

BURN-OUT AND COPING STRATEGIES AMONG NURSES TREATING HIV/AIDS, CANCER AND GENERAL PATIENTS

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Abstract *The extent to which the severity of life threatening ailments of patients and their demands of fulfilling health care requirements affect the psychological well being of nursing professionals has been a major concern of health care administrators. The working environment of health care providers in hospital settings treating severe illness such as HIV/AIDS, Cancer is more vulnerable and more likely to have exposure of viral infection leading to have physical and psychological distress. Exhibiting Burn-out Syndrome has been a more significant problem among the nursing professionals due to prolonged exposure of such occupational stress. Further, the type of coping strategies adopted by them may moderate the ill-effects of occupational stress. A sample of 150 nurses who are providing health care services to treat three types of ailments (HIV/AIDS, Cancer and General Patients) were approached to provide data on Burn-out Syndrome and Coping Strategies using a standardized questionnaires. The results of ANOVA revealed that Burnout Syndrome dimensions such as Emotional Exhaustion and Personal Accomplishment are more significantly higher among those nurses who are treating HIV/AIDS than nurses treating Cancer and General Patients. The key dimensions of coping strategies such as Putting into Perspective, Catastrophizing and Others Blame are significantly contribute to cope from burnout syndromes. The practical implication of results and intervention strategies are discussed.*

Keywords *Burnout Syndromes, Coping strategies, Nursing Professionals, HIV/AIDS, Cancer Patients*

Research studies have enunciated that nursing professionals in hospitals are under the great risk of stress and tension at work place (Vangas & Bihari-Axelsson, 2004; Aiken et al., 2002), especially for those nursing professionals who are working with patients with life threatening diseases, are at high risk in developing psychological stress (Dorz, Novara, Sica, & Sanavio, 2003; Fisher & Anderson, 2002). It is known that Cancer patients and HIV patients are more likely to spend a lot of time with health care providers in order to get treated and manage their disease. Consequently, utmost care with human consideration is required to treat HIV/AIDS positive patients, the health care providers are subjected to have a stigma of ill effects of such deadly disease and exhibit their disgust in the following ways such as assuming physical distance, using disdainful voice or tone, asking confrontational questions, showing irritation, anger, nervousness, fear or panic, scaring, mocking, blaming or ignoring patients and being generally abusive (Smit, 2005). There is a marked difference among the perception of health care providers who are treating Cancer patients, HIV positive patients and other patients of common diseases. Though the stringent safety regulations and practices are imposed among the health care providers to avoid the contamination risk while treating HIV positive and cancer patients, the health care providers tend to have a strong stigma towards those patients (Bollinger et al., 1997). Given the possibility of accidents with biological materials – as well as dealing

with the consequences of the illness, proper guidelines to safeguard the physical, mental and social well-being of health care providers have to be formulated. Dealing with cancer patients and HIV/AIDS patients is described as stressful and emotionally demanding for nursing professionals. Though, efficient and effective care has been taken, the imminent end of the death within a short period of lifespan largely affects the care takers (Corner, 2002; Gigerenzer et al., 2007). Thus, the multifaceted and continuing nature of Cancer and HIV/AIDS possess multiple challenges for both medical and paramedical nursing professionals while treating patients with this deadly disease. It has been recognized that nursing professionals find working with these patients to be both physically and emotionally difficult (Corner, 2002; Scott & Hilliard, 1992), and over the time, practising in a stressful environment may increase the experience of occupational stress and job burnout among nurses (Bellani et al., 1996; Bennett, Kelaher, & Ross, 1993; Gueritault-Chalvin, Kalichman, Demi, & Peterson, 2000).

Hardly any systematic empirical research studies have been reported in Indian Context on exploring the psychological feelings and stigma of HIV patient's experienced by health care providers (Nurses, Laboratory Technicians). Those HIV patients, who are more sensitive to such behaviour of health care providers, are more susceptible to get into the state of depression leading to the early onset of death. There is a dire need to change the general perception of such a category of

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nurses so that their misunderstanding and hard feelings can be minimized facilitating to extend the best possible high-quality treatment (Subramanian et al., 2009; Dorz, Novara, Sica, & Sanavio, 2003). There is a lack of sophisticated conceptualized studies to draw policy guidelines regarding the methods to optimize the stress management among health care providers of HIV/Cancer patients. Hence, it is desirable to study the methods of coping mechanisms being followed by the nursing professionals who are treating life threatening diseases, as well as the measures to enhance their coping skills (Hansell et al., 1999; Rose & Clark-Alexander, 1999). Indeed, exploring the level of burn-out syndromes and the type of coping strategies exhibited by the nurses will enable the policy maker in the health care organizations to arrive for the appropriate intervention strategies for the overall well-being of health care provider.

BURNOUT AMONG NURSING PROFESSIONALS IN HIV/AIDS, CANCER CARE

Burnout is an exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration in the workplace (Kearny, et al., 2009; Maslach, 1976; Freudenberg, 1974). This phenomenon involves a chronic strain that results from differences between the expectations of the worker and the demands of the job (Gustafsson, et al., 2010; Pines, Aronson & Kafry, 1981). Burnout can be viewed as unsuccessful attempts to cope with numerous negative stressful conditions in the workplace; these conditions can be job or people related. Working with a population that has been viewed as challenging can be emotionally taxing. The three key causes of burnout are overwhelming exhaustion, feelings of cynicism, and a sense of ineffectiveness and lack of accomplishment (Kearney, et al., 2009; Maslach 1982). The consequences of burnout can be serious for workers, clients/patients, and institutions. Bennett and Kelaher (1994) compared nurses working in HIV/AIDS with those in oncology units found that there were no significant differences in the frequency of burnout. Similarly, Keliber et al., (1993) reported that there is no difference in the levels of burnout experienced by HIV/AIDS nurses compared with the nurses working in oncology and geriatrics. On the same line, Catalan et al., (1996) found that no such significant difference was noticed in the levels of burnout between HIV/AIDS and oncology nurses regarding the levels of their emotional exhaustion and depersonalization, but there were lower levels of personal accomplishment, both in terms of frequency and intensity. Working with the Cancer and HIV/AIDS patients requires enough energy to confront all kinds of problems and self-devotion towards the work (Lederberg, 1998). In addition to occupational burnout, occupational stress in nursing is associated with long term job dissatisfaction (Cooper & Mitchell, 1990) and

can lead to immunosuppressant and increased susceptibility to mental illness (De Gucht, Fischler, & Demanet, 1999). Benevides-Pereira & Das Neves Alves (2007) studied the HIV healthcare workers and found that the majority did experience at least one component of burnout. It was identified that some workers did feel dissatisfied with their job; there were feelings of cynicism and compromised attitudes toward the client.

In addition, symptoms such as heart pounding, pain, and fear, impairment of consciousness, seizures, cramps, and sleep disturbance, shortage of breath, numbness and anxiety may appear. The health care providers working with those infected with HIV may be at risk for burnout and departure from their jobs due to stigmatization and the impact of patients' deaths (Brown et al. 2002). Psychiatric symptoms, such as depression and anxiety, have been found to positively correlated with burnout in physicians and nurses who work with HIV/AIDS patients (Bellani et al., 1996; Dorz et al., 2003). The most common symptoms are excessive absenteeism or lateness, poor work performance, and pervasive thoughts about leaving the job or profession (Gustafsson, et al., 2010; Farber, 1983; Pines, Aronson & Kafry, 1981). Studies demonstrated that there are clinical, social and emotional demands specific to working with HIV/AIDS patients that may account for the greater intensity and more rapidly developing burnout experienced by HIV/AIDS care providers (Gueritault-Chalvin et al., 2000). A number of authors have identified and discussed some of these challenges (Bellani et al., 1996; Gueritault-Chalvin et al., 2000; Visintini & Campanini, 1996; Miller, 1995; Warren, 1998; McDaniel et al., 1996; Ross, 1993).

The clinical, social, and emotional challenges described above are only some of the challenges that have been associated with the experience of occupational stress and burnout in HIV/AIDS care (Miller, 1995). Other reasons for HIV/AIDS-related occupational stress that have been referenced in the literature include, but not limited to: tension associated with ostracism and stigma correlated with the disease; increased workload and coping with the inadequate social resources for HIV/AIDS patients; role ambiguity and role conflicts among providers; role expansion to include advocacy; political pressures; involvement of patient's families and loved ones; and being exposed to the constant critical scrutiny from colleagues, friends, and family (Miller, 1995; Bellani et al., 1996). Collectively, nursing professional can handle the highly stressful situation effectively if enrich and utilize their own coping resources properly.

COPING STRATEGIES

Coping Strategy is a behaviour that helps us to function better in a given situation. Coping strategies referred to the specific efforts, both behavioural and psychological,

that people employ to master, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Kalichman, et.al (2000) revealed that nurses working in AIDS care, who often experienced stress from work place in order to cope from the stressors, are more likely to use positive appraisal, acceptance and wishful thinking as major coping strategies.

There is a general consensus that coping styles are significantly related to burnout, with control-oriented, active, internal, or problem-focused coping styles being more adaptive than escape-oriented (i.e. avoidance, denial), inactive/passive, external, or emotion-focused coping styles (Slagle, 1996; Leiter & Harvie, 1996; Cushway & Tyler, 1994; Koeske, Kirk, & Koeske, 1993; Thorton, 1992). Personal accomplishment was found to be better predicted by positive coping strategies (i.e., planning, restraint coping, non-denial), while emotional exhaustion and depersonalization were more related to escape oriented or passive coping strategies (Dorz et al., 2003). Coping styles that involve avoidance coping or cognitive and behavioural disengagement were associated with high burnout and greater intentions to discontinue working in the AIDS field (Martin, 1990). The number of research studies has addressed the more specific issues of coping with occupational stress and burnout in human service workers (Koeske, Kirk, & Koeske, 1993; Latack, 1986; Shinn et al., 1984). Although the specific sources of occupational stress may be different in human service work, the strategies, styles, and procedures for coping are presumably like those used for more general forms of stress (Koeske, Kirk, & Koeske, 1993). Several studies have examined the relationship between coping and burnout stating that the use of coping strategies significantly correlated with the level of burnout, and coping strategies found to be a protective factor among the nurses who provided the care for people living the HIV/AIDS (Gueritault-Chalvin et al., 2000).

Results from these studies collectively suggest that the health care providers of HIV/AIDS, Cancer patients are more vulnerable to job burnout. Contemporarily, in Indian context hardly any systematic study has been done in the field of HIV/AIDS and Cancer care providers. The purpose of the present study was to identify the specific type of coping strategies followed among the nurses treating HIV/AIDS, Cancer and General patients.

OBJECTIVES

- i) To compare the level of burn-out syndrome exhibited by the nurses treating HIV/AIDS, Cancer patients and General patients and the type of coping strategies followed to overcome such syndromes.

RESEARCH METHOD

Research Design

A survey research design was used to test the above stated research objectives. The specific design is the cross-sectional design, whereby a sample is drawn from a population at one time.

Sample and Procedure

The sample consists of total 150 nurses-75 nurses from government hospitals and 75 from private hospitals, of which 50 nurses were treating HIV/AIDS patients, 50 nurses treating Cancer patients and 50 nurses treating General patients. These nurses were randomly selected using the simple random sampling technique. In Simple random sampling, each possible sample of a specified size in the population has an equal chance of being chosen. Because samples are usually drawn from large population, it is not common practice to list all possible samples and then select one randomly. The 25 nurses from each category treating HIV/AIDS, Cancer and General Patients in government as well as private hospitals in Erode, Coimbatore and Nammakal districts in TamilNadu, India were selected as given below.

Hiv/Aids Patients		Cancer Patients		General Patients	
Government Hospital	Private Hospital	Government Hospital	Private Hospital	Government Hospital	Private Hospital
25	25	25	25	25	25

The subjects were contacted by the research investigator personally and explained the aims of the research. The respondents were assured that information given by them would be kept confidential and obtained informed consent for participating in the present study. Finally, survey questionnaires were distributed to all the participants to furnish all the required information as stated in the questionnaire. The majority of the respondents were married (70.5 %) and only 29.5% of the nurses remain as single. They belong to the age group ranging from 24 years to 38 years. One-third of the respondents had successfully completed their graduation studies (32.9 %) while rest of them (67.1%) possesses diploma courses in nursing. In addition, 66.6 % of the nurses reported working in AID/HIV and Oncology units have an experience of 5-8 years and the remaining 33.3 % of respondents had 8-10 years of care giving experience in general units.

MEASURING INSTRUMENTS

Maslach Burnout Inventory

The Maslach Burnout Inventory which was formulated by Maslach and Jackson was used to assess the burnout among the nurses treating HIV/AIDS, Cancer and General

patients in Government and Private hospitals. It consists of 22 items. The responses are given based on six point rating scale namely, “Never”, “A few times a year or less”, “Once a month or less”, “A few times a month”, “Once a week”, “A few times a week”, “Everyday”. These responses were represented by numbers 0, 1, 2, 3, 4, 5, 6. The inventory consists of 3 dimensions such as:

- i) *Emotional Exhaustion*- It includes emotional resources that are depleted; individuals feel they are no longer able to give of themselves at a Psychological level.
- ii) *Depersonalization*- It includes the negatives, cynical attitudes and feelings about one’s clients.
- iii) *Personal Accomplishment*- It includes the tendency to evaluate oneself negatively, particularly with regard to one’s work clients. Workers may feel unhappy about themselves and dissatisfied with their accomplishments on the job.

Cognitive Emotion Regulation Questionnaire (CERQ)

The CERQ is a 36 item questionnaire with a 5 point likert response format (1-almost never to 5-almost always) designed to evaluate the cognitive aspects of emotional regulation. The questionnaire is introduced by the following sentences, which are written at the top: “Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his/her own way. With the following question, you are asked to indicate what you generally think, when you experience negative or unpleasant events. This questionnaire consists of nine dimensions as follows:

- i) *Acceptance*: Having thought of acceptance and resignation with regard to what one has experienced. (e.g., I think that I have to accept that this has happened).
- ii) *Positive Refocusing*: Having positive, happy and pleasant thoughts instead of thinking about threatening and stressful events. (e.g., I think of nicer things than what I have experienced).
- iii) *Refocus on Planning*: Having thought about what to do and how to handle the experience one has had. (e.g., I think of what I can do best).

- iv) *Positive Reappraisal*: Having thought the goal of which is to give a positive meaning to the negative meaning events in terms of personal growth. (e.g., I think I can learn something from the situation).
- v) *Putting into Perspective*: Having thought that realize the negative event compared to other events. (e.g., I think that it all could have been much worse).
- vi) *Self-blame*: Having thoughts that blame one-self or what one has experienced. (e.g., I feel that I am the one to blame for it).
- vii) *Rumination*: having thoughts about the feelings and thoughts that are associated with negative events. (e.g., I often think about how I feel about what I have experienced).
- viii) *Catastrophizing*: Having thoughts that emphasize the negativity of the experience. (e.g., I continually think how horrible the situation has been).
- ix) *Blaming others*: Having thoughts that blame others for what one has experienced. (e.g., I feel that others are to blame for it).

These nine dimensions were classified into two categories as adaptive strategies (Acceptance, Positive Refocusing, Refocus on Planning, Positive Planning and Putting into Perspective) and non-adaptive strategies (Self-blame, Rumination, Catastrophizing and Blaming others).

RESULTS

The one way ANOVA was carried out to check whether the mean scores of the job burnout dimension vary among three categories of nurses treating with three different ailments with the Duncan post hoc and standard deviation. The results depicted in the Table 1, revealed that there is a significant difference in two dimensions - Emotional Exhaustion (25.46, $p < .001$) and Personal accomplishment (6.679, $p < .001$) among the three categories of nurses treating HIV/AIDS, Cancer and General Patients. The nurses treating HIV/AIDS tend to have higher level of emotional exhaustion than the nurses treating cancer patients. The nurses treating general patients tend to possess lower level of emotional exhaustion while comparing the other two groups of nurses.

Table 1: Results of The Analyses of Variance (ANOVA) and Duncan Post Hoc Tests for the three Dimensions on the Job Burn Out among the Nurses treating HIV/AIDS, Cancer and General Patients

Variables	HIV/AIDS (N=50)	CANCER (N=50)	GENERAL (N=50)	F	Post Hoc		
	MEAN(S.D)	MEAN(S.D)	MEAN(S.D)				
EMOTIONAL EXHAUSTION	22.26(6.65)	18.38(6.26)	13.24(6.06)	25.46***	H >	C >	G >
DEPERSONALIZATION	14.50(5.10)	13.50(4.19)	12.56(4.12)	2.328 ^{ns}	H	C	G >
PERSONAL ACCOMPLISHMENT	23.34(6.64)	24.80(9.64)	30.64(7.07)	6.679**	HC >	G >	

*** $p < .001$, ** $p < .05$; H: HIV/AIDS/ C: CNACER/ G: GENERAL PATIENTS

Moreover, the nurses treating HIV/AIDS and Cancer patients are more likely to have high level of personal accomplishment than the nurses treating general patients. Further, the Duncan Post Hoc analysis revealed that nurses treating HIV/AIDS and Cancer patients were significantly higher in job burnout than the nurses treating general patients. The major possible reasons for the difference among the nurses is attributed to the severity level of the disease and complications in providing required assistance to the concerned patients, volume of work, attending to queries raised by the immediate care givers, the special type of assistance or activities required to take care of such patients, attending to the queries of caregivers of patients, the type of cooperation rendered by the patients, restlessness and apathy etc. These could have contributed to more worries and tension in their work life.

Table 2, presents the result of the analysis of variance (ANOVA) and Duncan Post Hoc test with the total mean score and standard deviation for the nine dimensions of coping strategies among the nurses treating HIV/AIDS, Cancer and General Patients. The result revealed that among the nine dimensions, for the three dimensions such as putting into perspectives, catastrophising and other blame were significantly different among the three categories of nurses treating with different ailments ($F = 5.68$, $F = 12.06$, $F = 6.66$, $p < .001$ respectively). Duncan post hoc tests indicated that the mean scores of the two significant dimensions (catastrophising & other blame) were higher among the nurses treating HIV/AIDS and Cancer than the nurses treating General Patients.

It may be inferred that the nurses treating HIV/AIDS and Cancer patients are more likely to follow Catastrophizing and Other-blame strategies in their occupational work life than their counter parts treating General Patients. It showed that nurses treating HIV/AIDS and Cancer Patients are more likely to use non-adaptive coping strategies while

confronting with negative events when compared to those nurses who were treating with General Patients.

DISCUSSION

The level of perceived job burnout syndromes and type of coping strategies among the nurses vary in term of treating patients with different kind of ailments (HIV/AIDS, Cancer and General diseases). Perhaps due to the severity of the patients to whom the nurses were working with. Regarding the nurses treating HIV/AIDS and Cancer patients, the patients were mostly inpatients hospitalized and spend most of the time with the health care providers. The nurses develop stigma of ill effects and develop disgust towards the patients. The dimension "depersonalization" does not have the significant difference among the nurses treating HIV/AIDS, Cancer and General patients.

Nurses working in the HIV/AIDS and Oncology departments are apparently exposed themselves to a more challenging organizational climate than their counterpart nurses treating general patients. Along with the increasing rigidity of the stringent work environment for this type of treating deadly diseases, the chances of getting into job burnout among those nurses were more likely than the nurses treating general disease. The nurses treating HIV/AIDS and Cancer tend to have a strong feeling about their working environment as terrible and aversion comparing to those nurses who treat general patients. Nurses who are treating HIV/AIDS and Cancer are in a platform of providing care to those who confront with life threatening disease. In this sense, committing an error leads to terrible outcome of patient's life. As a result, health care providers are in a position to be more responsible for taking care of patient's life which causes their work environment as a dreadful one.

Table 2: Results of The Analyses of Variance (ANOVA) and Duncan Post Hoc Tests for nine Dimensions on the Coping Strategies among the Nurses treating HIV/AIDS, Cancer and General Patients

Variables	Hiv/Aids (N=50)	Cancer (N=50)	General (N=50)	F	Post Hoc		
	MEAN(S.D)	MEAN(S.D)	MEAN(S.D)				
SELF-BLAME	10.16(2.69)	9.16(2.41)	9.36(2.87)	1.966 ^{ns}	H	C	G >
ACCEPTANCE	11.06(2.55)	11.28(2.33)	10.80(2.95)	.419 ^{ns}	H	C	G >
RUMINATION	10.98(2.88)	9.92(2.46)	9.90(3.02)	2.429 ^{ns}	H	C	G >
POSITIVE REFOCUSING	11.28(3.09)	10.96(2.24)	10.92(2.74)	.263 ^{ns}	H	C	G >
REFOCUS ON PLANNING	11.64(2.56)	12.00(3.26)	12.44(4.29)	.658 ^{ns}	H	C	G >
POSITIVE REAPPRAISAL	10.98(2.63)	11.86(3.14)	12.42(3.94)	2.437 ^{ns}	H	C	G >
PUTTING INTO PERSPECTIVE	10.22(2.34)	8.74(2.68)	8.54(3.08)	5.68**	GC >	H >	
CATASTROPHIZING	11.26(2.39)	10.50(3.22)	8.50(3.01)	12.06***	G >	HC >	
OTHER-BLAME	9.92(2.64)	9.12(3.13)	7.90(2.54)	6.66**	G >	HC >	

***p < .001 / H: HIV/AIDS / C: CANCER / G: GENERAL PATIENTS

When comparing the “Coping Strategies” of the nurses treating HIV/AIDS, Cancer and General patients, the significant difference was noted in “catastrophizing” and “other-blame”. These factors emphasises on the negative aspect of the events. Nursing professionals treating HIV/AIDS and Cancer patients reported to have a higher degree of emotional exhaustion and depersonalization, and also results revealed that respondents were primarily utilizing the non-adaptive coping strategies when job burnout emerged. As this was an unhealthy approach to follow, the government and the medical board authorities should pay attention to the special needs of this category of nurses’ treating deadly diseases. Job burnout is inevitable in nursing professionals especially dealing with deadly diseases. Hence, the proper training to use precautionary measures, preventive measures and encouraging to use appropriate coping strategies among those nurses may always be helpful.

PRACTICAL IMPLICATIONS

While individuals can cope with the symptoms of burnout, the only way to truly prevent burnout is through a combination of organizational change and education for the individual. Organizations can address these issues through their own management development, and assigning external consultants to assist them in establishing new policies and practices supporting a healthier work life. Fortunately, there are several things that can be done to eliminate or reduce the development of burnout. First of all, health care organization can take initiative in identifying those factors that contribute to the job burnout so that the health care providers may be able to gain the experiential knowledge about using appropriate adaptive coping strategies rather than non-adaptive strategies. In addition, health care organizations can provide a proper job description, flexible work schedule, frequent job rotation in the units, adequate guidance and support from a supervisor which may likely to offer a supportive working environment for them.

Secondly, though it is highly impossible to provide an assurance of recovery of life once for all among all those HIV/AIDS patients, the nurses may develop a realistic view of what they can accomplish to care of the patients. Indeed, by accepting the reality of the patients’ present health conditions, those nurses may be trained to reduce the scope and intensity of their emotional attachment with those patients. Furthermore, realizing the severity of illness and poor health conditions of patients, the nurses must have the capability to withstand any such undue expectations and pressures from those patients and their relatives. The health care providers must possess a positive outlook that the poor rate of recovery of illness of such patients is not primarily due to their shortcomings of duties and responsibilities. Hence, in this context, the health care providers must imbibe

a strong core values of karma yoga, which strengthens the belief system facilitating to think and act in accordance with their duties and responsibilities and not to get attached personally to the out come of the results.

Finally, the nurses must be encourages to learn specific techniques for reducing and managing their own perceived levels of stress through physical exercises, meditation and various relaxation procedures, etc.

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