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# Assessing the Differences between Doctors and Nurses on Burnout Dimensions

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**Abstract**

*This study assessed differences between doctors and nurses on job burnout. A sample of two hundred and forty-five healthcare professionals participated in the study. Comparative research design and t-test statistics were used for the study. Burnout was assessed using Maslach Burnout Inventory (MBI). Results showed that nurses reported significantly higher in the three dimensions of burnout than doctors on emotional exhaustion, depersonalization, and feelings of personal accomplishment. These findings provided evidence for an elevated risk of burnout for nurses compared to doctors. The stud recommended developing framework that will help reduce the incidence of burnout in Nigeria health institutions. It also suggested the need for further investigation to understand the causes of this difference and potential interventions to reduce the occupational stressors of nurses.*

Keywords: *Burnout, Emotional Exhaustion, Depersonalization, Doctors, Reduced Personal Accomplishment, Nurses*

## Introduction

Burnout is increasingly acknowledged as a critical issue among healthcare workers globally. In Nigeria, doctors and nurses are particularly vulnerable due to systemic, organizational, and socio-economic challenges. It is a psychological syndrome emerging as a prolonged response to chronic interpersonal and emotional stressors on the job (Odonkor & Frimpong, 2020). Traditionally, healthcare workers especially doctors and nurses are exposed to high workloads, emotional demands, long hours, and continuous exposure to suffering and death (Clifton, et. al, 2021). The growing interest in research on burnout in health sector is due to its negative effect on provision of quality health care. AMA (2023) rightly observed that incident of burnout among health professionals has adverse effect on individual health, organizational functioning, quality of care, and patient outcome.

Burnout has being defined as a specific kind of occupational stress among human service professionals, as a result of demanding and emotionally charged relationship between caregivers and their recipients (Demerouti & Bekker, 2008). It is a form of psychological syndrome that develops as result of a negative reaction to

occupational stressors (Lee, 2022). According to Maslach and Jackson (1996), it is a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform. Burnout has three dimensions of emotional exhaustion, depersonalization and low personal accomplishment. Emotional exhaustion is generally considered a core symptom of the burnout syndrome (Shirom, 1989: Adekpta, 2010), and is related to an individuals' experience of stress, which is in turn, related to a decline in emotional and physical resources (Bradley & Chahar, 2020). Depersonalization is the development of negative, cynical attitudes towards the recipients of one's service or care (Adebayo & Ezeanya, 2010). Reduced personal accomplishment refers to the feelings of low professional efficacy and lack of productivity at work (Willard-Grace, et al., 2012). Burnout is a severe psychological and physical outcome of prolonged and high level of stress at work (Daisy 2009) and is associated with feelings of helplessness, hopelessness and development of negative self-concept (Moyoyinola & Ajala, 2007). It also has a negative impact on mental health, psychological wellbeing, quality of work and performance (Bovier et al., 2009; Rabin et al., 2005).

Matteson and Ivancevich (1987) observed that burnout passes through three stages. The first stage is characterized by stagnation in which signs of fatigue and depression appear; the second stage takes form of detachment and characterized by psychological and physical withdrawal, apathy, and below average performance; the final stage is where an individual is completely burned out and emotionally exhausted. It is characterized by depersonalization, apathy, lack of self-efficacy; reduce sense of accomplishment and poor performance. Leatz and Stolar (1993) explained that burnout is characterized by physical, emotional and mental exhaustion. Physical exhaustion is characterized by fatigue, nausea, tension, change in eating and sleeping habit, and generally low energy level; emotional exhaustion is characterized by a number of feelings that are expressed through frustration, hopelessness, depression, sadness, helplessness and apathy towards work; mental exhaustion is characterized by dissatisfaction with job, and life in general. In a clear term, burnout has being found to bring enormous cost to both employees' and health care institution. It negatively impact employee's job attitude and turnover level (Wrigh & Cropanzano, 1998).

Understanding differences in burnout between doctors and nurses is important for several reasons. If doctors and nurses experience different levels or types of burnout (e.g. one group more emotionally exhausted, another more depersonalized), then interventions (e.g. organizational, psychological, policy-related) need to be tailored appropriately. Considering the abundance of negative effects of burnout like increased medical errors, reduced patient satisfaction, higher turnover, absenteeism, and poor mental health among healthcare providers it is imperative for researchers to examine possible interventions. Hence, Sawatzky (1996) opined that healthcare systems need evidence about which groups are more vulnerable in order to allocate mental health, staffing, and institutional support resources efficiently. This very important because doctors and nurses often have different duties, decision-making autonomy, patient contact, expectations, hours, which may lead to differences in burnout type and severity.

Researches have revealed the contributing factor on the existence of burnout among health professionals. Karasek (1979) in demand -control model, observed that jobs that combine high jobs demands with low job control evoke psychological and physical distress. According to Bakker and Demerouti (2007) in their jobs demands resources models explained that high job demand and low job resources may combine to produce burnout. Researchers have found burnout to be the major factor that affects not only individuals' productivity but also organizational performance (Bakker et al., et al., 2005, Adebayo & Ezeanya, 2011a, Bourbonnais et al., 1999, Adebayo & Ezeanya, 2011b) In another research by Adebayo and Ezeanya (2010) they found that burnout was highest among doctors, especially junior residents, and was significantly associated with organizational factors like excessive workload, long working hours, poor remuneration, and inadequate staffing. This is to spy that nurses and doctors may differ in their experience of burnout. It is on this background that the present study assessed the difference between the two major health professionals on burnout experience across the three major dimensions of burnout. In order to achieve this purpose, the following hypotheses has been posited to guide the study.

i. There will be a significant difference between doctors and nurses in the experience of emotional exhaustion.
ii. There will be a significant difference between doctors and nurses in the experience of depersonalization.
iii. There will a significant difference between doctors and nurses in the experience of reduced personal accomplishment.

## Method

### Participants

A total of one hundred and thirty-six health professionals comprising of 79 nurses (54.76%) and 57 doctors (45.24%). The sample was drawn from four hospitals (Jos University Teaching Hospital, Plateau Specialist Hospital, Our Lady of Apostles Hospital and Evangelical Church of West Africa Hospital) all located in different parts of Jos metropolis. The four hospitals were chosen above other hospitals because they are where qualified doctors can be found. A simple random sampling of yes and no was adopted in selecting the sample. Those who picked yes participated in the study. The participants comprised of 54 male (42.86%) and 72 female (57.14%). The age range of the participants is from 26 to 58 years, with the mean age of 41.5.

### Instrument

Maslach Burnout Inventory (MBI) was used for the study. It contains 22 items that measure the three dimension of burnout. Items, 1, 2, 3, 6, 8 13 14 16, 20, measure emotional exhaustion, items 5, 10, 11, 15, 22, measure depersonalization and items 4, 7, 9, 12, 17, 18, 19, 21, measure reduced personal accomplishment. The storing

key ranges from a few times a year = l" to "everyday = 6". All the items that measure emotional exhaustion arid depersonalization were scored directly while items that measured reduced personal accomplishment were scored in a reversed order. This scale has been used in Nigeria by Adebayo and Ezeanya (2010) and the psychometric property revealed that it has internal consistency alpha reliability coefficient of 0.86 and validity coefficient range of 0.01 to 0.36

**Procedures**

A total of 154 copies of psychological burnout questionnaire were distributed to health workers at the 4 hospitals selected for the study. This was achieved with the aid of hospital personnel officers. The participants sampled were only doctors and nurses on permanent employment with the organizations. Out of 154 copies, 142 copies of the questionnaires were completed and returned. This represented a percentage return of 92.21. Of this number that were returned, 6 copies (4.23%) were discarded as a result of improper and incomplete responses, leaving 136 (95.77%) properly filled copies of the questionnaires. The data generated from these properly completed questionnaires were used for the statistical analysis.

**Design/Statistics**

The study adopted comparative research design because two independent groups were tested on a variable. The t-test statistic was used for data analysis because the study aimed to see if there is a significant difference between two groups.

**Results**

The results of data analysis for all the three hypotheses are as shown in the table below.

**Table 1: Mean and Standard Deviation and Mean Difference among Study Variables**

| Burnout Dimensions | | **Mean** | **Std. Dev.** | **Mean diff** |
|---|---|---|---|---|
| Emotional exhaustion | Doctors | 21.07 | 4.51 | 4.44 |
| | Nurses | 25.47 | 6.43 | |
| Depersonalization | Doctors | 11.74 | 3.09 | 2.17 |
| | Nurses | 13.91 | 3.33 | |
| Personal accomplishment | Doctors | 18.26 | 3.61 | 4.79 |
| | Nurses | 23.05 | 5.51 | |

N=136, Doctors=57, Nurses=79

The above table shows the mean, standard deviation and mean difference of doctors and nurses across the three dimensions of burnout. The table showed that nurses maintained a higher mean score against doctors on the three dimensions of emotional exhaustion, depersonalization, and feelings of personal accomplishment.

**Table: 2 t-test table showing, the difference between nurses and doctors in three dimensions of burnout**

| Model | N | df | t | Sig |
|---|---|---|---|---|
| Emotional exhaustion | 136 | 134 | 4.40 | .01 |
| Depersonalization | | | 3.83 | .01 |
| Reduced accomplishment | | | 9.90 | .01 |

at p<.01

From the table, it could be deduced that nurses and doctors differ in their experience of burnout across the three burnout dimensions of emotional exhaustion ($t = 4.40$, $df = 134$, $p<.01$), depersonalization ($t = 3.83$, $df = 134$, $p<.01$) and reduced personal accomplishment ($t = 9.90$, $df = 134$, $p<.01$). The results also showed that nurses showed greater level of experience in all the three dimension of burnout than the doctors.

**Discussion**

This study aimed to assess the differences between doctors and nurses when it comes to job burnout. A survey was conducted among a sample of healthcare professionals consisting of doctors and nurses working in a variety of care settings. The study was guided by three hypotheses based on the three dimensions of burnout that includes emotional exhaustion (EE), depersonalization (DP), and feelings of personal accomplishment (PA).

The results of the study showed that nurses reported significantly higher burnout than doctors across all three job burnout dimensions. This means that nurses showed more symptoms of emotional exhaustion, depersonalization and reduced personal accomplishment than the doctors. These findings can be associated with difference in job demand and level of job autonomy of the two profession as Adebayo and Ezeanya (2010) earlier observed that they both vary in the job specification and job description. In a detail analysis made in Nigeria, the job of nurses were seen to be subordinate to that of doctors, which Maduakonam (1998) referred to as professional prestige. In this light, the job of doctors were much valued and respected than that of nurse. This kind of situation according to Iyanya (1990) promotes professional superiority that can create inter-professional conflicts. Although the two are important figure in health care system, researchers observed that while doctors make key decisions, nurses have no option than to abide by the decision (Shanafelt et al., 2001).

The results of this study has great implications for workforce wellbeing and patient care outcomes. Burnout drains workers energy and adversely affects their performance and the quality of services delivered. This means

that having health service professionals who experience burnout due to competing job value, hierarchical process, scarce resources and rough relationship is not good if we desire to promote quality health care for patients. The existence of burnout among our health professionals means that we have to work out strategies that will help alleviate it. This is very important because at the heart of risk of burnout in our health care system is poor quality health care delivery. Therefore serious measures should be taken to combat burnout as it is hinder to our effort in the providing qualitative health care.

The findings also have great policy implications. It challenges the key stake holders in health sector in Nigeria to work out strategies on the prevention of burnout in health service organizations. It provides an insight into the root causes and moderating/precipitating factors of burnout among health workers in Nigeria. It then provides the management an idea as to how to tackle workers' burnout. This knowledge may lead to the development of work structuring programmes towards ameliorating hazard effects of burnout on workers' health and productivity. It is important to note that any framework geared towards provision of good health care must factor in it the ways of managing incidents of possible burnout suffered by health workers.

The findings may be limited in generalizability because the sample were drawn from one region in the country. A study with larger sample that is also drawn across different regions in Nigeria will give a better picture on the experience of burnout among health professionals in Nigeria. Secondly, the study tested only doctors and nurses excluding other key professionals in the health sector.

Based on the above limitations, we then suggest the need for more research should in order to understand the causes and potential solutions of job burnout among healthcare professionals. This further investigations will help us to understand more the causes of this difference and potential interventions to reduce the occupational stressors of nurses.

Conclusively, this study exposes the existence of burnout among workers in people –helping profession in Nigeria. It revealed the differential experience of burnout among Nigeria health professionals. However, the result must be viewed with caution as the sample size was not large and restricted to Jos. Further studies need to be carried out with a more national sample size. This is important because addressing the problem of burnout among these health professional will help us in actualization of our vision of providing quality health care for its citizens.

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