financial problem, emotional exhaustion, poor working relationships, lack of social support, and number of years working at the hospital as well as personality type/traits;

- Some healthcare professionals are experiencing shortages of staff, and as a result are faced with excessive amount of workload which is a contributory factor to burnout;
- Some healthcare professionals are not satisfied with the salaries they are getting which is also considered a contributory factor of burnout;
- Some healthcare professionals have soft personalities which can be easily manipulated by patients and becomes overwhelming to the professional – consequently results in burnout;
- Some healthcare professionals have little or no support from family or friends which is a contributory factor to burnout;
- Healthcare professionals are not conscious of burnout and as a result they are not taking initiatives to prevent it;
- There is little to no initiatives/strategies put in place at the hospitals to help prevent burnout. This therefore makes healthcare professionals susceptible to the risk of burnout.

### ***5.5. Recommendations***

Based on the research findings and conclusions of the study, the following recommendations were made:

#### **5.5.1. Recommendations for healthcare professionals**

- Healthcare professionals should educate themselves more about burnout the syndrome and the ways on how to best prevent it. This can be done through thorough reading of materials on burnout such as books, articles and journals etc.
- They should also raise awareness to other professionals. They should take initiatives and engage in activities that are specifically aimed at preventing burnout. Healthcare professionals need to strive hard to prioritize their boundaries at work so they do not easily get manipulated by patients or get overwhelmed by work.

#### **5.5.2. Recommendations for policy makers (DoH)**

- Policy-makers should come up with a policy that will allow healthcare professionals to freely engage in activities specifically aimed at preventing burnout.
- The policy on prevention of burnout must be inclusive of inputs from relevant stakeholders as well as representatives of the healthcare professionals.

### 5.5.3. Recommendations for the Hospitals

- Based on responses from the participants, it emerged that currently there is little, if any initiatives/strategies at the hospitals, specifically aimed at preventing burnout among the healthcare professionals. It is therefore, recommended that hospitals need to come up with some initiatives/strategies that are aimed specifically at preventing burnout syndrome among the healthcare professionals.
- This can be done through debriefing sessions held at least twice a week for just an hour.
- Also, Movie day, Tea party and etc.

### 5.5.4. Recommendations for future researchers

- Based on the responses from the participants it was made clear that there were a number of factors influencing burnout. However, there's still no much information on the ways to prevent or cope with burnout. This is mainly because the study was too focused on exploring factors which contribute towards burnout among the healthcare professionals. Thus, further research on what can help prevent burnout among healthcare professionals still needs to be done.

## 5.6. Summary

The study was summarized based on the aim and objectives of the study, limitations of the study and recommendations. The chapter also calls for future research to be conducted.

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## APPENDIX A

### PERMISSION LETTER (D.O.H)

University of Venda  
P/Bag x5050  
Thohoyandou 0950  
12/02/2017

The Manager  
The Department of Health  
Mpumalanga Provincial government  
South Africa

Dear Sir/Madam

**RE: request to access the selected hospitals for a research project titled “Factors influencing burnout among healthcare professionals at selected hospitals in Ehlanzeni District, South Africa”**

I Mmathabo Nnana Mashego, a Masters’ Student at the Department of Public Health at the University of Venda hereby request for permission to undertake a study. This is a requirement for the partial fulfilment of my degree of Masters’ in Public Health. The study is entitled: **Factors influencing burnout among healthcare professionals at selected Hospitals in Ehlanzeni District**. I would like to conduct this study at the selected hospitals situated in Mpumalanga Province. This study has been prompted by the problem of extreme emotional exhaustion observed in healthcare professionals around the world which potentially leads to burnout syndrome. The study will involve the following: Identifying the participants, giving them information about the aim of the study and eventually interviewing them individually. All information gathered in this study will be kept strictly confidential, and no information will be used for purposes other than those it is intended for. A participant’s decision to participate in this research will be voluntary and withdrawal from the study at any time will be allowed. Anonymity will be assured through the use of pseudo names.

I trust my request will meet with your approval. Your assistance in facilitating the research will be highly appreciated.

Yours Sincerely

Mmathabo Nnana Mashego

(Student number 11606369), mmathabonnanamashego@gmailcom, Cell: 0723210661

## APPENDIX B

### LETTER TO THE HOSPITAL CHIEF EXECUTIVE OFFICER

University of Venda  
Private Bag X5050  
Thohoyandou 0950  
South Africa  
03/02/17

The Hospital CEO

Dear Sir/Madam

**Re: request for permission to conduct a study on the factors influencing burnout among healthcare professionals at this hospital, Ehlanzeni District, South Africa**

My name is Mmathabo Nnana Mashego, a Masters' Student at the Department of Public Health of the University of Venda. As a requirement for the partial fulfilment of my degree of Masters' in Public Health, I am conducting a study entitled: **Factors influencing burnout among healthcare professionals at selected hospitals in Ehlanzeni District.** I would like to conduct this study at this selected hospital. This study has been prompted by the problem of extreme emotional exhaustion observed in healthcare professionals which potentially leads to burnout syndrome. Therefore, I am kindly requesting permission to conduct a study at this hospital. The study will involve the following: Identifying the participants, giving them information about the aim of the study and eventually interviewing them individually. All information gathered in this study will be kept strictly confidential. No information will be used for the purposes other than those it is intended for. A participant's decision to participate in this research will be voluntary and withdrawal from the study at any time will be allowed. Anonymity will be assured through the use of pseudo names. I have attached my ethical clearance letter from the University and Mpumalanga department of health.

I trust my request will meet with your approval. Your assistance in facilitating the research will be highly appreciated.

Sincerely

Mmathabo Mashego (Std No 11606369, Mmathabonnanamashego@gmail.com  
(0723210661))

## APPENDIX C

### PARTICIPANT INFORMATION SHEET

Hello, my name is Mmathabo Nnana Mashego, a Masters' Student at the Department of Public Health of the University of Venda. As a requirement for the partial fulfilment of my degree of Masters' in Public Health, I am conducting a study entitled: **Factors influencing burnout among healthcare professionals at selected hospitals in Ehlanzeni District.** This study has been prompted by the problem of extreme emotional exhaustion observed in healthcare professionals which potentially leads to burnout syndrome. The study seeks to find out more about the factors that contribute to burnout among healthcare professionals, specifically registered counsellors/clinical psychologists.

The study will involve the following: Identifying the participants, administering of the Rapid Assessment Test (used to identify professionals that are vulnerable or may be experiencing burnout) and eventually interviewing them individually. The interview process can take about 30- 45 minutes. All information gathered in this study will be kept strictly confidential, the researcher will not use your name to identify you personally this means that only letters of the alphabets will be used as participants' names. There are no known risks involved in taking part in this study.

The study will investigate more of the work that was left out by previous researchers on the same phenomena (Burnout). This study may provide preventive and coping strategies for the healthcare professionals. It may also enhance knowledge for the healthcare professionals in that they will be able to know more about the concept of burnout and prevent it. This may assist the community in that they will receive the best healthcare services from the healthcare professionals who are not affected by the burnout syndrome. The Department of Health (DoH) may also benefit from this study in that its findings will assist with regards to burnout interventions.

No information will be used for the purposes other than those it is intended for. Your decision to participate in this research is completely voluntary and should you decide to take part in the study, you can still withdraw from the study at any time without giving a reason. Your participation in the study will be highly appreciated as this will help the researcher in answering the research question about the factors that influence burnout among the healthcare professionals.

**APPENDIX D**  
**INFORMED CONSENT FORM**

Please note that the Masters, Degree student, **Mashego Mmathabo Nnana** is conducting a study titled '**Factors influencing burnout among healthcare professionals at selected hospitals in Ehlanzeni District**'. The aim of the study is to investigate the factors influencing burnout among healthcare professionals at the Hospital. This study also seeks to provide people with knowledge about the causes of burnout syndrome as well as the preventative ways to reduce burnout among the healthcare professionals.

To make the study a success, I am inviting you to participate in this study through an interview which will only take 30-45 minutes. Be rest assured that all the information you provide will remain confidential. The data will solely be used for academic purposes and high level of anonymity shall be maintained. Your participation in this study is voluntary and your decision to take part in this will have no negative impact on your life or health and you are free to withdraw any time.

Researcher's signature .....Date.....

I .....have read the consent form thoroughly therefore I give authorization for .....health care facility to form part of the study/ participate in the study.

Participant signature..... Date.....

## APPENDIX E

### RAPID ASSESSMENT TEST

Adapted from (Maslach and Jackson, 1981)

Rate each of the 28 questions according to the following scale:

1 = never/no change 2 = rarely 3 = sometimes 4 = often 5 = always/much change

#### DO YOU:

- \_\_\_ 1. Think too much at night or experience insomnia?
- \_\_\_ 2. Experience feelings of incompetency/ineffectuality more than before?
- \_\_\_ 3. Feel less appreciated on the job?
- \_\_\_ 4. Feel more tired or less energetic than before regardless of resting?
- \_\_\_ 5. feel like not reporting to work or feel trapped on your job?
- \_\_\_ 6. Feel angry, irritated or bothered by your surroundings including people?
- \_\_\_ 7. Experience physical pains such as headaches, back and neck aches?
- \_\_\_ 8. Feel less interested in sex?
- \_\_\_ 9. Check up on your close family and friends less?
- \_\_\_ 10. feel overworked?

#### ARE YOU:

- \_\_\_ 11. More forgetful of events (appointments, deadlines or birthdays of close people)?
- \_\_\_ 12. Constantly checking on the time for knock off time?
- \_\_\_ 13. Avoiding having talks with colleagues or prefer being on your own?
- \_\_\_ 14. Rigidly applying rules without considering more creative solutions?
- \_\_\_ 15. Drink alcohol or use drugs more than before?
- \_\_\_ 16. Negatively react fast or pose negative attitude especially to changes?
- \_\_\_ 17. More absent or report sick at your work?
- \_\_\_ 18. Feeling less joyful or unable to laugh at funny jokes?
- \_\_\_ 19. Having interpersonal conflict with your colleagues or close people?
- \_\_\_ 20. Too busy to make time for your things like calling friends& family or reading?

#### DOES YOUR JOB:

- \_\_\_ 21. Appear pointless or filled with any repetitive situations?
- \_\_\_ 22. Have little pay or remuneration?
- \_\_\_ 23. Lack access to a social professional support group?

- \_\_\_\_24. Have insufficient resources or funds to accomplish institution goals?
- \_\_\_\_25. Lack clear guiding principles or need you to adapt to rapid program changes?
- \_\_\_\_26. Involve excessive amount of work that makes you feel fragmented?
- \_\_\_\_27. Demand dealing with angry people?
- \_\_\_\_28. Burden you with too much work or require long shifts and too much overtime or deprive you of lunch breaks or vacation?

## APPENDIX F

### STUDY INTERVIEW GUIDE

#### SECTION A

##### A. Demographic information

Age \_\_\_\_\_

1. What is your current occupation at this hospital?
2. How long have you been working at this hospital?
3. What is your highest qualification?
4. What is your gender?
5. What is your marital status?

#### SECTION B

##### B. Work-related factors influencing burnout among healthcare professionals

6. Can you share with me the challenges you face with regards to working at this hospital?
7. Are you satisfied with the salary notch for your profession? If no, how do you feel about it?
8. How would you describe your relationship with co-workers at this hospital?
9. Is your role as an employee clearly stipulated? If no, how does this affect you?

#### SECTION C.

##### C. Personal factors influencing burnout among healthcare professionals

10. Can you share with me how you feel emotionally and physically after seeing patients?
11. How would you describe your relationship with your family and friends?
12. For somebody who does not know you personally, how would you describe the kind of a person that you are?

#### SECTION D.

##### D. Ways of preventing and dealing with burnout

13. What are the strategies that you use to prevent or deal with burnout?
14. Do you know of any preventative measures put in place at this hospital which helps healthcare professionals to deal with emotional exhaustion that often result in burnout?