

Risk Factors for Burnout Among Nurses and Doctors In Selected Hospitals of Botswana

Motshedisi B. Sabone, RN, PhD.

FACULTY DISCLOSURE

Faculty name	Pelonomi Mazonde, RM, MNS
Conflict of interest	None
employer	Ministry of Health, Botswana
Sponsorship	None
Faculty name	Francisca Cainneli
Conflict of interest	None
employer	University of Botswana
Faculty name	Maseba Maitshoko, RN
Conflict of interest	None
employer	Ministry of Health, Botswana
Sponsorship	None

FACULTY DISCLOSURE

Faculty name	Marjorie Muecke, RN, PhD, FAAN
Conflict of interest	None
employer	School of Nursing, University of Penn
Sponsorship	None
Faculty name	Connie Ulrich, RN, PhD, FAAN
Conflict of interest	None
employer	School of Nursing, University of Penn
Sponsorship	Nil

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SESSION GOAL AND OBJECTIVES

Goal:

To Share Findings on Areas of The Work Environment that Were Frustrating to Doctors and Nurses so as to Stimulate Exchange of Ideas on Possible Solutions.

Learning Objectives:

Members of the audience will be able to:

- 1) Identify risk factors for burnout in patient care
- 2) Relate the working conditions of nurses and doctors to patient safety and job satisfaction
- 3) Appreciate similarities and difference in nurses' and doctors' motivation for work

BACKGROUND

The hospital environment is a frequent source of stress and burnout and encounter with emotionally challenging situations and poor inter-professional relationships have been documented as some contributory factors to stress.

Findings reported here are from a larger study that investigating collaboration of nurses and doctors in selected health facilities of Botswana. The report is limited to risk factors for burnout among nurses and doctors.

Methods

Setting: Three hospitals at varying levels of care complexity

Design: Cross-sectional descriptive qualitative approach.

Population: Doctors and nurses working in the public sector

Sampling: Purposive

Methods

Inclusion criteria

- ❖ Fluency in English
- ❖ At least six months practice in the country's health care system

Ethical Clearance:

- ❖ Ministry of Health,
- ❖ Participating hospitals
- ❖ participant's informed consent.

Data Collection:

Audio-taped face-to-face individual interviews

Findings

Demographics:

Gender:

	Male	Female	Total
Total Sample	18 (46.2%)	21 (53.8%)	39
Nurses	5 (23.6%)	14 (76.4%)	19
Doctors	13 (65%)	7 (35%)	20
Nationality:			
	Local	Non-local	Total
Total Sample	27 (69.2%)	12 (30.8%)	39
Nurses	17 (23.6%)	2 (76.4%)	19
Doctors	10 (50%)	10 (50%)	20

Demographics

Mean Age			Mean Work	Experience
Total Sample	37 years (27-54 yrs)		Total sample	3.74 years (1-30 yrs)
Nurses	33.1 years		Nurses	6.24 years
Doctors	41.1 years		Doctors	2.36 years

Risk Factors for Burnout

1. Lack of the right tools for doing the work.

1.1 Staffing

- ❖ Nurses (2-3 nurses per 50 pts)
- ❖ Doctors (most serious for specialists; strain most felt by juniors)
- ❖ Auxiliary personnel (simple errands done by nurses & doctors)

1.2 Non-human resources

- ❖ Commodities (meds, iv sets, laryngoscopes, hand towels,
- ❖ Laboratory resources (reagents)
- ❖ Space (operating rooms, intensive care)

*****Sub-standard care*****

Lack of the right tools for doing the work.

It's very difficult to give patients the best care; You want certain investigations, they are not accessible. You want certain medications...they are not available. So, it's quite challenging because ...most of the time we are giving patients sub-standard care because of the lack of medicine, the lack of appropriate tests for different medical conditions. The example that always strikes me is the urinary catheter ... they are no catheter sets..most of the time we have to improvise, find a way to insert that urinary catheter ...which is not the way that I was taught.. **Doctor, district hospital**

Being a nurse is at the moment boring because of those challenges, you don't have motivation to wake up and go to work because things are not even changing. You just going there do your work and come back home. You reach a point where you even stop complaining if you were there to make a difference. You end up seeing it as a job. **Nurse, district hospital.**

Risk Factors for Burnout

2. Poor Work Ethic (“A commitment to the value and importance of hard work” (Miller, Woehr & Hudspeth, 2002, p. 452)

(A general “go slow” attitude toward work)

(“don’t care” attitude toward work)

Commonly observed in young generation of nurses but can also be seen among doctors (both doctors & nurses reported)

An attitude of disrespect for one another among doctors and nurses

Centralized power and authority – not devolved to those in supervisory positions at hospital level leading to lack of accountability

delayed treatment institution & poor patient outcome

Poor work ethic

... I think the attitude of the work... just the ethic of working... that there should be respect... for each other.... There's need for respect for protocol that have been set up, and the doctors should value the input of nurses...And the nurses should do their work...follow the plan of action...and... be interested in the patient's progress ...but if I lack that worry...and I lack that eagerness to probe further, and I would just wait on the doctor to give me the plan of action...**Nurse, district hospital**

...and I think nowadays, I don't know when we look at the nurse's... the generation that we are working with, they are not self-driven, No! they are sort of reluctant to do the work... ... **Nurse, referral hospital**

... If I want to know about something, I need a response and I need to understand why supplies are not there.... The response that you get is "It's not me, I was not here." but as a nurse, in fact doctors as well, they should ..take responsibility and accountability for their job...And you find this failure to take responsibility at every level of the work environment.For me this is a very serious problem because people fail to account for their failure to perform and they get away it with... We need to be accountable for what we fail to do. Errors occur, and people quickly forget about it; What I see in Botswana is that people are not usually punished for their wrong doing.**Doctor, district hospital,**

Risk Factors for Burnout

3. Perceived Management's Inefficiency

3.1 Conditions of service

- ❖ Low pay (doctors and nurses)
- ❖ Slow career advancement (especially for nurses)
- ❖ Lack of appreciation of nurses by fellow health care professionals and nursing management
- ❖ High workloads and lack of appreciation by management (doctors reporting)

3.2 Laxity in taking appropriate action against non-performers on the part of management

Nurses failing to give feedback on doctors' orders

Perceived management's inefficiency

...there are so many frustrations at work, shortage of staff and being mistreated by everyone, the community, the management, there is no one who appreciates you. Anything that goes wrong in the hospital it is the nurse's fault. If somebody didn't do anything the nurse will be asked "why didn't you remind that person; why is it that somebody went wrong here?".. It is always the nurse when it is wrong and when it is right it is always somebody else who did well. **Nurse, district hospital**

These issues are managerial than anything, because it is not the resources like money, because if you look at how much we spend in our health-care system, we should be getting better outcomes. **Doctor, district hospital**

I mean what do you expect from someone who works hard, who doesn't get any rewards, while rewards are given to people who don't work? ... that's the organizational culture that is being established, the truth is it's established. And you cannot just change it by talking, you have to change it even by action, by starting to reward people who deserve rewards, and the results themselves ...measured.... **Doctor, district hospital.**

Risk Factors for Burnout

3.3 Lack of fairness in treating local and non-local doctors

- ❖ Non-locals remunerated better than locals (Local doctors reporting)
- ❖ Over-reliance in importing specialist doctors instead of training locals
- ❖ Only non-local doctors given temporary housing on appointment
- ❖ Xenophobic attitudes toward non-local doctors (non-locals reporting)
- ❖ Non-locals' input into decision making ignored
- ❖ Locals can refuse posting to rural areas without reprimand while that can cost non-locals the job

Here, like the saying that say, “meet them where they start off and then walk them where they need to go” You notice there is a difference how doctors are treated who are from Botswana versus non-Batswana like for us whether you are black or white or Asian it does not matter, “as long as you are outside”) and the other thing I have never really experienced it that way, sort of you feel like ministry... and superintendents..and.. do not want to hold the Batswana with the same standards with everybody else, it is like there are two standards. I think sometimes is very irritating . For Botswana we do not want non- Botswana solutions for Botswana context, So here a local is very right, it looks to me like it is discrimination against ..us,..that makes it difficult as an outsider to change anything that.. **Doctor, referral hospital**

Risk Factors for Burnout

3.5 Unclear guidelines on overlapping job descriptions for nurses and doctors

Insertion of intravenous cannula frequently a contentious area – nurses reserving it for doctors, doctors not being convinced it is right.

4.0 Attitudes and beliefs of the clientele

- ❖ Often failing to appreciate services offered
- ❖ Some believing they can dictate treatment to doctors
- ❖ Believing more on a pill than on non-medicinal advice
- ❖ Some repeatedly seeking help yet repeatedly failing to take advice

Attitudes and beliefs of the clientele

One of the major challenges is the thinking that you can fix everybody and you can't. People's expectations, I think are increasing; they have a very very high expectation that doctors can do almost anything and doctors don't make mistakes and that's very difficult especially for the newer doctors to cope with it people's expectations and entitlement because they are paying a lot through their taxes for the health service, they expect a lot and so I think that's difficult for the junior doctors. **Doctor, referral hospital**

I mean once in a while you get that grateful patients, that patient who sees that you are doing your best with the limited resources that you have....But for the most part our population ...is a very hostile population...it is a very ungrateful population... in a sense that they feel like everything you do you are trying to sabotage them **Doctor district hospital,**

CONCLUSIONS/IMPLICATIONS

- ❖ Conditions under which the sampled nurses and doctors work have a potential to expose them to burnout.
- ❖ It is important that such factors in the working environment are given attention in order to improve patient outcome, job satisfaction and job retention.
- ❖ Further research that will measure and quantify burnout among doctors and nurses is recommended.

THANK YOU